

PASSED

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDER:) IN THE MATTER OF APPROVING THE 2011-13 LANE COUNTY
10-3-17-3) MENTAL HEALTH AND ADDICTIONS IMPLEMENTATION PLAN
) (DEPARTMENT OF HEALTH & HUMAN SERVICES)(34)

WHEREAS, ORS 430.630 and 430.640, charge the Addictions and Mental Health Division (AMH) of the Department of Human Services with the responsibility of reviewing and approving the county biennial plan for the establishment and operation of the county Community Mental Health Programs; and

WHEREAS, the county plans will help guide AMH in the development of the 2011-13 Intergovernmental Agreement for the Financing of Community Mental Health, Developmental Disability and Addiction Services (IGA); and

WHEREAS, the IGA funds services for mental health, addiction and problem gambling prevention and treatment; and

WHEREAS, the 2011-13 Lane County Mental Health and Addictions Implementation Plan has been reviewed by several planning bodies including the Mental Health Advisory Committee; and

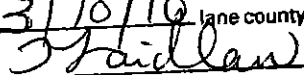
WHEREAS, the Mental Health Advisory/Local Alcohol & Drug Planning Committee hereby recommends approval of this plan to the Board of County Commissioners;

NOW THEREFORE, IT IS HEREBY ORDERED, that the Board of County Commissioners approve of the 2011-13 Lane County Mental Health and Addictions Implementation Plan and sign the letter of review and approval.

DATED this 17th day of March, 2010.



William A. Fleenor, Chair
Lane County Board Of Commissioners

APPROVED AS TO FORM
Date 3/10/10 lane county

OFFICE OF LEGAL COUNSEL

Addictions and Mental Health Division – Attachment 1

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County:

Lane

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2011-2013. Any comments are attached.

Name of Chair: William A. Fleenor

Address: Lane County PSB

125 E. 8th Ave., Eugene, OR 97401

Telephone Number: 541-682-4203

Signature: Wm. A. Fleenor

Date: _____

County Implementation Planning 2011-2013

County Specific Information (Items 1- 7)

Lane County
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	Subcontractor Name	Approval/ License #	Expiration Date	Amount of Funds	Program Area
1.	Center for Family Development	LOA #20-203	2/28/2012	\$355,084	alcohol and drug treatment
2.	Centro LatinoAmericano	LOA #20-056	1/31/2011	\$78,816	alcohol and drug treatment
3.	Emergence	LOA #20-196	12/31/2010	\$440,150	alcohol and drug treatment
4.	Emergence Meridian	N/A	Oct 2010	\$760,000	problem gambling treatment
5.	Lane County Methadone Program	LOA #20-001	8/31/2011	\$173,946	alcohol and drug treatment
6.	Looking Glass	LOA #20-061	1/31/2012	\$133,157	alcohol and drug treatment
7.	Whitebird - Chrysalis	LOA #20-056	5/31/2011	\$221,925	alcohol and drug treatment
8.	Willamette Family, Inc.	LOA #20-080	4/30/2012	\$3,459,851	alcohol and drug treatment
9.	Center for Family Development	Cert. of Approval	9/30/2011	\$40,000	mental health
10.	PeaceHealth Counseling	Cert. of Approval	9/30/2011	\$35,000	mental health
11.	City of Florence	N/A		\$5,000	mental health
12.	PeaceHealth Oregon Region	N/A		\$1,996,000	mental health
13.	Direction Service	Cert. of Approval	9/30/2011	\$40,000	mental health
14.	Jasper Mountain	Cert. of Approval	9/30/2011	\$400,000	mental health
15.	Gateway Living	Cert. of Approval	9/30/2011	\$648,872	mental health
16.	Bazil Freedman, MD	Medical license	N/A	\$150,000	psychiatry
17.	ShelterCare	Cert. of Approval	9/30/2011	\$1,120,000	mental health
18.	Secure Transport	Cert. of Approval	9/30/2011	\$ 90,000	mental health
19.	Laurel Hill Center	Cert. of Approval	9/30/2011	\$649,348	mental health
20.	Shangri-La Corp	residential	9/30/2011	\$1,064,538	mental health
21.	Oregon Family Support Network	N/A	9/30/2011	\$65,410	mental health
22.	South Lane Mental Health	Cert. of Approval	9/30/2011	\$134,728	mental health
23.	Options Counseling Services	Cert. of Approval	9/30/2011	\$145,740	mental health
24.	WhiteBird	Cert. of Approval	9/30/2011	\$317,754	mental health
25.	Payless Drug Care Long Term	Drug dispensary		\$190,000	mental health
26.	Cascadia Behavioral Health	Residential		\$590,224	mental health
27.	Jerome Vergamini	Medical License		\$192,060	mental health

Forms to be Mailed (Item #8)

- 1) Review and comment by six separate entities
 - A. Board of County Commissioners
 - B. Local Alcohol and Drug Planning Committee – In Lane County this is the Mental Health Advisory/Local Alcohol & Drug Planning Committee (MHAC/LADPC)
 - C. Local Mental Health Advisory Committee – MHAC/LADPC
 - D. Local Commission on Children and Families
 - E. Local DHS (Children, Adults and Families) Service Delivery Area Manager
 - F. Local Public Safety Coordinating Council
- 2) Partner Inclusion Matrix
- 3) Assurance of effort for alcohol & drug abuse prevention and treatment services
- 4) Copy of sliding fee scale
- 5) Copy of Cultural Competency Plan

County Planning Process (Items 9 – 13)

9. Comprehensive Plan (SB555) Priorities Identified

- Adult Mental Health
- Childrens Mental Health
- Decrease Juvenile Arrests
- Reduce Adult Substance Abuse
- Reduce Child Mistreatment
- Reduce Juvenile Delinquency & Recidivism

10. Does your county have a written Cultural Competency Plan?

- (*) Yes
() No

12. If no, list strategies the CMHP will implement to ensure culturally competent services will be provided, including developing a Cultural Competency Plan. Limit to 350 words.

13. Check the data sources consulted that will demonstrate to us data driven planning responsive to the needs of Oregonians.

- (*) County Demographics
- (*) Prevalence Data
- (*) AMH Reports
- (*) Minimum Data Sheets
- (*) Problem Gambling Data
- (*) Mental Health Data
- (*) County Profiles
- (*) Other [community survey; LaneCare data]

System Coordination (Items 14 – 24)

14. List steps that link detox, outpatient and residential treatment services ensuring a continuum of care in addiction treatment and recovery. Limit to 350 words.

1. Client enters Buckley Center; initial assessment is completed & referred to either Sobering or Detox.
2. Client housed in either Sobering Station until field sobriety test can be passed or Detox.
3. Client enters detox; full assessment is done & ongoing care plan created including level of care needed and assessment of resources for treatment.
4. Detox successfully completed, client referred to appropriate treatment agency (depending upon resources for payment).
5. Client contacts treatment agency and either enters program if OHP or able to pay; or, is put on wait list for publicly-funded service slot.
6. Client is contacted by treatment agency for assessment. Level of Care is determined.

7. Client either enters treatment at agency or is referred to another agency for appropriate level of care. This step may be repeated as client is stepped up or down levels of care. One service provider in Lane County (Willamette Family, Inc.) has the capacity to provide all levels of care from sobering through detox, residential, outpatient and transitional housing (for families). All other outpatient treatment providers must refer to Willamette Family, Inc. for residential treatment services. Publicly-funded treatment for residential services has a three-month waiting time for slot availability except for pregnant and post partum women who are admitted within a day.

15. In reference to ORS 430.420 and 430.630 (10) (J): check all populations that will continue to be addressed through coordination and integration of care supported by this plan.

- (*) Juvenile Drug Courts
- (*) Adult Drug Court
- (*) Mental Health Court
- (*) Mental Health Jail Diversion
- (*) Local Juvenile Detention
- (*) Adult Jail
- (*) Youth Offender Re-entry (local)
- (*) Youth Offender Re-entry (OYA)
- (*) Adult Offender Re-entry (local)
- (*) Adult Offender Re-entry (DOC)

16. List the current functional linkages with the state hospital system including child and adolescent program (SCIP and SAIP) and mental health acute care inpatient providers. Limit to 350 words.

- Lane County maintains functional linkages with the Adult State Hospital system through its identified liaison for civil beds.
- The liaison maintains contact with the Extended Care Management Unit, ECMU, and State Hospital and develops appropriate discharge placements, and conducts a monthly coordination meeting with key Lane County Mental Health (LCMH), and LaneCare staff regarding pending discharges.
- An additional liaison to the Forensic units at OSH is also our "370" coordinator and visits OSH twice monthly.
- All Lane County child and adolescent admissions to state hospital beds located in the Secure Adolescent Inpatient Program, SAIP, or the Secure Children's Inpatient Program, SCIP, programs are coordinated LCMH Child and Adolescent Program, irrespective of insurance status.
- The local community coordinating committee functions as a child and family team works in collaboration AMH and Trillium Family Services (SAIP/SCIP contractor).
- Acute care hospitals or PRTS providers make direct referrals for Long Term Psychiatric Care Determination LCMH. Acute care hospital or PRTS records are faxed to LCMH for review within 24 business hours.
- If the youth appears to meet criteria for Long Term Psychiatric Care, the local chairperson will notify AMH and Trillium representatives.

- A child and family team meeting is arranged with all the stakeholders including parents/guardians, health care professionals, LaneCare, formal and informal support persons.
- The youth is enrolled in LCMH Intensive Services and a team determination is made regarding the appropriateness of SAIP/SCIP placement.
- A service Coordination Care Plan is completed, a Child and Family Team is solidified, a care coordinator is identified, and care is reviewed a minimum of every 30 days with the intent of least restrictive care and returning to the community with additional supports identified.

17. List steps to collaborate with other child-serving providers that ensure services and supports are comprehensive and well coordinated.

Foster Care

- Foster providers and child welfare workers are directly involved in the development of mental health care plans.
- Child welfare workers enroll Department of Human Services, DHS, children in LCMH services. DHS workers provide the relevant health and child welfare records to LCMH.
- DHS workers sign consents, releases of information, and other legal documents.
- Foster parents attend all medical appointments with the foster child.
- Copies of all psychiatric evaluations and medical progress notes are faxed to DHS and Primary Care Providers.
- Every LCMH child is assigned a care coordinator/case manager who coordinates care with the foster provider and DHS worker.
- Child and family team meetings occur as clinically indicated and involve all members of the care team.

Early Intervention

- LCMH has close working relationships with EC Cares, the primary early intervention agency for children served under an Individual Family Support Plan.
- Members of the LCMH Child Program serve on the Early Intervention Committee, a LaneCare advisory committee which makes systemic recommendations to coordinate/collaborate care and develop uniform practice standards.
- Committee membership includes Relief Nursery, Developmental Disabilities, Child Development Rehabilitation Center, CDRC, and other local mental health providers serving children ages birth to five.

Early Childhood Special Education

This is addressed under Early Intervention. EC Cares is the local agency providing this service in Lane County.

Special Health Care Needs

- Lane County Mental Health has co-located Primary Care services at LCMH offices.
- Children with special health needs may elect to have all their care at one location where primary care, psychiatry and clinical services can easily coordinate, collaborate, consult and troubleshoot routine, urgent and emergent needs.
- Comprehensive integrated care is available under the scope of Lane County's Community Health Center.
- Internal committees have been formed to develop policies and practices which integrate, coordinate comprehensive care.
- As indicated all LCMH medical progress notes are copied to Primary Care providers.
- Lane Individual Practice Association, LIPA, Exceptional Needs Care Coordinators have access to LCMH Care Coordinators.

18. List steps to involve young adults in transition (age 14-25) in making decisions that impact addictions and mental health services in your community. Limit to 350 words.

- Lane County has an active Young Adults in Transition Advisory Committee (YIT) with key partnership from the Commission on Children and Families, LCMH, Oregon Family Support Network, OFSN, and LaneCare. This committee is facilitated by an employee of OFSN and is currently composed of 12 youth ages 13-15 and meets at least monthly.
- Representatives from this committee have attended other Lane County committee meetings to represent the youth voice.
- Several youth are actively involved in State advisory committees.
- All committee youth have been or are involved in mental health treatment.
- Four youth have experience in foster care and three currently live in a foster home.
- The YIT has helped Lane County develop an application in partnership with AMH submitted to CMS for a transition age youth project in Lane County. The proposal was not selected; however, Lane County is moving forward with a locally funded project and this committee is the youth advisory committee for the project.
- Lane County is applying to be a wraparound pilot project site and YIT helped to craft the application and has agreed to help develop implementation strategies and to monitor services as the youth advisory committee. Involved youth also suggested that they be involved in training professionals and foster parents in the youth experience and perspective.
- Youth have advocated that youth in treatment do not like a traditional office based approach and have advocated for peer-to-peer support provided by youth.
- Lane County has funded a part-time peer support position and is looking to expand these services.
- Lane County supports youth in attending conferences and training to help them become more effective advocates. Several youth have presented at local, State, and national conferences.

19. List steps to coordinate continuity of care over time and through episodes of care that ensure children/youth remain at home, in school, out of trouble, and with friends. Limit to 350 words.

1. The establishment of the Lane County Funders Group whose mission is to establish a unified family centered service system that engages the entire community in serving all children and families based on their strengths and needs. Purpose is to coordinate program evaluation, system integration and demonstration project oversight to maximize community benefit. Membership of funders group includes directors and managers of public agencies that serve youth and families and who are responsible for influencing and making decisions concerning funding, contracting and public policy development. Funders group provides oversight and coordination of services to better manage the system of care from prevention through intensive services.
2. The Family Advisory Committee which is composed of 51%+ family members and youth. Committee was active in the ISA implementation and recently developed the ICTS satisfaction survey.
3. Involvement of the Lane County Youth Advisory committee. These youth provide recommendations around youth mental health services. Next month they are meeting with Eugene Police Department on how to intervene effectively with acting out, mentally ill youth.
4. Lane County has an Early Childhood Intervention committee which focuses on the mental health needs of children under five.
6. Care coordination is a required service component for ICTS contracted programs.
7. The employment of 2 child care coordinators that work with family members, contractors, physicians, schools and other system partners to address the mental health needs of Oregon Health Plan members.
8. The Youth Crisis Network that provides 24/7 crisis phone response, crisis mobile response and limited respite care to families in Lane County. Families, not professionals, must call for services.

20. List steps the Mental Health Authority takes to ensure access to services, and interagency coordination with the local Seniors and People with Disabilities. Limit to 350 words.

Developmental Disabilities (DD)

- LCMH provides psychiatric support and medication management to adults and children.
- A LCMH psychiatrist conducts 'home visit medication management' for a number of DD group homes.
- DD staff participates in LCMH and LaneCare Quality Assurance committees.
- Quarterly meetings are held between Lane County DD services staff and LCMH staff to discuss coordination issues.
- LCMH and DD protective services staff work together on the Multi-Disciplinary protective services team Seniors & People with Disabilities.
- A Gero-psychiatric Nurse Practitioner position is under contract and located at the Senior and Disabled Services Division (SDSD) offices, paid with MH funds, to provide consultation to SDSD case managers and to SDSD Foster home and assisted living providers to help clients with behavioral issues to remain in their living situations and avoid disrupted placements.

- LCMH and SDDS protective services staff work closely together on shared cases and are part of the Lane County Multi-disciplinary Protective Services Team.
- Regular contact and coordination between LCMH and SDDS residential specialists to develop placements or arrange access to each others licensed homes.
- Recently approved quarterly coordination meetings between key SDDS and LCMH staff and management to address issues and improve coordination of services.

21. List the support services the CMHP intends to purchase with these funds during 2011-2013 for any of the populations included in this plan.

Housing

- Alcohol/Drug -Free Housing services to families with a parent in treatment for addiction (rental assistance & coordination services)
- Mental health crisis respite
- Transitional housing
- Assistance with housing deposits
- Secure Residential Treatment Facilities
- Adult Foster Homes

Employment Assistance

- Supported employment through ShelterCare & Laurel Hill Center.
- Transition Team works closely with Voc. Rehab. Division in an Assertive Community Treatment model
- MH Court clients receive employment assistance

Transportation

- Transportation is one of the "critical support services" funded for families with mothers active in addiction treatment (medical, dental, DHS, court, child visits, other treatment agency, shopping).
- Assistance for mental health clients to access Medicaid services

Other

- Creative use of funds to eliminate barriers to service (gas cards, translators) Access to other ancillary MH supports (lights for SAD, Alpha Stim devices)
- Access to psychiatric medications and labs for non-OHP clients

22. List planned strategies to integrate mental health, physical health (including dental) and addiction services for all populations, birth through older adult. Limit to 350 words.

- Lane County Mental/Behavioral Health (LCMH) is part of the Federally Qualified Health Center (FQHC).
- Primary care is co-located at the LCMH Clinic.
- Clinical integration is being developed at this site.
- Riverstone Community Health center, a new clinic, will have a Behavioral Health component with fully-integrated mental health services.
- Clients with co-occurring disorders, mental health & addiction, are provided treatment at LCMH or with other providers in the community.

- The FQHC also provides limited dental services.
- Planning between LaneCare (MHO) and Lane Individual Practice Association (LIPA) is occurring to develop broader system-wide integration of services.

23. List steps taken to prioritize drug court participants. Limit to 350 words.

- Lane County's Adult Drug Court originated 17 years ago.
- Willamette Family, Inc. provides residential treatment services upon demand as the only residential treatment service provider.
- A waitlist was established for these DHS funded residential services.
- Drug Court clients are put on the waitlist in the priority order dictated in the intergovernmental agreement with DHS: pregnant intravenous drug-using women, pregnant women, IV drug users, DHS referrals (child welfare), all other Drug Court clients.
- Outpatient treatment services are subcontracted to a sole treatment provider, required by the Lane County Drug Court program model. Currently, Emergence is the treatment service provider. Emergence is the current treatment service provider and has been selected to continue as such through June 30, 2011.
- The funding formula for outpatient treatment services developed over time through community planning processes and successful grant acquisition. The current funding split for these dedicated outpatient treatment service slots is:
 - OR Department of Human Services (AMHD), 36.56%
 - OR Department of Corrections, 34.90%
 - Serbu Foundation, 15.17%
 - OR Criminal Justice Commission (OCJC), 13.37%
- Drug Court treatment capacity and demand for services are monitored on a quarterly basis and the outpatient treatment service waitlist is monitored monthly.
- No clients have been placed on the waitlist for these treatment service slots in the past four years.

24. What is the amount of funding that the CMHP contributes to treatment court programs including both adolescent and adult drug courts, mental health courts, etc.?

\$41,800 total: MH enhancement to adult Drug Court; access to psychiatry.

Funding Allocation (Items 25 – 32)

25. Complete the table for biennial funding allocation for each service element.

	AMH Funding Amount	Programs/Projects Funded	Amount of County MOE Matching Funds	Planned Expenditure of MOE Funds
SE 60	\$224,412	Alcohol/Drug Free Housing		
SE 61	\$2,746,260	Adult A&D Residential Treatment		
SE 61A	\$374,490	ITRS Adult Residential Treatment		
SE 62	\$245,718	Housing Services for Dependent Children Whose Parents are in A&D Residential Treatment		
SE 66	\$2,702,489	Continuum of Care Services	\$319,994	Continuum of Care Services
SE 67	\$730,000	Alcohol & Drug Residential Capacity Services		
SE 67A				
SE 70	\$325,000	Prevention Services		
SE 71				
SE 80	\$196,298	Problem Gambling Prevention Services		
SE 81	\$760,000	Problem Gambling Treatment Services		
SE 1	\$567,528.80	Administration		
SE 20	\$4,922,253.98	Indigent, adult outpatient	\$428,232	Personnel costs
SE 22	\$1,237,100.64	Child psychiatry, child respite, transportation, youth peer support, , child outpatient	\$339,260	Personnel costs
SE 24	\$2,959,951.68	Acute hospitalization, adult outpatient, transition team, secured transportation, transcription, client expense	\$494,802	Personnel costs
SE 25	\$1,881,291.36	Adult crisis, adult outpatient, crisis network, crisis medications		
SE 28	\$1,804,374.64	residential treatment services		
SE 30	\$201,155.28	Adult outpatient		
SE 31				
SE 34	\$181,809.12	Individual reimbursement for foster care		
SE 35				
SE 36				

	AMH Funding Amount	Programs/Projects Funded	Amount of County MOE Matching Funds	Planned Expenditure of MOE Funds
SE 38	\$256,198.08	Contracted supported employment		
SE 39	\$127,268	Homeless grant (PATH)		
SE 201	\$175,856	Individual client reimbursements		
A&D 72				
A&D 73				
MHS 26	\$0			
MHS 27	\$0			

26. Describe rationale for any changes in funding allocations from the 2009-2011 biennium. Limit to 350 words.

None

27. How much Beer and Wine tax funding does your CMHP area receive annually?

\$292,181

28. List how the beer and wine tax money is allocated.

Allocation	Beer and Wine Tax Amount
Lane County A&D Prevention	\$58,436 (20%)
Lane County Methadone Treatment Program	\$82,466
Subcontracted A&D Outpatient Treatment Services	\$151,278

29. Check whether the CMHP has alcohol and drug, gambling, prevention and/or treatment services and/or supports in place to reach the following populations of interest:

29a. If yes, list the strategies for each.

Children (0-6)

(*) Yes

Strategies

- Pre-conception education
- Parenting education
- Physician screening
- Community education
- Information dissemination

Youth

(*) Yes

Strategies

- School based prevention, including problem gambling curriculum integration
- Parenting education for parents with children ages 10-14 Peer support

Young Adults in Transition (14-25 y/o)

(*) Yes

Strategies

- Problem Gambling Awareness Project (University of Oregon)
- Problem gambling curriculum integration
- Presentations
- Outpatient addiction treatment services

Cultural Groups

(*) Yes

Strategies

- Parenting education in Spanish & rural areas
- Bilingual/bicultural problem gambling treatment services Bilingual, bicultural outpatient addiction treatment services for adults
- Partnership with Tribal prevention coordinator

Co-occurring Disorders

(*) Yes

Strategies

- Problem gambling identification/referral trainings for mental health & substance abuse service providers
- Problem gambling treatment services for persons with co-occurring disorders
- Outpatient chemical addictions and mental health disorder treatment

Veterans

(*) Yes

Strategies

- Problem gambling identification/referral presentations and educational materials for veteran populations (National Guard, Lane County Veterans Services)
- Designated problem gambling treatment counselor for veteran clients
- Veterans Subcommittee of the MHAC/LADPC

Older Adults

(*) Yes

Strategies

- A&D Subcommittee of the MHAC/LADPC have begun planning for this population
- Problem gambling treatment services

30. Check whether the CMHP has mental health treatment services and/or supports in place to reach the following populations of interest:

30a. If yes, describe strategies for each.

Children (0-6)

(*) Yes

Strategies

Support the local Child Crisis Network

Youth

(*) Yes

Strategies

Support the local Child Crisis Network

Young Adults in Transition (14-25 y/o)

(*) Yes

Strategies

Partner with LaneCare & Commission on Children & Families to support the Youth in Transition Advisory Committee

Cultural Groups

(*) Yes

Strategies

Special financial support for bi-lingual therapists

Co-occurring Disorders

(*) Yes

Strategies

Continued support through blended funding for co-occurring treatment through local provider

Veterans

(*) Yes

Strategies

Support for Veteran's Subcommittee of the MHAC/LADPC

Older Adults

(*) Yes

Strategies

Mental Health consultant at SPD.

31. List any carryover funds for Mental Health services.

None

32. List any alcohol and drug carry over funds amount

None

Alcohol and Drug Prevention Plan (Items 33 – 37)

33. Select the top three prevention priorities from Comprehensive Plan (SB555) by clicking on three choices and complete the table in Question

- Reduce teen alcohol use
- Reduce teen drug use
- Reduce teen tobacco use
- Increase the age of first alcohol use
- Increase the age of first marijuana use
- Increase perceived risk of harm from substance use
- Increase youth disapproval of substance use
- Increase youth social skills
- Improve parenting and family management
- Increase parent disapproval of substance use

- () Early academic success (K to 5)
- () Increase school opportunities and rewards
- () Increase school attendance and enrollment
- () Reduce school suspensions and expulsions
- () Reduce high school drop out
- () Reduce teen pregnancy
- () Youth suicide prevention
- () Reduce homelessness
- () Reduce school violence
- () Reduce juvenile arrests
- () Reduce alcohol, tobacco and drug use during pregnancy
- () Reduce adult substance abuse
- () Reduce alcohol-related car crashes
- (*) Increase community engagement
- (*) Increase policies that reduce substance abuse

34. OUTCOMES

Priority	Identified priorities	Evidence-based Program/Tribal Best Practice	Projected Funding	Outcomes
1	Improve parenting & family management	Parenting best practices	\$40,000	Among participants: Increase parenting skills; increased parent-child bonding
2	Increase policies that reduce substance abuse	Support environmental prevention best practices, including policy change, social norms, and community involvement	\$47,500* (staff support)	<ul style="list-style-type: none"> Increased knowledge of Social Host Ordinance among community Increased utilization of SHO among law enforcement agencies Decrease in hosting of underage drinking events
3	Increase community engagement	Implement Communities that Care	\$90,000* (staff support)	Increase number of community members involved in Communities that Care-based prevention coalitions

35. LOCAL COALITIONS

	List planned strategies to support and maintain local coalitions.	Projected Funding	Outcomes
1	Provide technical assistance regarding prevention best practice to existing coalitions	\$90,000 (staff support)*	<ul style="list-style-type: none"> Increased knowledge of prevention best practices among coalition members Improved coordination of prevention efforts among community partners
2	Provide educational and other resources to prevention coalitions to support coalition identified activities	\$10,000*	<ul style="list-style-type: none"> Continued community coalition engagement Accurate prevention educational information & materials distributed
3	Focus prevention efforts, including suicide prevention, problem gambling prevention and substance abuse prevention, on one community at a time	\$ 47,500* (staff support)	<ul style="list-style-type: none"> Increase community awareness of prevention efforts Increase community members' understanding of shared risk factors among problem behavior Increase collaboration among community partners Decrease in problem behaviors in the identified community by 2018.

estimated costs/expenditure

36. List planned strategies the prevention program will use to address gender and cultural considerations. Limit to 200 words.

- All county prevention staff must receive a minimum of 3 hours of cultural competency training each year
- Prevention coalitions are organized to reflect the diversity of the community; focused outreach is used to ensure representation by all sectors of the community youth, gender and ethnic diversity
- Prevention funded programs, e.g. parenting education, are offered in both English and Spanish

37. Is the county Prevention Coordinator CPS Certified?

(*) Yes