


# 2026-2030 CHP PRIORITIES, GOALS, AND STRATEGIES

2026-2030 COMMUNITY HEALTH IMPROVEMENT PLAN

**THREE PRIORITY AREAS ONE VISION**


We envision a welcoming community. A place where systems – social, economic, and environmental, etc. – are developed by everyone to work for everyone. A community where all people have what they need to thrive. This includes: a sense of belonging, a feeling of shared purpose, and hope for our collective future.

**AFFORDABLE, INCLUSIVE HEALTH SERVICES**




**PROMOTE TRADITIONAL HEALTH WORKERS THROUGH CREATIVE COMMUNICATIONS**

**COMMUNITY RESILIENCE & ACCESS TO BASIC NEEDS**



**SUPPORT LOCALIZED COMMUNITY RESOURCE HUBS & RESILIENCE TRAININGS**


**MENTAL HEALTH, SUBSTANCE USE DISORDERS, & WELL-BEING**



**IMPROVE CROSS-SECTOR PARTNERSHIPS, MAP INITIATIVES & PRIORITIES**

Use the LHL Equity Tool!

The CHP gives us a roadmap, but it's our collective action that creates impact. Let's build a healthier community. Discover what we can achieve together at [www.LiveHealthyLane.org](http://www.LiveHealthyLane.org).



Priorities are listed in alphabetical order and do not reflect any order of importance.

**Interested in a presentation on the 2026-2030 Community Health Improvement Plan?** Let us know by submitting a request on the Live Healthy Lane website or use the QR code below.



## Priority 1: Affordable, Inclusive Health Services

### ***Building on the CHA***

The 2024-25 CHA shows that access to health services is worsening, even after years of progress. Many residents continue to experience barriers to physical health, mental health, and dental care, preventative services, and culturally responsive treatment. Routine check-ups and cancer screenings remain below desired levels. In 2022, 18% of adults living in poverty and 21% of adults with disabilities reported not accessing care due to cost, and community members, especially in rural areas, described long travel times and provider shortages as major obstacles. This [orienting document](#), which links to useful CHA documents, was developed to support the Community Health Improvement Coalition in developing this priority.

The Affordable, Inclusive Health Services priority focuses on ensuring that physical, behavioral, mental, and dental health services are affordable, culturally relevant, and ***trauma-informed/healing-centered***. A key strategy is to promote the use of ***Traditional Health Workers***, strengthen the workforce, and increase awareness among community members and providers to:

- Build trust and understanding.
- Improve health literacy.
- Connect to the right care at the right time.
- Reduce pressure on an overburdened and inequitable healthcare system.

### ***The Affordable, Inclusive Health Services Subcommittee***

The Affordable, Inclusive Health Services subcommittee included community members and partners whose diverse expertise informed the development of strategies for this priority. Organizations participating in this work included:

- Alliance for a Safe Oregon
- American Cancer Society
- Arc of Lane County
- Community Advisory Council
- Eugene Family YMCA
- Federally Qualified Health Centers of Lane County
- Lane County Human Services Division, Dovetail Program
- Our Community Birth Center
- ShelterCare



## **Community Expertise in Action to Guide Strategy**

Community Health Improvement Coalition members emphasized that access challenges go beyond service availability. People often struggle to navigate a fragmented, profit-driven, complex healthcare system with barriers such as insurance restrictions, provider shortages, transportation limitations, and digital inequities affecting telehealth access. Members highlighted valuing trust, relationships, and community connection. These principles are central to the Traditional Health Worker model.

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*There is a need to change healthcare from for-profit to for-people.*

*– Community member*

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**Community Health Workers**, a type of Traditional Health Worker, play a key role in bridging gaps by providing culturally relevant, trauma-informed/healing centered, community-based support, helping people understand options, connect to care, and manage their health. However, both community members and some providers noted limited awareness of Community Health Worker roles.

During this CHP cycle, the coalition will prioritize elevating Community Health Workers, increasing understanding of their role, and improving community access through clear communication, intentional outreach, and data-driven evaluation.

## **Goal, Strategies, and Objectives**

Strategies, timelines and measures may become more specific as the coalition and subcommittee focused on this priority reconvene in 2026. SMARTIE objectives are Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable.

Because this is a living CHP, implementation of this strategy will intentionally include ongoing engagement with all types of Traditional Health Workers, utilizing the Lane County Traditional Health Worker Collaborative and other engagement avenues. Through this engagement, Community Health Workers will share insights on barriers they are able to help community members overcome, challenges that remain in accessing care, and gaps in systems or services. Qualitative feedback collected from Community Health Workers will be reviewed periodically to identify emerging barriers and inform updates to the CHP. This feedback will be used to refine existing strategies and support the development of future strategies and objectives over the life of the CHP.

**Goal:**

Ensure physical, behavioral, mental, and dental health services meets everyone’s needs by being affordable, culturally relevant, and trauma-informed/healing centered.

**Strategy:**

Promote the use of Traditional Health Workers, starting with Community Health Workers, among both community members and providers to improve health literacy and help people connect to the care.

**SMARTIE Objectives:**

1. By December 2030, increase community and provider understanding of Community Health Workers, who they are, and what they do, by developing and sharing culturally relevant, plain-language educational materials in at least three communication formats. Materials will be co-designed with Community Health Workers and community members to ensure accessibility, cultural relevance, and representation.
2. By December 2030, create a short comic or animation that explains Community Health Workers’ roles using trauma-informed/healing centered and culturally appropriate storytelling, created in partnership with Community Health Workers and community members from ***systemically marginalized*** groups. Beginning the quarter following its release, share the content at least once per quarter on social media and maintain permanent placement on the Live Healthy Lane website, while also distributing through at least five community outreach partners that serve different populations.
3. By December 2030, work with CCOs and relevant data partners to collect and analyze pre and post Community Health Worker utilization data, disaggregated, if available, by race, ethnicity, language, disability, age, zip code, and insurance status. Evaluate quarterly social media and website analytics for the Community Health Worker campaign to measure reach and engagement and use these findings to make at least two equity-focused adjustments to communication or outreach strategies to ***improve access*** and effectiveness for different groups.

## ***Building on What Works: Proven Practices to Explore***

Improving community health takes many people working together, each using their own strengths. While the coalition has selected a central strategy to guide our shared efforts, meaningful progress also comes from organizations, businesses, and community members taking action in the ways they are most passionate about and well positioned to lead. This section highlights a few proven strategies from the [Robert Wood Johnson Foundation “What Works for Health”](#).

- [Cultural competence training for health care professionals](#)  
Increase health care providers’ skills and knowledge to understand and respond to cultural differences, value diversity, etc. via factual information, skills training, and other efforts
- [Patient navigators](#)  
Provide culturally sensitive assistance and care coordination, and guide patients through available medical, insurance, and social support; also called systems navigators
- [Culturally adapted health care](#)  
Tailor health care to patients’ norms, beliefs, and values, as well as their language and literacy skills

Policies and programs to **expand access**:

- [Telemedicine](#)
- [Rural transportation services](#)
- [School-based health centers](#)
- [Mobile health for mental health](#)
- [Telemental health services](#)

## Priority 2: Community Resilience and Basic Needs

### ***Building on the CHA***

Access to basic needs, including safe and stable housing, sufficient income, nutritious food, childcare, transportation and supportive service, is fundamental to individual and community health. Community resilience is the capacity of individuals and neighborhoods to **thrive** in the face of stress, uncertainty, and systemic inequities. Bringing access to basic needs and community resilience together is what Live Healthy Lane defines as **localized community resilience hubs** and identifying where these exist, where there are gaps, and how we can strengthen what's already there is a key strategy under this priority. The 2024 CHA revealed that many Lane County residents face significant barriers to meeting basic needs, making localized community resilience hubs a priority for the CHP (see related [orienting document](#)).

Nearly half of all households in Lane County are experiencing financial hardship or living below the [ALICE \(Asset-Limited, Income-Constrained, Employed\)](#) threshold, limiting their ability to afford essentials. Affordable housing shortages further worsen economic strain, with high rental costs and limited housing options contributing to instability and, in some cases, homelessness.

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*Lane County is considered a childcare desert – a community where there are three or more children for a single childcare slot. In 2022, 26% of children 5 and under lacked access to childcare. The median annual cost of having a toddler in childcare in Lane County is more than \$17,000 dollars.*

#### Community Status Assessment

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Data shows that these challenges disproportionately affect historically excluded communities, including Black, Indigenous, Latine, and other populations, highlighting persistent inequities. Residents frequently reported that unmet basic needs interfere with their ability to maintain good health. By prioritizing community resilience and access to basic needs, the CHP aims to:

- Tackle the root causes of health inequities.
- Make sure everyone can access the resources they need to thrive.
- Promote policies that create fair and supportive economic and social conditions for all.

## The Community Resilience and Basic Needs Subcommittee

The development of the Community Resilience and Basic Needs priority was informed by community members and partners representing a wide range of expertise. Collectively, these partners ensured the priority reflects the full spectrum of community needs, from social and environmental determinants of health to disaster resilience, mobility, and equitable access to resources. Organizations participating in this work included:

- Be Your Best Cottage Grove
- Beyond Toxics
- Burrito Brigade
- Cascadia Mobility
- Community Organizations Active in Disaster
- Community Advisory Council
- Corvallis Housing First
- Lane County Human Services
- Siuslaw Vision



## Community Expertise in Action to Guide Strategy

Across subcommittee and coalition discussions, participants consistently emphasized that access to basic needs is shaped by broader structural conditions. Themes centered on three primary areas: basic needs, housing, and climate justice. Community members underscored the need to better map and strengthen existing efforts so that supports are easier to find, navigate, and use.

Early conversations highlighted the critical role of community expertise and grassroots solutions in meeting basic needs. People noted that community-based organizations often fill gaps in transportation, food access, and system navigation in ways that the larger system cannot.

In housing discussions, members emphasized persistent shortages of accessible and affordable housing, rising costs, and limited pathways for renters and first-time homebuyers. They also noted that many existing housing supports remain under-resourced, difficult to navigate, or inconsistently available across the county. Housing emerged as one of the most urgent and interconnected basic needs affecting health and stability. These insights reinforced the importance of understanding and uplifting current housing efforts while identifying opportunities to strengthen coordination, expand capacity, and ensure equitable access to safe, stable housing for all.

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**Are you working on housing initiatives?** In the spirit of “together we can do more”, consider joining [A.C.T. Now Lane](#) to stay informed of work happening to keep homelessness rare, brief, and non-reoccurring.

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Another theme centered on economic pressures. Discussions including wages not keeping pace with the cost of living, barriers to higher education and job training, and the decline of local job opportunities. Participants emphasized the value of examining existing programs that support workforce development, financial literacy, and small business stability.

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**Opportunity for Community Feedback!** The Oregon Department of Transportation is updating its Public Involvement Policy for three major transportation plans: the Oregon Transportation Plan, the Statewide Transportation Improvement Plan, and the new 10-year Capital Investment Plan.

[Read the draft policy and share your feedback here](#)

*Public comments are open until January 23, 2026*

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Finally, climate justice discussions underscored that extreme weather, declining air quality, and infrastructure challenges disproportionately affect people already struggling to meet basic needs. While many local efforts such as resilience hubs, food system initiatives, transportation planning, and climate action plans are addressing components of this issue, they remain under-resourced or disconnected. Participants stressed the importance of building community resilience, improving air quality enforcement, investing in nonprofit and community preparedness, expanding sustainable transportation options, and strengthening policies that protect health.

Climate impacts are inequitable and increasingly affect both mental and physical health, making climate justice essential to health equity. Together, these themes reveal a community rich in dedicated efforts, but also highlight a clear need for greater visibility, coordination, and assessment of the work already underway.

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**Working on climate justice initiatives or related policy?**

Consider reviewing local plans such as:

[City of Eugene Comprehensive Plan](#) (specifically [Ch. 5 on Community Health](#))

[Community Wildfire Protection Plan](#)

[Lane County Climate Action Plan](#)

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## Goals, Strategies, and Objectives

Strategies, timelines and measures may become more specific as the coalition and subcommittee focused on this priority reconvene in 2026. SMARTIE objectives are Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable.

### Goals:

1. Everyone has access to the material things (housing, food, utilities, clean air, and water) and services (transportation, childcare, and education) they need to thrive.
2. Everyone has opportunities to build social connections, create support networks, and contribute to making their community a safe and healthy place.
3. Access to resources for disaster preparedness, response, and recovery are equitable.

### Strategy:

Identify localized community resilience hubs that can help people in accessing basic needs, support equitable access to emergency preparedness and disaster response, and offer places of connection for everyone.

### Objectives:

1. By December 2030, identify and assess existing local efforts that help community members access basic needs (e.g., food, housing, utilities, transportation, and childcare). Prioritize efforts serving the systemically marginalized groups identified in the CHA, as well as other disproportionately impacted groups, supported by most recent available data. Complete a strengths, gaps, and equity-barriers analysis, developed with input from partners and community members to inform the development of localized community resilience hubs.
2. By December 2030, identify and convene at least three localized community resilience hubs, or strengthen existing ones, that coordinate basic needs support efforts. [Mid Lane Cares/Fern Ridge Service Center](#), and Community Action Service Centers (for more information see “[Anti-Poverty Programs](#)” drop down) like Catholic Charities in Springfield, Community Sharing in South Lane County, and Siuslaw Outreach Services in Florence are examples of organizations that currently provide basic needs services. Each hub will include representation from community-based organizations, culturally specific organizations, local governments, and residents, ensuring accessibility for rural communities, people with disabilities, and low-income households. Produce a shared coordination plan that outlines roles, communication pathways, and opportunities for collaboration among hubs.
3. By December 2030, develop and implement an equity-centered training and communication plan for emerging or existing hubs. The plan will identify training needs (e.g., trauma-informed/healing centered response, emergency communication, cultural responsiveness, ADA accessibility) and establish inclusive communication practices. These will be co-designed with community partners to ensure that preparedness and response information is accessible across languages, abilities, and zip code. Pilot the plan with at least two resilience hub sites and adjust based on participant feedback.

## ***Building on What Works: Proven Practices to Explore***

This section highlights a few proven strategies from the Robert Wood Johnson Foundation.

- [Community centers](#)  
Provide space to promote socializing among community members and offer programs and services
- [Shared use agreements](#)  
Contracts that support community access to existing public, private, or nonprofit facilities before or after business hours; also called joint use, open use, or community use agreements
- [Food hubs](#)  
Support businesses or organizations that aggregate, distribute, and market local and regional food products (e.g., fresh fruits and vegetables, meat, dairy, grains, and prepared items)
- [Community organizing](#)  
Developing leadership, campaigning, and building power to influence decisions, agendas, and worldviews, by collaborating with community organizing groups to use these methods, or both

Policies and programs for **affordable housing**:

- [Rapid re-housing programs](#)
- [Low Income Housing Tax Credits](#)
- [Legal support for tenants in eviction proceedings](#)
- [Tax increment financing \(TIF\) for affordable housing](#)
- [Housing First](#)
- [Inclusionary zoning & housing policies](#)
- [Permanent Supportive Housing](#)

Policies and programs for **economic stability**:

- [Living wage laws](#)
- [Child tax credit expansion](#)
- [Childcare subsidies](#)
- [Universal basic income](#)
- [Microfinance & microenterprise](#)

## Priority 3: Mental Health, Substance Use Disorders, and Well-Being

### ***Building on the CHA***

The 2024-25 CHA reveals that, while 84% of adults rated their overall health as good to excellent, only 57% reported good to excellent **mental health**. Among 8<sup>th</sup> and 11<sup>th</sup> graders, 26% reported unmet mental health needs, with rates reaching 44.2% among transgender/non-binary youth and 41.8% among LGBTQA+ students.

Additionally, substance use among youth in 2022 show that about 18% of 11<sup>th</sup> graders and about 8% of 8<sup>th</sup> graders reported having at least one drink of alcohol in the past 30 days, and about 16% of 11<sup>th</sup> graders reported using tobacco in the same period. Adults and youth, people with disabilities, those living in poverty, and individuals from **systemically marginalized** identities report disproportionate burden of poor mental health, substance use, and unmet care needs.

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*In 2022, 35% of 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> graders reported fair to poor mental health, and in that same year, 34% of youth reported experiencing symptoms of depression in the past 12 months.*

#### Mental Health, Substance Use Disorders, and Well-Being Orienting Document

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The high percentages of youth reporting poor mental health, depression, and suicidal ideation signal a crisis among young people. If left unaddressed, this can lead to long-term negative outcomes across education, employment, physical health, and community engagement. Significant youth and adult substance use rates highlight substance use as a common coping strategy and underscore to the need for integrated, trauma-informed/healing centered, and culturally responsive services.

These findings directly informed the Mental Health, Substance Use Disorders, and Well-Being strategies. Improving system coordination and collaboration addresses fragmented services and helps ensure that people can access care efficiently. Promoting positive community norms through inclusive storytelling confronts stigma, encourages help-seeking, and fosters resilience. Expanding early screening and referral for perinatal and early childhood mental health targets critical developmental periods, supporting families and preventing escalation of mental health challenges. Together, these strategies reflect community-identified needs and aim to:

- Reduce health inequities in mental health and substance use outcomes.
- Strengthen community and system supports for mental well-being.
- Promote overall mental health and well-being across the community.

## ***The Mental Health, Substance Use Disorders, and Well-Being Subcommittee***

The development of this priority was informed by community partners bringing together expertise across early childhood development, family and veteran support, mental health advocacy, and trauma-informed/healing centered care. Their collaboration ensured strategies were grounded in the experience of individuals and families across the community, reflecting the interconnected nature of health, wellness, and social supports. Participating organizations included:

- Alliance for a Safe Oregon
- Center for Family Development
- Charlie Health
- Community Advisory Council
- Early Childhood and Mental Health Workgroup
- Early Childhood Hub of Lane County
- GamAware Coalition of Lane County
- Ko-Kwel Wellness Center
- Lane County Behavioral Health, Lane Care
- Lane County System of Care
- Lane County Veteran Services
- Lane Education Service District
- NAMI Lane
- Parenting Now
- Quality Care Connections
- Relief Nursery
- Suicide Prevention Coalition of Lane County
- Trauma Healing Project
- United Way of Lane County
- University of Oregon
- Veterans Mental Health Advocacy Council
- Western Lane Mobile Crisis

## ***Community Expertise in Action to Guide Strategy***

Coalition members emphasized that mental health is deeply interconnected with basic needs, social determinants of health, and community resilience. Discussions highlighted persistent gaps in access to qualified mental health providers, long waitlists, and challenges in serving rural and systematically marginalized populations. Members noted that shortages are compounded by workforce limitations, certification barriers for in-and-out-of-state providers, and insufficient funding, which collectively prevent individuals from receiving timely, culturally relevant, and disability-informed care.

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*Participants stressed the importance of upstream strategies to build a local mental health workforce, including training programs, licensure support, and incentives for providers to remain in the community.*

[Parenting Education & Resource Assessment in Lane County 2024-2025](#)

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Early childhood interventions, parenting education, anti-bullying curricula, peer-to-peer support programs, and integrated social and basic needs strategies were highlighted as critical prevention measures. Members emphasized that addressing housing instability and food insecurity is essential for promoting mental well-being and preventing crisis such as suicide.

Additional priorities included expanding public awareness of the social drivers of mental health, improving transportation access to care in rural areas, supporting medication adherence through pharmacy engagement, and preparing communities to respond to climate-related stressors. Collectively, these discussions highlighted the need for strategies that strengthen coordination, expand capacity, and integrate mental health supports across systems to ensure that all community members can access the care and resources they need. These strategies aim to:

- Expand access to mental health care where and when people need it.
- Grow and retain a local, skilled mental health workforce.
- Strengthen early intervention and prevention supports for children, families, and schools.

### **Goals, Strategies, and Objectives**

Strategies, timelines and measures may become more specific as the coalition and subcommittee focused on this priority reconvene in 2026. SMARTIE objectives are Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable.

<b>Goal 1:</b> Strengthen communication and coordination across early childhood and mental health systems.
<b>Strategy:</b> Support mental health system coordination and collaboration by improving information-sharing opportunities between providers, CCOs, and organizations, developing a centralized bank of knowledge of current initiatives to refer to before launching something new.
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. By December 2030, identify and formalize a cross-sector collaboration network that includes public, private, schools, providers, and nonprofit partners that coordinate or provide early learning and mental health services. The network will include partners serving systemically marginalized groups and meet at least quarterly to review system gaps, overlaps, and partnership opportunities, including funding partnerships. Meeting formats and materials will be designed to be accessible and culturally responsive.</li> <li>2. By December 2030, create a centralized, accessible “knowledge bank” or visual map that documents current early childhood and mental health initiatives, organizational priorities, and areas of alignment. Develop this tool in collaboration with cross-sector partners to ensure accuracy and equitable representation and share it across the network to support informed decision-making and reduce duplication before new initiatives are launched. <i>This is not a resource/service map that lists current offerings and service availability, but a bank focused on organizational expertise, initiatives, and goals.</i></li> </ol>

**Goal 2:**

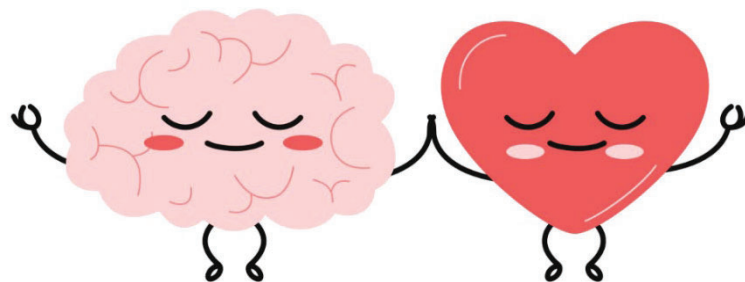
Build resilient, informed communities that can support mental health for all, humanizing the experience of help-seeking and nurturing one’s mental health.

**Strategy:**

Promote positive community norms around mental health, well-being, and help-seeking through inclusive, strengths-based communications and storytelling.

**Objectives:**

1. By December 2026, launch a strengths-based public awareness campaign that uplifts culturally diverse stories of help-seeking, healing, and recovery. Modeled after [Why We Build](#) and informed by local socio-economic experiences. Co-create campaign content with community members, ensuring trauma-informed/healing centered, accessible, and stigma-reducing messaging. Track campaign reach and engagement quarterly across multiple platforms.
2. By December 2030, partner with at least 10 community organizations, local businesses, schools, and healthcare providers to host reoccurring conversational events that normalize mental health, help-seeking, and healing journeys. Incorporate elements of the [Sources of Strength](#) model by equipping participating hosts with simple tools and conversation guides so they can sustain these gatherings over time, fostering community connection, trust, and belonging.
3. By December 2030, assess existing mental health communication resources and, if needed, develop a culturally responsive, health-literacy-aligned community toolkit that promotes consistent, strengths-based messaging around mental health and help-seeking. Co-design the toolkit with community partners, ensure translation into Spanish and distribute it to at least 50 organizations, including schools, community-based organizations, clinics, businesses, and neighborhood groups, while also gathering feedback to support future improvements.



<p><b>Goal 3:</b> Strengthen community and family resources for mental health and well-being.</p>
<p><b>Strategy 1:</b> Expand early screening and referral for perinatal and early childhood mental health, beginning in pregnancy and continuing through early childhood, working closely with the Early Childhood Hub of Lane County and Lane County System of Care.</p>
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. By December 2030, co-develop a provider engagement toolkit with input from perinatal providers, early childhood specialists, CCO partners, culturally specific organizations, and families, to support improved mental health screening and referral pathways during pregnancy through early childhood. Pilot the toolkit with at least three clinics or provider groups, prioritize those serving communities disproportionately impacted by perinatal stress and barriers to care. Collect feedback for improvement.</li> <li>2. By December 2027, increase development and health screenings for children ages 0-6 by improving coordination among healthcare providers, early learning programs, and community partners. Implement targeted outreach to families facing barriers to care, supported by data, such as rural families, migrants, and low-income households, with a goal of increasing completed screenings by at least 20% across participating systems. Track progress through disaggregated screening data to monitor impacts.</li> </ol>
<p><b>Strategy 2:</b> Support the expansion of prevention programs, peer-to-peer, parenting support, and school-based mental health initiatives to build resilience in communities and schools.</p>
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. By December 2030, explore and formalize partnerships, across school districts, community organizations, youth-serving nonprofits, and prevention coalitions, to support expansion of the Sources of Strength model. Aim to implement in at least 75% of middle and high schools. Document implementation readiness, support needs, and pathways to sustainability.</li> <li>2. By December 2030, increase participation in evidence-based family prevention programs like Family Check-Up, Family Connects, and Triple P – Positive Parenting Program by at least 25% through collaborative outreach, referral coordination, and targeted engagement strategies. Ensure programs are accessible in Spanish. Monitor participation using disaggregated data to evaluate access.</li> <li>3. By December 2030, enhance community-wide awareness of mental health and suicide prevention trainings, including <a href="#">Mental Health First Aid</a>; <a href="#">Be Sensitive Be Brave</a>; <a href="#">Question, Persuade, and Respond</a>, and stress -warning-sign education, by developing an inclusive, multi-communication promotion plan in partnership with community members, schools, community-based organizations, and peer leaders. Achieve a 30% increase in training participation with intentional outreach to high-risk populations.</li> </ol>

## **Building on What Works: Proven Practices to Explore**

This section highlights a few proven strategies from the Robert Wood Johnson Foundation.

- [Early childhood home visiting programs](#)  
Provide at-risk expectant parents and families with young children with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors
- [Social service integration](#)  
Coordinate access to services across delivery systems and disciplinary boundaries (e.g., housing, disability, physical health, mental health, child welfare, workforce services, etc.)
- [Mental Health First Aid](#)  
Provide an 8- or 12-hour training to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, and substance use disorders

### **School-based** policies and programs:

- [School-based suicide risk awareness programs](#)
- [Trauma-informed schools](#)
- [School-based violence & bullying prevention programs](#)
- [Preschool education programs](#)
- [School-based social and emotional instruction](#)

### Policies and programs **to prevent/treat addiction:**

- [Medication-assisted treatment access enhancement initiatives](#)
- [Naloxone education & distribution programs](#)
- [E-cigarette regulations](#)
- [Alcohol brief interventions](#)
- [Tobacco taxes](#)