



MENDOCINO COUNTY

Community Health Improvement Plan

2005 – 2009

February 2005

Our Vision . . .

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Healthy People in Healthy Communities

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To obtain additional copies of this Strategic Plan, please contact  
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## Executive Summary

The Mendocino County Public Health Advisory Board (MCPHAB) and Mendocino County Tobacco Settlement Advisory Committee (MCTSAC) developed this report to define strategies for communities and agencies to work together to improve the health of Mendocino County residents. The four areas this report focuses on have been prioritized by various agencies and in community surveys in Mendocino County. The priority areas and associated results are:

Priority Areas	Results
Access to Care	<ul style="list-style-type: none"> <li>• All Mendocino County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers.</li> <li>• All Mendocino County residents have access to affordable health insurance.</li> <li>• Achieve and maintain optimal health and independence for older adults.</li> </ul>
Aging	<ul style="list-style-type: none"> <li>• All residents of Mendocino County are able to access alcohol, tobacco and other drug assessment, treatment and referral services on an as needed basis, regardless of location, culture, language, age or mental health status.</li> <li>• Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.</li> <li>• Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.</li> <li>• Mendocino County children and families thrive through access to and use of information, services and support.</li> </ul>
Alcohol and Other Drugs	<ul style="list-style-type: none"> <li>• All residents of Mendocino County are able to access alcohol, tobacco and other drug assessment, treatment and referral services on an as needed basis, regardless of location, culture, language, age or mental health status.</li> <li>• Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.</li> <li>• Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.</li> <li>• Mendocino County children and families thrive through access to and use of information, services and support.</li> </ul>
Healthy Lifestyles	<ul style="list-style-type: none"> <li>• All residents of Mendocino County are able to access alcohol, tobacco and other drug assessment, treatment and referral services on an as needed basis, regardless of location, culture, language, age or mental health status.</li> <li>• Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.</li> <li>• Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.</li> <li>• Mendocino County children and families thrive through access to and use of information, services and support.</li> </ul>

Recommended strategies for achieving each of the results have been developed. These include policies, best practices, and specific actions that can be undertaken by communities, agencies, or individuals throughout the County. MCPHAB will advocate for all recommendations in this report. These priorities and strategies will also guide MCTSAC's recommendations regarding the disbursement of Tobacco Settlement Revenue funds.

In addition to strategies within the priority areas, there were themes that arose across the areas, such as:

- There is a need for agencies and organizations in the County to increase their collaborative efforts to provide high-quality and cost-saving services.
- Community needs can be more effectively addressed by increasing community involvement and providing community based services.
- Models, best practices, and existing infrastructures and programs can be used to help effectively and efficiently expand current services or develop new ones.

## Introduction

The Mendocino County Public Health Advisory Board (MCPHAB) and Mendocino County Tobacco Settlement Advisory Committee (MCTSAC) developed this report to define strategies for communities and agencies to work together to improve the health of Mendocino County residents. These strategies focus on increasing access to health care, achieving and maintaining the health of the elderly, preventing and treating alcohol and other drug abuse, and improving well-being through healthy lifestyles. These four areas have been prioritized by various agencies and in community surveys in Mendocino County. The Strategic Plan aims to achieve the following results:

Priority Areas	Results
Access to Care	<ul style="list-style-type: none"> <li>• All Mendocino County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers.</li> <li>• All Mendocino County residents have access to affordable health insurance.</li> <li>• Achieve and maintain optimal health and independence for older adults.</li> </ul>
Alcohol and Other Drugs	<ul style="list-style-type: none"> <li>• All residents of Mendocino County are able to access alcohol, tobacco and other drug assessment, treatment and referral services on an as needed basis, regardless of location, culture, language, age or mental health status.</li> <li>• Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.</li> </ul>
Healthy Lifestyles	<ul style="list-style-type: none"> <li>• Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.</li> <li>• Mendocino County children and families thrive through access to and use of information, services and support.</li> </ul>



## Background

### **Development of MCPHAB and MCTSAC**

The Mendocino County Public Health Advisory Board (MCPHAB) was formed in December of 1995 at the direction of the Mendocino County Board of Supervisors (MCBOS). The purpose of MCPHAB is to advise MCBOS on health issues and to help the Public Health Department create policies that will improve community health over the long-term.

The Mendocino County Tobacco Settlement Advisory Committee (MCTSAC) was formed in July of 2001 at the direction of MCBOS. The purpose of MCTSAC is to advise MCBOS on the distribution of the non-debt management portion of the Tobacco Settlement Revenue funds received by Mendocino County, in particular the technical assistance and community project's grants.

### **Methodology for the Development of the Five-Year Strategic Plan**

The strategic planning process began on October 5, 2004 with a joint meeting of MCPHAB, MCTSAC and Department of Public Health Division Directors. At that meeting the priority areas were selected based on objective and subjective data available in the Mendocino County Community Health Status Report; the MAPP process surveys of community members and leaders; the Rural Challenge; and priorities previously identified by the Community Foundation of Mendocino County, MCDPH Maternal, Child & Adolescent Health, FIRST 5 of Mendocino, and United Way.

Action Teams were created for each priority area, including MCPHAB and MCTSAC members and individuals from an array of agencies. These Action Teams developed results, strategy recommendations for achieving those results throughout the County, and specific action items for MCPHAB and MCTSAC to advocate for and fund these strategies.

The strategic planning process concluded with MCPHAB and MCTSAC's formal approval of the plan in February 2005.

## Putting This Plan Into Action

This report is directed at several audiences: to the policy-making body within which lies the ability to change the long-range direction of the community health system in Mendocino County; to the consumer who would like to influence that direction; and to the health and human services provider who is interested in gaining a better understanding of the policy development and advocacy components associated with improving the community's health.

Recommended strategies for achieving each of the results have been developed. These include policies, best practices, and specific actions that can be undertaken by communities, agencies, or individuals throughout the County.

**MCPHAB will advocate for all recommendations in this report and encourages any person or organization implementing these or other strategies towards the identified results to bring requests to MCPHAB for advocacy support. In addition, MCPHAB would like to be kept informed about any efforts in these areas. These priorities and strategies will also guide MCTSAC's recommendations regarding the disbursement of Tobacco Settlement Revenue funds.**

There are multiple resources available to individuals or organizations working on community health issues. Funding may be available through MCTSAC's Technical Assistance grants, Community Prevention in Action (CPIA) grants, the Community Foundation of Mendocino County, FIRST 5 Mendocino, Family Resource Centers, Realignment Funds, or Tobacco Settlement Revenue funds. County agencies and community-based organizations can provide information and support for new or developing projects. A good place to start is with the list of organizations and individuals in the Acknowledgements.

In addition to strategies within the priority areas, there were themes that arose across the areas:

- There is a need for agencies and organizations in the County to increase their collaborative efforts to provide high-quality and cost-saving services.
- Community needs can be more effectively addressed by increasing community involvement and providing community based services.
- Models, best practices, and existing infrastructures and programs can be used to effectively and efficiently expand current services or develop new ones.
- MCPHAB can increase the effectiveness of their advocacy efforts by
  - \* getting further training in advocacy skills;
  - \* researching strategies specific to the systems they are working with (i.e. schools, General Plan);
  - \* providing an ongoing communication link between organizations to increase collaboration and reduce duplication.
- MCTSAC should consider setting aside funds for programs they would like to initiate in addition to funding projects that apply for the available grants.

**MCPHAB and MCTSAC can be contacted through the Department of Public Health:  
707-472-2793 • [www.co.mendocino.ca.us/ph/mcphab](http://www.co.mendocino.ca.us/ph/mcphab)**

MENDOCINO COUNTY  
PUBLIC HEALTH ADVISORY BOARD  
and  
TOBACCO SETTLEMENT ADVISORY COMMITTEE

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Five-Year Strategic Plan  
2005 – 2009

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February 2005

## Access to Care

There are many barriers to accessing appropriate care in Mendocino County. In 1991 the entire county was designated as Medically Underserved for Medi-Cal. There is a lack of providers, especially in specialties such as orthopedics, urology, ears/nose/throat, internal medicine, pediatrics, psychiatry, dentistry, and surgery. The one-third of the population located in more remote areas of the county have further to travel to access what services do exist, and a very limited public transport system to assist them.

In addition, many people do not know how to navigate the healthcare system to find the services they need. Due to a complex system of funding, enrollment procedures, and services that are not fully coordinated with each other, clients may not get referred to or enrolled in available services once they do try to access care.

According to the 2001 California Health Interview Survey (CHIS 2001), 21.5% of Mendocino and Lake County residents under 65 years of age were uninsured. Only 49.1% have job-based insurance, compared to 63.5% statewide. Uninsured people are less likely to access care, including preventive services and treatment in times of need.

The lack of access to preventive and primary care of all types leads to an over-use of emergency services. Emergency services are more expensive and inappropriate use contributes to an overall increase in cost of services and health insurance premiums throughout the system.

Mendocino County can provide higher quality and less expensive care by developing a more coordinated and comprehensive system of care.

## Access to Care

### 1. Coordination and Expansion of Services

**Result:** All Mendocino County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers.

Recommendations	Current Status/Resources	Action Plan
<b>COORDINATION OF SERVICES</b>		
<p>a. Develop comprehensive systems of care by:</p> <ul style="list-style-type: none"> <li>* communities and agencies filling in the gaps in existing health care services (including, but not limited to, medical, dental, mental health, substance abuse, behavioral, prevention, case management, and complimentary medicine services)</li> <li>* developing quality assurance mechanisms to address opportunities for improvement in the systems</li> </ul>	<p>Existing systems of care (SOCs) include OASOC (Older Adult), CSOC (Children), and Family Connection.</p> <p>Other agencies have strategic plans that address these issues and that can work in complement with this plan.</p>	
<p>b. Develop effective continuums of care by:</p> <ul style="list-style-type: none"> <li>* informing all providers about other services (including, but not limited to, private, public, health, social services, mental health, schools, jails, foster care, treatment facilities)</li> <li>* providing cross-training along multi-disciplinary lines</li> </ul>	<p>Models:</p> <ul style="list-style-type: none"> <li>* OASOC (Older Adult)</li> <li>* CSOC (Children)</li> <li>* Family Connection</li> <li>* Safe Schools</li> </ul>	
<p>c. Improve patient health outcomes by increasing and improving the exchange of data between providers.</p>	<p>ARCH is developing the SHARE project to exchange electronic records.</p>	
<p>d. Develop technical options to expand and improve access to care, such as:</p> <ul style="list-style-type: none"> <li>* data exchange/health records exchange</li> <li>* telemedicine/telepsych</li> <li>* health education</li> <li>* training</li> <li>* case conferencing</li> </ul>	<p>It is expected that digital microwave with a high speed communication system will be installed in Mendocino County in the next 3-5 years.</p>	
<p>e. Expand health and human services and improve system integration through increasing collaborative grant writing by:</p> <ul style="list-style-type: none"> <li>* including other agencies as partners in grant proposal development</li> <li>* creating multi-disciplinary/multi-agency grant seeking groups</li> <li>* developing a listserv for reviewing and exchanging grant opportunities</li> <li>* expanding and training a pool of available grantwriters</li> </ul>	<p>Some past successes include CSOC, School Readiness, Mentally Ill Offenders, Partnership for Public Health, and Homeless grants.</p> <p>Model: The 0-5 Sustainability Meetings to identify and collaborate on grants for services for 0-5 year olds</p>	

Recommendations	Current Status/Resources	Action Plan
<b>REMOTE COMMUNITIES</b>		
f. Provide expanded services in remote communities by building on existing services, such as: * family resource centers * clinics and other health providers * schools * senior centers		
g. Develop strategies that increase transportation to health and human services, such as: * using existing resources, such as publicly owned vehicles, for multiple purposes * reimbursing for mileage for private transport	Mileage is reimbursable for services not available in the County (Medi-Cal via DSS, CCS via DPH). Federal Medi-Cal reimbursement available if State regulations change. Model: Community Resources Connection	
<b>HEALTH and HUMAN SERVICES WORKFORCE</b>		
h. Develop the HHS workforce through training, recruitment and retention by: * providing multi-agency trainings * agencies opening their trainings to other agencies * agencies utilizing internships available through colleges * expanding advertising and recruitment strategies	Local colleges have work experience programs.	
i. Increase the cultural competency of the HHS workforce by: * providing cultural competency training * providing training for medical translators working throughout the County		
<b>CONSUMER EDUCATION</b>		
j. Support systems that inform consumers about availability and appropriate use of services, such as: * consumer hotline * Mendocino Resources * advice nurse	Models: * 211 consumer hotline is being piloted in LA and Riverside * Lake County resource directory	
k. Develop Mendocino Resources to meet its full potential as a web-based resource directory by: * increasing its "user friendly" attributes * increasing its completeness and accuracy by encouraging all providers to update and use it on a regular basis * training people at agencies throughout the County in how to use it * promoting Mendocino Resources throughout all points of service in the County, including clinics, schools, etc.	Mendocino Resources considers these priorities and needs support and input for implementing these improvements.	
l. Increase awareness of self-care options by education people about: * healthy choices * early detection * risk reduction * early intervention		

Recommendations	Current Status/Resources	Action Plan
<b>UNIVERSAL ENROLLMENT</b>		
m. Develop universal enrollment capabilities for health insurance and other assistance programs by: <ul style="list-style-type: none"> <li>* pursuing One-E-App, Express Lane, or similar applications</li> <li>* making the resulting system available to local community-based organizations and agencies</li> </ul>	DSS is currently working on One-E-App and will need financial and collaborative support to develop and implement it. Express Lane is being piloted at two Mendocino County schools.	
n. Simplify universal enrollment for health insurance and other assistance programs by: <ul style="list-style-type: none"> <li>* developing universal paper forms for enrollment and screening</li> </ul>	Model: BCCTP enrollment paperwork	

**2. Health Insurance**

**Result:** All Mendocino County residents have access to affordable health insurance.

Recommendations	Current Status/Resources	Action Plan
a. Identify and enroll all eligible children in Medi-Cal and Healthy Families by: <ul style="list-style-type: none"> <li>* simplifying the enrollment process</li> <li>* supporting and expanding existing outreach and enrollment efforts (i.e. outreach workers, Express Enrollment, certified assistants)</li> <li>* providing premium subsidies</li> </ul>	Health Insurance for All – Mendocino (HIFA-Mendocino) is working on these goals and needs financial and collaborative support.  FIRST 5 has designated funds for enrolling children 0-5 years of age in Medi-Cal for Children and Healthy Families.	
b. Develop a new health insurance product that is available and affordable to children not eligible for Medi-Cal or Healthy families.		
c. Develop a new health insurance product that is available and affordable to all residents of Mendocino County.		
d. Support employers to provide health insurance for employees and their families.		
e. Monitor and affect the impact of the implementation of the Medi-Cal Managed Care Plan in Mendocino by: <ul style="list-style-type: none"> <li>* holding an informational forum</li> <li>* convening a group six months into implementation to assess the impact and advocate for local interests</li> </ul>	This plan is announced in the Governor's budget.  HIFA is organizing an informational forum.	

## Aging

According to the 2000 Census, Mendocino County's over 60 population was at 18% overall and as high as 22% on the Mendocino Coast. This compares with the State at 14% and the Nation at 16%. The County's senior population is projected to increase rapidly, likely reaching between 40-50% of the total population by 2020.

The traditional focus of the public health activities of disease prevention and health promotion encompasses services for older adults. The Aging States Project, a joint project between the Center for Disease Control and Prevention (CDC) and the Administration on Aging (AoA), seeks to network public health programs more effectively with services for older adults towards the goal of better public health outcomes.

Nationwide, nearly one-third of all healthcare expenditures already serve the needs of older adults. According to the Aging States Project, "without greater emphasis on prevention, health care spending will increase by 25% by 2030 (not adjusted for inflation) simply because the population will be older." Older adults often do not get information or encouragement to focus on prevention because people assume that it will not be effective at this stage in life. Similarly, older adults often do not receive needed mental health, alcohol, or other drug services because problems go unnoticed, are misdiagnosed as dementia or other health problems, or it is assumed that it is too late to make a difference.

Community-based programs, such as senior centers, present efficient opportunities for providing education and services to older adults. Group and intergenerational activities also help to combat isolation and keep seniors healthy and independent. Home-based care, such as the Older Adults System of Care (OASOC), Linkages, Community Care, and IHSS offer important opportunities for expanded Public Health, Mental Health, and AODP collaborations. Mendocino County has very good models for providing quality and innovative services for older adults. These can provide the basis for efficiently expanding and improving the overall continuum of care so that the aging population receives needed services.



## Aging

**Result:** Achieve and maintain optimal health and independence for older adults.

Recommendations	Current Status/Resources	Action Plan
<b>PREVENTION and WELLNESS</b>		
a. Develop an education campaign that provides prevention information and explains the importance of it for older adults.	DPH, DSS, senior centers, senior residences, Community Care, the Health Planning Council (HPC), Area Agency on Aging (AAA), Council on Aging (COA) and clinics play key roles in assessing the needs of older adults and providing services and information to them.	
b. Educate health providers about the importance of their role in prevention and wellness education for older adults, such as: * MC Community College teach elder care to nurses and develop community service projects in this area		
c. Provide venues where older adults feel comfortable exercising by: * implementing exercise programs at senior centers and senior residences * organizing group walking plans that are community collaborations among senior centers, Council on Aging and others		
d. Provide opportunities for homebound seniors to exercise by: * identifying appropriate exercise videos * having home visiting care staff and senior residences distribute videos, demonstrate exercises, and educate about the importance of exercise	Model: Sit and Be Fit	
e. Develop a program in preventive health care for older adults. This can be done by either: * providing funding match for the Preventive Health Care for the Aging (PHCA) program - Develop a County campaign to advocate that State funds go to PHCA in every county rather than distributed by competitive grant - CBOs and County provide funds; reapply in 2006 * developing a local program modeled on PHCA	Model: Humboldt and Lake Counties DPH has implemented PHCA before and is working with Community Care to find creative ways to make it sustainable.	

Recommendations	Current Status/Resources	Action Plan
<b>MENTAL HEALTH and ALCOHOL &amp; OTHER DRUGS</b>		
<p>f. Use Prop 63 funds to sustain and expand mental health services for older adults, including developing specialized mental health assessment and treatment county-wide, by:</p> <ul style="list-style-type: none"> <li>* continuing OASOC</li> <li>* providing acute crisis management</li> <li>* promoting and supporting the Meals on Wheels mental health outreach program</li> </ul>	<p>OASOC has been a successful model that currently does not have the funding to continue. Meals on Wheels has a new program that has trained their staff to identify possible mental health problems among clients.</p>	
<p>g. Develop an education and outreach program for seniors on drug and alcohol issues.</p>	<p>To increase collaboration and reduce the stigma of the program, it can be part of the prevention and wellness education campaign in Section 1.</p>	
<p>h. Create a mechanism for dual diagnosis older adults to receive home-based drug and alcohol services and access Medi-Cal reimbursements.</p>	<p>DSS, Mental Health, and Public Health have been working on this.</p>	
<b>PROVIDING SERVICES</b>		
<p>i. Develop more efficient ways for senior service agencies to work together and minimize duplication, including building on services that are already in place.</p>	<p>Model: Meals on Wheels mental health outreach program</p>	
<p>j. Increase training and support for caregivers by making the Caregivers Cooperative training more available and providing incentives to participate in it.</p>		
<p>k. Sustain and expand older adult care management using OASOC and Community Care as models.</p>	<p>Council on Aging coordinates legislative advocacy for this.</p>	
<p>l. Increase awareness of services available for near poor older adults through distribution of the Senior and Disabled Resource Directory.</p>	<p>Currently DSS does not have the funds to print as many Directories as are needed.</p>	
<p>m. Increase access to services for older Latinos by providing services in Spanish or providing translation.</p>	<p>Nuestra Casa considers senior services for Latinos a priority and needs funding to address this.</p>	

## Alcohol and Other Drugs

Substance abuse was identified as the most important problem issue by over 65% of all respondents to a recent Mendocino County Community Health Survey.<sup>1</sup> The use of alcohol and drugs contributes to crime, mental health issues, teen pregnancy, child abuse and neglect, domestic violence, employment issues, unintentional injuries and deaths, and a range of other social and health problems. The rate of methamphetamine use has increased dramatically in Mendocino County in the last five years.<sup>2</sup> Alcohol and drug abuse drive many of the costs that deprive families and communities of their health and economic viability. And it is important to recognize that public safety can never be secured without attending to this critical public health issue.

Alcohol and other drug abuse was ranked as the most important child health issue in the Perinatal and Child Health Survey conducted countywide by MCDPH's Maternal, Child and Adolescent Health Program in 2004. Use of tobacco, alcohol or other drugs during pregnancy can lead to a variety of physical and developmental problems for children, such as fetal alcohol spectrum disorders. Domestic violence and child abuse and neglect<sup>3</sup> are also closely associated with substance abuse by caregivers.

To address substance abuse effectively we need a comprehensive approach to prevention and treatment. Many residents of Mendocino County cannot access the treatment services they need. Either they do not know where to go; they often do not receive appropriate assessments, especially if they have mental health issues; or there are not enough affordable treatment services available. Statewide and in Mendocino County, services are only reaching 10% of the youth and 17% of the adults that need them.<sup>4 5</sup> Agencies are often hampered by their funding sources from providing the most effective services. With increased collaboration and additional resources, service providers can begin to fill in the cracks through which people often fall.

In a County where alcohol and drugs are a mainstay of the economy, there need to be increased efforts to prevent substance abuse. Strengthening communities to provide education, support, and alternatives to substance use for their residents has proven to be effective. Watching Anderson Valley Excel (WAVE) has been one of a number of community based collaborations that has effectively addressed immediate concerns while strengthening the social fabric that promotes community health.

<sup>1</sup> Mendocino County Community Health Survey conducted by MCDPH, Gualala's Action Network, Laytonville Healthy Start, Willits Action Group, Mendocino Coast Community Coordinating Council, and MCPHAB in winter 2001-2002.

<sup>2</sup> Mendocino County Community Health Status Report 2004.

<sup>3</sup> Child Abuse and Neglect was identified as the top Maternal, Child and Adolescent Health priority to address in Mendocino County by stakeholders in the MCDPH MCAH 5-Year Needs Assessment, June 2004.

<sup>4</sup> State Legislative Analyst, Substance Abuse in California, 1999.

<sup>5</sup> California Center for Health Improvement, Mendocino Community Health Partnership, Feb 1998.

## Alcohol and Other Drugs

### 1. Treatment on Request

**Result:** All residents of Mendocino County are able to access alcohol, tobacco, and other drug assessment, treatment and referral services on an as needed basis, regardless of location, culture, language, age or mental health status.

Recommendations	Current Status/Resources	Action Plan
<p>a. Improve inter-agency cooperation and referral process by:</p> <ul style="list-style-type: none"> <li>* developing a unified assessment and treatment philosophy that is client centered and outcome informed that incorporates ASAM criteria, readiness for change/stages of change model, Addiction Severity Assessment</li> <li>* providing training opportunities that enable every point of entry to provide competent assessments, referrals, and communication with other agencies</li> <li>* sharing assessment information</li> <li>* maintaining services for clients throughout the assessment, referral, and treatment process as needed and as appropriate</li> </ul>	<p>Model: Client centered and outcome informed program materials can be found at Talkingcure.com (Duncan-Miller-Sparks)</p>	
<p>b. Develop inter-agency treatment programs and formal MOUs between agencies.</p>	<p>Models:</p> <ul style="list-style-type: none"> <li>* Clean &amp; Sober Classroom</li> <li>* Probation Alternatives in Community Settings (PACE)</li> <li>* Mentally Ill Offenders Program</li> <li>* Freedom from Smoking (Am Lung Assoc)</li> </ul>	
<p>c. Expand alcohol &amp; other drug treatment services at clinics by:</p> <ul style="list-style-type: none"> <li>* developing funding, such as collaborative grant seeking</li> <li>* hiring appropriate staff</li> </ul>		
<p>d. Improve the continuum of care by increasing inpatient services within the County, including:</p> <ul style="list-style-type: none"> <li>* detox beds</li> <li>* residential treatment</li> <li>* clean and sober living environments</li> </ul>	<p>There is only one detox center in the County outside of a hospital setting Residential treatment spaces primarily go to criminal justice system clients Model: Primary Purpose</p>	

<p>e. Reduce the impact of drugs and alcohol on children, such as child abuse and neglect, by:</p> <ul style="list-style-type: none"> <li>* developing a county wide system for the screening, assessment, referral and treatment of pregnant women for tobacco, alcohol and other drug use</li> <li>* prioritizing providing treatment for pregnant women and parents</li> </ul>	<p>MCAH is working with other stakeholders to develop a plan for addressing perinatal substance abuse.</p>	
<p>f. Expand treatment for youth that addresses co-occurring risks and health status (i.e. HIV, Hep C) by:</p> <ul style="list-style-type: none"> <li>* increasing prevention and education in schools</li> <li>* providing support groups and treatment services in schools and after school programs</li> <li>* developing programs specifically for transitional age youth/young adults</li> <li>* increasing outpatient, day treatment, and residential services specific to youth that incorporates developmental issues and the family</li> <li>* increasing services for dually diagnosed youth/young adults</li> </ul>	<p>Models:</p> <ul style="list-style-type: none"> <li>* Clean &amp; Sober Classroom</li> <li>* Probation Alternatives in Community Settings (PACE)</li> <li>* SATYA</li> </ul>	

## Alcohol and Other Drugs

### 2. Community Based Prevention

**Result:** Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.

Recommendations	Current Status/Resources	Action Plan
a. Develop or identify a manual for starting a Community Based Collaborative (CBC) that can be disseminated to interested individuals and organizations.	Resource for guidebooks: www.northwestern.edu/ipr/abcd AODP will research and distribute a manual and resource list.	
b. Develop a list of local resources that CBCs can utilize as a part of their community prevention plan (i.e. Challenge Day, Ropes Course, Nuestra Casa, SPACE, mentoring/tutoring). Include list with the manual.		
c. Develop a position to support CBCs and coordinate this effort by identifying possible funds and advocating that they are used for this purpose.		
d. Get key information out to the public about the problems (i.e. substance abuse, child abuse/neglect, domestic violence) as a motivator to address these issues.	Resources: * AODP's anti-binge drinking campaign * PCCY Child Abuse Prevention Committee * Developmental Disabilities Bd (FAS)	
e. Perform evaluations of CBCs to inform policy makers as to their effectiveness.		
f. Reduce drug production, distribution and related violence by developing an integrated strategy.	Community members, schools, government, law enforcement, Domestic Violence Council, Gang Prevention Coalition, Environmental Health Crimes Task Force, and others are integral to developing an effective strategy.	

## Healthy Lifestyles

### **1. Nutrition, Hunger and Physical Activity**

In 2000, poor diet and physical inactivity caused 400,000 deaths in the US, second only to tobacco. If the trend continues, soon it will overtake tobacco as the number one killer.<sup>1</sup> The results of inactivity and poor diet include obesity, diabetes, coronary heart disease, cancer and many other chronic conditions that cost California over \$28 billion per year according to Department of Health Services.

Only half of Californian adults exercise more than once a month and only 1 in 2 Californians consumes the recommended 5 fruits and vegetables a day.<sup>2</sup> As a result, in 2002 almost 40 percent of Mendocino County children ages 5-19 were overweight or at risk for becoming overweight<sup>3</sup> and only 28.7% of seventh graders were "physically fit."<sup>4,5</sup> At the same time, Mendocino County is ranked 6th in the state for highest rates of food insecurity and hunger.<sup>6</sup> Ironically, poverty and food insecurity are associated with increased obesity possibly due to the fact that cheaper and more readily available food is often lower quality, more processed, and less nutritious.

The problem of poor nutrition and physical inactivity is rising steadily in the United States:

- according to the American Obesity Association, children today belong to the most inactive generation in history;
- according to the Centers for Disease Control and Prevention, if current trends in diet and activity patterns continue, 1 in every 3 children born in 2000 will develop diabetes in their lifetime;
- between 70 and 80% of obese adolescents become obese adults.<sup>7</sup>

Now is the time for Mendocino County to reverse this trend. We have many assets that can help to address this problem, including opportunities for outdoor recreation, local healthy food, gardens in many schools, local policy-makers committed to this issue, and an active Nutrition and Activity Collaborative (NAC). It has been shown that community-wide policy interventions that make healthy choices more accessible are more effective and sustainable than education on an individual level.<sup>8</sup> These types of interventions include influencing policy and legislation, changing organizational practices, creating an environment that encourages physical activity and providing access to low-cost nutritious food.

<sup>1</sup> Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. Actual Causes of Death in the United States, 2000. JAMA. 2004;291:1238-1245.

<sup>2</sup> UCLA Center for Health Policy Research. available at <http://www.chis.ucla.edu>.

<sup>3</sup> Department of Health Services. Pediatric Nutrition Surveillance system 2002.

<sup>4</sup> Analysis by Children Now of California Department of Education data, 2001-2002. Physically fit students are defined as those who passed 6 out of 6 standards set for fitness, including aerobic capacity.

<sup>5</sup> Overweight Children and Youth was identified as the number two Maternal, Child and Adolescent Health priority to address in Mendocino County by stakeholders in the MCDPH MCAH 5-Year Needs Assessment, June 2004.

<sup>6</sup> Health of California's Adults, Adolescents, and Children: Findings from CHIS 2001. LA, CA: UCLA Center for Health Policy Research, 2004.

<sup>7</sup> Whitaker, R.C., J.A. Wright, M.S. Pepe, L.D. Seidel, and W.H. Dietz. Predicting Obesity in Young Adulthood from Childhood and Parental Obesity. The New England Journal of Medicine, 337 (13): 869-873, 1997.

<sup>8</sup> Steven P. Hooker, Ph.D., Director Prevention Research Center, Arnold School of Public Health, University of South Carolina, delivered at the California Center for Physical Activity Conference, Sacramento, CA, November 18, 2004.

## Healthy Lifestyles

### 1. Nutrition, Hunger and Physical Activity

**Result:** Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.

Recommendations	Current Status/Resources	Action Plan
<b>PHYSICAL ACTIVITY</b>		
<p>a. Improve community planning and land use design to increase walking paths and bike lanes and promote safe walking and biking to school by:</p> <ul style="list-style-type: none"> <li>* developing a county-wide biking and walking advocacy coalition of new and existing groups</li> <li>* increasing the priority of and funding for such projects</li> </ul>	<p>The County General Plan allows and promotes this. Advocacy could change the priority of items already in the General plan as well as amount of regional transportation funds allocated.</p> <p>A biking/walking advocacy coalition associated with the Nutrition and Activity Collaborative (NAC) is developing.</p> <p>Prop 40 funds are available.</p>	
<p>b. Remove economic and competitive barriers to youth participating in physical activities by:</p> <ul style="list-style-type: none"> <li>* increasing opportunities for high school age youth</li> <li>* providing scholarships for low-income youth to participate</li> <li>* increase the availability and optimal use of facilities</li> </ul>	<p>Physical activities include sports, dance, or other activities that require equipment, organized teams, etc.</p>	
<p>c. Increase the quality and quantity of PE in schools, including hiring a recreational therapist to coordinate quality PE programs.</p>	<p>This is a NAC priority area.</p>	



Recommendations	Current Status/Resources	Action Plan
<b>NUTRITION and HUNGER</b>		
d. All school districts in Mendocino County pass and implement comprehensive school nutrition policies.	This is a NAC priority area.	
e. Enforce SB 19 standards in pre-school, K-12 schools, and after-school programs by: * promoting healthy snacks and beverages in school vending machines * passing a 'competitive foods' policy for schools to regulate nutritional quality of food in machines, at snack bars, in a carte lines, at parties, used for fundraisers, etc.	SB 19 standards regulate the nutrition content of snacks and drinks sold at schools outside of the federal meal program. It does not include high schools.  NCO Rural Communities Child Care, Head Start and Early Head Start promote nutrition for children in child care.  NAC is currently working on this.	
f. Develop and sustain gardens in every school.		
g. Develop effective School Health Councils in every district.		
h. Increase the local consumption of locally grown foods by supporting programs such as: * community gardens * farm-to-school * farmer's markets * public agencies buying and serving local food products		
i. Increase enrollment in and optimal utilization of food assistance programs, such as food stamps, WIC, the food bank, and school meals.	Ukiah Community Center/Food Bank has a food security grant that addresses this.  This is a NAC priority area.	
j. Improve early childhood nutrition by supporting breastfeeding as a proven health promotion and obesity prevention strategy.	WIC and FIRST 5 Mendocino support breastfeeding.	

## Healthy Lifestyles

### **2. Parenting and Child Development**

From April 2003 to March 2004, the incident rate for substantiated cases of child maltreatment in Mendocino County was 33.6 per 1,000 children, almost three times the state rate of 11.6.<sup>1</sup> In addition to more obvious forms of maltreatment, child neglect also has a major negative impact on child development. There are also more subtle influences that affect a child's development, including lack of breastfeeding and infant attachment, lack of positive and consistent caregiver-child interaction, and lack of exposure to learning opportunities.

Current research in brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. The experiences a child has with respect to parents and caregivers significantly influence how a child will function in school and later in life. Through the integration of health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers can gain the tools necessary to foster secure, healthy and loving attachments. These attachments lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

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<sup>1</sup> UC Berkeley, Child Welfare Research Center.

## 2. Parenting and Child Development

**Result:** Mendocino County children and families thrive through access to and use of information, services and support.

Recommendations	Current Status/Resources	Action Plan
<b>POLICY</b>		
a. Support healthy parenting by employers becoming familiar with and informing their employees about family rights in the workplace (family leave, breastfeeding support, etc.).		
b. Increase the number of licensed child-care by limiting local fees for child-care services.		
c. Reduce children's exposure to advertising and electronic media by: * limiting advertising-based materials in schools * expanding TV Turn Off month	TV Turn Off month is currently coordinated by FIRST 5 and therefore primarily targets 0-5. Some primary teachers also participate.	
d. Support library services, especially family-friendly hours, children's services and materials.		
e. Encourage parent involvement in parent-school meetings and civic engagement meetings by providing child-care, accessible times, appropriate translation, and an attitude of partnership.		
<b>SERVICES</b>		
f. Support ongoing, drop-in parent and child activities by funding projects such as: * parenting classes and support groups * play groups * cooking classes * outdoor activities * family reading activities	Family Resource Centers support many of these activities.	
g. Develop life skills in potential future parents by providing * comprehensive health education at all schools * child development/parenting education at high schools	Models: * California Health Works * Comprehensive School Health Program * National Health Education Standards	
h. Strengthen the social-emotional curriculum and support that schools and community organizations are providing for parents.	Model: Some organizations in MC use the Second Step curriculum	

## Evaluation

This strategic plan is based on a theory of change presented in the Logic Model diagram (pg 28). By bringing focus to four major health concerns through advocacy, funding, and this Strategic Plan, it is expected that there will be an increased level of collaboration, coordination, and complementary efforts in Mendocino County in these areas. While it is not under the control of MCPHAB and MCTSAC which recommendations are actually implemented by other organizations, if a significant number of recommendations are put into action, overall we should see the County getting closer to the identified results.

### **Process Evaluations**

MCPHAB and MCTSAC will track actions that they have taken toward implementing the Strategic Plan. For MCPHAB this includes what advocacy work they have done, who they have reached, and what the response has been. For MCTSAC this includes what projects they have recommended for funding and which have received funding. In addition, MCPHAB will collect information on what other organizations have done in these areas.

### **Program Evaluations**

When specific recommendations are undertaken by other organizations, they can evaluate their programs. This can include tracking their actions, services provided, clients reached, quality of services, and identifiable results. MCTSAC will require this of any projects they fund. MCPHAB will collect information on what other organizations are putting recommendations into action and any evaluation results those organizations record.

### **Outcome Evaluations**

Outcome indicators that are tracked for Mendocino County will be monitored by MCPHAB (pg. 29-30). Which indicators in the 3-5 year range will be useful depends on which recommendations are implemented. Long term indicators are generally applicable for assessing our achievement of the results stated. MCPHAB will gather baseline data in early 2005 and then continue to update their data on a yearly basis.

**MENDOCINO COUNTY PUBLIC HEALTH ADVISORY BOARD and TOBACCO SETTLEMENT ADVISORY COMMITTEE**

Five-Year Strategic Plan  
2005 – 2009

Logic Model

**INPUTS**

MCHPAB  
advocates for  
implementation of  
recommendations.

MCTSAC advocates  
for funding to  
support  
implementation of  
recommendations.

**OUTPUTS**

Policy makers,  
collaborations,  
agencies and  
organizations  
become focused  
on common  
efforts.

**OUTCOMES (3-5 yrs)**

Various organizations select  
recommendations to  
implemented, such as:

- Consumer hotline
- Universal coverage for children
- Training for caregivers for seniors
- Clean & Sober housing collaborative
- New walk/bike paths
- Comprehensive health education in high school

Organizations evaluate their  
programs.  
*(example 3-5 year Outcome Indicators, page 30-31)*

**OUTCOMES LONG TERM**

**ACCESS TO CARE**  
**Coordination and Expansion of Services**  
All Mendocino County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers.  
**Health Insurance**  
All Mendocino County residents have access to affordable health insurance.

**AGING**  
Achieve and maintain optimal health and independence for older adults.

**ALCOHOL & OTHER DRUGS**  
**Treatment on Request**  
All residents of Mendocino County are able to access alcohol, tobacco and other drug assessment, treatment and referral services on an as needed basis.

**Community Based Collaboratives**  
Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors.

**HEALTHY LIFESTYLES**  
**Nutrition, Hunger and Physical Activity**  
Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.

**Parenting & Child Development**  
Mendocino County children and families thrive through access to and use of information, services and support.

Result	Outcome Indicators (3-5 years) <i>examples</i>	Outcome Indicators (Long Term) <i>data available</i>
<p><b>Access to Care</b></p> <p><b>Coordination and Expansion of Services</b></p> <ul style="list-style-type: none"> <li>All Mendocino County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers.</li> </ul>	<p>Increased systems of care</p> <p>Electronic health records exchange program</p> <p># of people trained in skills such as:</p> <ul style="list-style-type: none"> <li>* grantwriting</li> <li>* medical translation</li> <li>* multidisciplinary approaches</li> </ul> <p>Collaborative programs/grants developed</p> <p>Increased transportation options</p>	<p>Low birth-weight infants (CHSR)</p> <p>Late or no prenatal care (CHSR)</p> <p>Immunization rates 0-5 years of age (registry is currently being developed)</p> <p>Services accessed at local clinics (OSHDP)</p> <p>Provider ratios (CHSR)</p> <p>Acute care hospitalization (CHSR)</p> <p>Non-emergency ER visits (OSHDP)</p> <p>Percent of population uninsured (CHIS)</p> <p>Healthy Families enrollment (CHSR)</p> <p>Medi-Cal enrollment (CHSR)</p> <p>Consistent health coverage for 12 months (CHIS)</p> <p>People with a "medical home" (CHIS)</p>
<p><b>Health Insurance</b></p> <ul style="list-style-type: none"> <li>All Mendocino County residents have access to affordable health insurance.</li> </ul>	<p># of sites implementing a web-based enrollment program</p> <p># employers providing health insurance</p> <p>Enrollment in Medi-Cal/Healthy Families</p>	
<p><b>Aging</b></p> <ul style="list-style-type: none"> <li>Achieve and maintain optimal health and independence for older adults.</li> </ul>	<p># of seniors receiving education/services</p> <p># of seniors exercising</p> <p># of caregivers trained</p> <p># of Resource Directories distributed</p>	<p>Elder abuse (CHSR)</p> <p>Elder suicides/attempts (CHSR)</p> <p>Disability rates (census)</p> <p>Population in SNFs vs at home (census)</p> <p>Quality of life/self-care ability (AAA)</p>

**Data Sources**

- AAA: Area Agency on Aging
- CHIS: California Health Interview Survey
- CHKS:
- CHSR: Community Health Status Report
- OSHDP:
- Census: US Census
- DHS: Department of Health Services
- DOE: Department of Education
- MCDSS: Mendocino County Department of Social Services
- NCO: North Coast Opportunities

Result	Outcome Indicators (3-5 years) <i>examples</i>	Outcome Indicators (Long Term) <i>data available</i>
<p><b>Alcohol and Other Drugs</b></p> <p><b>Treatment on Request</b></p> <ul style="list-style-type: none"> <li>All residents of Mendocino County are able to access alcohol and other drug assessment, treatment and referral services on an as needed basis, regardless of location, culture, language, age or mental health status.</li> </ul>	<ul style="list-style-type: none"> <li># of people trained in assessments/referrals</li> <li># and types of services provided by local clinics/providers</li> <li># of treatment slots available in county</li> <li># of pregnant women screened for drug use</li> <li># of youth receiving education/services</li> <li># and % of perinatal health care providers screening pregnant women for tobacco, alcohol and other drug use</li> <li># and % of pregnant women screened for tobacco, alcohol and other drug use</li> <li># of community based collaboratives started</li> <li># of community members served by CBCs</li> </ul>	<p>AOD related arrests (CHSR)</p> <p>AOD related injuries/deaths (CHSR)</p> <p>AOD use trends (CHSR)</p> <p>EMS calls for AOD Intoxication (CHSR)</p> <p>AOD related hospitalizations (CHSR)</p> <p>Domestic violence calls/arrests (CHSR)</p> <p>Child abuse and neglect reports (MCDSS/CHSR)</p> <p>Out of home placement of children (MCDSS/CHSR)</p> <p>Hepatitis C incidence (CHSR)</p> <p>Youth drug use and attitudes (CHKS)</p> <p>High school drop-out rate (CHSR)</p> <p>School attendance -- ADA (DOE)</p>
<p><b>Community Based Collaboratives</b></p> <ul style="list-style-type: none"> <li>Empower communities to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.</li> </ul>		
<p><b>Healthy Lifestyles</b></p> <p><b>Nutrition, Hunger and Physical Activity</b></p> <ul style="list-style-type: none"> <li>Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.</li> </ul>	<p>Bike/walk paths developed</p> <ul style="list-style-type: none"> <li># of youth participating in sports</li> <li># of youth receiving support to participate in physical activities</li> <li># of institutions adopting new policies</li> <li># of farmer's markets/community gardens/etc.</li> <li>Enrollment in food assistance programs</li> </ul>	<p>Diabetes Deaths (CHSR)</p> <p>Coronary Heart Disease (CHSR)</p> <p>All cancer deaths (CHSR)</p> <p>Unfit rates (DOE)</p> <p>Overweight rates (DHS)</p> <p>Food insecurity and hunger (CHIS)</p> <p>Infants breastfed (DHS)</p>
<p><b>Parenting and Child Development</b></p> <ul style="list-style-type: none"> <li>Mendocino County children and families thrive through access to and use of information, services and support.</li> </ul>	<ul style="list-style-type: none"> <li>Licensed child-care facility fee reduced</li> <li># of parenting classes and support groups</li> <li># of people participating in parent/child activities</li> <li># of schools providing health education</li> <li># of people receiving life skills education</li> </ul>	<p>Child abuse and neglect reports (MCDSS/CHSR)</p> <p>Non-fatal hospitalizations for children (CHSR)</p> <p>Out of home placement of children (MCDSS/CHSR)</p> <p>Birth to Teens Aged 15-17 (CHSR)</p> <p>High school drop-out rate (DOE)</p> <p>Intention to breastfeed (CHSR)</p> <p>Youth suicides (CHSR)</p> <p>Licensed child-care facility capacity (NCO/CHSR)</p>