To reflect the performance in the above-named categories, we will use the following measures as a minimum requirement:

Priority Strategy	Proposed FY21 and FY22 Performance Contract Measures

General Capacity Requirements	• Each CSB must complete an evaluation plan which is revised and approved annually and includes:
	  ○ A logic model which includes all of the required priority strategies all CSBs must implement and any discretionary strategies the CSB has elected to implement.
	  ○ A measurement plan documenting how all required metrics will be tracked and reported.
	• All prevention programs, practices, and strategies must be evidence-based and approved by the DBHDS OBHW team. Only strategies that align with the state-identified priorities and/or the CSB's logic model outcomes will be approved.
	• Each CSB must maintain a license for the Performance-Based Prevention System (PBPS) and record all implemented strategies in the PBPS.
	• Each CSB must maintain a minimum of 1 FTE Prevention Lead position. This position leads and ensures compliance and implementation of all Prevention priority strategies.
	• Prevention funding should be used for prevention staff to attend at least one national prevention-related conference per year. Any national conferences outside of the NPN Prevention Research Conference, NATCON, CADCA National or Mid-Year Conferences must have prior DBHDS approval. Each CSB receives $3000 in their base allocation to help support this capacity building effort.

Counter Tools	• The CSB shall conduct store audits of and merchant education with 100 percent of tobacco/nicotine retailers in its service area over a two-year period. Any retailer to be found in violation in the previous year is to be given priority for merchant education. • The CSB also must maintain and update a list of tobacco/nicotine retailers in its catchment area over the two-year period. • Data must be entered into the Counter Tools and PBPS systems. • Tobacco education programs for youth with the goal of reducing prevalence of use are not to be identified as SYNAR activities.
ACEs Trainings	• All CSBs should ensure there are at least 2 ACEs master trainers in their catchment area at all times. • All CSBs must conduct at least 12 ACEs trainings annually. • All ACEs training data (including number of trainings held and number of people trained) must be reported in PBPS. CSBs which are designated as Self-Healing Communities and are receiving additional funding to address ACEs must complete all items noted above *and* the following: • Maintain an ACEs self-healing community advisory committee made up of a cross-section of community partners, meets at least quarterly, reviews the Self-Healing Communities logic model and provides ongoing feedback and recommendations on how to best achieve the logic model goals. • Create a logic model specific to the ACEs work that is planned and implemented in the community.

Priority Strategy	Proposed FY21 and FY22 Performance Contract Measures
	• Submit a quarterly report on all ACEs strategies and measures. • Engage in a local Trauma-Informed Community Network (TICN) or other trauma-centered coalition.
Community Coalition Development	• The CSB shall be involved in a minimum of 6-10 coalition meetings a year. • The CSB should maintain membership in CADCA and/or CCoVA each year. • The CSB and its associated coalition should ensure youth engagement in the coalition either as a sub-group of the coalition or a separate youth coalition. • The CSB should maintain a social media presence to publicize prevention activities and messaging (Facebook page, Instagram, website, etc.) Websites should be updated monthly at a minimum and social media bi-weekly to ensure information and resources remain relevant and engages the community. • Every 2 years, each CSB must complete a coalition readiness assessment and an assessment of representation in the coalition of the following 12 sectors: youth; parents; businesses; media; school; youth-serving organizations; law enforcement; religious/fraternal organizations; civic and volunteer organizations; healthcare professionals; state, local and tribal governments; and other organizations involved in reducing illicit substance use.

MH/Suicide Prevention Trainings	• The CSB shall work with the regional MH/suicide prevention team to provide a regionally developed suicide prevention plan using the Strategic Prevention Framework model.
	• The plan developed by the team shall identify suicide prevention policies and strategies. Strategies should be determined using the most current data and there should be strategies in the plan that are for the community as a whole as well as strategies that target subpopulations with the highest rates of suicide. The plan should also identify the CSB's marketing plan to ensure community groups (schools, faith groups, businesses, etc.) and community members are aware of the mental health and suicide prevention trainings the CSB is providing.
	• Each MHFA trainer must provide a minimum of 3 Youth and/or Adult MHFA trainings annually.
	• The CSB should ensure a minimum of 45 community participants are trained annually in MHFA (across all MHFA trainers at the CSB; there is no minimum number of trainees for each certified trainer).
	• In addition to the required MHFA trainings, a minimum of 3 suicide prevention trainings *per trainer* must be provided annually. These 3 trainings may be a combination of any of the approved trainings below:
	  ○ ASIST
	  ○ safeTALK
	  ○ suicideTALK
	  ○ QPR
	• Every year, each CSB will be required to submit a mid-year (April) and end-of-year (September) report which should contain details on trainings implemented, including the number of different groups and community members participating in the trainings.

Lock & Talk	CSBs participating in the Lock and Talk Initiative shall develop an implementation plan that best meets the needs of their respective communities (including strategies to address target populations.) At a minimum CSBs are expected to implement

Priority Strategy	Proposed FY21 and FY22 Performance Contract Measures
	components 1 & 2 below, and strongly encouraged to implement the Gun Shop Project and/or partner with their medical community (pharmacies, medical practices) if the Gun Shop Project is not an appropriate fit for their community. Lock and Talk Components: 1) Media Campaign Materials (bus ads, posters, billboards, PSA, etc.) 2) Medication Lock Box/Cable Lock/Trigger Lock Distribution at Events 3) Gun Shop Project