Alcohol and Other Drugs
STRATEGIC PREVENTION PLAN
2017-2022

Santa Barbara County Department of Behavioral Wellness,
Alcohol and Drug Program

SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

TABLE OF CONTENTS

I. Introduction and County Overview

Santa Barbara County covers 2738.5 square miles of the Central Coast between Ventura and San Luis Obispo counties. Santa Barbara County is a rich and diverse community of agricultural berry fields, vineyards and tourist attractions that include ocean views and majestic mountain ranges along Highway 101. With an estimated population of 435,850 people in the county, the largest city is Santa Maria with a population of 100,277 (U.S. Census, 2010). Many of the unincorporated areas border farm and agricultural lands. Although berries are the biggest of the crops in northern Santa Barbara County, wine grapes remain one of the largest harvests throughout the county, and particularly within the Santa Ynez Valley, which is centrally located. Santa Barbara, located at the southern region of the county, is abundant with tourists and ranks 2nd to Santa Maria with approximately 91,196 in its population. Santa Barbara is home to the University of California Santa Barbara as well as one of the largest and renowned Community Colleges in the State of California. These educational institutions create a significant student population of approximately 35,000 between those two institutions alone.

Santa Barbara County is extreme with regards to alcohol and other drug use and abuse issues because there is an abundance of both protective factors and high risk factors. Among the many protective factors is the county's strong, diverse economy and collaborative political landscape. Additionally, there are a significant number of educational and social service resources available throughout each region of the County. However, much of the Santa Barbara economy is based upon industries, including winemaking, distilleries, tourism and hospitality, which can lend themselves to substance abuse. Furthermore, the County is marked by extremes of wealth and poverty. The White population makes up 47.9% of the population with a median income of $66,549. The Hispanic or Latino population, make up 42.9% of the population with a median income of $47,374. There are currently 74,000 households that live in poverty, as determined by the United States Census Bureau. In high poverty areas of the county, 40% of those are children, a contributing risk factor. In response to these characteristic that are unique to our region, the Santa Barbara County Department of Behavioral Wellness Alcohol and Drug Program has developed a Strategic Planning Process in alignment with the California Department of Health Care Services and Substance Abuse and Mental Health Services Administration's (SAMHSA) guidelines in order to develop an updated Strategic Prevention Plan for 2017-2022.

MISSION AND GUIDING PRINCIPLES

The mission of the Department of Behavioral Wellness is to promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services. These services are built upon the following guiding principles:

- Quality services for persons of all ages with mental illness and/or substance abuse
- Integrity in individual and organizational actions
- Dignity, respect, and compassion for all persons

- Active involvement of clients and families in treatment, recovery, and policy development
- Diversity throughout our organization and cultural competency in service delivery
- A system of care and recovery that is clearly defined and promotes recovery and resiliency
- Emphasis on prevention and treatment
- Teamwork among department employees in an atmosphere that is respectful and creative
- Continuous quality improvement in service delivery and administration
- Wellness modeled for our clients at all levels; i.e., staff who regularly arrive at the workplace healthy, energetic and resilient
- Safety for everyone

It was with this mission and these guiding principles at the forefront that the Strategic Planning Process began in September 2016. County Alcohol and Drug Program (ADP) staff assessed the previous plans, which were in operation beginning in 2007 through June 2017, in order to build upon previous plans. Current community needs were identified, and all goals, objectives, strategies, and processes were analyzed in order to develop a new Strategic Prevention Plan to best meet current needs utilizing the most effective evidenced-based prevention strategies.

II. SPF- Step 1- Needs and Resource Assessment

ASSESSMENT METHODOLOGY

Assessing and identifying the 2012-2017 outcome data was the first step of the Strategic Prevention Plan and necessary as a foundation for the Needs Assessment development. Analysis of the outcomes from the 2012-2017 Strategic Prevention Plan showed which prevention strategies have worked successfully in the past and what challenges occurred with previous implementation strategies. Additionally, the assessment process included analysis of the following identified data:

- The California Healthy Kids Survey (CHKS), 2014
- The Santa Barbara County Community Health Assessment
- The Santa Barbara County Alcohol and Drug Program Youth Survey, FY 2015-16
- Local CalOMS Treatment data
- Emergency Room data
- Local Arrest data
- Local School data
- California Motor Vehicle Collision data
- Santa Barbara County Coroner's Office Death data

These data sources were selected as primary data sources in order to compile key indicator data to identify current alcohol and other drug problems. The majority of this data was readily available through local, state and national sources (CHKS data, law enforcement data, hospital data, treatment data, etc). The inclusion of the SB County ADP Youth Survey, and Community Health Assessment augmented these primary data sources with Santa Barbara county-specific measurement tools. The choice to use the Youth Survey data and Community Health Assessment data allowed us to incorporate opinions and experiences from youth who are affected by these issues and particularly from youth participating in current prevention programs. Initial data compilation and analysis was done by County ADP staff. Although the data sources available allowed for a comprehensive data analysis, County staff identified limitations due to a lack of parent survey data as well as a recent change to the CHKS G module, which eliminated AOD specific questions that were utilized in the past to collect youth input such as how alcohol is most frequently accessed. Despite these few limitations, County staff found the data to be more than sufficient in order to compile a thorough Needs Assessment.

Additionally, County staff conducted outreach to a variety of stakeholders which included representatives from prevention providers, treatment providers, mental health service providers, and Advisory Board members. During these stakeholder meetings, individuals looked at three types of key data, including both qualitative and quantitative data, to determine potential contributing factors, and consequences of substance use. Through these stakeholder discussions, priority areas were developed to reduce underage drinking and excessive drinking, limit marijuana use among youth, and decrease opioid misuse.

The following three data types that were shared and discussed during this assessment process are as follows:

Consumption Data: These data emphasize substance use patterns i.e. age of onset; 30-day use; binge drinking rates; including prevalence data. Prevalence data came from the local California Healthy Kids Survey (CHKS).

Contributing Factors: These data identify risk and protective factors that predict the level of risk for substance use. Examples of risk factors include parents using substances, and peers' view of alcohol and other drug use as normal. Examples of protective factors include positive adult support and positive connections to school and/or the community.

Consequences: These data show the negative impacts of consumption. These can include emergency room visits, DUI arrests, alcohol-involved collisions, health issues, etc.

As a result of County staff data-analysis and stakeholder input, the following four priority areas were identified:

- Underage Drinking
- Excessive Drinking
- Marijuana Use (ages 10-25)
- Opioid Misuse

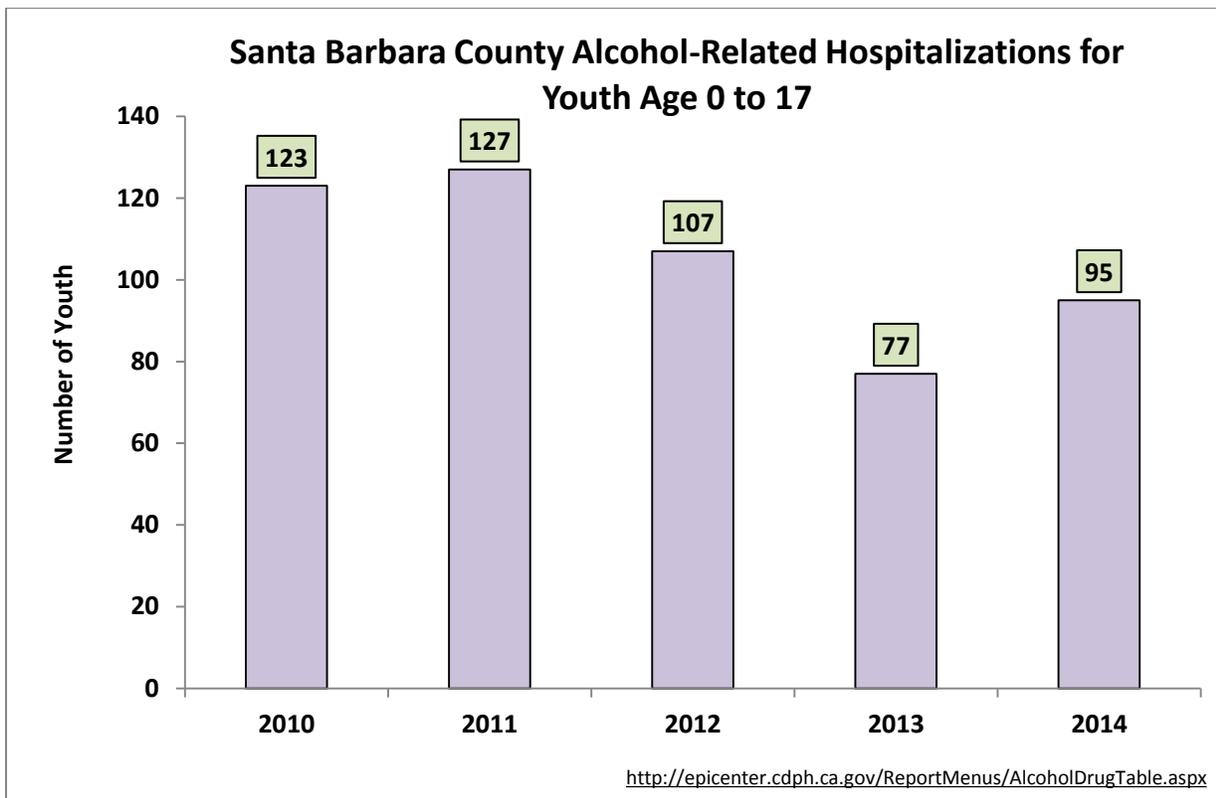## DATA SOURCES AND FINDINGS

For each of the four priority areas identified, some of the key findings associated with that particular priority area have been highlighted, along with a snapshot of analyzed data, and stakeholder input in order to summarize the data sources and findings.
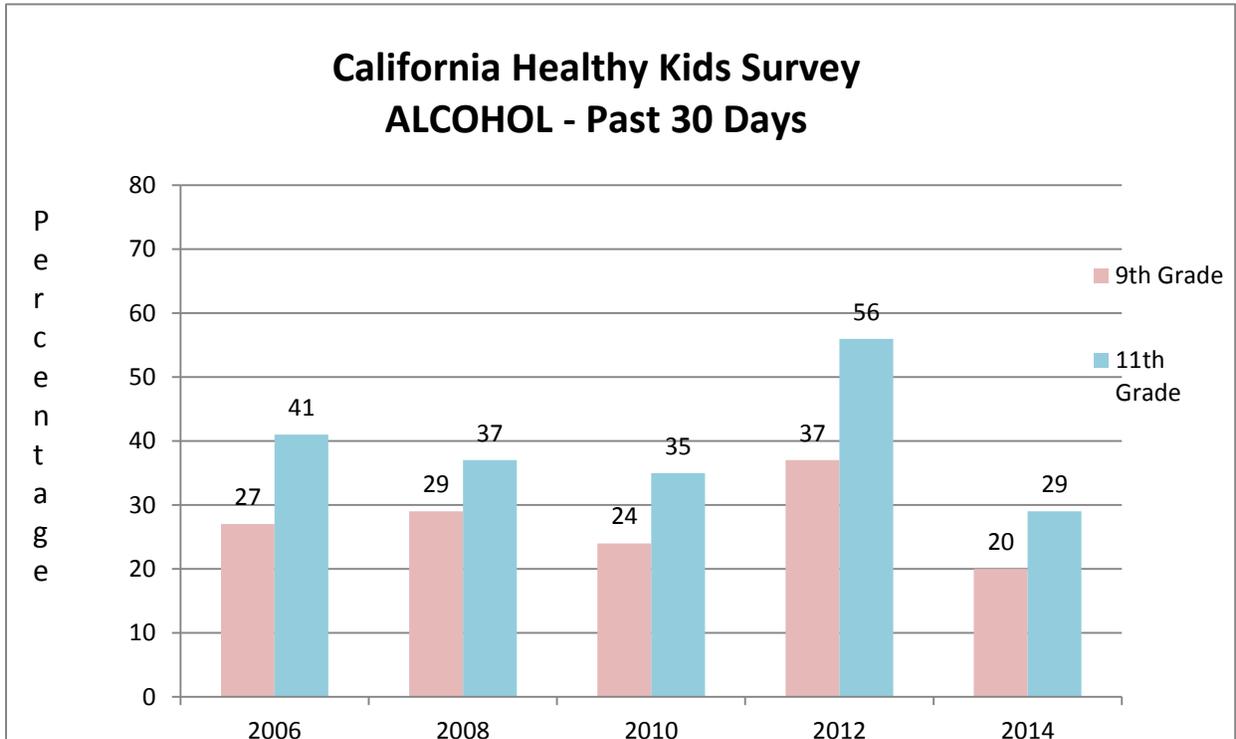
Key Findings on Underage Drinking:

- According to the 2014 Santa Barbara County California Healthy Kids Survey (CHKS) *Lifetime Use*, almost half of 11th graders reported using alcohol at some point in their lifetime, while 30% reported consuming alcohol 4 or more times in their lifetime.

- The CHKS *Past 30 Day Alcohol Use* among 11th graders indicates a decrease regular alcohol use: down to 29% in 2014 from 32% in 2012. However, alcohol still remains the drug of choice.

- According to the CHKS, *Binge Drinking Five or More Drinks in a Row* has decreased from 23% of 11th graders in 2012 to 17% in 2014.

- According to the 2014 CHKS, 44% of youth continue to believe that alcohol is very easy to access and 28% perceive alcohol to be "moderately" harmful.

6

- Indicator data for alcohol-related hospitalizations for 0 to 17 year olds indicates that in 2012 there were 107 cases of hospitalizations. In 2013, that reduced to 77 cases with a rise of 95 cases in 2014 (California Office of Statewide Health Planning and Development, Inpatient Discharge Data).

- Excessive drinking in 18-21 year old college students has decreased from 47% in 2014 to 44% in 2015, still remaining high, but slowly decreasing. (University of California, Santa Barbara American College Health Association – National College Health Assessment II (ACHA-NCHA II), Spring, 2016)
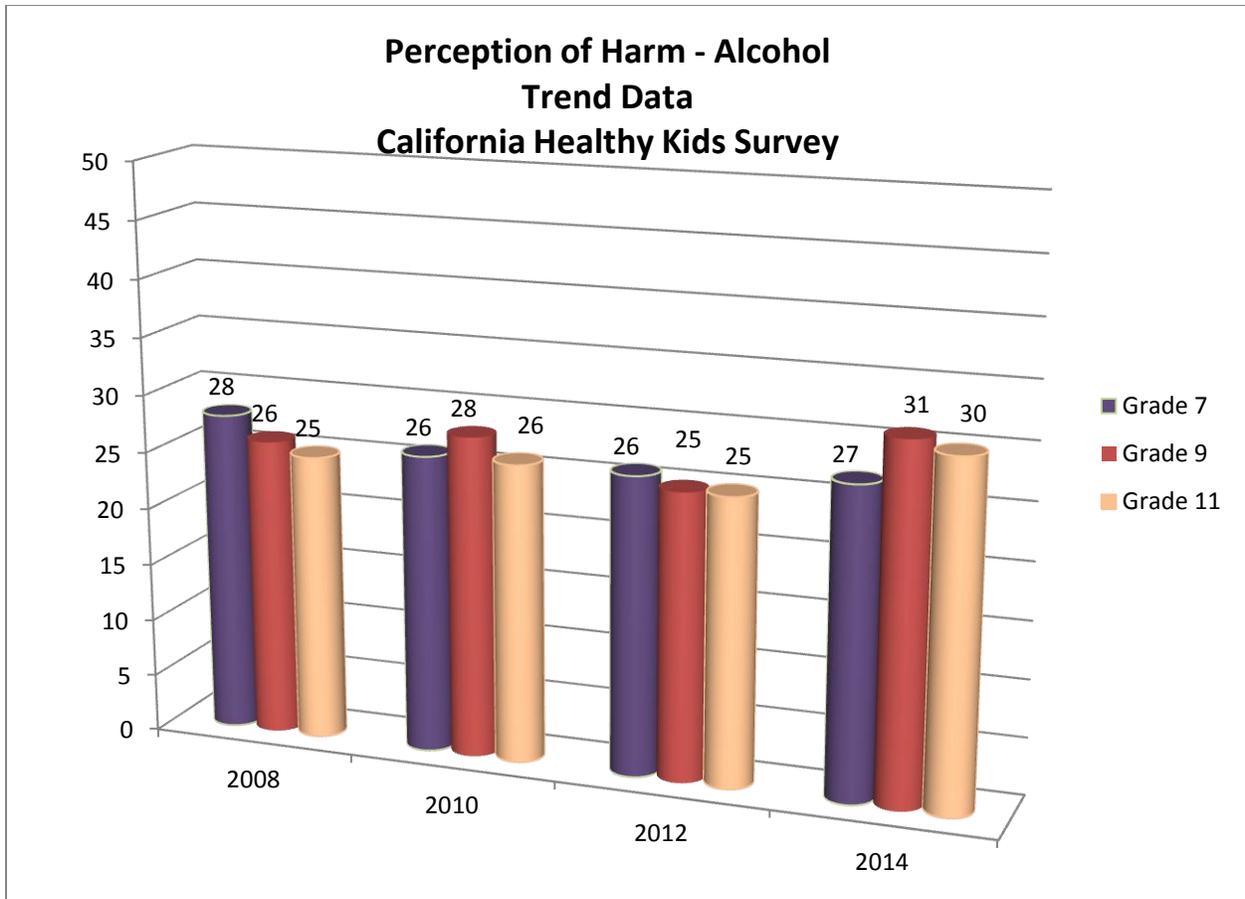
Santa Barbara County youth perception of how easy it is to access alcohol on the California Healthy Kids Survey 2014 shows 44% believe it is *Very Easy.* In a study conducted with 15,000 teenagers, by Cliff Broman, a Professor of Sociology at Michigan State University confirmed that teens with easy access began using drugs and alcohol at a younger age, and were more likely to be using one or both substances later in life. Youth input from both the Santa Barbara County Alcohol and Drug Program Youth Survey (FY 2015-16) and from local focus groups conducted in 2016, indicates that youth are most likely to access alcohol in social settings including their home and parties.

Santa Barbara County Alcohol-Related Hospitalizations for Youth Age 0 to 17

Year	Number of Youth
2010	123
2011	127
2012	107
2013	77
2014	95

http://epicenter.cdph.ca.gov/ReportMenus/AlcoholDrugTable.aspx

Despite overall alcohol use among youth decreasing, alcohol related hospitalizations remain high as indicated in the table above and stakeholders believe that easy access is a contributing factor (California Office of Statewide Health Planning and Development, Inpatient Discharge Data).

California Healthy Kids Survey
ALCOHOL - Past 30 Days

Year	9th Grade	11th Grade
2006	27	41
2008	29	37
2010	24	35
2012	37	56
2014	20	29

Alcohol is still the most common substance used among youth even though trends nationally, statewide and locally indicate an overall decrease in underage drinking. As mentioned above, the 2014 California Healthy Kids Survey *Past 30 Day Use* data reflects a local decrease in regular alcohol use for both 9th and 11th graders. Actually, local data indicates an 8% decrease since 2008, which is statistically significant.
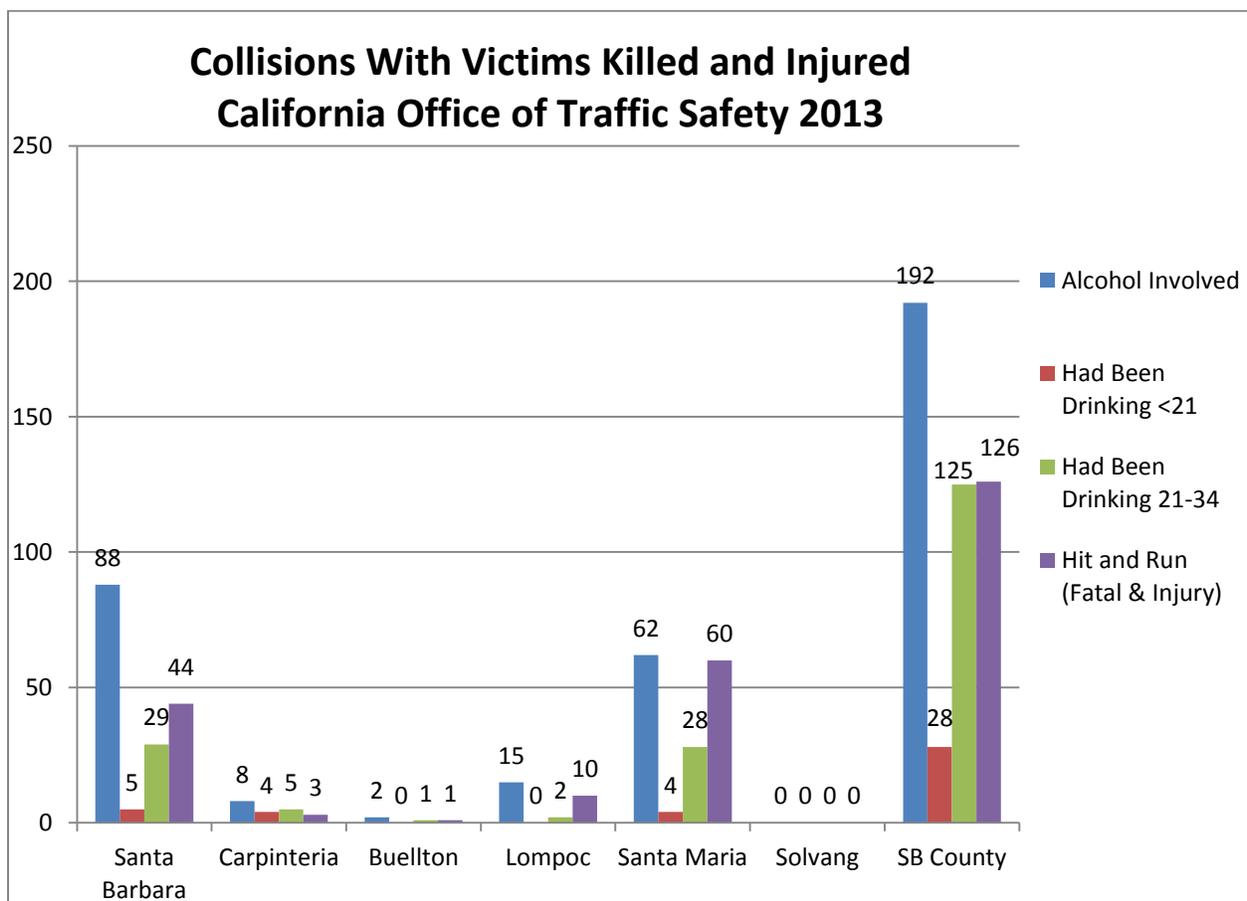
Perception of Harm - Alcohol
Trend Data
California Healthy Kids Survey

Grade 7
Grade 9
Grade 11

2008: 28, 26, 25
2010: 26, 28, 26
2012: 26, 25, 25
2014: 27, 31, 30

Additionally, the perception of harm is increasing for "occasional drinking", which indicates that local youth are recognizing harms associated with drinking. These particular "positive outcomes" indicate that existing prevention strategies have been effective over the last ten years and show the value of keeping Underage Drinking as a priority area despite downwards trends in youth alcohol use.
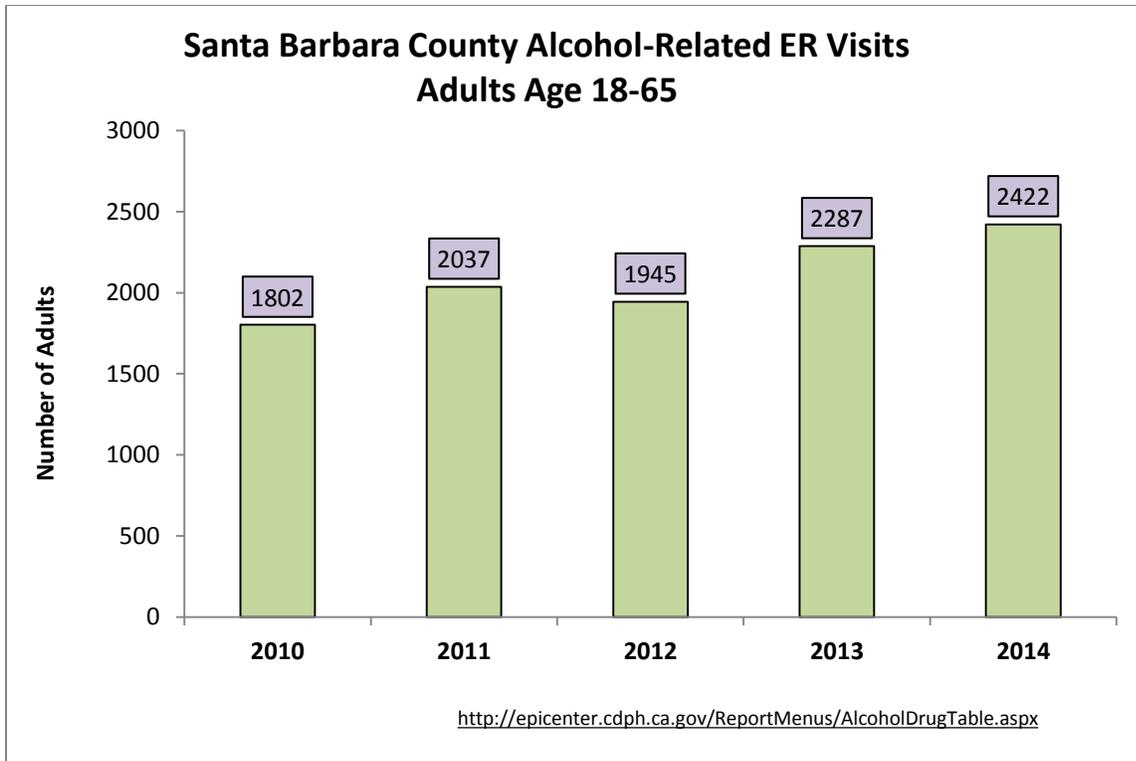
Key Findings on Excessive Drinking:

- Key Indicator data on alcohol-involved motor vehicle collision victims killed or injured for this county has been significantly higher than the State since 2008, with a ranking of 2 of 58 counties in 2013 (California Office of Traffic Safety, OTS Collision Rankings).

- The total alcohol-involved vehicle collision victims killed or injured in 2015 were 176 county-wide (California High Patrol, Statewide Integrated Traffic Records System).

- In 2013 the County of Santa Barbara had 192 alcohol related collisions. Of those, 125 were related to young adults between the ages of 21 to 34 years old (California Office of Traffic Safety, OTS Collision Rankings).

- Alcohol related Emergency Room visits are also significantly higher than the State, with a total of 2,517 alcohol-related ER visits in 2014. This is at a rate of 577 per 100,000 in comparison to the State rate of 310 per 100,000 in 2014 (California Office of Statewide Health Planning and Development, Emergency Department Data).

- Alcohol related arrests totaled 5, 614 in 2014 and have remained higher than the State average since 2008. This is at a rate of 1,287 per 100,000 in comparison to the State rate of 680 per 100,000 in 2014 (State of California Department of Justice, Office of the Attorney General, CJSC Statistics: Arrests).

- County deaths related to alcohol were 51 in 2014, down from 65 in 2013 per the Coroner's Report (Santa Barbara County Sheriff's Coroner Report).

Collisions With Victims Killed and Injured
California Office of Traffic Safety 2013

Legend:
- Alcohol Involved (blue)
- Had Been Drinking <21 (red)
- Had Been Drinking 21-34 (green)
- Hit and Run (Fatal & Injury) (purple)

Location	Alcohol Involved	Had Been Drinking <21	Had Been Drinking 21-34	Hit and Run (Fatal & Injury)
Santa Barbara	88	5	29	44
Carpinteria	8	4	5	3
Buellton	2	0	1	1
Lompoc	15	0	2	10
Santa Maria	62	4	28	60
Solvang	0	0	0	0
SB County	192	28	125	126

Perhaps the most significant and ongoing consequence associated with excessive drinking in our community has been alcohol-involved motor vehicle collisions and fatalities. Although we have seen a steady decrease in alcohol-involved collisions since 2008, alcohol- related collisions in this county were still at 192 in 2013, down from 316 in 2012. Of those, 28 collisions involved people under the age of 21. Data analysis also shows that the cities of Santa Barbara and Santa Maria tend to have a higher number of alcohol involved collisions (California Office of Traffic Safety, OTS Collision Rankings).

**Santa Barbara County Alcohol-Related ER Visits
Adults Age 18-65**

Year	Number of Adults
2010	1802
2011	2037
2012	1945
2013	2287
2014	2422

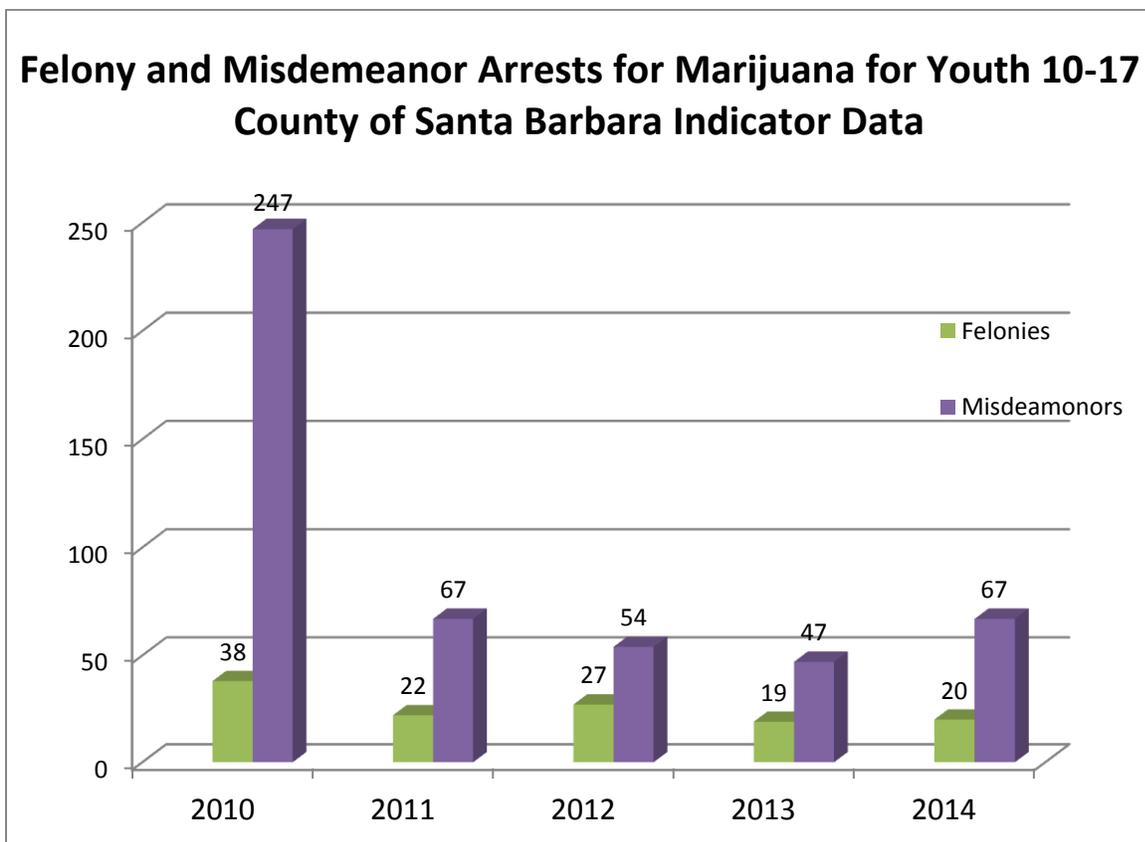http://epicenter.cdph.ca.gov/ReportMenus/AlcoholDrugTable.aspx

Alcohol-related Emergency Room visits among adults also continue to be on the rise. Stakeholders agree that accessibility and availability are both contributing factors to excessive drinking, which is also considered a social norm in these communities. With an economy built on tourism, Santa Barbara County has venues throughout the county that cater to tourists where winetasting and drinking are promoted through advertising, happy hours, and drink specials. According to Alcohol Beverage Control (ABC), there are over 1,280 alcohol retailers throughout the county which contributes to a density of alcohol outlets that continues to raise concern among local stakeholders.

Prioritization of both underage drinking and excessive drinking is essential as this has become a safety concern to our local communities as evidenced by alcohol-related violence, injuries, vehicle collisions, and even death. We believe that the long term effects of these occurrences can be interrupted through strong prevention work that focuses on changing the norms in these communities while also strengthening policies which limit access and availability of alcohol.

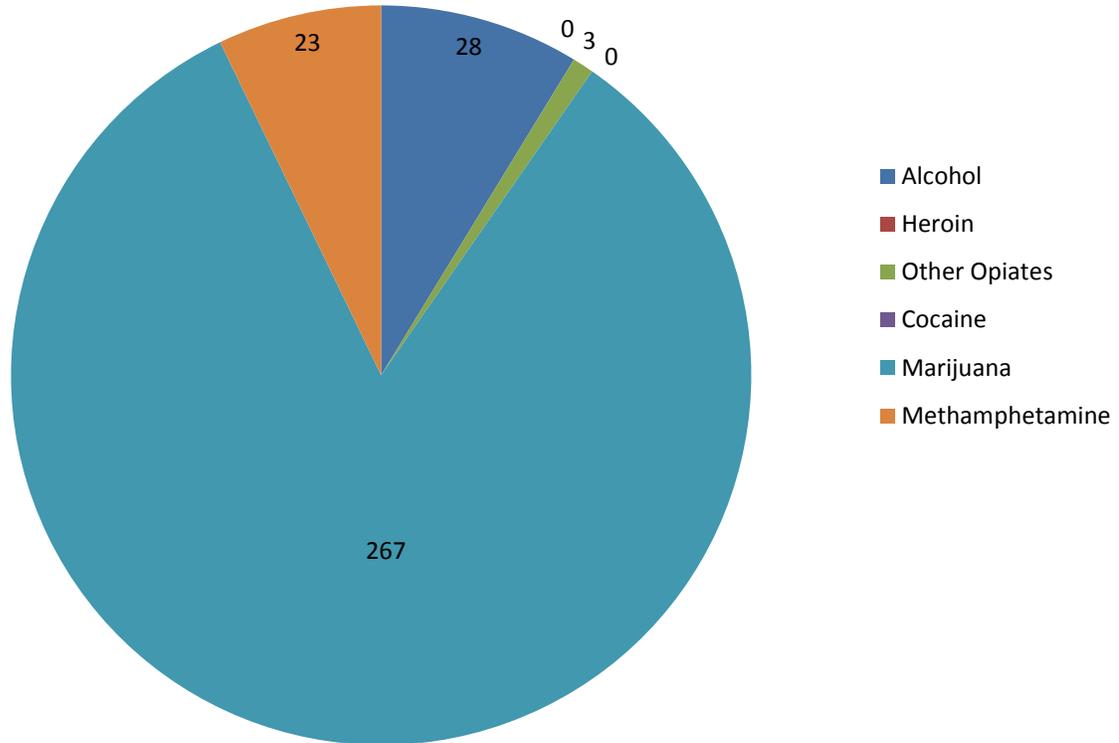*Key Findings on Marijuana Use (ages 10-25)*:

- According to the 2014 California Healthy Kids Survey (CHKS) data *Past 30 Day Marijuana Use*, 12% of 9th graders and 18% of 11th graders reported marijuana use in the past 30 days, indicating regular marijuana use.

- Per the 2014 CHKS data *Lifetime Marijuana Use*, 18% of 9th graders and 36% of 11th graders reported having used marijuana at some point in their lifetime.

- Per 2014 CHKS data, 23% of 11th graders reported that their first use of marijuana was between 15-16 years old.

- Per 2014 CHKS, 51% of 11th graders believe it is "very easy" to obtain marijuana.

- Law enforcement arrest data showed that 67 misdemeanor marijuana arrests and 20 felony marijuana arrests occurred in 2014 among youth ages 10-17 (State of California Department of Justice, Office of the Attorney General, CJSC Statistics: Arrests).

- Santa Barbara County Treatment data indicates that marijuana is now the drug of choice for youth upon admission to treatment, with 267 youth admitted into treatment for marijuana in the fiscal year 2015-2016.

Felony and Misdemeanor Arrests for Marijuana for Youth 10-17 County of Santa Barbara Indicator Data

| Year	Felonies	Misdeamonors
2010	38	247
2011	22	67
2012	27	54
2013	19	47
2014	20	67

Trend data shows that there was an increase in both felony and misdemeanor marijuana arrests among juveniles in the last two years (State of California Department of Justice, Office of the Attorney General, CJSC Statistics: Arrests).

Drug of Choice Treatment Data at Admission
Age 0-17
Santa Barbara County Treatment Data 2015/2016

Legend:
- Alcohol
- Heroin
- Other Opiates
- Cocaine
- Marijuana
- Methamphetamine

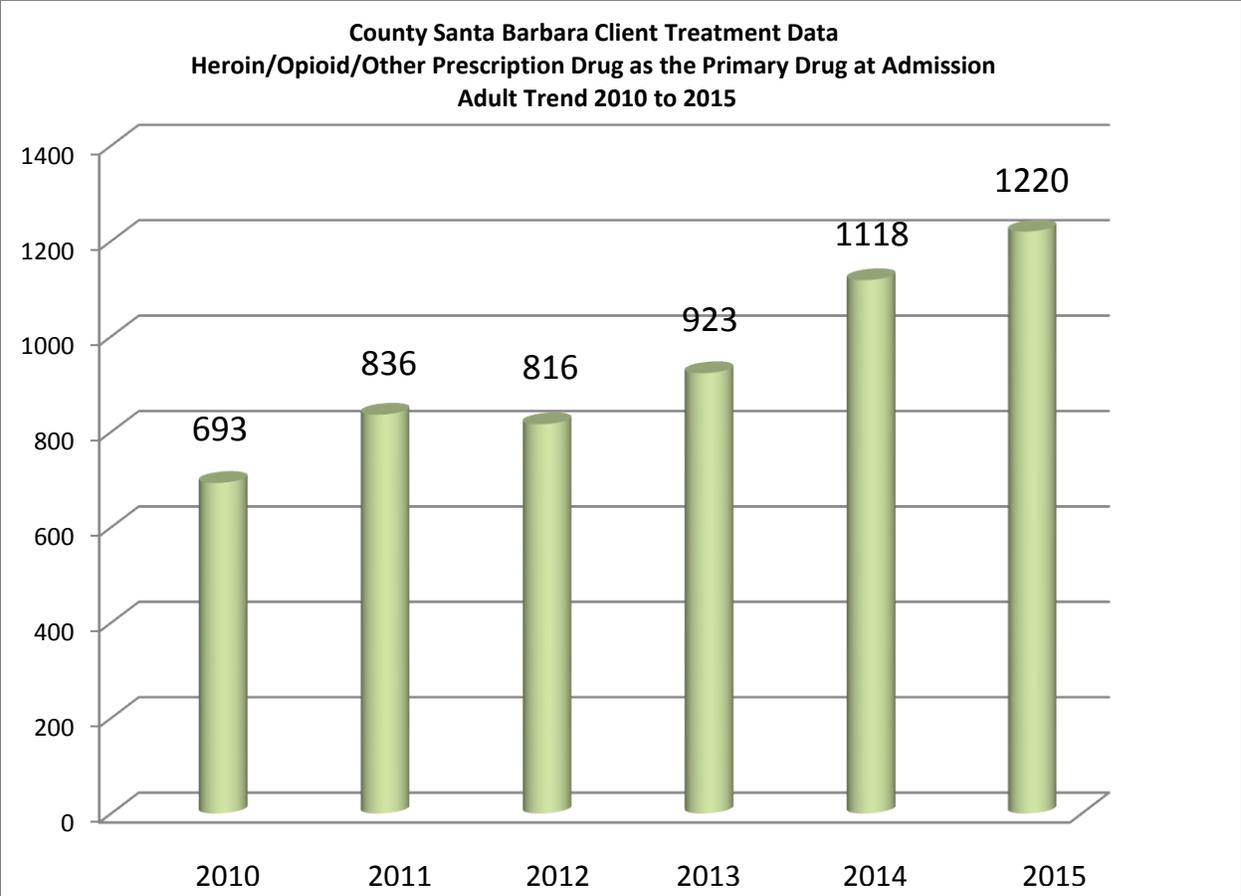Values shown: 28, 0, 3, 0, 267, 23

The potency of marijuana has been increasing for decades, with THC concentrations rising from 4% in the 1980s to 14.5% in 2012. Some strains have been found to contain as much as 30% THC. Higher exposures to higher concentrations of THC can increase adverse reactions. Additionally, frequent users can be at risk for addiction if they are exposing themselves to high doses on a regular basis. This may account for the rise in youth meeting criteria for Substance Use Disorders associated with Marijuana Abuse and Dependence and the increased number of youth in our local treatment programs.

California Healthy Kids Survey
Marijuana - Past 30 Days
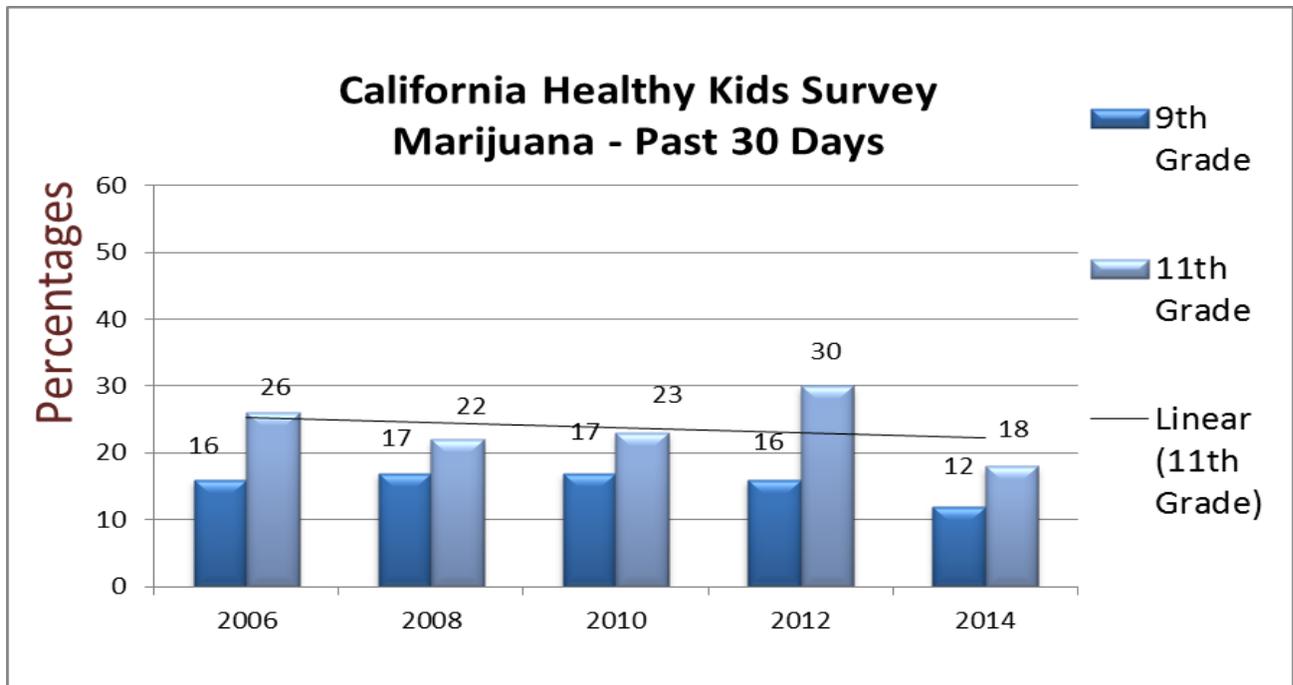
Trend data for *Marijuana Past 30 Day Use* indicates that regular marijuana use is decreasing among both 9th and 11th grade youth. Similar, to Underage Drinking, this data indicates the successful implementation of prevention strategies in this particular priority area. However, stakeholders have expressed concern that youth use may increase with the recent legislation which legalized the recreational use of marijuana in the state of California. There is some evidence showing that legalization may encourage more youth to experiment with marijuana based on the Rocky Mountain High Intensity Drug Trafficking Area study conducted in Colorado following their recent legalization of recreational marijuana. With over half of 11th graders already reporting that it is "very easy" to access marijuana, this will remain a priority area with a focus on reducing the ease of access and availability of marijuana particularly to youth.

Key Findings on Opioid Misuse

- Per Santa Barbara County Treatment data, of the approximately 4,500 clients seeking drug treatment, heroin/opioid abuse accounts for 30% of those in treatment.

- Santa Barbara County ranked sixth per capita in California in emergency room encounters for heroin overdoses, according to a report from the Office of Statewide Health Planning and Development.

- In 2015, the Santa Barbara Coroner's Report stated that there were 51 accidental opioid related deaths that year.

County Santa Barbara Client Treatment Data
Heroin/Opioid/Other Prescription Drug as the Primary Drug at Admission
Adult Trend 2010 to 2015

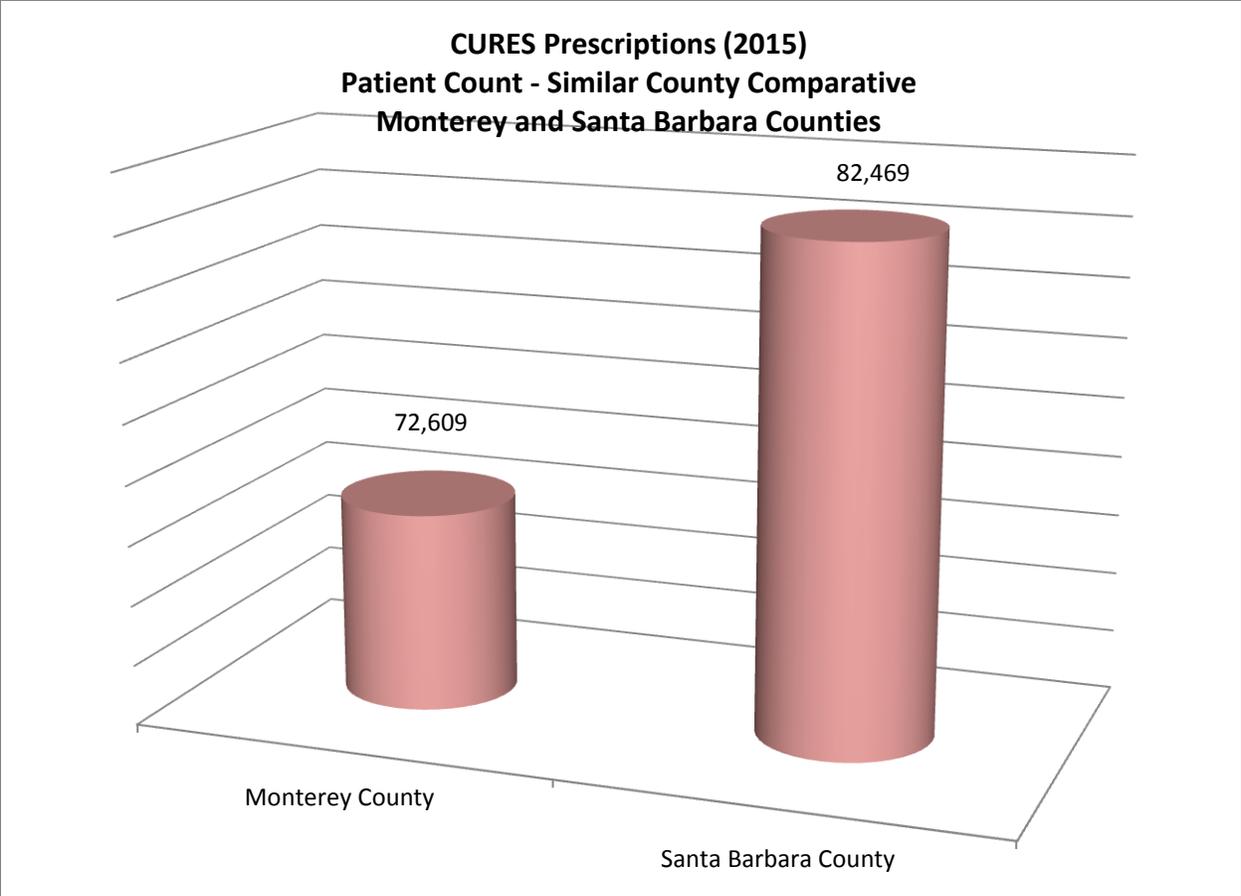| Year	Admissions
2010	693
2011	836
2012	816
2013	923
2014	1118
2015	1220

A look at Santa Barbara County Treatment admission data shows the increase in opioid abuse over the last five years. This data is countywide showing that opioids are problematic across the entire county.

In 2016, 43 of the 69 accidental overdose deaths in the Coroner's report were due to opioids. Numerous stakeholders expressed concern regarding opioid overdose deaths, resulting in the Department of Behavioral Wellness implementing an Overdose Prevention program which includes outreach to first responder's, service providers, and family members and the provision of Naloxone to use on potential overdose victims. Initial reports indicate over 30 lives have been saved since the start of the program in 2015.

CURES Data (2015)
Number of Prescribers by Comparative County (2015)
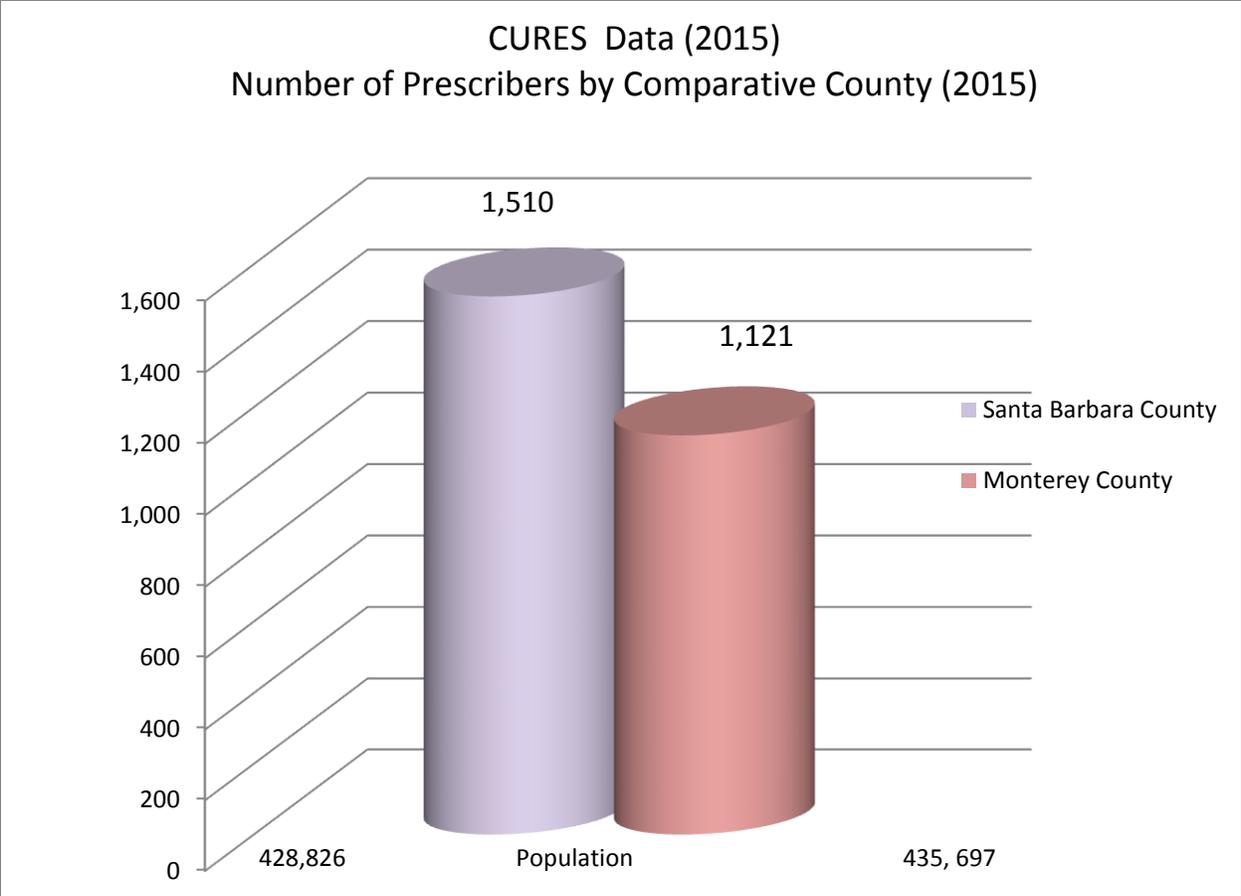
Santa Barbara and Monterey counties share similarities in population, demographics, land area and agricultural cultivation. Both counties also host a large University where young adults are included in the opioid culture. Comparatively, the *Prescribing Practices* and *Patient Counts* in the CURES database provide an understanding of prescribing and accessibility issues to opioids in these two counties.

CURES Prescriptions (2015)
Patient Count - Similar County Comparative
Monterey and Santa Barbara Counties

82,469

72,609

Monterey County

Santa Barbara County

By including Opioid Misuse as a priority area in our strategic plan, it is the hope to implement strategies which will reduce overall misuse before individuals are misusing the substance to the point of having to be hospitalized or overdosing.

PRIORITY AREAS AND CORRESPONDING RISK AND PROTECTIVE FACTORS

The identification and understanding of Risk and Protective Factors are crucial to planning effective prevention strategies. Studies have shown that increased protective factors can mitigate the potential harm associated with identified risk factors. Effective prevention strategies should include a variety of protective factors in order to impact the general population.

The following chart shows some of the identified risk factors, along with proposed protective factors, for each of the priority areas indicated above:

Priority Area	Risk Factors	Protective Factors
UNDERAGE DRINKING	➤ Youth living in poverty	➤ Community attachment and resources
	➤ Easy access to alcohol	➤ Stronger policies limiting access both from retailers and parties
	➤ Parents allowing parties and acceptance of use in the home	➤ Parents understanding the negative impacts of youth use and restricting access
	➤ Friends who use	➤ Positive youth development
EXCESSIVE DRINKING	➤ Density of alcohol retailers and accessibility of alcohol	➤ Strong policies that limit accessibility
	➤ Social norms promoting excessive alcohol use	➤ Prosocial activities including volunteering
MARIJUANA USE	➤ Youth's low perception of harm	➤ Understanding risks and harms associated with marijuana use
	➤ Easy accessibility/availability	➤ Policies and norms limiting access and availability
	➤ Community acceptance of marijuana use	➤ Change in social norms
OPIOID MISUSE	➤ Availability and accessibility of opioids	➤ Strong policies that limit availability and accessibility
	➤ Prior use and abuse of other substances	➤ Early detection of misuse ➤ Availability of community resources
	➤ Chronic pain conditions	➤ Pain management resources

PRIORITY AREAS AND PROBLEM STATEMENTS

1. Underage Drinking
   Problem Statement: Underage youth are accessing and consuming alcohol too early, too often and too much.

2. Excessive Drinking
   Problem Statement: Alcohol availability and accessibility are associated with increased alcohol consumption.

3. Marijuana
   Problem Statement: Youth are accessing and consuming marijuana due to low perception of harm and easy availability.

4. Opioid Misuse

   Problem Statement: Over-prescribing and accessibility to Opioid drugs has increased use and abuse.

CURRENT CAPACITY

County Staff: The Alcohol and Drug Program Prevention staff is comprised of the following staff:

- Program Manager (0.1 FTE)
- Health Care Program Coordinator (1.0 FTE)
- Health Care Program Coordinator (0.25 FTE)

The primary roles of the Program Manager and Health Care Program Coordinators include all program oversight, strategic prevention plan development and implementation, contract development and initiation, and community development to address underage drinking, excessive drinking, marijuana use, and opioid misuse.

County Programs:

- Community-based process – Focused on engaging providers and community for prevention capacity; provide technical assistance to community agencies and prevention development.

County Providers:

- Council on Alcoholism and Drug Abuse- Friday Night Live Program- youth development program focused on engaging youth ages 12-18 years old in order to increase individual assets; youth-led campaigns include environmental prevention strategies targeting underage drinking, youth access to alcohol, and marijuana use among youth (Youth/Adult Leadership Activities)
- Noah's Anchorage St. George Youth Center- after-school program providing alternative activities to youth ages 10-17 years old (Recreational Activities, Youth/Adult Leadership Activities)
- Future Leaders of America- youth development program focused on engaging youth ages 12-18 years old in order to increase individual assets; youth-led campaigns include environmental prevention strategies targeting underage drinking, youth access to alcohol, and marijuana use among youth (Youth/Adult Leadership Activities)
- UC Santa Barbara- media campaigns and information dissemination targeting college-aged youth in order to reduce binge drinking (Media Strategies including Counter-Advertising, Information Dissemination)
- United Way of Santa Barbara- youth development/after-school program focused on engaging youth ages 10-12 years old in order to increase individual assets and prevent substance use (Youth/Adult Leadership Activities)

- Family Service Agency- mentor program targeting youth (Youth/Adult Leadership Activities)
- People Helping People- implements the Santa Ynez Valley Youth Coalition in order to reduce and prevent AOD use in the Santa Ynez Valley (Community-based processes including Multi-Agency Coordination/Collaboration, Classroom Educational Services)
- Central Coast Future Leaders, Inc- youth development program focused on engaging youth ages 12-18 years old in order to increase individual assets; youth-led campaigns include environmental prevention strategies targeting underage drinking, youth access to alcohol, and marijuana use among youth (Youth/Adult Leadership Activities)
- Guadalupe Police Department- youth development/after-school program focused on engaging youth ages 10-12 years old in order to increase individual assets and prevent substance use (Youth/Adult Leadership Activities)

County Coalitions/Group: The County participates in the following two coalitions:

- Opioid Task Force – led by Santa Barbara County Department of Public Health in order to reduce the misuse of opioid and reduce the over-prescription of medications while increasing safe disposal and storage of medications.
- Isla Vista AOD Workgroup- led by county staff and community members in order to engage University staff, community members, UCSB students, and members of government to work on specific issues in the Isla Vista community regarding parties and binge drinking.

County Partners:

The County has a number of collaborative partners whom reflect the community demographically and who also represent a variety of backgrounds including AOD community-based organizations, local grassroots organizations, parent groups, schools, mental health agencies, faith-based organizations, law enforcement, and public health. These collaborative partners are involved with prevention efforts through participation in existing coalitions, implementation of prevention strategies and by providing feedback in the strategic planning process. Our existing "Partners in Prevention" network, made up of active County- contracted prevention providers, currently plays the most significant role in the implementation of the current Strategic Prevention Plan.

Workforce Development:

Ongoing Technical Assistance is provided to each of the County-contracted prevention providers both formally and informally. Quarterly "Partners in Prevention" meetings are required for contracted providers and include targeted technical assistance in order to ensure that providers are competent in providing prevention services. Annual monitoring also provides an opportunity for County-staff to provide targeted technical assistance based on the unique needs of that individual provider. Additionally, formal training opportunities and resources are provided to prevention staff and stakeholders. Lastly, follow-up and informal technical assistance is provided throughout the SPP based on resource gaps that may be

identified throughout the implementation process. It is through this ongoing process of workforce development that prevention capacity is continually increased.

CAPACITY ASSESSMENT

After having identified four priority areas, the County of Santa Barbara began a Capacity Assessment in order to discover strengths and shortfalls in local community resources and therefore also determine community readiness to address these key priority areas. The first step was to utilize the Tri-ethnic Center Community Readiness model from the Colorado State University Psychology Research which illustrates the nine stages of readiness, in order to designate each priority area with a stage of community readiness.

Priority Areas Identified	Community Readiness Description	Comments
Underage Drinking	Stage 8- Confirmation/ Expansion	Efforts and activities are in place with existing County- contracted Prevention Providers. Additionally, coalitions are in place in order to reduce and prevent underage drinking. Data has been regularly collected and used to continue to improve programs and drive planning.
Excessive Drinking	Stage 4- Preplanning	Many people recognize that excessive drinking is a problem but there is not yet a clear idea/plan among community leaders regarding how to progress with addressing this issue locally.
Marijuana Use (Age 10-25)	Stage 5- Preparation	With the recent legalization of recreational marijuana, the community has begun planning and has some information regarding what types of prevention programs may be effective. There are active leaders in place and decisions are being made about how to be most effective in order to reduce and prevent marijuana use.
Opioid Misuse	Stage 3- Vague Awareness/ 4- Preplanning	There is a general feeling among some community members (and treatment providers in particular) that there is a local problem. However, knowledge about the problem is still limited among the general population. The formulation of a coalition through the Public Health Department to address the problem shows progression into *Stage 4- Preplanning* for some.

Next, we utilized a *Resource and Readiness Assessment Chart* to assess fiscal resources, human resources, organizational resources, and community resources, for each priority area as indicated below.

Resource and Readiness Assessment		
Priority Area: Underage Drinking		
Fiscal Resources	Funding	Yes
	Equipment: computers, etc	Yes
	Promotion and advertising	No
Human Resources	Competent staff	Yes
	Training	Some
	Consultants	Some
	Volunteers	Yes
	Stakeholders	Yes
	Other agency partners	Yes
	Community leaders	Yes
Organizational Resources	Vision and mission statement	Yes
	Clear and consistent organization patterns and policies	Yes
	Adequate fiscal resources for implementation	Yes
	Technological resources	Yes
Community Resources	Community awareness	Yes
	Specialized knowledge about prevention research, theory, and practice	Yes
	Practical experience	Yes
	Political/policy knowledge	Yes

Although there were a significant number of resources identified to address Underage Drinking, one of the most significant gaps identified was around successful environmental evidence-based strategies. Community partners requested increased training regarding environmental strategies and the County will need to build capacity regarding the implementation of environmental strategies and effective policies to address underage drinking.

Resource and Readiness Assessment		
Priority Area: Excessive Drinking		
Fiscal Resources	Funding	Some
	Equipment: computers, etc	Yes
	Promotion and advertising	No
Human Resources	Competent staff	Some
	Training	No
	Consultants	Some
	Volunteers	Some
	Stakeholders	Some
	Other agency partners	Yes
	Community leaders	Yes

Organizational Resources	Vision and mission statement	Yes
	Clear and consistent organization patterns and policies	No
	Adequate fiscal resources for implementation	Yes?
	Technological resources	Some
Community Resources	Community awareness	Some
	Specialized knowledge about prevention research, theory, and practice	Some
	Practical experience	Some
	Political/policy knowledge	Some

Excessive drinking will best be addressed utilizing environmental strategies including compliance activities, media strategies, and the development and enforcement of policies and regulations. The County will need to build capacity in the areas of provider competence in these particular environmental strategies while also raising community awareness of the issue.

Resource and Readiness Assessment		
Priority Area: Marijuana Use (Ages 10-25)		
Fiscal Resources	Funding	Yes
	Equipment: computers, etc	Yes
	Promotion and advertising	No
Human Resources	Competent staff	Yes
	Training	Some
	Consultants	Some
	Volunteers	Yes
	Stakeholders	Yes
	Other agency partners	Yes
	Community leaders	Yes
Organizational Resources	Vision and mission statement	Yes
	Clear and consistent organization patterns and policies	Some
	Adequate fiscal resources for implementation	Yes
	Technological resources	Yes
Community Resources	Community awareness	Some
	Specialized knowledge about prevention research, theory, and practice	Yes
	Practical experience	Yes
	Political/policy knowledge	Yes

Although there were some resources identified to address Marijuana Use among youth, one of the most significant gaps identified in this priority area was also around successful environmental evidence-based strategies. Community partners requested increased training regarding environmental strategies and the County will need to build capacity regarding the implementation of environmental strategies and effective policies to address marijuana use especially after the recent legalization of recreational marijuana use.

Resource and Readiness Assessment		
Priority Area: Opioid Misuse		
Fiscal Resources	Funding	Some
	Equipment: computers, etc	Yes
	Promotion and advertising	No
Human Resources	Competent staff	Some
	Training	Some
	Consultants	Some
	Volunteers	Some
	Stakeholders	Some
	Other agency partners	Yes
	Community leaders	Yes
Organizational Resources	Vision and mission statement	Some
	Clear and consistent organization patterns and policies	No
	Adequate fiscal resources for implementation	Yes
	Technological resources	Some
Community Resources	Community awareness	No
	Specialized knowledge about prevention research, theory, and practice	Some
	Practical experience	Some
	Political/policy knowledge	Some

Opioid Misuse will best be addressed utilizing environmental strategies including media strategies, and the development and enforcement of policies and regulations. The County will need to build capacity in the areas of provider competence in these particular environmental strategies while also raising community awareness of the issue.

Lastly, the capacity assessment activities described above were used to complete the *Capacity Assessment Chart* in order to summarize the community readiness level, existing resources, and gaps in resources as illustrated below.

Priority Area: Underage Drinking		
Resources	Readiness	Resource Gaps
• Please see full "Resource and Readiness Assessment"	Stage 8- Confirmation/Expansion	• Training regarding environmental prevention strategies
Priority Area: Excessive Drinking		
Resources	Readiness	Resource Gaps
• Please see full "Resource and Readiness Assessment"	Stage 4- Preplanning	• Training regarding environmental prevention strategies • Competent staff who are trained and have the fiscal and organizational resources to

		• implement programs • Community awareness, practical experience, and policy knowledge to address the issue.
Priority Area: Marijuana Use (ages 10-25)		
Resources	Readiness	Resource Gaps
• Please see full "Resource and Readiness Assessment"	Stage 5- Preparation	• Training regarding environmental prevention strategies • Community awareness regarding the issue
Priority Area: Opioid Misuse		
Resources	Readiness	Resource Gaps
• Please see full "Resource and Readiness Assessment"	Stage 3- Vague Awareness/ Stage 4- Preplanning	• Training regarding environmental prevention strategies • Competent staff who are trained and have the fiscal and organizational resources to implement programs • Community awareness, practical experience, and policy knowledge to address the issue.

The identified resources and gaps in resources will be used in order to move forward with Capacity Building through the course of the Strategic Prevention Plan.

INTEGRATED SUSTAINABILITY

Community leaders are included in every aspect of the SPP process including the Needs Assessment. With years of support, stakeholders provide both input and leadership in the direction of and implementation of the SPP. Building a healthy community begins in recruiting members who are interested in a plan that will address issues that will encourage healthy communities. In this effort, the County worked with evaluators, prevention specialists, Board members and community members interested in AOD issues with needs assessment skills.
Developing a plan that identifies local needs and resources can help champions understand how to improve their communities in the most logical and efficient ways possible. The county sustains a strong relationship within the community and with local leaders who are interested in preventing AOD issues. Law enforcement, community agencies, schools, local jurisdictions, and prevention specialists have developed relationships and are all part of the joint collaboration. Effective data collection training is provided to prevention providers and agencies that are interested in data collection. A variety of data is used in order to be able to identify the most effective way to achieve outcomes and provide a snapshot of successes. The highlights of data are shared in community forums, and with local leaders on a consistent basis.

INTEGRATED CULTURAL COMPETENCE

Through both departmental and contracted programs and services, the Department of Behavioral Wellness is committed to involving consumers, clients, family members and individuals from diverse ethnic and cultural groups in developing, implementing and monitoring programs and services. Stakeholders are involved in forums for diverse communities, including the Consumer and Family Member Advisory Committee, the Latino Advisory Committee, Consumer and Family Member Subcommittee of Quality Improvement, the Mental Health Commission, Peer Recovery Learning Communities and human resources panels. Spanish is the "threshold language" in Santa Barbara County. A threshold language is defined as: 3,000 beneficiaries or 5% of the Medi-Cal population, whichever is lower, whose primary language is other than English. The Department of Behavioral Wellness seeks to maintain a diverse workforce by hiring and maintaining a departmental and contract staff that is at least 40% bilingual/bicultural (Spanish) in order to ensure representation of the "threshold language". All contractors are expected to demonstrate their capacity to provide culturally competent services to culturally diverse clients and their families. The contractor is expected to report the number of bilingual and bicultural staff, as well as the number of culturally diverse clients to whom it provides services.

The County will collect data regarding these services to better understand the diverse population that they are serving and potential gaps and/or barriers in service. Analysis of the services provided, the gaps in existing services, and barriers to receiving services will allow the county to continue to identify culturally-relevant risk and protective factors. By involving a diverse work group, these risk and protective factors can be used to look at possible underlying contributing conditions. In addition, by collecting and/or identifying the risk and protective factors within these communities, the County can develop a better system of identifying the gaps in cultural competency.

III. SPF- Step 2- Capacity Building

CAPACITY BUILDING PLAN

As we considered our Capacity Building Plan, our first step was to identify stakeholders whom both reflect the community demographically and also represent a variety of backgrounds including AOD community-based organizations, local grassroots organizations, parent groups, schools, mental health agencies, faith-based organizations, law enforcement, and public health. We included our existing "Partners in Prevention" network, made up of existing County-contracted prevention providers, in the process of identifying stakeholders to engage in a Capacity Building Stakeholder Forum. The result of this collaborative outreach resulted in over 70 individuals identified as key stakeholders and the creation of a dynamic distribution list that can continue to be accessed and updated throughout the Strategic Prevention Planning process and throughout the duration of the Strategic Prevention Plan.

In order to gather data for our Capacity Assessment, and to create a baseline for the Capacity Building Plan, a Capacity Building Stakeholder Forum was held on December 1, 2016 with over 30 "Partners in Prevention" and community stakeholders in attendance. In preparation for the Stakeholder Forum, County staff identified several key data points to present to participants. Data points were chosen from the Needs Assessment in order to improve overall awareness and understanding among participants regarding the extent of the substance use problem in our local community. The first data points presented highlighted California Healthy Kids Survey (CHKS) data trends regarding underage drinking and marijuana use among youth. The remaining data points showed indicator data such as DUI collisions and Emergency Room visits associated with excessive drinking and heroin use. Information was also provided regarding risk and protective factors and evidence-based strategies targeting community-wide change. The presentation also included a general overview of the SPP process and how stakeholders will be invited to participate throughout different stages in the process.

After orienting stakeholders to the capacity assessment process with the initial presentation, stakeholders were split into groups designed to focus on one of the priority areas identified. Groups were asked to answer specific questions in order to identify existing partnerships and new opportunities for collaboration. Groups were also asked to identify organization resources, cultural competencies, and training needs. Lastly, individuals were asked to complete a simple self-assessment regarding their capacity to implement prevention strategies. The combination of verbal feedback and written feedback collected from stakeholders allowed for an incredible amount of information to be gathered in a short amount of time. Although Capacity Building is necessary throughout the entire five-year Strategic Prevention Plan, this particular Stakeholder Forum allowed for community partners to build capacity around AOD prevention, have a voice in the development of the SPP, and network with each other in order to increase community readiness. In addition, this forum provided County staff with the opportunity to assess organizational strengths, people's individual prevention skills, overall abilities to work collaboratively, and potential gaps in resources.

The input received was compiled and analyzed by County staff in order to assist with completing the "*Community Readiness Descriptions and Improvement Strategies*" as well as the

"*Resource and Readiness Assessment*" for each of the identified priority areas. All of this information was then synthesized in order to complete the *Capacity Assessment Tables* for each priority area as follows:

Priority Area:	Underage Drinking		
		Resource Challenges/Gaps	**Course of Action**
Four Key Elements of Capacity Building	**Engage Stakeholders**	• N/A Stakeholders are engaged with prevention efforts and activities in place	• Continue stakeholder coordination and collaboration across regions • Continue using data to identify overlapping interests, goals and objectives in order to improve prevention efforts
	Strengthen Collaborative Groups	• Lack of cross-sector representation including parent representation and youth representation within existing collaborative groups • Lack of thorough knowledge regarding environmental prevention strategies • Lack of knowledge regarding effective policies to address underage drinking	• Recruitment and inclusion of parents and youth, who are representative of communities served, into existing collaborative groups • Training regarding environmental prevention strategies • Training regarding effective policies to address underage drinking
	Increase Community Awareness	• Lack of *sophisticated* knowledge regarding prevention principles (ie risk/protective factors) among stakeholders • Under-utilized policies including the Social Host Ordinance	• Stakeholder training regarding prevention principles including risk/protective factors and the assessment process • Increase awareness regarding under-utilized policies and how they may be improved and/or better enforced
	Mobilize Communities	• Lack of universal prevention strategies spanning across each County region • Lack of selective and indicated prevention efforts to strengthen families	• Increased focus within collaborative groups to implement universal prevention strategies • Implementation of selective prevention strategies targeting indicated families

Priority Area: Excessive Drinking			
		Resource Challenges/Gaps	**Course of Action**
Four Key Elements of Capacity Building	**Engage Stakeholders**	• Lack of stakeholder knowledge regarding the target population and how to best address the problem • Lack of involvement by crucial stakeholders including business owners and community leaders	• Training regarding general prevention concepts including target populations and examples from other communities • Outreach presentations to community leaders and business owners to communicate prevalence rates and consequences
	Strengthen Collaborative Groups	• Lack of cross-sector representation including business owners and community leaders within existing collaborative groups • Lack of knowledge regarding environmental prevention strategies • Lack of knowledge regarding effective policies to address excessive drinking	• Recruitment and inclusion of business owners and community leaders into existing collaborative groups • Training regarding environmental prevention strategies • Training regarding effective policies to address underage drinking
	Increase Community Awareness	• Lack of thorough understanding regarding the consequences of excessive drinking • Lack of a cohesive plan to reduce excessive drinking	• Implementation of local media campaigns to emphasize the consequences of excessive drinking • Outreach and training regarding effective prevention programs to address excessive drinking
	Mobilize Communities	• Lack of general community readiness to address excessive drinking • Lack of community support for policies to reduce excessive drinking	• Implementation of local media campaigns to emphasize the consequences of excessive drinking • Outreach and training regarding effective policies to address excessive drinking

Priority Area: Marijuana Use			
		Resource Challenges/Gaps	**Course of Action**
Four Key Elements of Capacity Building	**Engage Stakeholders**	• Lack of involvement by crucial stakeholders including parents who are representative of the general population • Lack of stakeholder decision making based on formal data	• Recruitment and inclusion of parents who are representative of communities served as stakeholders • Outreach and training incorporating formal data and the benefits associated with reducing youth marijuana use
	Strengthen Collaborative Groups	• Lack of cross-sector representation including parent representation and youth representation within existing collaborative groups • Lack of knowledge regarding the risks and harms associated with marijuana use among youth	• Recruitment and inclusion of parents and youth, who are representative of communities served, into existing collaborative groups • Outreach and education regarding the risks and harms associated with marijuana use among youth
	Increase Community Awareness	• Lack of thorough understanding regarding the consequences of marijuana use among youth • Lack of community knowledge regarding marijuana policies and prevention strategies	• Implementation of local media campaigns to emphasize the consequences of marijuana use among youth • Outreach and training regarding effective policies and prevention programs to reduce marijuana use among youth
	Mobilize Communities	• Lack of parent support for reducing marijuana use among youth • Lack of formal policies to reduce marijuana use among youth	• Implementation of local media campaigns to emphasize the consequences of marijuana use among youth • Continued outreach to community leaders regarding effective policies to reduce marijuana use among youth

Priority Area: Opioid Misuse			
		Resource Challenges/Gaps	**Course of Action**
Four Key Elements of Capacity Building	**Engage Stakeholders**	• Minimal stakeholder involvement	• Identification and recruitment of key stakeholders
	Strengthen Collaborative Groups	• Lack of regional representation among identified collaborative groups focused on opioid misuse • Lack of thorough knowledge regarding local opioid misuse and consequences	• Recruitment and inclusion of members who are representative of communities served, into existing collaborative groups • Outreach presentations to community leaders, physicians, and pharmacists to communicate prevalence rates and consequences
	Increase Community Awareness	• Lack of general knowledge regarding local opioid misuse and consequences	• Implementation of local media campaigns to emphasize the consequences of opioid misuse
	Mobilize Communities	• Lack of formal leadership to initiate community change • Lack of general knowledge regarding local opioid misuse and consequences	• Outreach and recruitment of community leaders willing to initiate prevention strategies addressing local opioid misuse • Implementation of local media campaigns to emphasize the consequences of opioid misuse

Having completed the *Capacity Assessment Tables* in each of our four identified priority areas, it is evident that while there is significant variation in existing capacity across the four priority areas, there are also similarities that can be addressed through a streamlined Capacity Building Plan.

The first step in our Capacity Building Plan is to continue to engage stakeholders in order to address each of our priority areas utilizing evidence-based prevention strategies. Recruitment of stakeholders will continue in order to ensure that there is robust stakeholder participation, which is representative of the general population, and includes stakeholders specific to each of the priority areas. For example, there will be a focus on recruitment of parents for both the Underage Drinking and Marijuana Use priority areas since parents are crucial stakeholders that have been identified as being under-represented in current prevention efforts. On the contrary, recruitment of professionals, including business owners and physicians, along with community leaders, will be emphasized for the Excessive Drinking and Opioid Misuse priority areas. As a part of the stakeholder engagement process, there will continue to be data-driven

outreach and training by ADP staff in collaboration with prevention providers in order to continue to strengthen and improve the investment and overall involvement of stakeholders.

The second step in our Capacity Building Plan is to continue to strengthen existing collaborative groups and develop new collaborative groups as needed. As we continue to recruit stakeholders as identified above, these stakeholders will be encouraged to participate in community coalitions and task forces in order to ensure cross-sector representation for each priority area in each region of the County. These particular groups will receive more in-depth technical assistance and ongoing training focused specifically on evidence-based environmental prevention strategies and effective policies applicable to reducing underage drinking, excessive drinking, marijuana use among youth, and opioid misuse. Training will be provided regarding environmental prevention specific to each of these areas in order to ensure effective implementation of prevention strategies including media campaigns, policy advocacy, and youth development. These trainings will be facilitated primarily by ADP staff and may include online resources as well as trainers from outside agencies including but not limited to the Center for Applied Research Solutions (CARS).

Our goal is that by strengthening community coalitions, task forces, and other collaborative groups, there will be increased community awareness as a result. As we consider building the capacity of the community as a whole, our strategy is to utilize our existing prevention partners as champions of prevention strategies intended to affect universal change. Our Capacity Building Plan for increased community awareness will incorporate general outreach and education in order to continue to raise awareness regarding local substance use issues along with media campaigns designed to educate the public regarding the consequences associated with each of our priority areas. Identified prevention partners will be demographically and socio-economically representative of the communities whom they are serving. Prevention partners will receive technical assistance from County staff in order to ensure that messaging is based on reliable data sources, evidence-based prevention strategies, and culturally competent messaging.

Lastly, it is our goal that increased community awareness and strong collaborative groups will lead to the mobilization of communities to make changes resulting in the reduction of substance use and abuse as measured by key indicator data. Stakeholders and prevention partners, along with County staff, will take a role in building capacity specific to community mobilization as evidenced by the implementation of effective media campaigns and policy advocacy.

TRAINING PLAN

In order to address the gaps identified and achieve the Capacity Building Plan outlined above, a formalized training and technical assistance calendar was developed as follows:

Trainings	How Often	By Whom
Introduction to Environmental Prevention	1 per year	CPI/Webinar
CalOMS Training	1 per year	ADP Staff

Cultural Competency	2 per year	ADP Staff
Marijuana	I per year	ADP Staff
Excessive Drinking	I per year	ADP Staff
Opioid Misuse	I per year	ADP Staff
Evidenced Based Policy Training	I per year	ADP Staff/CPI

INTEGRATED SUSTAINABILITY

Through the utilization of the framework outlined above, the County will develop county-wide prevention systems that foster sustainability. Furthermore, by building capacity within existing community coalitions and task forces, in order to develop champions and leaders within each of these priority areas, there will be individuals within each priority area who can continue to sustain prevention efforts outside of the SPP. By developing champions of the cause, individuals will be internally motivated to continue creating supportive environments and promoting prevention strategies throughout their communities even outside of the formal SPP. Capacity building within the community itself, through actions designed to increase both community awareness and community mobilization is intended to create overall community awareness and collaboration among a broad range of professionals and community members in order to promote a sense of ownership over the effort that will also promote sustainability beyond the SPP. Capacity building in each of these four elements, with the focus being the development of human resources and community resources in each of the priority areas, will contribute to an infrastructure that could be sustained utilizing available fiscal and organizational resources beyond formal prevention funding. Theses human resources will become part of a master list kept by County staff as identified resources that are both accessible and available through the SPP process including implementation.

INTEGRATED CULTURAL COMPETENCY

All efforts are aimed at providing culturally competent services internally and in the community. As previously mentioned, diverse participants are recruited as staff, contractors, and work group participants. Each of these individuals bring with them unique resources in order to ensure culturally competent prevention services. Because of existing participants who represent the threshold language as well as participants representing the unique communities through Santa Barbara County, there is a readiness to address cultural competency in the form of cultural competent educational programs, outreach programs, media advocacy, and community-based processes which include trainings.

General cultural competency trainings will be facilitated two times a year in order to provide a general foundation of knowledge for contracted providers and any other individuals who may be a part of prevention efforts. Additionally, cultural competency will be incorporated into each of the other trainings listed above to ensure that each of these prevention strategies is implemented with consideration to the demographics of the target population. For example,

specific attention will be given to the development of media advocacy campaigns that target Spanish-speaking parents not only with information available in their primary language, but also with sensitivity toward the type of messaging that may best fit the targeted demographic. Similarly, the development of campaign materials designed to reduce drinking and driving will take into account the cultural background(s) of first generation immigrants. Contracted providers will receive data showing the target populations for specific implementation strategies and will be offered cultural competency trainings and technical assistance in order for specific strategies to reach a variety of communities effectively.

IV. SPF Step 3- Planning Process

DATA-BASED STRATEGIES

The following tables were used in order to prioritize risk and protective factors as part of the planning process:

Priority Area	Risk Factors	Protective Factors	Importance		Changeability	
			Low	High	Low	High
UNDERAGE DRINKING	➤ Youth living in poverty	➤ Community attachment and resources		X	X	
	➤ Easy access to alcohol	➤ Stronger policies limiting access both from retailers and parties		X		X
	➤ Parents allowing parties and acceptance of use in the home	➤ Parents understanding the negative impacts of youth use and restricting access		X		X
	➤ Friends who use	➤ Positive youth development		X	X	
EXCESSIVE DRINKING	➤ Density of alcohol retailers and accessibility of alcohol	➤ Strong policies that limit accessibility		X		X
	➤ Social norms promoting excessive alcohol use	➤ Prosocial activities including volunteering		X		X
MARIJUANA USE	➤ Youth's low perception of harm	➤ Understanding risks and harms associated with marijuana use		X		X
	➤ Easy accessibility/availability	➤ Policies and norms limiting access and availability		X		X
	➤ Community acceptance of marijuana use	➤ Change in social norms		X		X

OPIOID MISUSE	Risk Factor	Protective Factor				
	➢ Availability and accessibility of opioids	➢ Strong policies that limit availability and accessibility			X	X
	➢ Prior use and abuse of other substances	➢ Early detection of misuse ➢ Availability of community resources	X		X	
	➢ Chronic pain conditions	➢ Pain management resources	X		X	

Underage Drinking		
Risk Factor	**Protective Factor**	**Strategies**
Easy Access to Alcohol	Stronger policies limiting access both from retailers and parties	Engagement of community coalitions Development of policies to reduce or prevent alcohol problems. Social Host Ordinance School-based youth education/social programs
Parents allowing parties and acceptance of use in the home	Parents understanding the negative impacts of youth use and restricting access	Parent Education/Parenting Classes. Media to effectively change social norm and perceptions
Excessive Drinking		
Density of alcohol retailers and accessibility of alcohol	Strong policies that limit accessibility	Development of policies to effectively reduce access.
Social norms promoting excessive alcohol use	Prosocial activities including volunteering	Social Norm campaigns to inform youth, adults and older adults about actual norms versus perceived norms.
Marijuana Use		
Youth's low perception of harm	Understanding risks and harms associated with marijuana us	Effective utilize media advocacy and other community education and media strategies to change perceptions.
Easy accessibility/availability	Policies and norms limiting access and availability	Engagement of community coalitions

		Development of policies to reduce or prevent marijuana problems.
Community acceptance of marijuana use	Change in social norms	Develop social norm campaigns to inform youth, adults and older adults about actual norms versus perceived norms.
Opioid Misuse		
Availability and accessibility of opioids	Strong policies that limit availability and accessibility	Engage health community in campaigns that provide education and media materials on opioid misuse. Engage community in developing policies that deter availability of opioids.

The "importance" and "changeability" associated with each of the risk and protective factors were significant contributing criteria when determining which risk factors to prioritize and what strategies may be most successful to enhance protective factors and reduce risk factors. In fact, the risk and protective factors which scored both "high" in "importance" and "high" in "changeability" were the ones selected to address with the strategies outlined in the second table above. Using these tables, along with the needs assessment and existing data, logic models were then developed for each of the identified priority areas.

LOGIC MODEL- UNDERAGE DRINKING

Priority Area: Underage Drinking

Problem Statement: Underage youth are accessing and consuming alcohol too early, too often and too much.

Contributing Factors 1) Alcohol is being provided to youth by adults. 2) Teens have a favorable attitude towards drinking. 3) Parents do not believe that drinking is bad.

Goal: Decrease underage drinking.

Objective *What do we want to accomplish?*	Strategies *What method(s) will we use to help us accomplish the objectives? (Identified in Step 4 of this Planning chapter)*	Short Term Outcomes *What is going to happen as a result of our methods?* Change Knowledge	Intermediate Outcomes *What is going to happen as a result of our methods?* Change Attitude	Long Term Outcomes *What is going to happen as a result of our methods? (Match the objectives as if it already occurred.)* Change Behavior	Indicators *How we will know what happened?*
By June 30, 2022 percent youth response to the question "used alcohol in the past 30 days" will remain below the state average as measured by the California Healthy Kids Survey.

By June 30, 2022 percent youth response to the question "binge drinking five or more drinks in a row" will remain below the state average as measured by the California Healthy Kids Survey. | Build a coalition of parents, individuals, groups, agencies, and other entities with an interest in underage drinking prevention and establish common goals for collective impact (*CSAP Strategy: Community Based Process, Environmental*).

Develop youth leadership to engage youth in campaigns to educate peers, family, and the community about consequences of underage alcohol use and reasons for youth not to use (*CSAP Strategy: Alternatives-Youth/Adult Leadership, Media Strategies, Information* | By 2019, the percent of youth who respond "great" or "moderate" to the question "how much do people risk harming themselves physically and in other ways when they do the following: have 5 or more drinks of an alcoholic beverage once or twice a week" will increase 3% from the baseline as measured by the California Healthy Kids Survey. | By 2021, the percent of 11th grade youth responding "Very Easy" to the question, "How difficult is it for students in your grade to get alcohol if they really want it?" will reduce from 44% in 2014 to 39% in 2020 as measured by the California Healthy Kids Survey Data.

The Healthy Stores for a Healthy | By June 30, 2022 percent youth response to the question "used alcohol in the past 30 days" will remain below the state average as measured by the California Healthy Kids Survey.

By June 30, 2022 percent youth response to the question "binge drinking five or more drinks in a row" will remain below the state average as measured by the California Healthy | California Healthy Kids Survey

Healthy Stores for a Healthy Community Survey

Strengthening Families Program Survey

Media Campaign Recall and Recognition Survey |

				Kids Survey.	
	Dissemination, Environmental). Engage coalitions and youth leadership participants to work with youth, parents, families, neighborhoods, and law enforcement to reduce alcohol accessibility to young people in the community *(CSAP Strategy: Community Based Process, Environmental Alternatives- Youth/Adult Leadership, Media Strategies, Information Dissemination).* Implement outreach and educational services for families to learn about risks of underage drinking and increased protective factors to reduce underage drinking *(CSAP Strategy: Education, Information Dissemination).* Implement alternative activities and social norms campaigns to help change attitudes, norms, and behaviors of youth related to underage drinking that supports youth abstinence *(CSAP Strategies: Alternatives, Environmental-Media Advocacy,*	The Healthy Stores for a Healthy Community Survey will reveal that the percentage of merchants in Santa Barbara County with alcohol ads near candy/toys or below 3 feet will decline from 45.2% in 2016 to 42% in 2018. By 2019 the percent of parent participants who respond "Often" and "Most of the time" to the question, "I explain to my youth about the harms of alcohol and drugs to his/her developing brain, and the negative consequences if he/she uses" will increase 3% from the baseline as measured by the	Community survey will reveal that the percentage of merchants in Santa Barbara County who sell alcopops will decline from 82.5% in 2016 to 78% in 2020. By 2021 the percent of parent participants who respond "Often" and "Most of the time" to the question, "Our family has clear, firm rules about no youth alcohol or drug use and I talk about them with my youth." will increase 3% from the baseline as measured by the Strengthening Families Program Parent Survey. By 2021 the percent of		

	Education, Information Dissemination).	Strengthening Families Program Parent Survey. By 2019 the percent of community members who respond with at least 90% accuracy to the knowledge questions of the media campaign recall and recognition survey will increase 5% from the baseline (Ex. The consequences of underage drinking include: legal consequences, SHO fines, social/academic consequences).	community members who respond to the question "I believe it is important to keep my teen from drinking" will improve 3% over baseline as measured by the media campaign recall and recognition survey.		

LOGIC MODEL- EXCESSIVE DRINKING

Priority Area: Excessive Drinking
Problem Statement: Alcohol availability and accessibility are associated with increased   alcohol consumption.
Contributing Factors : Community tolerance indicates excess alcohol consumption and easy accessibility.
Goal: Decrease excessive drinking.

Objective *What do we want to accomplish?*	Strategies *What method(s) will we use to help us accomplish the objectives? (Identified in Step 4 of this Planning chapter)*	Short Term Outcomes *What is going to happen as a result of our methods?*	Intermediate Outcomes *What is going to happen as a result of our methods?*	Long Term Outcomes *What is going to happen as a result of our methods? (Match the objectives as if it already occurred.)*	Indicators *How we will know what happened?*
By 2022 alcohol related vehicle injury-collisions and fatalities will decrease from 177 in 2015 to 168 as measured by the California Highway Patrol.

By 2022 alcohol-related emergency room visits will decrease from 2,517 in 2014 to 2,442 as measured by the California Office of Statewide Health Planning and Development, Emergency Department Data. | Build a coalition of parents, individuals, groups, agencies, and other entities with an interest in excessive drinking prevention and establish common goals for collective impact *(CSAP Strategy: Community Based Process, Environmental).*

Develop youth leadership to promote environmental strategies including retailer education and retail outlet recognition in order to reduce excessive drinking *(CSAP Strategy: Alternatives-Youth/Adult Leadership, Media Strategies, Environmental)* | By 2019 80% of retailers surveyed will agree that they have a role in excessive drinking as measured by the Retailer survey.

By 2019 the percent of community members who respond with at least 90% accuracy to the knowledge questions of the media campaign recall and recognition survey will increase 5% from the baseline (Ex. The | By 2021, the Healthy Stores for a Healthy Community survey will reveal that the percentage of merchants in Santa Barbara County who sell alcohol with storefront ads will decline from 46% in 2016 to 43% in 2020.

By 2020 the percent of community members who respond to the question "I believe it is important to arrange for transportation if I go out drinking" will improve 5% over | By 2022 alcohol related vehicle collision fatalities will decrease to 168 as measured by the California Highway Patrol in 2020.

By 2022 alcohol-related emergency room visits will decrease by 3% as measured by the California Office of Statewide Health Planning and Development, Emergency Department Data in 2020. | Office of Traffic and Safety

California Office of Statewide Health and Planning and Development, Emergency Department Data

Healthy Stores for a Healthy Community Survey

Retailer survey |

	Utilize environmental strategies to address community needs to reduce excessive alcohol consumption including working closely with law enforcement, retailers, bars, food and beverage establishments to implement both formal and informal policies regarding RBS training *(CSAP Strategy: Community Based Process, Environmental).*	consequences of getting caught drinking and driving include: loss of license, fine, jail).	baseline as measured by the media campaign recall and recognition survey.		Media Campaign Recall and Recognition Survey
	Policy advocacy to address alcohol availability and excessive drinking at access points including retail environments and community events *(CSAP Strategy: Community Based Process, Environmental).*				
	Media Advocacy to increase community concerns about excessive drinking and promote visibility of enforcement *(CSAP Strategy: Community Based Process, Environmental-Media Advocacy).*				

LOGIC MODEL- MARIJUANA USE

Priority Area: Marijuana Use.
Problem Statement: Youth are accessing and consuming marijuana due to low perception of harm and easy availability.
Contributing Factors: Low perception of harm and easy access.
Goal: Decrease marijuana use among youth.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives? (Identified in Step 4 of this Planning chapter)	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods? (Match the objectives as if it already occurred.)	Indicators How we will know what happened?
By June 30, 2022 percent youth response to the question "used marijuana in the past 30 days" will remain below the state average as measured by the California Healthy Kids Survey.	Build a coalition of parents, individuals, groups, agencies, and other entities with an interest in preventing youth marijuana use and establish common goals for collective impact *(CSAP Strategy: Community Based Process, Environmental).* Develop youth leadership to engage youth in campaigns to educate peers, family, and the community about consequences of marijuana use and reasons for youth not to use *(CSAP Strategy: Alternatives- Youth/Adult Leadership, Media Strategies, Information Dissemination,*	By 2019, the percent of youth who respond "great" or "moderate" to the question "how much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week" will increase 3% from the baseline as measured by the California Healthy Kids Survey.	By 2021, the percent of 11th grade youth responding "Very Easy" to the question, "How difficult is it for students in your grade to get marijuana if they really want it?" will reduce from 51% in 2014 to 45% in 2020 as measured by the California Healthy Kids Survey Data. By 2021 the percent of parent participants who respond "Often" and "Most of the time" to the question, "Our family has clear,	By June 30, 2022 percent youth response to the question "used marijuana in the past 30 days" will remain below the state average as measured by the California Healthy Kids Survey.	California Healthy Kids Survey Strengthening Families Program Survey Media Campaign Recall and Recognition Survey

	Environmental).	By 2019 the percent of parent participants who respond "Often" and "Most of the time" to the question, "I explain to my youth about the harms of alcohol and drugs to his/her developing brain, and the negative consequences if he/she uses" will increase 3% from the baseline as measured by the Strengthening Families Program Parent Survey.	firm rules about no youth alcohol or drug use and I talk about them with my youth." will increase 3% from the baseline as measured by the Strengthening Families Program Parent Survey.	
	Engage coalitions and youth leadership participants to work with youth, parents, families, neighborhoods, and law enforcement to reduce marijuana accessibility to young people in the community (*CSAP Strategy: Community Based Process, Environmental Alternatives-Youth/Adult Leadership, Media Strategies, Information Dissemination*).			
	Implement outreach and educational services for families to learn about risks of marijuana use and increased protective factors to reduce marijuana use among youth (*CSAP Strategy: Education, Information Dissemination*).	By 2019 the percent of community members who respond with at least 90% accuracy to the knowledge questions of the media campaign recall and recognition survey will increase 5% from the baseline (Ex. The	By 2021 the percent of community members who respond to the question "I believe it is important to keep my teen from using marijuana" will improve 3% over baseline as measured by the media campaign recall and recognition survey.	
	Implement alternative activities and social norms campaigns to help change attitudes, norms, and behaviors of youth related to marijuana use that supports			

44

	youth abstinence *(CSAP Strategies: Alternatives, Environmental-Media Advocacy, Education, Information Dissemination).*	consequences of youth marijuana use include: legal consequences, social/emotional consequences).*			

LOGIC MODEL- OPIOID MISUSE

Priority Area: Opioid Misuse
Problem Statement: Over-prescribing and accessibility to opioid drugs has increased use and abuse.
Contributing Factors: Accessibility of opioids.
Goal: Decrease opioid misuse.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives? (Identified in Step 4 of this Planning chapter)	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods? (Match the objectives as if it already occurred.)	Indicators How we will know what happened?
Reduce the number of accidental opioid overdose deaths from 51 in 2015 to less than 10 by 2022 as measured by the County of Santa Barbara Coroner's Report.	Build a coalition of parents, individuals, groups, agencies, and other entities with an interest in opioid misuse and establish common goals for collective impact *(CSAP Strategy: Community Based Process, Environmental).* Media Advocacy to increase community awareness regarding safe disposal of prescription medications. *(CSAP Strategy: Community Based Process, Environmental-Media Advocacy).*	By 2019, 80% of community members who respond positively to the question, "Where is your local safe medicine disposal location?" as measured by the media campaign recall and recognition survey. By 2019 the percent of community participants who	By June 2021, a 10% increase of disposing of prescription drugs will be made at the safe medicine disposal county sites from 9,352lbs 2016 to 10,287lbs as measured by the Santa Barbara County Sheriff's Department. By 2021, 80% of community	Reduce the number of accidental opioid overdose deaths from 51 in 2015 to less than 10 by 2022 as measured by the County of Santa Barbara Coroner's Report.	County of Santa Barbara Coroner's Report Santa Barbara County Sheriff's Department safe disposal data Media campaign recall and recognition

	Outreach education to raise awareness regarding signs and symptoms associated with opioid misuse and early intervention resources *(CSAP Strategy: Community Based Process, Information Dissemination).*	respond with at least 90% accuracy to the question regarding warning signs of opioid misuse will increase by 3% as measured by the ADP Opioid Survey.	participants will accurately list three community resources to address opioid misuse as measured by the ADP Opioid Survey.	survey ADP Opioid Survey

COLLABORATION WITH THE PLANNING PROCESS

The planning process has been woven into the Strategic Prevention Planning Process as a whole in order to best engage stakeholders, community members, prevention agencies, and county organizational staff. The Capacity Building Stakeholder Forum laid the groundwork for each of these sectors to be engaged in the assessment and interpretation of needs data as well as the identification of priority areas. It was during this time, that feedback was received regarding existing resources, the activities currently in place, and then value was placed by stakeholders on strategies that may be most effective and meet the "changeability" criteria as indicated above.

In follow-up to that particular Stakeholder Forum, individuals were invited to continue to provide input into the planning process through two formal "Partners in Prevention" meetings and through informal processes including phone calls and emails. These formal and informal processes allowed for stakeholders to stay engaged in the planning process so that they could provide meaningful feedback regarding the selection of specific policies, programs, and strategies that have now been integrated into the logic models illustrated above. The diversity of participants allowed for cultural relevance to be taken into consideration throughout the planning phase.

INTEGRATED SUSTAINABILITY

The engagement of our stakeholders, and particularly our "Partners in Prevention", is in alignment with our sustainability plan. The hope is to continue to build upon "Prevention Champions" throughout the County in order to implement selected strategies and sustain them beyond the completion of the Strategic Prevention Plan. In addition to engaging stakeholders in the planning process, the planning process was also integrated with Santa Barbara County Department of Behavioral Wellness staff. Interdepartmental meetings including ADP prevention staff, treatment staff, and mental health staff allowed for a diverse approach to the planning process. It also allowed for sustainability to be integrated into the process by ensuring the community history was taken into account along with previous Strategic Prevention Planning strategies. Previous strategies were either continued or adapted in order to meet the changing needs of the community. One example of this is the newly defined priority area of opioid misuse due to the needs assessment showing an increase in hospitalizations and accidental overdose fatalities. Previous strategies will be adapted in order to incorporate stakeholder feedback, address changing needs, and implement sustainable prevention strategies.

INTEGRATED CULTURAL COMPETENCE

The inclusion of a variety of stakeholders along with integrated interdepartmental meetings, allowed for cultural competency to be a primary area of focus throughout the planning process. This level of inclusion ensured that not only the community history was taken into account but also community members representing target populations were represented. Furthermore, these stakeholders not only mirror the community demographics but they also provide direct services to the target populations. As a result, we will ensure that each of our selected strategies targets specific populations, with particular care being given to reach bicultural,

bilingual Spanish speaking families, as well as English speaking families, with all media strategies, outreach strategies, and educational strategies. One example of this will include planning and outreach strategies to ensure that the most low-income and high-risk families are invited to participate in educational strategies in their primary language. We will also be taking advantage of system-wide cultural competency trainings, as previously mentioned, in order to ensure that our contracted prevention providers continue to build capacity around cultural competency.

V. SPF Step 4- Implementation

PROGRAMS/INTERVENTIONS

In order to implement a comprehensive Prevention plan, the Alcohol and Drug Program has aligned all priority areas with objectives, goals and specific strategies.

Strategies from Logic Model	Specific Program/Intervention
Environmental Prevention/ Community- based Process	Policy and media advocacy (Evidence-based)
School-based educational/Social Programs	Friday Night Live (Local-Innovative)
Parent/Education/Parenting Class	Strengthening Families (Evidence-based)

The specific interventions/programs that have been selected to implement these strategies are described below.

Coalition building has been selected for the implementation of environmental prevention and community-based process strategies to achieve community change on a larger scale. Coalitions will use evidence-based practices to achieve population-level reductions in substance abuse rates. Coalitions will be uniquely positioned to identify and bring about needed changes in community practices that can reduce the risk factors and consequences of substance abuse. Coalitions will address each of the four priority areas through a combination of environmental prevention strategies including policy advocacy and media advocacy. Policy advocacy may include advocacy around local Social Host Ordinances, the establishment of both formal and informal policies regarding RBS training, ordinances targeting excessive drinking at community events, and ordinances limiting marijuana accessibility. Media advocacy will include the development and implementation of media campaigns to raise awareness regarding the consequences of underage drinking, increase knowledge of the consequences of excessive drinking, highlight enforcement operations in order to reduce DUIs, increase knowledge regarding the risks and harms associated with marijuana use among youth, raise awareness regarding the safe disposal of prescription medications, and provide education regarding the signs and symptoms associated with opioid misuse.

The **Friday Night Live Program (FNL),** a youth/adult leadership program in partnership with the California Friday Night Live Partnership, is an integral part of the Strategic Prevention Plan utilizing a youth development framework to implement environmental prevention strategies, media strategies and information dissemination. The mission of FNL is to build partnerships for positive and healthy youth development that engage youth as leaders who can provide youth leadership resources in their communities. The County is committed to supporting a strong youth development program. Best practices show that youth development is an ongoing process that is most powerful when youth become immersed in projects that get results and through which they can advocate to make a change in their communities. Local youth have been leaders in this community through leading Town Hall Meetings, leadership conferences, school activities and participating in public speaking events that engage the youth to make change occur. Youth will utilize media strategies to implement social norms campaigns targeting both underage drinking and marijuana use among youth. Youth will also partner with

coalitions to raise awareness regarding the safe storage and disposal of prescription medications. FNL youth will also implement retailer education and retail outlet recognition in order to reduce excessive drinking.

Additionally, FNL youth will participate in the **Healthy Stores for a Healthy Community** project to focus on developing healthy stores by implementing best practices in local stores around alcohol, tobacco, and nutrition. This long term collaborative project will identify healthy store policies to develop community retailers that are health-oriented and will eliminate easy access of alcohol and tobacco products to youth while increasing the availability of fresh food and accessibility to condoms. Many of the FNL youth are currently conducting retailer surveys for the project and will continue with providing leadership.

The **Strengthening Families Program** (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family education and skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Through the use of the SFP curriculum, providers will utilize education and information dissemination strategies in order to educate families regarding the risks of underage drinking and marijuana use while also increasing protective factors in order to prevent youth substance use.

Providers have not yet been selected to implement the above programs because the County is going to administer Request for Proposals (RFP) to recruit providers. The County will offer a competitive process to provide a community-wide opportunity to address the specific strategies within local communities. The RFP will be released with detailed program descriptions and outcome objectives for each of the selected strategies. RFPs may be submitted for one or more of the programs and must indicate the region of the County that will be served. The County will implement a rigorous scoring and evaluation process utilizing a panel of stakeholders. The evaluation process will ensure that each strategy/intervention will be implemented in each region of the County by providers who have the skills, experiences, and community relationships in order to effect change and prevent substance use.

IMPLEMENTATION PLAN

Goal 1	Decrease underage drinking.			
Objective 1	By June 30, 2022, percent of youth response to the question "used alcohol in the past 30 days" will remain below the state average as measured by the California Healthy Kids Survey.			
Program/Intervention: Friday Night Live (FNL)				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Implementation of FNL school chapters at 10 schools sites	August – June	Provider	Alternatives	Universal
2. Implementation of FNL Youth Leadership Council	August- June	Provider	Alternatives	Universal
3. Implement	October- June	Provider	Alternatives,	Universal

			Information Dissemination, Environmental Prevention	
school-based and community-based prevention campaigns			Information Dissemination, Environmental Prevention	
4. Attend CNLP annual training	July	Provider/ County	Community-Based Process	Universal
5. Engage youth in YD evaluation	July – Annually	Provider	Community Based	Universal

Program/Intervention: Strengthening Families Program (SFP)

Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Participate in County-sponsored training	August – October	County/Provider	Community-based Process	Universal
2. Recruitment of parents to participate	August- June	Provider	Information Dissemination	Universal
3. Implement 10-14 week SFP sessions 3 times/year	October- June	Provider	Education	Universal
4. Evaluation report	July	Provider/ County	Community-Based Process	Universal

Goal 1	Reduce underage drinking.
Objective 2	By June 30, 2022 percent youth response to the question "Binge drinking five or more drinks in a row" will remain below the state average as measured by the California Healthy Kids Survey.

Program/Intervention: Coalition Building

Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Collaborate with community members, youth and stakeholders	July-June	County/Provider	Community-Based Process	Universal
2. Develop goals based on environmental strategies	October-November	County/Provider	Community-Based Process	Universal
3. Policy advocacy	October-June	County/Provider	Environmental	Universal
4. Media advocacy	October – June	County/Provider	Environmental	Universal

Goal 2	Decrease excessive drinking.
Objective 1	By 2022, alcohol related vehicle injury-collisions and fatalities will decrease from 177 in 2015 to 168 as measured by the California Highway Patrol.

Program/Intervention: Friday Night Live (FNL)

Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Collaborate with	July – June	Provider	Community-	Universal

			Based Process, Environmental	
2. Policy Advocacy	July – June	County/Provider	Community Based and Environmental Prevention	Universal
3. Media Advocacy	July – June	County/Provider	Community Based and Environmental Prevention	Universal

Goal 2	Decrease excessive drinking.			
Objective 2	By 2022, alcohol related emergency room visits will decrease from 2,517 in 2014 to 2,442 as measured by the California Office of Statewide Health Planning and Development, Emergency Department data.			
Program/Intervention: Coalition Development				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Collaborate with community members, youth and stakeholders	July-June	County/Provider	Community-Based Process	Universal
2. Develop goals based on environmental strategies	October-November	County/Provider	Community-Based Process	Universal
3. Policy advocacy	October-June	County/Provider	Environmental	Universal
4. Media advocacy	October – June	County/Provider	Environmental	Universal

Goal 3	Decrease marijuana use among youth.			
Objective 1	By June 3, 2022 percent youth response to the question "used marijuana in the past 30 days" will remain below the state average as measured by the California Healthy Kids Survey.			
Program/Intervention: Coalition Building				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Collaborate with community members, youth and stakeholders	July-June	County/Provider	Community-Based Process	Universal
2. Develop goals based on environmental strategies	October-November	County/Provider	Community-Based Process	Universal
3. Policy advocacy	October-June	County/Provider	Environmental	Universal
4. Media	October – June	County/Provider	Environmental	Universal

advocacy			I	

Program/Intervention: Friday Night Live (FNL)

Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Implementation of FNL school chapters at 10 schools sites	August – June	Provider	Alternatives	Universal
2. Implementation of FNL Youth Leadership Council	August- June	Provider	Alternatives	Universal
3. Implement school-based and community-based prevention campaigns	October- June	Provider	Alternatives, Information Dissemination, Environmental Prevention	Universal
4. Attend CNLP annual training	July	Provider/ County	Community-Based Process	Universal
5. Engage youth in YD evaluation	July – Annually	Provider	Community Based	Universal

Program/Intervention: Strengthening Families Program (SFP)

Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Participate in County-sponsored training	August – October	County/Provider	Community-based Process	Universal
2. Recruitment of parents to participate	August- June	Provider	Information Dissemination	Universal
3. Implement 10-14 week SFP sessions 3 times/year	October- June	Provider	Education	Universal
4. Evaluation report	July	Provider/ County	Community-Based Process	Universal

Goal 4	Decrease opioid misuse.
Objective I	Reduce the number of accidental opioid overdose deaths from 51 in 2015 to less than 10 by 2022 as measured by the County of Santa Barbara Coroner's Report.

Program/Intervention: Coalition Building

Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. Collaborate with community members, youth and stakeholders	July – June	County/Provider	Community Based and Environmental	Universal
2. Develop goals based on environmental	October- November	County/Provider	Community-Based Process	Universal

strategies				
3. Media Advocacy	July – June	County/Provider	Community-Based, Environmental-Media Advocacy	Universal
4. Outreach education	July-June	County/Provider	Community-Based Process, Information Dissemination	Universal

It was with careful consideration that the implementation plan was developed in order to utilize strategies with specific interventions that target the communities identified through the needs assessment. Coalition building will incorporate community-based process and environmental prevention strategies designed to target specific populations including retailers, the general public (with media messaging specifically targeting our Latino population), parents, youth, and the elderly. Friday Night Live Programs will recruit "non-traditional" leaders in order to ensure that a variety of youth are represented regionally throughout the County. Lastly, the Strengthening Families Program will be culturally adapted as needed being provided both in English and in Spanish. Providers are also encouraged to adapt the program in order to target specific cultural group cohorts to meet local community needs. The combination of interventions allows for a variety of strategies to be used in order to impact community-wide change specifically addressing the identified needs. The programs that are being implemented within each of the priority areas and identified strategies are primarily evidence-based programs/interventions that have been recognized nationally as being effective in the prevention of substance use.

INTEGRATED SUSTAINABILITY

Stakeholders, including our Partners in Prevention, have continued to be included in the development of the SPP. The most recent involvement of the Stakeholders was at the quarterly Partners in Prevention meeting, which allowed for stakeholders to review the proposed implementation plan and provide feedback regarding the Request for Proposals process, which will be implemented this spring. By continuing to involve stakeholders in the process, the County seeks to continue to build upon existing partnerships to increase sustainability throughout the SPP.

A pilot program is being implemented for the Strengthening Families Program (SFP) and will allow for data collection to begin in order to begin assessing the effectiveness of the program locally. Simultaneously, Friday Night Live Programs (FNL) will continue with their annual evaluation process in order to measure youth development and show increased protective factors. Additional data will continue to be archived in order to be used throughout the SPP and evaluation processes.

INTEGRATED CULTURAL COMPETENCE

Coalitions and the Friday Night Live Program (FNL) will both be required to actively recruit members who reflect the diversity of the communities being served. Currently, FNL programs successfully reflect the communities being served as evidenced by the significant number of Latino youth participants. It is expected that this will continue and culturally competent recruitment strategies for both of these interventions will be carefully considered as part of the RFP process. As previously highlighted, contracted providers will be encouraged to implement and adapt the Strengthening Families Program (SFP) for specific cultural groups. Providers showing both experience with cultural competency and who are strongly linked to local communities, will be those who are most strongly considered during the RFP process, because these criteria will be closely evaluated and scored accordingly.

Once providers are selected for implementation, there will be a close feedback loop for communicating efforts and successes. The County will serve as the hub of communication, with contracted provider's receiving/providing information through a variety of means. Efforts and successes will continue to be shared in regular Partner in Prevention meetings, Provider meetings, coalition meetings and FNL meetings. Additionally, ongoing trainings and opportunities for technical assistance will allow for the formal exchange of information, specifically regarding media advocacy materials and policy advocacy challenges and successes. Regular communication will be ongoing via both formal and informal emails and phone calls. All of this will allow for successful cultural adaptations to be communicated and implemented county-wide throughout the course of the SPP.

VI. SPF Step 5- Evaluation

EVALUATION PLAN OVERVIEW

As part of a competitive procurement process for this SPF timeframe, a multi-year prevention system evaluation has been developed to review community conditions regarding alcohol and drug prevention efforts and to measure the impact of prevention services. In each priority area there is an evaluation plan designed to measure the impact of each activity and progress made toward the long-term objective. Overall progress toward achieving priority area outcomes will be reviewed annually, and at the end of the five year plan period.

In order to measure progress, the County will conduct a comprehensive evaluation of its prevention program services for 2017-2022 including both process and outcome evaluations. Each priority area will be evaluated using data to justify all evaluation conclusions. Key indicators from the Needs Assessment were used to establish priority area objectives and long-term outcomes. These indicator data include the following: youth alcohol use in the past 30 days, youth binge drinking five or more drinks in a row, alcohol related vehicle injury collisions and fatalities, alcohol-related emergency room visits, youth marijuana use in the past 30 days, and accidental opioid overdose deaths. Logic models for each priority area outline a focused plan in order to monitor progress toward end goals. Short-term and intermediate outcomes will assist with determining that all program strategies are working together to effect changes in long-term goals and objectives.

METHODOLOGY

The overall goal is to develop an evaluation plan that will tell the story of the prevention programs progress using the strategies, goals and objectives as a pallet. The evaluation methodology will accomplish this using both process and outcome evaluation. Prevention activities will be contracted out to providers. All contracted providers will be required to report process measures on a quarterly basis to County staff. These process measures will include the numbers of coalition members, numbers of meetings held, numbers of youth engaged in leadership, numbers of youth leadership meetings held, numbers of people reached through media campaigns, numbers regarding outreach and information dissemination, and numbers of people who participate in the Strengthening Families Program. Process measures will be used to determine whether interventions were implemented as planned and at what dosage. Additionally, contracted providers will participate in data collection in order to measure short-term and intermediate outcomes as outlined in each of the logic models. The combination of process and outcome data will provide a foundation our overall evaluation methodology.

A variety of data collection procedures will be used and will include tables to capture process measures, standardized data collection tools, and unique surveys that will be developed by our contracted Evaluator specifically to measure our SPP outcomes. Tables for reporting process measures will be in included in each provider contract and data completion will be required on a quarterly basis. The standardized tools that will be used will include the following: California Healthy Kids Survey, Health Stores for a Healthy Community Survey, and the Strengthening

Families Program Survey. The first two surveys are administered community-wide in alignment with external timelines and data will be reviewed and included in the evaluation as it is available. The Strengthening Families Program Survey will be administered by contracted providers during each Strengthening Families Program session and survey results will be submitted to County staff at the conclusion of each session for analyzation. Three unique surveys will be developed as follows: Media campaign recall and recognition survey, Retailer survey, ADP Opioid survey. Each of these surveys will include questions designed to measure changes in knowledge, attitudes, and skills in order to see whether the interventions being implemented are impacting short-term and intermediate outcomes. These surveys will be conducted by contracted providers annually and survey results will be analyzed by our contracted Evaluator on an annual basis.

Process evaluation will be a source to measure how the programs are implemented and how well the program is working. Process measures will be reviewed by County staff on a quarterly basis. The effectiveness and the extent to which the program is being implemented as designed will be reviewed and feedback will be given to providers. Tracking the who, what, and when will determine whether the programs are accessible and reaching the target population. Process measures will be augmented with consistent conversation with the providers, a focused work plan, regular monitoring visits, CalOMS data analysis, and quarterly provider meetings. County staff will review process measures on a quarterly basis and ongoing as needed in order to determine modifications that may be needed in strategies and or programming.

The development of unique surveys will ensure a strong overall outcome evaluation design that measures community and individual change through attitudes, behaviors and knowledge. Outcome evaluation will focus on the specific data highlighted in the Needs Assessment that are directed to evaluate the target priority areas, including the goals and objectives. Analysis of the SPF outcome data will be conducted annually throughout the term of this plan and will be examined for the various changes that can occur. Providers program reporting and evaluation plan progress will be evaluated on the short, intermediate and long term outcomes using both the outcome and process data collected.

The evaluation team will work at refining all needed strategies, Logic Models and measurement tools as needed in response to process and outcome data. Evaluation meetings will include data analysis and discussion addressing both successes as well as concerns, barriers and challenges. Enhancements will be based on outcome findings and discussions and will be made throughout the project.

ROLES AND RESPONSIBILITIES

The evaluation team will include a contracted Evaluator and County staff including an Epidemiologist and ADP Prevention staff. The Epidemiologist will be collecting process data quarterly. County ADP Prevention staff will collect additional process data through CalOMS reporting and monitoring visits and indicated above. The contracted Evaluator will collect survey data throughout the year and will provide a complete data analysis annually. The evaluation team will generate a full outcome analysis on an annual basis which will be used to identify and justify successes and challenges in the short-term, intermediate, and long-term

outcomes. The Evaluator will use the full outcome analysis to generate a detailed annual report throughout the SPF term. The Epidemiologist will collect additional County indicator data including law enforcement data, the Coroner's report, Emergency Department Data, and Office of Traffic and Safety data. This data will be used in the final evaluation to measure success with the long-term goals established.

SUSTAINABILITY

Sustainability will be effectively demonstrated utilizing this evaluation methodology and dissemination plan. A SPF that demonstrates effective programs and interventions can validate sustainability throughout the project and will show which program and interventions need to be sustained at the end of the project. All prevention efforts will address priority areas and adapt programs to the emerging community needs. Projects, work plans and staff will be responsive to these emerging issues.

REPORTING EVALUATION RESULTS (DISSEMINATION PLAN)

The primary purpose of disseminating the evaluation results are to enhance prevention efforts and to provide all lessons learned both to contracted providers and community stakeholders. Evaluation is a collective effort, and the intention is to share meaningful information to providers and stakeholders so that prevention plans can be enhanced throughout the SPF. For this to occur, the evaluation team will meet to discuss the data analysis, modify strategies based on data, and develop means of sharing the information with providers and stakeholders. County staff will present evaluation findings to providers formally on an annual basis and informally as needed. Feedback from providers will be incorporated into the annual reports. Additionally, community stakeholders will also receive evaluation data. Dissemination of this information will occur using media (social and print), presentations, and to the public through several avenues including: fact sheets, social norms campaigns, Town Hall meetings, and press releases. Dissemination of evaluation data will be consistent and on-going. As this process evolves, assurance of quality prevention strategies will be strengthened by focused outcomes and disseminating information regarding successful outcomes.

Evaluation data will also be reported into CalOMS Pv per DHCS requirements. Contracted providers will enter data into CalOMS on a monthly basis and will complete quarterly reports which will be integrated as mentioned above into the annual report. Data analysis from both process measures and outcome data will be used in order to report progress on goals in CalOMS Pv. Analysis by our contracted Evaluator will indicate progress being made to address hort-term, intermediate, and long-term outcomes.

Additionally, there will be discussion on seeking feedback on new and innovative prevention strategies that will be inclusive to evidence-based programs. These meetings will be an opportunity to adjust the focus of the programs, the strengths of the strategies and make amendments as directed.

INTEGRATED SUSTAINABILITY

Data will be collected and analyzed as indicated above. An internal review of processes and outcomes will be done by the evaluation team to determine the effectiveness of prevention strategies as they are being implemented. The evaluation team will develop recommendation to improve the quality of the prevention efforts and will meet with contracted providers both formally and informally in order to collaborate with providers regarding potential program enhancements or adjustments to intervention strategies. Evaluation reports will include process data, narrative reports, survey data and qualitative data collected through conversations with providers and monitoring visits in order to put together an evaluation report on an annual basis. Annual reports will be used to show effective intervention strategies. It is our hope that evaluation data will highlight the success of environmental and community-based prevention strategies in order to show the importance of the long term sustainability these efforts. These evaluation and dissemination processes will actively engage the community who provide identification of problems and appropriate policy solutions throughout the SFP. Ongoing provider and stakeholder involvement in the evaluation of evidence-based strategies allows for communities to be more apt to accept these strategies and ultimately sustain them beyond the SFP.

<u>INTEGRATED CULTURAL COMPETENCE</u>

The Evaluation plan and outcomes will require demonstrating Cultural Competence within the delivering of prevention services. Providers are asked to embrace the need to include cultural competence within their agencies, outreach to those who are underserved and provide training to staff to ensure outcomes that are inclusive to the community's needs. Additionally, process measures will capture demographic data for coalition members and for youth engaged in leadership programs. Media campaigns will be required to utilize media outlets shown to reach specific target populations (ie Spanish-speaking radio stations). This data will also be collected in process measures required from providers on a quarterly basis. Additionally, Strengthening Families Program surveys will be administered both in English and in Spanish and providers will be encouraged to conduct outreach to specific "underserved" populations. Providers will identify populations who have been found to have health disparities using the *Santa Barbara County Public Health Department Community Health Status Report*. By reaching these specific populations, the Strengthening Families survey will be used to show outcomes among those with health disparities.

The County has a formal contractual and informal operational relationship with providers. Through these relationships and on-going discussions about emerging community needs and issues, strategies are developed to improve effective culturally responsive prevention strategies and programs. The providers are included as stakeholders who bring in partners to address the effectiveness of projects that are specific to the unique cultures within their community. Providers will report in provider meetings and program narratives regarding the diversity of the population(s) that they are serving and the culturally relevant strategies that they are incorporating. These will be highlighted in annual reports and information specifically addressing culture competency will be disseminated to stakeholders as described above. Additionally, this information will also be included in the CalOMS Pv report as required by DHCS.