

**The Los Alamos
Community Health Council
CHI Plan for FY11
June 2010**



**Sponsored by the
Los Alamos Community Health Council
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Executive Summary

Council Description/Role of the Los Alamos Community Health Council

The Los Alamos Community Health Council, officially sanctioned through the Los Alamos County Council in February 2003, was created as an opportunity for area resources to join together to address issues of community concern and focus. The Council has grown into a diverse group of highly involved individuals and community voices. The Council has provided a place for resource information to be exchanged; assessment information to be gathered, shared, analyzed and prioritized; and planning and implementation to take place. The Council has become a body that represents the community. Its support and endorsement is routinely sought. **Our current president is Debbie Gill (JJAB Coordinator) and our Vice President is Linda Daly (YMCA Director).**

The Los Alamos Community Health Council's priorities are underage substance use and youth violence and crime. Over the next four years we plan on working with various outside agencies to tackle these issues in a healthy manner. We plan on doing this through education, positive role models in the community, developing activities to reach youth, and through programs that focus on getting individuals back on track as opposed to the court systems. **We have added two new priorities: The Continuation of The Los Alamos Community Health Council and Special Needs Respite Services. Our top priority will be to get CHC funded through Los Alamos County or another source, as it is a very important part of the community. The Los Alamos County Councilors have approved funding for CHC until a County Needs Assessment is complete, but as of this report, an RFP has not been put out to fund CHC, so it appears that at the very least, for the first part of the year CHC will not be funded.**

Youth violence and crime will be combated by working with youth through a restorative justice program, therefore empowering them, while at the same time holding them accountable for their actions through restorative justice circles and community service that is chosen by the restorative justice circle. After school programs as well as after sports activities are currently being developed in conjunction with community recourses in an effort to keep our youth out of trouble and on the right path. **The Los Alamos Juvenile Justice Advisory Board continues to provide money to various fiscal agents in the community to deal with youth issues. Their funding is currently very strong, so it appears that the programs that they fund will continue throughout the next year.**

Underage substance abuse will be addressed through school educational trainings. Sticker shock, which is a program where stickers are placed on alcoholic beverages in liquor stores informing the buyers that buying for a minor is a felony in the state of New Mexico.

This program has been highly effective. LACHC works closely with the police department, judicial system, and The Juvenile Justice Advisory Board to tackle this issue.

The Community Health Council has worked very closely with Los Alamos County on the Los Alamos County Behavioral Health Needs Assessment. We have provided information to the author on statistics, including gaps in current services and the CHC Health Profile and Plan. We have also provided consumer and community contact for her, so she can get a first hand account of what needs the community has from all different elements of Los Alamos County.

Los Alamos is a historic community that is proud of its past, and is attempting to make its future healthy for all citizens in the area.

Los Alamos Community Health Council Plan for FY 11

INTRODUCTION

The original Community Health Profile (entitled the Los Alamos Community Needs Assessment) was developed in June 2002. This is the fifth update of the related data. The previous update was submitted in June 2009, so much of the data continues to be the same. All previously used secondary data sources were accessed as well as some new sources.

The Los Alamos Community Health Council (CHC) was officially sanctioned through the Los Alamos County Council in February 2003. Prior to 2003, the Council was called the Maternal & Child Health (MCH) Council and also approved annually since 1995. The CHC grew from looking just at women of child bearing age and their children to include senior citizens and men.

Maternal & Child Health still remains a priority of the current Community Health Council. Additional priorities include substance abuse (with a focus on underage drinking), youth violence and crime (with a focus on Restorative Justice) and Behavioral Health.

The goal of the Community Health Profile is to reassess the current status of Los Alamos County regarding health and welfare. The geographic region served is Los Alamos County although wider area needs and factors greatly impact the community including such areas as employment, housing, education, and law enforcement. A synopsis of the Community Health Profile offered here for the Plan shows an abbreviated view of the health of the community. It is a picture that shows strengths, as well as areas of concern. It also reflects the breadth of community indicators. Assessing community needs focuses primarily on understanding the nature of community challenges. Indicators become relevant when the community determines that they point to negative or harmful characteristics. The Health Profile provides community members with current knowledge about their community. It helps them to monitor specific health issues and to evaluate the effectiveness of current strategies and activities in addressing health concerns of the community.

The Health Profile and updates utilize federal, state, county and city websites, both public and private. It also draws from the expertise of those locally involved in economics, education, law enforcement, court systems, the environment, public safety, housing, community health, medical systems and local citizenry, as well as other community and state resources. In depth key respondent interviews are done on a biennial basis. The LACHC takes responsibility to ensure that the Health Profile is updated on a regular basis.

The indicators provide information about the overall health of the community and where it may be headed. Since all aspects of the community are intricately linked to one another, an indicator's changing in one area, could impact many other areas. Every effort was made to get the latest data for the indicators, but in some cases, previously cited data is the

most recent. Also, in some cases, while state-wide data could be accessed, county-specific information could not be located.

VISION STATEMENT

The **Vision** of the Los Alamos Community Health Council is that consumers, service providers, business interests, local government and youth will work together to ensure that Los Alamos is a healthy place for all who live, work and visit here. We are focused on making the community a healthy and safe place by tackling issues in the community that are nonproductive and harmful. A healthy community is a community where individuals seeking help are able to access the proper facilities, and education is shared, while duplication of services is minimized by a active Community Health Council.

The **Definition of Health** as stated in the LACHC bylaws states: “It is understood that the term ‘health’ includes mental and physical health, and the overall quality of life within the community as well as proper access to healthcare.” The full bylaws are available upon request.

The **Mission** of the CHC is that the Los Alamos Community Health Council will take the lead in community health improvement through representative membership empowered to identify and address health issues in our community. This will be done through ongoing research regarding issues of concern raised by the membership, comprehensive planning, coordination and development of health programs and services for Los Alamos

Los Alamos County is unique because the average pay in Los Alamos County is more than double the closest county in comparison. Education is a high priority in Los Alamos, as it has the most PhD’s per capita in the United States. This transcends into the schools, where the curriculum is advanced. Being that Los Alamos is a rather new community (founded in 1949), yet very historic, there is a lot of documentation on the town. Los Alamos is famously known for the development of the first nuclear weapon, which was instrumental in ending World War II.

There are not traditional long term family ties, as in other surrounding areas. This due to the influx of various cultures and individuals with some of the best scientific minds who are employed by the national laboratory. The National Laboratory is the primary employer of Los Alamos County, as it is for other surrounding communities as well.

Again Los Alamos is different than surrounding areas in that the majority of the children in the ESL class speak a wide array of languages. This shows the diversity of the ethnicity in the community.

Los Alamos also has a vast array of volunteers and retirees, which makes the community very accessible to The Los Alamos Community Health Council. People are generally interested in health related issues.

While poverty is not an issue here, we believe that there are higher expectations and pressures put on youth and members of the community, which could explain the above average

COMMUNITY HEALTH ASSESSMENT

1. The Search Institute's Developmental Assets survey was administered during the previous school year for students, 4th through 12th grades. When compared class to class, as done in the Health Profile Update, the results are very interesting. At certain points, internal and external assets begin decreasing dramatically and risk-taking behaviors begin increasing dramatically. Continued questioning is essential around how to interface earlier with youth to affect these patterns
2. Los Alamos has a wealth of resources and competence in the human service community. The people meet continually around current issues. It is hoped that this collaborative approach to problem-solving and filling service gaps continues to expand. County resources continue to need encouragement to more strongly support the behavioral health community as they continue to face the funding challenges of providing quality regional service.
3. Some excellent programming continues to be offered through the schools including education/discussion regarding bullying, emotional abuse, violence, date rape, the effects of underage use of ATOD, etc. A range of skilled people are providing these presentations and the response has been very positive. The CHC should continue to provide information and support needed when problems are revealed.
4. A continuation of support for the provision of effective and productive continued community education regarding issues identified by the Los Alamos Community Health Council.
5. Continue to problem-solve around the issue of feeling free to seek out behavioral health and related medical resources. Work should continue in the area of how community members can receive the services before their problems become overwhelming.
6. It still appears that detailed county-wide mental health statistics are not maintained or, at least, are not easily accessed. Further investigation into county-wide mental health statistics, trends and service gaps would continue to be a worthwhile effort.
7. The community should develop an effective mechanism to regularly gather data that is critical to the County's health and welfare including law enforcement statistics and hospital information, especially data related to youth.

The following information and supporting data is a more in depth look at the work of the Community Health Council and requirements placed upon them from the Department of Health.

SELF ASSESSMENT SUMMARY

The Health Council is comprised of voting/nonvoting members. A Chair and Vice Chair are selected annually with nominations taken in April/May and ballots cast at the June meeting. A current roster, approved at the August 2009 meeting of the Los Alamos County Council is attached.

The current LACHC membership consists of approximately 20 to 25 active members.

An important function of the Health Council is the top agenda item for the monthly meeting. The “Share Forum” allows the membership to highlight the work of their organizations. This information is a useful tool in increasing awareness to services in and around the community. The information is not only shared with those in attendance but electronically with many others through the meeting minutes.

Additional agencies working on similar projects (DWI Council, Juvenile Justice Advisory Board) are regular attendees at CHC meetings. These groups are not voting members as they each fall under the county government who does have a representative on the council. Any individual or organization must attend two meetings prior to becoming a voting member. Each organization may have only one voting member.

1. **Health Fairs/ Fitness Events** LACHC participates in the annual health fair while promoting the various activities that we are involved with. HEALTH FAIR, CHILDREN’S FESTIVAL.
2. **Education/Training** which included healthy cooking classes, violence prevention, drug and alcohol use prevention, and organizing a variety of workshops: TRAINING IN SCHOOLS ON SUICIDE, TEEN VIOLENCE, RELATIONSHIPS, TEENAGE SUBSTANCE ABUSE. LACHC and Los Alamos Family Council did four trainings on Crisis Intervention in Los Alamos. The Training was a free training for Los Alamos residents, law enforcement, fire department, business owners, and mental health professionals to attend. Los Alamos Visiting Nurse services conducts free Hospice Volunteer trainings and offers bereavement groups four times per year free of charge for members of the community. Peter Benson, who is one of the leading authorities on children and teenagers conducted a free training sponsored by the Juvenile Justice Advisory Board and went over the 40 Developmental Assets with parents and professionals in the community. 40 Developmental Assets has done many trainings in the community and in the schools on their curriculum. JJAB sponsors various trainings throughout the year on youth violence, substance abuse, and youth issues. Los Alamos Family Council offers Life Skills, DWI classes, WRAP program, and Diversion classes to help divert youth and adults from substance abuse issues as

well as negative behaviors. Girls Circle and Envision Your Future are classes funded by JJAB and put on by Family Strengths Network to target youth and teach them about peer support and decision making.

3. **Hub for information** which included the publishing of directories and reports. HEALTH PLAN AND PROFILE, MONTHLY MEETINGS, CALENDARS. Los Alamos Family Council and CHC provide suicide cards that are pocket sized cards offering information to those that may be feeling suicidal. The information provided states who they can call as well as how to deal with someone that is suicidal. There is also resource cards that provides information on counseling services, birth control, substance abuse, child care, adult care, protective services, etc. JJAB puts out a Continuum of Services report which focuses on all agencies dealing with community and youth prevention/services. The Continuum of Services worksheet is located on page 16 of this document. 311, which is provided by Los Alamos County was initially designed to be a one stop shop for those with questions concerning any and all services in Los Alamos County. There has been recent trouble with the service, as those conducting it have other jobs to deal with, so phone calls are sent to wrong agencies, or referred to LAFC or other organizations to provide the support. Los Alamos County is currently conducting a Social Services Needs Assessment, which will focus on issues and gaps in Los Alamos County. The needs assessment will be completed in August/September 2010. CHC and other local agencies have been instrumental in providing information for the survey.
4. **Advocacy/community forums** which included advocacy for raising the minimum wage, and forums surrounding local environmental issues, racism, and teen pregnancy: SPECIAL NEEDS SUBCOMMITTEE, EMPLOYMENT ASSISTANCE PILOT PROGRAM. The Los Alamos Community Health Council's Behavioral Health subcommittee is growing with consumer support. The number of consumers in the community participating is at an all time high. In fact, the group consumers have started a subcommittee of The Behavioral Health Group to look at issues effecting them and are advocating for new services in the community.
5. **Access to care** which included making transportation to medical appointments and assisting in establishing clinics. Los Alamos provides free bus service throughout Los Alamos and White Rock. Transportation of the all established clinics is relatively easily accessible in the community.
6. **New or enhanced networks or partnerships** which included new and enhanced relationships with local schools and law enforcement and local government. The needs assessment currently being conducted by Los Alamos County is a good start in Los Alamos possibly starting a County Human Services Department.
7. **Funding** which included fund raising events and grant writing activities: CHC has worked with The Betty Ehart Senior Center on the Festival of Trees and

Chocolate. These are two fundraisers which have helped to provide funding for trainings in Los Alamos Schools on substance abuse, youth violence, and suicide awareness.

Summary of CSAS Results

When compared with the state statistics on The 2008 CSAS, The Los Alamos Community Health Council statistically is at or above the average percentage of Region 9 and The State of New Mexico.

Below are survey items that were deemed statistically important and how LACHC is addressing them:

A2. In your opinion, what percentage of Health Council members have enough authority from their organizations to make commitments of resources or other support for the Health Council?

Authority to Commit Resources	Council n (%)	Region n=9	State n=32
1) Less than one quarter of the members	NR	10%	16%
2) Less than half of the members	NR	23%	22%
3) More than half of the members	3 (38%)	38%	37%
4) Nearly all of the members	5 (62%)	29%	25%

Individuals completing the survey were asked if Health Council members have enough authority from their organizations to make commitments of resources or other support for the Health Council. Sixty two percent believed that nearly all organizations involved with LACHC are capable of making these commitments. This is a high percentage rate when compared with statewide statistics that show that 25% have this authority. Again, this goes to show that LACHC is well represented by members of the community that can help make changes or fill in gaps in the community.

How Comfortable are you with the Health Council decision-making process			
<ul style="list-style-type: none"> • Very Comfortable 	7 (88%)	67%	67%
<ul style="list-style-type: none"> • Somewhat Comfortable 	1 (12%)	31%	30%
<ul style="list-style-type: none"> • Not at all Comfortable 	NR	3%	4%

The statistics show that 88% of LACHC members taking the survey believe that they are comfortable with the decision making process. As well as 100% agree that the health council follows standard procedures and is fair.

Statements	Council n (%)	Region n=9	State n=32
a) The Health Council has clear and explicit procedures for making important decisions			
<ul style="list-style-type: none"> • Agree 	8 (100%)	93%	90%
<ul style="list-style-type: none"> • Disagree 	NR	7%	10%
b) The Health Council follows standard procedures for making decisions			
<ul style="list-style-type: none"> • Agree 	8 (100%)	93%	92%
<ul style="list-style-type: none"> • Disagree 	NR	7%	8%
c) The decision-making process used by the Health Council is fair			
<ul style="list-style-type: none"> • Agree 	8 (100%)	95%	92%
<ul style="list-style-type: none"> • Disagree 	NR	5%	8%
d) The decision-making process used by the Health Council is timely			
<ul style="list-style-type: none"> • Agree 	7 (88%)	84%	86%
<ul style="list-style-type: none"> • Disagree 	1 (12%)	16%	14%
e) The Health Council makes good decisions			
<ul style="list-style-type: none"> • Agree 	8 (100%)	95%	94%
<ul style="list-style-type: none"> • Disagree 	NR	5%	6%

a) Our Health Council has a clear and shared understanding of the problems we are trying to address			
<ul style="list-style-type: none"> • Agree 	8 (100%)	93%	89%
<ul style="list-style-type: none"> • Disagree 	NR	7%	11%
b) There is a general agreement with respect to the mission of the Health Council			
<ul style="list-style-type: none"> • Agree 	8 (100%)	94%	93%
<ul style="list-style-type: none"> • Disagree 	NR	6%	7%
c) There is general agreement with respect to the priorities of the Health Council			

<ul style="list-style-type: none"> • Agree • Disagree 	8 (100%) NR	92% 8%	92% 8%
d) There is general agreement on the strategies the Health Council should use in pursuing its priorities			
<ul style="list-style-type: none"> • Agree • Disagree 	8 (100%) NR	87% 13%	86% 14%

What the statistics show is that the community and CHC members taking the survey all agree that the Health Council is organized and is focused on making the community a healthier environment and is working on closing gaps in the health system.

C12. In your opinion, has your Health Council been responsible for activities or programs that otherwise would not have occurred?

	Council n (%)	Region n=9	State n=32
1) Yes	8 (100%)	80%	80%

100 percent of the health council surveyed believed that The LA Health Council was responsible for activities or programs that otherwise would not have occurred? This is very important that our members know of all the events that LACHC is responsible for. This statistic shows that the community as a whole is well informed of activities, presentations, and information that we provide.

There is a well rounded representation in the community from health related organizations, businesses, and community members. The LACHC 60th Anniversary Calendar, as well as various media outlets openly invite members of the community to attend.

Why not a member	Council n (%)	Region n=9	State n=32
1) The Health Council never tried to involve them	NR	13%	12%
2) The Health Council invited them but they chose not to participate	1 (25%)	35%	43%
3) They used to participate but dropped out	2 (50%)	12%	14%

50% of the individuals who were not current CHC members reported that they dropped out of the LACHC. No information is otherwise listed, which can be construed in various ways. The former members may not be coming because of a disagreement or it could be because they have a new job that requires their time during CHC events and meetings. This statistic when compared with The State of New Mexico is drastic and should be looked at for further review.

Conflict Strategies	Council n (%)	Region n=9	State n=32
1) Open debate about opposing viewpoints	7 (88%)	76%	72%
2) Postponing or avoiding discussions of controversial issues	1 (12%)	6%	7%
3) Having a third party mediate between those with opposing viewpoints	NR	3%	5%
4) Having the opposing parties negotiate directly with each other	NR	10%	7%
5) One party to the conflict gives in	NR	1%	3%
6) Other Strategy (please specify):	NR	4%	7%

One (12%) of the individuals completing the survey suggested that the LACHC postpones or avoids discussions of controversial issues. This is something that should be addressed due to the nature of the subject, as controversial issues often times lead to progress.

b) My organization doesn't get enough public recognition for our work on the Health Council			
<ul style="list-style-type: none"> • Not a Problem • A Minor Problem • A Major Problem 	<p>4 (57%)</p> <p>3 (43%)</p> <p>NR</p>	<p>79%</p> <p>16%</p> <p>5%</p>	<p>81%</p> <p>16%</p> <p>3%</p>

Addressing the issue of organizations not getting enough public recognition is a concern, and it's important that all organizations and individuals involved with LACHC get the recognition that they deserve. Again, this will be an issue that will be addressed in an upcoming LACHC meeting.

While dissecting the material, LACHC members observed that many of the members of our health council did not participate in the survey. Greater participation would have showed that there are many more organizations in Los Alamos that attend the

monthly meetings. You can refer to our monthly meeting notes for more information on the organizations that attend.

PRIORITY AREAS

Los Alamos Community Health Council's ongoing priorities are Youth Violence and Crime and Underage Substance abuse. We see both of these issues as being a big priority for the community health council to address. We selected these issues for the following reasons:

Youth Violence and Crime: Throughout the past four years we have seen an increase in crime in the community. Not only an increase, but a realization that many of the individuals committing the crimes were the same people doing it over and over again. LACHC believes that it is important to address these issues before they turn into a problem when these youth reach adulthood.

The YRS data showed that 20.1% of students had carried a weapon in the past 30 days when the survey was completed. It is important to look at why they were carrying the weapon, as well as what they intended to do with it. More data should be collected as the majority of youth homicide is accidental. This also leads to speculation that kids may be taking weapons with them due to bullying in the schools. After the likes of Columbine, this should be looked at very seriously.

Thirty one percent stated that they had been in a fight in the last 12 months according to YRS data. Twelve percent had been in a fight on school grounds. This is a high number, and it is believed that 12% of the students had not been suspended from school for fighting. This shows that either the school does not know about the fights or they are done off campus.

YRS Data also shows that boys typically are more violent than girls, but the number is rising in the female population. Also females are largely the victims of violence as opposed to their male counterparts.

Los Alamos Community Health Council provides classes two times per year in the health class dealing with domestic violence and getting help. This has led to students coming forth with information after the presentations that may have saved their lives because they have empowered to discuss violence in their lives and get help.

Underage Substance Abuse: This is a huge priority area. In Los Alamos there are many households with expandable incomes, parents away on work in other states or countries on assignments, and youth with a lot of free time on their hands. Also we see that there is not enough current education when it comes to substance abuse in the community. We came to the conclusion that underage substance abuse is a priority due to high statistics of use reported in the YRS Data and The Pride Survey.

According to The YRS Data, 27% of Los Alamos High School students reported that they are frequent smokers. We are combating this with an antismoking campaign which developed a new school policy where smokers are not punished with school suspension, but instead are given information on smoking and dealt with in school.

Almost 21% of Los Alamos High School Students reported that they binge drink. While it is lower than the 27% throughout the state, it is still a significant number and shows that binge drinking in Los Alamos is high.

Youth in Los Alamos drink wine significantly more when compared with the state. This shows that they are probably getting wine from home when parents are at work.

Marijuana use is just as high as the rest of the state. Twenty three percent of high school students report that they are regular users. This is roughly one in four students, which is a significant amount. Youth tend to look at marijuana use as not serious, but with data showing that marijuana use leads to deadlier drugs, as well being tied to high school dropouts, LACHC takes this very seriously.

Of those students using illegal substances to get high, pain killers were used 11.7% of the time. This significantly shows that our youth are getting most likely stealing these prescriptions from parents and either using them or selling them in schools. It is a priority of the LACHC to make parents more aware of this serious issue.

The YRS data also shows that Los Alamos High School Students can get marijuana and other illegal substances easier than their peers in the state. This contradicts what most individuals in the county believe as Los Alamos is set in a mountain area and is a destination. This data is very important for those in the community to understand as it shows that substance abuse is a problem in Los Alamos as well as the state.

CROSS CUTTING INDICATORS

Indicator #1 One indicator is the incidence of teen attempted and actual suicide and depression. Both the self-reporting PRIDE survey results and recent Developmental Assets survey results substantiate this as well as previous hospital discharge data. This affects the risk factors of low attachment to community, alienation, attitudes and involvement in problem behavior. It also impacts the protective factors of bonding with community and family, high parental expectations (which also can lead to risk), participation and caring and support at school. This is an area of high community concern.

Indicator #2 A second indicator is the high level of access to drugs and the high level of underage substance use, especially underage drinking. PRIDE and Developmental Assets survey results as well as available law enforcement data and prior key respondent interviews indicate that this is also justifiably an area of high community concern. Risk factors of availability, low community attachment and favorable attitudes toward the

problem behavior are at play in this indicator. Protective factors of increased bonding with family, opportunities for participation, involvement with positive peer group activities and norms and a caring and supportive school environment can all contribute towards improvement.

Indicator #3 A third indicator is an increased level of stress in the community. As of last year, domestic violence referrals had increased; child abuse referrals had increased. The only nonprofit counseling agency in Los Alamos reported an increase in intakes, especially amongst adolescents and young adults and an increase in the diagnosis of depression amongst their client caseloads. Two out of the three reported last year that intakes were up significantly; one had risen by one-third. They saw an increase in adult alcohol use, gambling, more debt, more child abuse/neglect, more spousal arguing, and an increase in anti-anxiety and sleep medications. In youth, they were seeing an increase in suicide attempts. An increased anxiety in parents means that children have a harder time talking to them. Some agencies reported that more children were taking non-prescribed medications.

Areas of Concern

Typically the percentages are low regarding risk conditions/factors among Los Alamos County residents who were surveyed. However, **43.5% stated that they were overweight and obese and 25.8% stated that they had been diagnosed with arthritis (higher than either the Health District 2 or NM percentages)**. Nearly **9% reported binge drinking** (5 or more drinks in one hour). And 43.2% stated that they kept firearms in or around their home, also higher than that Health District or state percentages. A **history of asthma and currently having asthma are also higher than the Health District 2 or the state percentages**. More data on these topics is presented elsewhere in this Profile.

IF CHC IS ELIMINATED:

<u>Determinants/Risk Factors:</u>	<u>Health Problem/Issue:</u>	<u>Consequences:</u>
<p>Community----Family-----Individual</p> <p>No forum for organizations in the community No support for families in need Will not have access to info on health related data</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Loss of community health planning. • No funding will eliminate the position of CHC Coordinator, which will have an impact on agencies throughout the community. • No one to do community outreach regarding gaps in services • Elimination of Behavioral Health Committee • Many of the • Elimination of Special Needs Committee • Organizational collaborations will be more difficult to establish. 	<ul style="list-style-type: none"> • Duplication of services • Difficultly accessing services • Elimination of programs relating to teen substance issues and youth violence • Higher rate of drug use • Higher rate of crime • Higher rate of recidivism • Elimination of some county quality statistics • Loss of recourses • Programs will lose CHC Coordinator who sits on various committees, boards, and helps other agencies with statistics and planning.

YOUTH VIOLENCE AND CRIME:

<u>Determinants/Risk Factors:</u>	<u>Health Problem/Issue:</u>	<u>Consequences:</u>
<p>Community----Family-----Individual</p> <p>Not enough after school activities Not often home for supervision Lots of free time</p> <p>Limited counseling programs Will not hold children responsible School troubles</p> <p>Substance use</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Interactions with law enforcement • Could be harmed while committing crimes • Could harm others • Substance abuse 	<p>Individual--Family-Community</p> <p>Jail time Financial Issues Feeling of being unsafe in community</p> <p>Getting involved with other harmful activities Time issues Victimization</p> <p>Being labeled</p>

UNDERAGE SUBSTANCE ABUSE

<u>Determinants/Risk Factors:</u>	<u>Health Problem/Issue:</u>	<u>Consequences:</u>
<p>Community-----Family-----Individual</p> <p>Not enough education Expendable incomes peer pressure</p> <p>No place to educated hang out Parents away Not</p> <p>school and community not on same page family norm</p> <p>peer pressure</p>	<p>Examples:</p> <ul style="list-style-type: none"> • DWI's • Teen pregnancy • Alcoholism • Drug abuse • Drop out • Trouble with law enforcement 	<p>Individual----Family-----Community</p> <p>DWI Expenses Individuals driving under the influence</p> <p>Underage consumption Fighting tickets Unknowing bystanders</p> <p>addiction Tax payers money</p> <p>problems at school</p>

CHI PLAN: Community Action Plan Grid

Health Priority Three: Continuation of Community Health Council.

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Continue with Los Alamos Community Health Council in Los Alamos County (state funding has been eliminated).</p>	<p>Objective 1.1 Work with Los Alamos County on funding to support CHC in a timely fashion because if funding is not received shortly after state money is eliminated, CHC will be non-existent.</p> <p>Objective 1.2 Work with outside agencies and other community health councils to establish a strong committee to work toward keeping all community health council's intact.</p>	<ul style="list-style-type: none"> • Los Alamos Family Council • JJAB • YMCA • LACHC • Los Alamos County • Los Alamos Schools • Various New Mexico Counties 	<ul style="list-style-type: none"> • Community Health Council will receive funding and a new contract with The County of Los Alamos. • CHC will continue to provide information to the community, as without the CHC the county will lose a valuable recourse. • The State of New Mexico will be a healthier state. • Programs run through CHC, subcommittees, and information will remain intact for Los Alamos County to access.

CHI PLAN: Community Action Plan Grid

Health Priority One: Youth Violence and Crime

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Curb the rate of juvenile recidivism by 15%.</p>	<p>Objective 1.1 Youth offenders are referred to the Restorative Justice Program.</p> <p>Objective 1.2 Youth offenders from the school system are sent to a Diversion class through Los Alamos Family Council.</p> <p>Objective 1.3 The JJAB is actively involved in curbing the rate of recidivism by funding various programs, including Life Skills, Girls Circle, Envision Your Future.</p> <p>Objective 1.4 There will be various programs run in the schools that deal with issues dealing with youth violence that will teach prevention techniques.</p> <p>Objective 1.5 Continue to offer free groups for youth to participate in through JJAB, LAFC, and Family Strengths Network.</p>	<ul style="list-style-type: none"> • Los Alamos PD • Juvenile Justice Advisory Board • Los Alamos County • Restorative Justice Program • Los Alamos Schools • Los Alamos Courts • 1st Judicial District Attorney • Family Strengths Network • Juntos • Los Alamos Family Council 	<ul style="list-style-type: none"> • Decreased arrests by 10%. • Police records can be used to determine if recidivism occurs. • Victim will be restituted 100% of time when case is successfully completed. • Victim will get his/her say in the event • Offender will learn to see offense from all standpoints, therefore deterring him/her from reoffending. • Youth will learn prevention techniques and how to think of consequences before making choices. • Youth will continue to take advantage of programs that are designed to be fun, yet give them credible information.

CHI PLAN: Community Action Plan Grid

Health Priority Two: Underage Substance Abuse

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Reestablish working relationship with new DWI coordinator and council.</p>	<p>Objective 1.1 Reinststitute sticker shock program.</p> <p>Objective 1.2 Work with DWI coordinator to develop new programs and goals.</p> <p>Objective 1.3 CHC members will regularly attend DWI Council meetings and DWI Coordinator will be encouraged to participate in LACHC meetings and events.</p>	<ul style="list-style-type: none"> • DWI Coordinator • DWI Council • JJAB • Los Alamos Family Council • Los Alamos Police Department • Los Alamos Businesses • Community Members 	<ul style="list-style-type: none"> • Rate of DWI's will decrease and results can be evaluated through DWI council records. • New programs will be developed to cut down on substance use. • YRRS Data • Pride Survey Data will show decrease in high school substance use by 5%.
<p>Goal 2: Reduce teenage smoking.</p>	<p>Objective 2.1: As part of The Teenage Anti-Smoking Committee, develop school policies to curb teen smoking.</p> <p>Objective 2.2: Present new policy to school board that focuses on strategies and education instead of punishment.</p>	<ul style="list-style-type: none"> • Los Alamos Schools • Juvenile Justice Advisory Board • LACHC • Los Alamos Family Council • Los Alamos Police Department 	<ul style="list-style-type: none"> • Data in Pride Survey will show decrease in teenage smoking by 5%. • Date in YRRS date will show decrease in teenage smoking. • School will keep records of students getting caught, and recidivism rate after completing programs.

CHI PLAN: Community Action Plan Grid

Health Priority Three: Special Needs Services

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Create new special needs subcommittee, and develop new programs for special needs children in Los Alamos County as it has been called to LACHC’s attention that this is a gap in Los Alamos’ current system.</p>	<p>Objective 1.1 Recruit CHC members to be part of this new committee.</p> <p>Objective 1.2 Develop new programs to help families by giving them a break from the current care that they give to their special needs children.</p> <p>Objective 1.3 Work with Las Cumbres, who is the only special needs agency in Los Alamos County to reestablish their relationship with parents to better deal with respite care in our community.</p>	<ul style="list-style-type: none"> • YMCA • JJAB • Los Alamos Family Council • LACHC • Los Cumbres • Parents of special needs children • Los Alamos Schools 	<ul style="list-style-type: none"> • Self reporting by parents of special needs children • New programs developed • Better respite care in Los Alamos County • More community awareness on special needs.

LOS ALAMOS COMMUNITY CONTINUUM OF YOUTH SERVICES AND GRADUATED SANCTIONS

The Continuum is updated by the JJAB Continuum Subcommittee

	Current Funding /Primary Agency				
Planning					
<ul style="list-style-type: none"> • Community Health Council (CHC) • Juvenile Justice Advisory Board (JJAB – www.losalamosjjab.com) • DWI Planning Council 					
Resource Bank/Dissemination					
<ul style="list-style-type: none"> • <i>Community Health Council (CHC) maintains a community resource directory and resource phone (500-0049)</i> 	CHC				
<ul style="list-style-type: none"> • <i>Juvenile Justice Advisory Board (www.losalamosjjab.com)</i> 					
<ul style="list-style-type: none"> • <i>DWI Resource Directory</i> 	LADWI				
Prevention Programs/Activities that are in place and have “stable” funding (good for everyone)					
<ul style="list-style-type: none"> • Community recreational offerings: swimming pool, tennis courts, golf course, skate board park, etc. 	LA County, Family YMCA				
<ul style="list-style-type: none"> • Community sports: basketball, soccer, Little League, Lassie League, Pop Warner, etc. 	Community				
<ul style="list-style-type: none"> • School sports, clubs, activities 	LA Schools				
<ul style="list-style-type: none"> • School special education programs 	LA Schools				
<ul style="list-style-type: none"> • School life skills program (K-6) and life skills (7) and health courses (8, 11) 	LA Schools				
<ul style="list-style-type: none"> • School Counselor Lessons (K-6) and support groups for children of divorce and friendship groups 	LA Schools				
<ul style="list-style-type: none"> • School training of staff for child abuse, substance abuse, and suicide prevention 	LA Schools				
<ul style="list-style-type: none"> • Police Bicycle Patrol 	LAPD				
<ul style="list-style-type: none"> • Community Policing 	LAPD				

<ul style="list-style-type: none"> Religion-based programs (Church, Sunday School, youth groups, Young Life, etc.) 	Faith-based	
<ul style="list-style-type: none"> Scouts and similar programs 	Community	
<ul style="list-style-type: none"> Accessible mental and physical health insurance Los Alamos County Indigent, plus State funded programs 	Public and Private non-profit and for profit agencies	
<ul style="list-style-type: none"> After school programs: YMCA, Youth Activity Center (YAC), Public Library 	YMCA, LA County LAFC	
<ul style="list-style-type: none"> Summer Camps 	YMCA, County, UNM-LA, PEEC	
<ul style="list-style-type: none"> School contract with mental health service providers (voucher program) 	LA Schools	
<ul style="list-style-type: none"> Guiding Good Choices Program (parents of students in grades 4-8) 	DWI Council/ Family Strengths Network	
<ul style="list-style-type: none"> Active Parenting 1,2,3,4 for all age groups Active Parenting Now (5-6 grades) Active Parent Teen (7th – 12 grade) 	FSN	
<ul style="list-style-type: none"> Infant Support Group 	FSN	
<ul style="list-style-type: none"> Toddler Support Group 	FSN	
<ul style="list-style-type: none"> Special Saturdays for children with disabilities (program and activities for 5-12 years) 	FSN	
<ul style="list-style-type: none"> High School Natural Helpers 	LA Schools	
<ul style="list-style-type: none"> STEP (Systematic Training for Effective Parenting) 	FSN	
<ul style="list-style-type: none"> Los Alamos County Maternal and Child Health (MCH)/ CHC 	Department of Health grant	
<ul style="list-style-type: none"> In-home and private day care providers 	Community	
<ul style="list-style-type: none"> Schools' Prevention Office 	LA Schools	
<ul style="list-style-type: none"> Community Speakers (Underage Drinking, Family Strengths Network, LAFC) 	Community	
<ul style="list-style-type: none"> LA Schools Option Two and Three for early intervention 	LA Schools	
<ul style="list-style-type: none"> Family Resource Center 	FSN	
<ul style="list-style-type: none"> r.a.d.KIDS (self-defense for elementary) 	YMCA, JJAB	
<ul style="list-style-type: none"> Café Scientifique 	Scieds (Michelle Hall)	

<ul style="list-style-type: none"> • Pikes Peak Readiness & Peak Discovery On-Line Interactive Program • Future Selves • Innerstate I 	LA Schools, LAFC, FSN, Teen Court				
<ul style="list-style-type: none"> • PASS (Parents Advocating Student Success) 	Community				
<ul style="list-style-type: none"> • Big Brothers/Big Sisters of Lunch Buddies (K-6) 	Fed. Grants, SFCF, DOH				
<ul style="list-style-type: none"> • WHO (We Help Ourselves—abuse prevention) Program (Elementary: 1st, 3rd, and 5th grades; Middle School 8th grade; High School: 11 Grade) 	FSN, NM Health grant				
<ul style="list-style-type: none"> • Individual and group focused counseling (children of divorce, children of drug abusers, etc.) 	Public and Private non-profit and for profit agencies				
<ul style="list-style-type: none"> • Underage drinking: education, advertising, etc. 	Underage Drinking/ CHC; DWI Funding				
<ul style="list-style-type: none"> • PRIDE and 40 Developmental Asset Surveys (every other year) 	DWI Funding LAPS Administrators				
<ul style="list-style-type: none"> • Domestic Violence education, advertising, etc. 	LAFC, CHC (J. Bartram)				
<ul style="list-style-type: none"> • School Resource Officer (LAMS and LAHS continue and expand) 	LAC/LAPS				
<ul style="list-style-type: none"> • 40 Developmental Assets Program 	JJAB LACDC				
<ul style="list-style-type: none"> • LAHS Natural Helper's 	LAPS				
<ul style="list-style-type: none"> • Los Alamos Youth Leadership (LAYL – High School Students August – April; 30 youth) 	JJAB & YMCA				
<ul style="list-style-type: none"> • Senior Appreciation Night 	Community				
<ul style="list-style-type: none"> • Gordon's Concerts 	Community				
<ul style="list-style-type: none"> • JUNTOS (Joining & Understanding Now Teens Overcome Separation) (2007) 	JJAB, YMCA, Espanola, Pojoaque & Los Alamos Schools,				
<ul style="list-style-type: none"> • Teen Web Site: Rockthetop.net 	JJAB/YMCA/ LACDC				
<ul style="list-style-type: none"> • Divorced Parents Support 	JJAB, FSN				
<ul style="list-style-type: none"> • Many Mothers Home Visitation (up to 9 months) 	FSN, NM Health Grant				

• First Born	LANL Foundation				
• 6-7 Transition Summer Program	JJAB/LAFC/Schools				
• YAC Summer Programs (with police)	CHC/LAC				
Early Intervention (identified group or individual not formally entered into legal system)					
• Youth Activity Center Risk and Resiliency Program; Staff training and program evaluation (grades 3-8)	YAC, LAFC				
• School of Choice (at LAHS) alternative ed.	LA Schools				
• School Resource Officer	LAPD LAPS				
• Individual and group focused counseling: (substance abuse, anger, domestic violence, etc.)	Counseling Services				
• Alternative Therapy Programs: Experiential Wilderness, and Teen/ Experiential program	Santa Fe Mountain Center Counseling Services				
• Parenting programs for school substance referrals (Family Solutions)	JJAB, FSN				
• Parent Brochures for teens attempting suicide or overdosing	JJAB, LAFC				
• Fifth Quarter (held after home weekend games)	JJAB, LAPS				
• Leaders in Training (Grades 6-7)	YMCA, JJAB				
• Youth Mobilizers	JJAB, YMCA				
• Suicide Prevention Subcommittee of CHC Mental Health Committee	CHC				
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• Self-referral Programs: Delinquency, Substance Abuse, Truancy, Chronic Tardiness, Restorative Justice	JJAB, LAC, LAFC				
• Girl's Circle	JJAB, FSN				
• Envision Your Future for Boys & Girls	JJAB, FSN				
• Life Skills (substance abuse/decision making group)	JJAB, LAFC				
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• Parent to Parent	JJAB, FSN				
Alternatives to Formal Intervention (alternative to formal intervention following a specific act and entering the legal system)					
• Underage drinking citation programs (go thru JJPO)	LAPD, JPPO, LAFC				
• Counseling	LAFC, NM Health Grant				
• Truancy /Chronic tardiness (K-12) (go thru Schools)	JPPO, LAPD,				

	LA Schools, LAFC				
• Juvenile delinquency citation program (go thru JJPO)	LAPD, JPPO				
• Teen Court (go thru JJPO, municipal court)	JJAB, LAC				
• Assessments prior to sentencing	JJAB				
Formal Intervention (specific offense and involved with legal system)					
• Juvenile Community Corrections (JCC)	LAFC				
• Family Solutions Program for teens and families experiencing problems	JJAB, FSN, DWI				
• Court ordered/Therapeutic alternative for those on probation (substance abuse, anger, violence, etc.)	LAC Counseling Services				
• Independent and Transitional Living for girls	Casa Mesita Group Home				
• JPPO supervision & Santa Fe Youth Shelter	CYFD				
• Teen Court Case Management for 2 nd and 3 rd offenders	JJAB, Teen Court LAFC				
• Court ordered counseling, community service	Courts				
• "Safe Room" for interviewing children in a less traumatic setting	LAPD				
• Restorative Justice Circles	LAFC, JJAB				
Detention (formal removal from community services)					
<p>Commitment to a facility outside the county at graduated levels: Informal (not directed by a specific court order): community service classes/education on specific topic Teen Court Counseling</p> <p>Through the DA and Courts (sanctions are court ordered) Time Waiver (not on probation)...clean record Consent Decree (on probation)...clean record Adjudicated...record is not clean</p> <p>Police reports are available for public review unless parents have obtained an attorney to have the youth's record sealed; JPPO automatically seals case once youth turns 18.</p> <p>Sanction in order of severity: Drug Court (Española and Santa Fe) Santa Fe Detention Center (short term "jail") Boy's Ranch (Socorro) Girls Ranch (Lamy)</p>	JPPO, Courts, facilities				

John Paul Taylor (Las Cruces) DWI School (JPPO, Transportation Safety Division & LAFC is provider) Camino Nuevo (Albuquerque) Residential Treatment Centers: Las Cruces, Roswell, and Las Vegas) Foster Care Treatment (requires JPPO supervision) YDDC (until 21)		
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Programs Identified and Needing Agency Sponsorship and Funding

- Safe Ride Home
- Mentor Program (Big Brothers, Big Sister)
- Community Services Bureau (Family Strengths Network)
- Alcoholic Anonymous for Teens
- New Moms Daycare
- Prevent Crime & Invest in Our Kids (Police Department)

Additional information and/presentations on the work of the Community Health Council can be requested by calling the CHC Coordinator at 662-4160(office) or 500-0049 (cell).