Substance Use Disorder Services Strategic Prevention Plan

2018-2023

Alcohol and Other Drugs Services

CONTRA COSTA BEHAVIORAL HEALTH

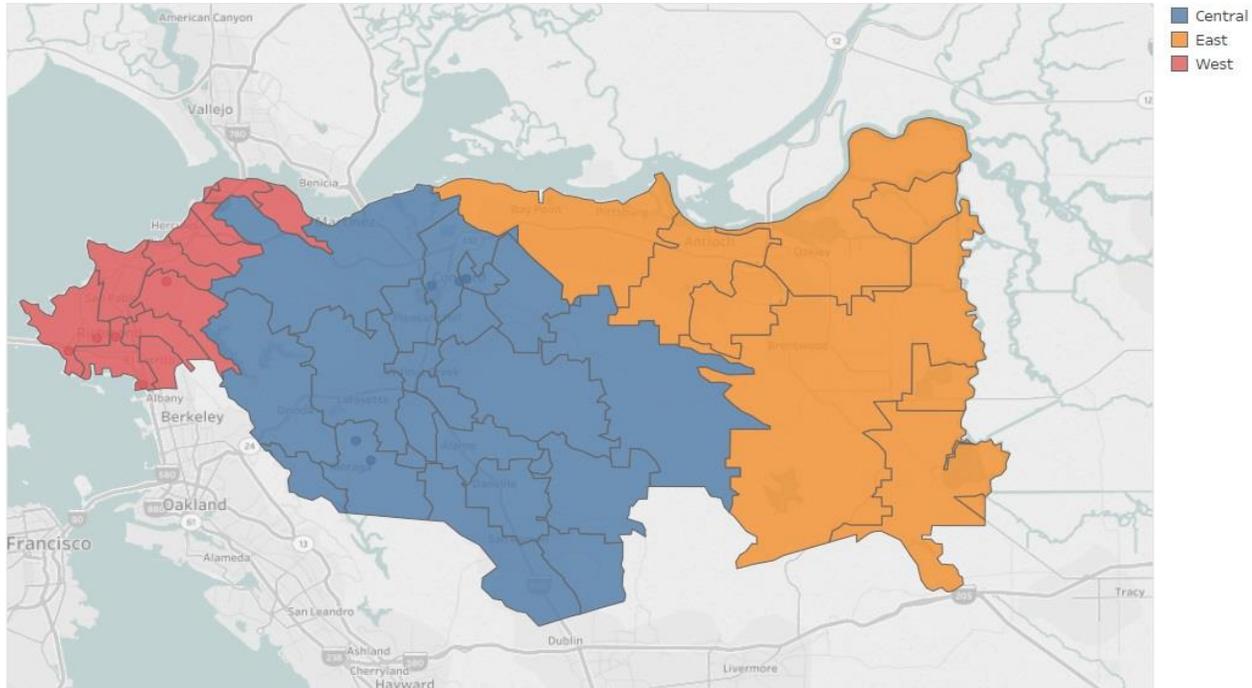A Division of Contra Costa Health Services

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Introduction

Contra Costa County Profile

Contra Costa County Map with Regions Highlighted
Exhibit 1

Established in 1850, Contra Costa County is one of nine counties in the San Francisco Bay Area. The County spans an area of approximately 806 square miles, extending from the northeastern shore of the San Francisco Bay eastward to the western edge of California's Central Valley. Comprised of 19 incorporated cities encompassed within three distinct regions (Exhibit 1) and many established communities in the unincorporated area, it is the ninth most populous county in the state. Richmond, Concord and Antioch are the three largest cities in the county. The largest school districts include San Ramon Valley Unified, West Contra Costa Unified and Mount Diablo Unified School Districts with over 30,000 K-12 students each. In East County, Brentwood is among the fastest growing cities in the state. West County is near San Francisco and San Pablo Bays and includes a growing mixture of races and income levels. Central County is a large valley wherein the high quality of the public schools has drawn families who can afford the higher housing prices. East County is a mixture of suburban housing tracts and bedroom communities, along with some gated communities in Brentwood and Discovery Bay that are growing in affluence.[1]

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[1] West County is comprised by: Pinole, Hercules, Richmond, San Pablo, and El Cerrito and unincorporated communities of El Sobrante, Kensington, Crockett, Port Costa, Rodeo and Point Richmond. Central County is: Martinez, Pleasant Hill, Concord, Walnut Creek, Danville, San Ramon, Lafayette, Orinda, and Moraga and unincorporated communities of Alamo, Clayton, Diablo, and Pacheco. East County: Pittsburg, Antioch, Brentwood and Oakley and unincorporated communities of Bethel Island, Bay Point, Byron, Discovery Bay and Knightsen.

Communities in the western and northern part of the County are highly industrialized, while the inland areas contain a variety of urban, suburban/residential, commercial, light industrial and agricultural uses. While Contra Costa is considered a large county, its physical geography is dominated by rural plains, an inland valley, and Mt. Diablo state park. This has made it difficult to centralize prevention efforts and services, especially as communities are physically isolated from one another.

With a growing population of 1,107,925, the County is becoming increasingly diverse. 64.8% of residents are White, 25.1% Hispanic or Latino, 18.8% Asian, 22.7% Black, 1.8% American Indian/Alaska Native, 1.2% Pacific Islander, and 6.4% Multiracial or from two or more races. Although almost ¼ of county residents are foreign born, the percentage is still smaller than the state rate; similarly those speaking a language other than English in the home is over 1/3 while the state rate is higher at 43.2%. The median household income is $82,881 and poverty rate is 10.2%, lower than the state. Nevertheless, there is a higher concentration of poverty among communities of color in West and East County. Such disparities have been found to be associated with alcohol use and related problems. Moreover, these communities have historically had a higher density of liquor stores as well as greater number of those near schools and parks, perpetuating health inequities.

As a booming technology sector in the Bay Area has spurred job and population growth, an increasingly competitive housing market has prompted many residents to branch out into more affordable regions, including areas of Contra Costa. With a rapidly growing population, the median rental price in the County has risen 25% since 2000 and is expected to grow. Consequently, County residents are experiencing not only added financial burden but also displacement as many low-income community members are pushed outwards, contributing to rapid growth in East County cities. Community shifts as well as socioeconomic and environmental conditions are major influences on health and substance use. At the same time, alcohol and drug prevention has become less of a priority for many communities experiencing gentrification and growing disparities.

Contra Costa County Substance Use Disorder Prevention Services

Contra Costa County Substance Use Disorder (SUD) Prevention Services operates under Alcohol and Other Drug Services (AODS) within the Behavioral Health Division of Contra Costa Health Services. AODS is committed to promoting the health and well-being of those at higher risk for as well as those who suffer from alcohol and other drug (AOD) problems. Dedicated to adopting comprehensive strategies aimed at helping families, individuals and communities in the County prevent and reduce AOD problems; AODS emphasizes community-based prevention activities as part of its comprehensive system of care.

Vision

The vision of Contra Costa County Substance Use Disorder (SUD) Prevention Services is to build and support a safe and healthy environment by reducing alcohol and other drug use and abuse.

Mission

The mission of Contra Costa County SUD Prevention Services is to engage diverse communities in partnership to reduce the use and abuse of alcohol and other drugs through culturally competent, evidence-based prevention activities.

Guiding Prevention Principles

Strengthen Community Skills, Knowledge, and Resources
- Assess community readiness prior to program implementation.
- Work with the community.
- Create capacity-building opportunities for the community.
- Promote shared leadership and decision-making.
- Use a community organizing approach to challenge social norms regarding AOD.
- Foster opportunities for joint planning, implementation, problem solving and evaluation of program outcomes.
- Ensure that the populations most affected by the problems are represented and involved.
- Acknowledge differential powers status between groups and populations.
- Value everyone's capabilities, skills, and experiences.
- Promote equal and equitable access to resources and opportunities.
- Promote an open and inclusive communication.
- Implement policies and practices that encourage conflict resolution and problem solving.

Value Diversity and Respect Differences
- Reach populations in multiple settings e.g. homes, schools, faith-based organizations, housing complexes, youth organizations, neighborhoods businesses, criminal justice and other institutions.
- Use multiple prevention strategies, e.g., environmental, alternatives, community based, education, information dissemination and problem identification and referral in order to best represent the community's needs.
- Promote strategic alliances and collaborative efforts between different community stakeholders.
- Develop and nurture partnerships that are willing to share risks, resources, responsibilities, and rewards.

Promote Effective and Comprehensive Prevention Services Countywide
- Conduct community needs assessment to determine relevant risk and protective factors.
- Plan, implement, and deliver evidence-based strategies, programs, and practices.
- Address all forms of alcohol and drug abuse, alone or in combination, including underage drinking, use of illegal drugs, and inappropriate use of legally obtained substances, including prescription and over-the-counter drugs.
- Evaluate and report program implementation outcomes.

Drive Public Policy Efforts Designed to Reduce the Use and Abuse of Alcohol

Assessment

Methodology and Data Sources

A comprehensive needs assessment was conducted using county, state and national data related to substance use. Data were compared to state trends and over time as well as triangulated from multiple data sources due to the specificity and limitations of each data source, discussed below. This enabled the county to get a comprehensive picture of how substance use and related issues emerge across various contexts across the entire county. To better understand disparities and tailor prevention efforts to the diverse communities within the County, data was further analyzed by region and demographic factors. Major findings were summarized and shared with the community at four forums across the County and a final Prioritization Forum. Qualitative data was also collected from community feedback at the forums and three additional focus groups to drive the planning process from a community-based perspective.

Data Sources:

- California Healthy Kids Survey (CHKS), 2009-2016
- National Survey of Drug Use and Health (NSDUH), 2010-2014
- California Opioid Overdose Surveillance Dashboard (PDOP), 2011-2015
- California Office of Statewide Health Planning and Development, Emergency Department and Inpatient Discharge Data, 2010-2014
- State of California Department of Justice, Office of the Attorney General, CJSC Statistics: Arrests, 2008-2014
- Contra Costa County treatment admissions data (CalOMS), 2010-2017
- CDPH Vital Statistics Death Statistical Master and Multiple Cause of Death files, 2010-2014
- Alcohol outlet density (on and off site), 2013-2017
- Marijuana outlet density (storefront and delivery), 2017
- California Department of Education Data Reporting Office. Suspension and Expulsion Reports, 2011-2017

Regional Forums and Focus Groups

Four Regional Community Forums and three focus groups were held to assess the needs and resources of the county as well as inform the community as they engaged in updating the goals and objectives for the Strategic Plan (coordinating SPF Step 1 and SPF Step 2). Data accumulated during the needs assessment was presented at each of the Forums held at East County, Central County, San Ramon Valley and Lamorinda sites. After presentations on countywide prevention efforts and a summary of findings from the data, Forum participants discussed their priorities for Substance Use Disorder (SUD) Prevention Planning in break-out groups facilitated by county staff and providers. Discussions were recorded by a designated note taker and summarized for the entire forum. They were guided by three main questions:
1. Which of the 2013-2018 main goals are still important for prevention work?
2. What are the main trends, issues or problems your group discussed that deserve the community's prevention focus? What about county-wide issues?

3. What prevention programs or strategies would your group recommend for the next 5 years

Due to challenges with attendance at the West County Forum, three separate focus groups were conducted to solicit input from a variety of community members in West County. Two youth focus groups were conducted at different high schools in Richmond and facilitated by youth representatives. Another adult focus group was conducted with a selected sample of key stakeholders representing different sectors, including law enforcement officials, educators, and parents.

65 participants completed evaluations at the Regional forums and focus groups. Demographic data was captured to ensure representation from a variety of voices from different communities. Forum presentations and materials were also translated for Spanish-speaking participants as needed. Feedback and recommendations from each forum was summarized and analyzed for major themes which were presented at a final Prioritization Forum. A variety of community leaders participated in the Forums and focus groups, including: Board of Supervisors staff, the National Coalition Against Prescription Drug Abuse, Lafayette Chief of Police, Youth Advisory Council, and local newspapers such as the East Bay Times. Discussions further helped identify other key stakeholders and leaders to engage over the next five years.

Provider Survey

To better assess SUD Prevention Services resources and inform capacity building efforts, an online survey was administered to prevention contractors through survey monkey. The survey asked respondents to rate the availability and adequacy of various community, fiscal, human and organizational resources to carry out prevention work related to the identified priority areas. Five additional open-ended questions asked respondents to identify barriers in working with their communities, training needs, where to strengthen relationships or partnerships, assets, and ways Alcohol and Other Drug Services (AODS) can support their work.

Limitations

Attendance at Forums varied and was difficult to ensure due to the Forums being hosted early in the school year before providers established relationships with students, parents and school staff. One forum had to be rescheduled the day of the event due to air quality issues while another had minimal attendance and thus, data for that region was collected in the form of three separate focus groups.

In addition, CHKS data does not include all of the County's schools as it is not a requirement, unless they receive Tobacco Use Prevention Education (TUPE) funding. Thus, results from the CHKS may disproportionately represent schools with more resources and motivation to participate in the survey. Due to differences in school size and grade ranges, it is difficult to make accurate comparisons between schools using CHKS data. Alternative school sites were furthermore excluded from analysis due to extremely high substance use rates and the placement of these students in Non-Traditional schools that currently do not receive Substance Use Disorder (SUD) Prevention Services. This population is considered a better target for intervention rather than primary prevention efforts by Alcohol and Other Drug Services (AODS). Nevertheless, excluding alternative school site students does not provide a full picture of substance use prevalence and use rates by youth throughout the County. Finally, the process in how CHKS has been implemented has changed in recent years. Compared to several years ago, the County no longer provides facilitators to explain the survey process to students at school sites, increasing the risk of response bias.

Key Findings

Countywide Substance Use Prevalence

- Alcohol is the drug of choice among youth, followed by marijuana and prescription drugs.
- 45% of 11th graders and 23% of 9th graders reported using alcohol at least once in their lives.
- 34% of 11th graders and 16% of 9th graders have tried marijuana.
- About 1/3rd of 11th graders report using alcohol or other drugs in the past 30 days, including alcohol (25%) and marijuana (18%). 14% of these students report recent binge drinking and 17% indicated being very drunk or high seven or more times in their life.
- Rates of alcohol and marijuana use double from 9th to 11th grade.

Table 1: Lifetime AOD Use			
	Grade 7	Grade 9	Grade 11
Alcohol	7%	23%	45%
Marijuana	3%	16%	34%
Prescription Meds	NA	12%	15%
Inhalants	3%	4%	4%
Other	2%	6%	6%
Very Drunk or High 7+ times	1%	6%	17%
Drunk or High on School Property	1%	7%	14%

Table 2: Current AOD Use			
	Grade 7	Grade 9	Grade 11
Alcohol	4%	12%	25%
Marijuana	1%	9%	18%
Prescription Meds	NA	2%	3%
Inhalants	1%	1%	1%
Other	1%	2%	2%
Binge Drinking	1%	5%	14%
AOD Use on School Property	2%	5%	6%

NA indicates not asked

- Of Contra Costa County students who reported alcohol or marijuana use, over 60% said they first tried it between age 13-15.

Figure 1: How old were you the first time you tried... (Acalanes Union High and San Ramon Valley Unified only)
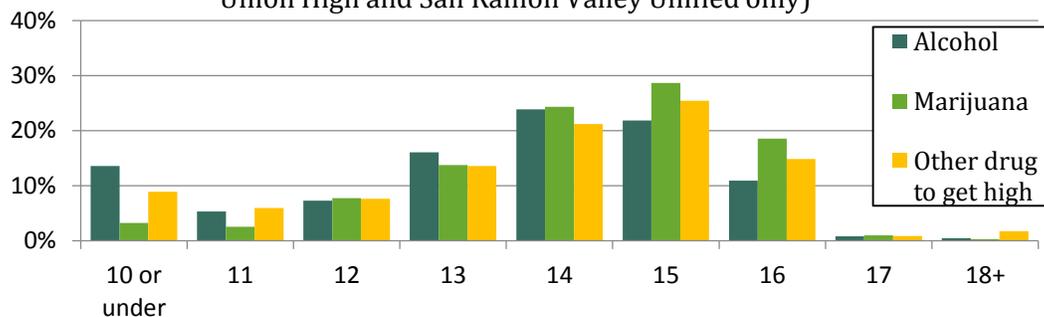
Countywide Perceptions of Harm and Access

- While rates of substance use are generally lower among Contra Costa County students compared to the state, perceptions of harm and accessibility resemble the state. In some cases, Contra Costa students feel these drugs are less harmful, and 11th graders report alcohol is slightly easier to access.
- Over ¼ of 7th graders feel that regular alcohol or marijuana use is only slightly harmful or not harmful at all.
- Since 2009, the percentage of 11th graders who reported slight or no harm in regular marijuana use increased from 36% to 40%.
- Students believe their peers most commonly get alcohol from parties or events outside of school (47%), friends or another teen (39%), and home (33%).
- Perceptions of access were significantly linked to substance use, such that students who believed alcohol or marijuana was easy to get were more likely to use these drugs.

Table 3: Youth Reporting Slight or No Harm		Grade 7		Grade 9		Grade 11	
		2009-11	2015-16	2009-11	2015-16	2009-11	2015-16
Alcohol	Occasionally	53%	48%	53%	45%	52%	49%
	5+ drinks once or twice/week	31%	26%	24%	19%	21%	18%
Marijuana	Occasionally	33%	31%	40%	37%	50%	53%
	Once or twice/week	30%	27%	31%	29%	36%	40%

Table 4: Youth Reporting Substances Fairly or Very Easy to Get	Grade 7		Grade 9		Grade 11	
	2009-11	2015-16	2009-11	2015-16	2009-11	2015-16
Obtaining Alcohol	36%	26%	62%	54%	75%	70%
Obtaining Marijuana	23%	16%	57%	49%	75%	69%

*Red indicates higher than statewide percentages
*Yellow indicates increase

Other Countywide Factors

- Substance use was significantly linked with feeling sad or hopeless as well as suicidal thoughts. About half of students who reported using substances multiple times over the past month also reported feeling sad or hopeless almost every day over the past year.

Table 5: Past 30 day AOD use and student mental health (7th, 9th & 11th grades)		Sad or hopeless almost every day?		Considered attempting suicide?	
		Yes	No	Yes	No
Alcohol	**Never**	23.6%	76.4%	13.1%	86.9%
	Once	37.7%	62.3%	21.5%	78.5%
	2+ times	41.9%	58.1%	24.6%	75.4%
Binge Drinking	**Never**	24.8%	75.2%	13.9%	86.1%
	Once	36.6%	63.4%	22.3%	77.7%
	2+ times	42.8%	57.2%	26.7%	73.3%
Marijuana	**Never**	24.3%	75.7%	13.3%	86.7%
	Once	39.2%	60.8%	24.8%	75.2%
	2+ times	41.3%	58.7%	26.1%	73.9%
Prescription Meds	**Never**	27.7%	72.3%	14.2%	85.8%
	Once	49.7%	50.3%	34.2%	65.8%
	2+ times	53.5%	46.5%	43.4%	56.6%

- Students who reported bullying, including physical and verbal harassment, in the last year were significantly more likely to report substance use. 16.8% of students who reported at least one form of bullying and 19% of those who reported at least two forms used alcohol in the past 30 days compared to 9.3% who did not.
- Students who reported high levels of school connectedness and parental involvement were also significantly less likely to report substance use.
- Highest level of parent education was negatively associated with youth substance use, such that students whose parents completed college were less likely to report alcohol or drug use than those whose parents who did not.

Countywide Demographic Differences

- Students who identified as non-Hispanic White, Latino, and Native Hawaiian or Pacific Islander had the highest rates of alcohol use (current and lifetime).
- Students who identified as African American or Black were significantly more likely to use marijuana (26% had used at least once in their lives and 13% had used in the past 30 days).
- Students who identified as Lesbian, Gay, Bisexual or Transgender also reported significantly higher rates of AOD use.

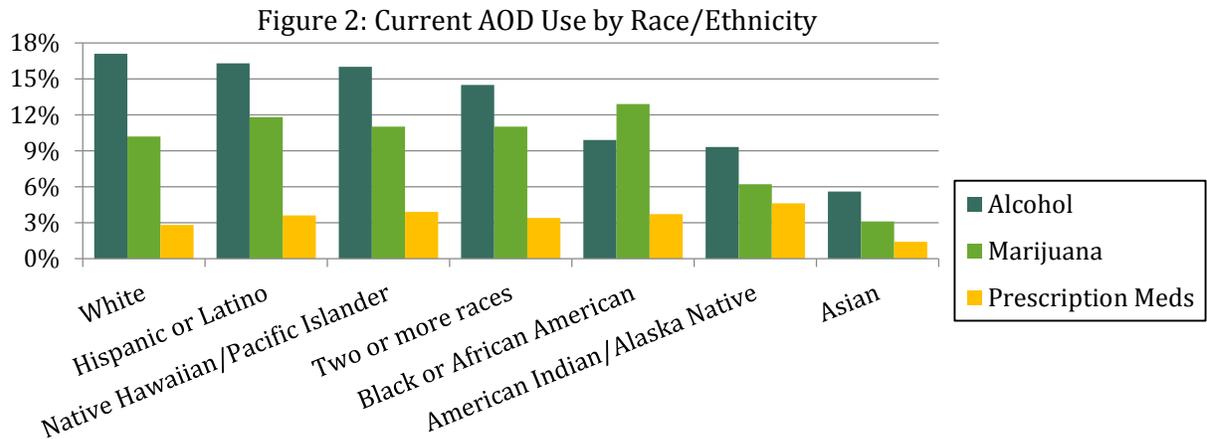Figure 2: Current AOD Use by Race/Ethnicity
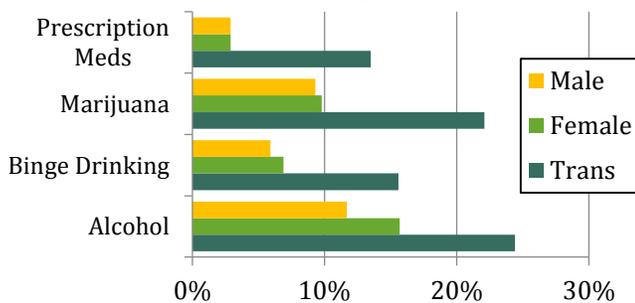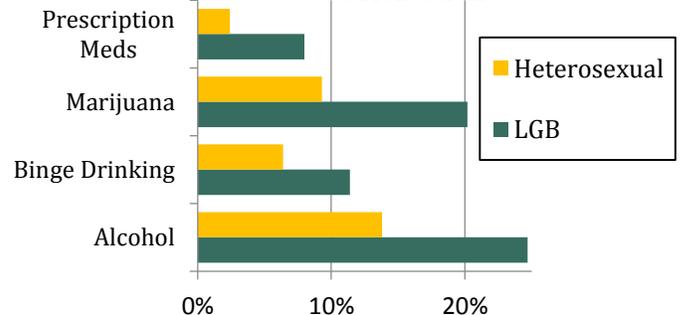
Figure 3: Current AOD Use by Gender Identity

Figure 4: Current AOD Use and Sexual Orientation

Countywide School Suspensions

- During the 2016-2017 school year, 8.8% of suspensions reported by Contra Costa County school districts were primarily related to illicit drugs.
- For students in grades 9 to 12, this rate grew from 13.9% in 2011-2012 to 20.1% in 2016-2017.

Figure 5: Proportion of Suspensions Related to Illicit Drugs (Elementary to High School) 2011-2017
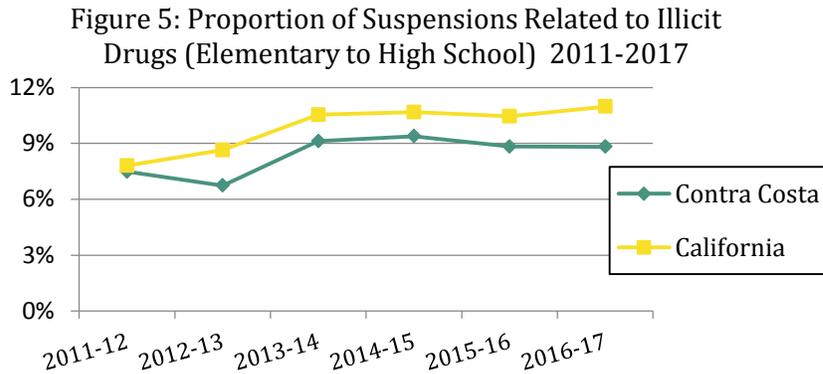
National Survey on Drug Use and Health (NSDUH)

- Each year, 6% of youth in Contra Costa County start using marijuana between the ages of 12-17. About 12% of County residents report first time use between the ages of 18-25, higher than California's incident rate of 8.5%.
- Consistent with CHKS data, substance use among youth has declined over the last decade. For example, the 2012-2014 NSDUH estimated 22.96% of youth ages 12-20 used alcohol in the past month compared to 26.48% from 2010-2012. However, rates of alcohol and marijuana use among County residents 18+ have remained stable.
- Estimates of adult binge drinking increased from 22.8% between 2010-2012 to 24.5% between 2012-2014.
- Residents ages 18-25 have the highest rates of substance use, and 18.75% met criteria for a substance use disorder in the past year.

Table 6: Countywide Substance Use Estimates (NSDUH)		
	2010-12	2012-14
Alcohol Use in Past Month		
12-17	15.15%	12.47%
18-25	NA	61.55%
18+	60.56%	61.45%
Binge Drinking in Past Month		
12-17	7.93%	6.30%
18-25	NA	NA
18+	22.81%	24.54%
Marijuana Use in Past Month		
12-17	9.25%%	8.24 %
18-25	NA	23.59%
18+	8.75%%	9.69%
Nonmedical use of Pain Relievers in Past Year		
12-17	6.53%	5.56%
18-25	10.96%	9.01%
18+	4.54%	4.43%
Alcohol or Illicit Drug Dependence in Past Year		
12-17	8.57%	5.57%
18-25	23.44%	18.75%
18+	8.71%	8.22%

County Treatment Data

- Overall, the County SUD treatment admission rate has slightly declined since 2008, coinciding with the closing of several facilities throughout the County. However, the treatment admission rate has risen since 2015, particularly for those related to heroin.
- Men have higher rates of treatment admissions as do county residents who identify as Native American and Black or African American.

Figure 6: Treatment Admissions by Substance 2010-2017
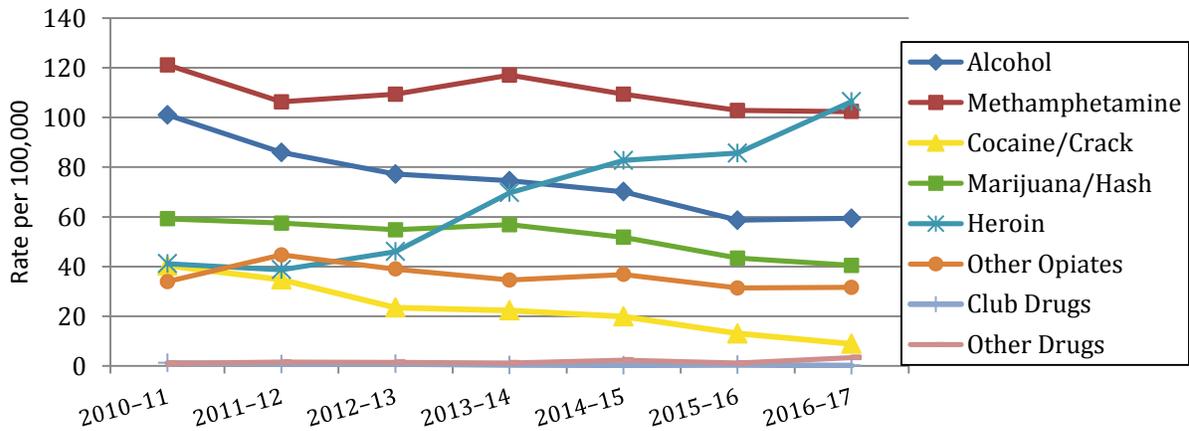
- Overall, off sale and on sale alcohol outlets have declined throughout the county over the years; however, increases were seen in El Cerrito, Kensington, Pinole, Alamo, Martinez, Orinda, San Ramon, Bay Point, Brentwood, and Byron.

| Table 7: Alcohol Outlet Licenses: 2013-2017								
	Off Sale				On Sale			
	Year		Change		Year		Change	
	2013	2017	N	%	2013	2017	N	%
West County								
Crockett	2	2	0	0%	8	6	- 2	- 25%
El Cerrito	18	21	3	17%	35	37	2	6%
El Sobrante	13	13	0	0%	24	16	- 8	- 33%
Hercules	6	6	0	0%	13	11	- 2	- 15%
Kensington	2	3	1	50%	4	6	2	50%
Pinole	19	18	- 1	- 5%	30	32	2	7%
Point Richmond	0	0	0	0%	6	3	- 3	- 50%
Port Costa	0	0	0	0%	2	2	0	0%
Richmond	69	61	- 8	- 12%	73	62	- 11	- 15%
Rodeo	5	5	0	0%	12	6	- 6	- 50%
San Pablo	38	35	- 3	- 8%	28	26	- 2	- 7%
TOTAL	172	164	-8	-5%	235	207	-28	-12%
Central County								
Alamo	6	8	2	33%	16	12	- 4	- 25%
Clayton	5	5	0	0%	15	10	- 5	- 33%
Concord	82	74	- 8	- 10%	178	159	- 19	- 11%
Danville	31	28	- 3	-10%	113	94	- 19	- 17%
Diablo	0	0	0	0%	1	1	0	0%
Lafayette	19	19	0	0%	54	46	- 8	- 15%
Martinez	39	34	- 5	- 13%	51	52	1	4%
Moraga	6	5	- 1	- 17%	21	17	- 4	- 19%
Orinda	5	8	3	60%	27	27	0	0%
Pacheco	4	3	- 1	- 25%	4	4	0	0%
Pleasant Hill	39	36	- 3	- 8%	70	67	- 3	- 4%
San Ramon	36	39	3	8%	86	78	- 8	- 9%
Walnut Creek	51	51	0	0%	189	173	- 16	- 8%
TOTAL	323	310	-13	-4%	825	740	-85	-10%
East County								
Antioch	62	58	- 4	- 6%	93	74	- 19	- 20%
Bay Point	7	9	2	22%	7	6	- 1	- 14%
Bethel Island	5	4	- 1	- 20%	15	10	- 5	- 33%
Brentwood	40	37	- 3	- 8%	74	78	4	5%
Byron	1	2	1	100%	7	4	- 3	- 43%
Discovery Bay	4	4	0	0%	16	13	- 3	- 19%
Knightsen	3	1	- 2	- 67%	1	1	0	0%
Oakley	17	15	- 2	- 12%	19	16	- 3	- 16%

Pittsburg	46	43	- 3	- 7%	48	43	- 5	- 10%
TOTAL	**185**	**173**	**-12**	**-6%**	**280**	**245**	**-35**	**-13%**

- While there are only three medical marijuana dispensary store fronts in the County, there are about 195 delivery services available in different cities of the county, with a majority serving Central County. The number of store front and delivery services is expected to grow with the passage of Prop 64, which legalized recreational marijuana in California.

Figure 7: Marijuana Businesses in Contra Costa
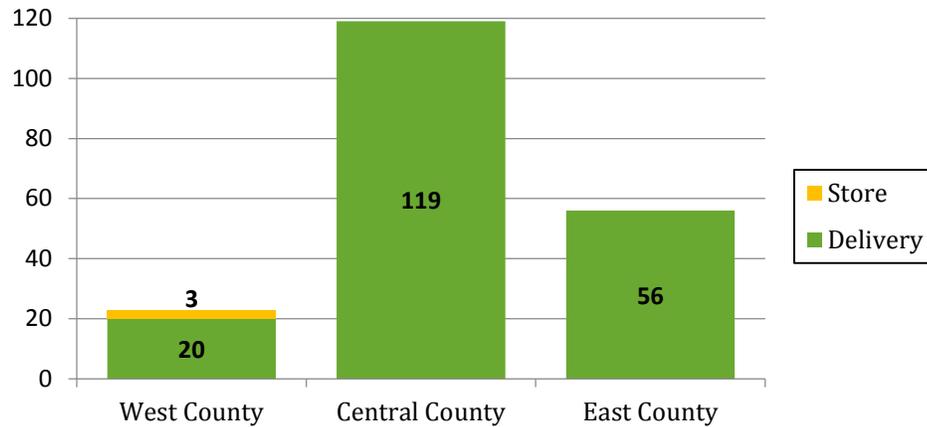
Data as of September 2017 from Weedmaps.com

Prescription Opioid Dashboard

- In 2015, there were 636.7 opioid prescriptions per every 1,000 residents in Contra Costa. This rate is consistently higher than the statewide rate, which was 587.1.
- Opioid-related hospitalization rates for youth ages 15-19 increased from 1.38 in 2013 to 5.51 in 2015.
- In 2015, about 9 in every 100,000 residents died of drug overdose. This rate is 4.13 for youth ages 15-19 and 8.67 for residents age 20 to 24.
- Drug overdose death and hospitalization rates, including those for youth, are higher than neighboring counties

Deaths, Hospitalizations and Emergency Room (ER) Visits

- Contra Costa's substance use death rate has slightly increased since 2011 from 15.37 to 18.12 deaths per 100,000 residents.
- Substance use related ER visits and hospitalizations in Contra Costa are generally higher than statewide rates.
- 18-24 year olds have some of the highest rates of drug related ED visits, after residents ages 25-34, accounting for 18.6% of visits in 2014.

Figure 8: Contra Costa County Hospitalizations

Rate per 100,000

Year	Alcohol	Drug
2010	87	64
2011	96	64
2012	89	63
2013	88	62
2014	94	50
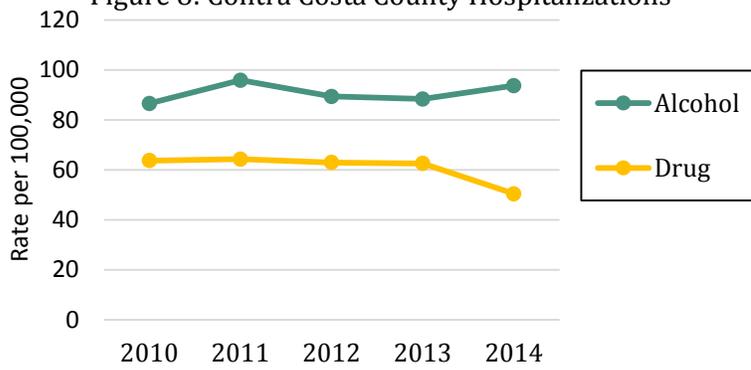
Figure 9: Contra Costa County ED Visits

Rate per 100,000

Year	Alcohol	Drug
2010	312	113
2011	322	122
2012	368	140
2013	355	146
2014	362	188
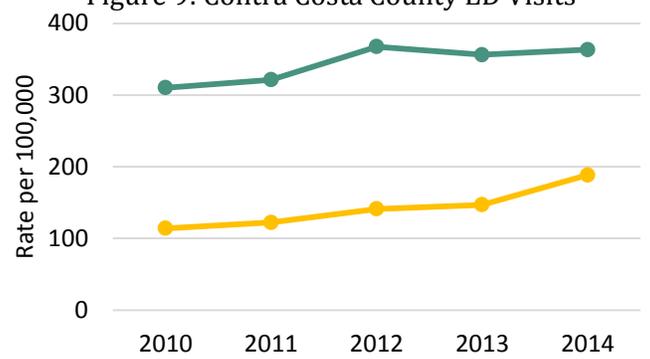
Figure 10: ED Visits by Gender

Gender	Alcohol	Drug ER
Male	493	218
Female	238	158
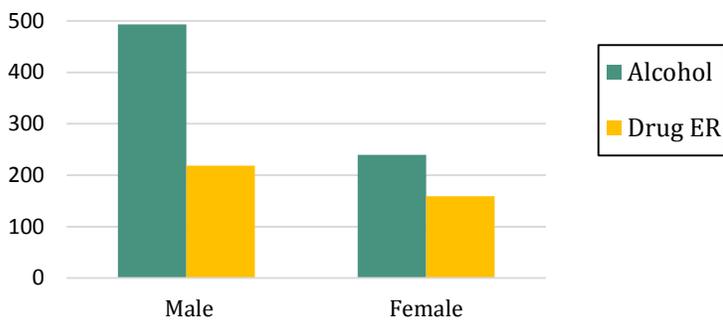
Figure 11: ER Visits by Race/Ethnicity

Race/Ethnicity	Alcohol	Drug ER
American Indian/Alaska...	912	445
Black or African American	480	400
White	455	210
Hispanic or Latino	305	150
Asian/Pacific Islander	70	30
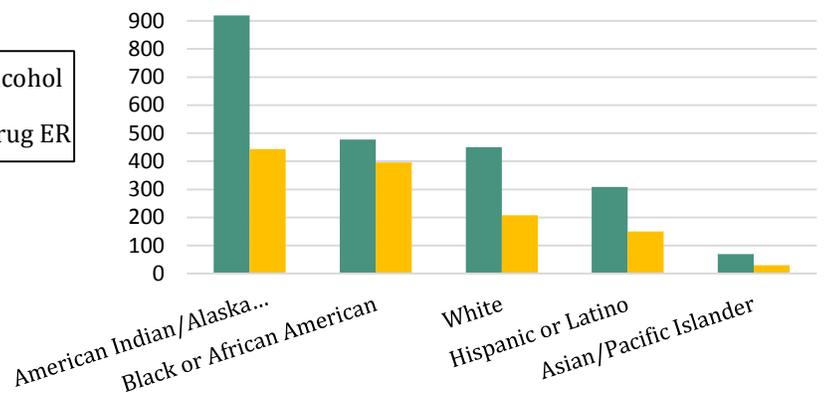
Table 8: Change in ED Visit Rates
2010-2014

Age	10-18	19+
Alcohol	-35%	21%
Marijuana	48%	85%
Sedatives	47%	15%
Unspecified/Mixed	38%	37%
Amphetamines	*	280%
Opioids	*	43%
Cocaine	*	4%

- Alcohol is the primary cause of AOD related ED visits with a rate of 167.1 visits per 100,000 residents for youth and 453.9 for adults.
- While alcohol related visits have decreased for youth by 35% since 2010, those for adults have increased 21%.
- Drug related ED visits have risen for youth and adults 124% since 2008.
- After unspecified/mixed drugs, marijuana is the second highest primary cause of drug related ED visits for youth, with a rate of 33.7 visits per 100,000 in 2014.
- Adult drug related visits are primarily due to unspecified/mixed drugs, followed by amphetamines and opioids, all of which have been rising.
- Amphetamine related ED visits have risen 280% since 2010.

Figure 12: County ED Visits Ages 10-18
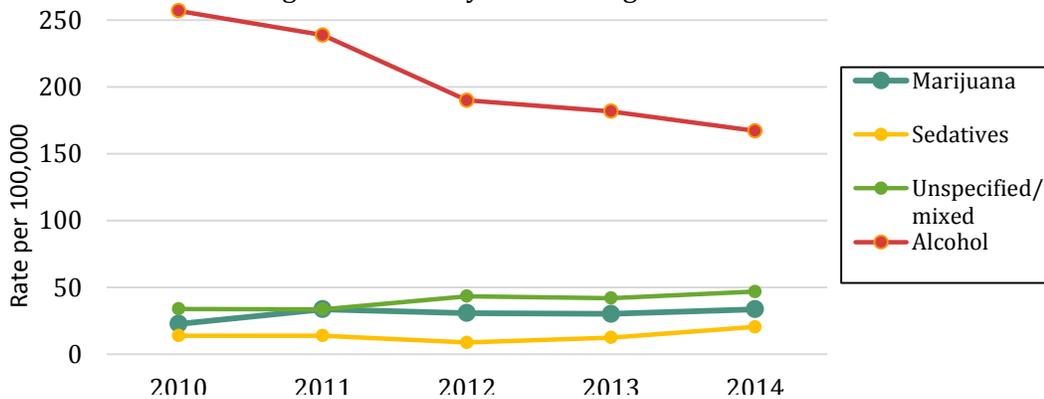
Figure 13: County ED Visits Ages 19+
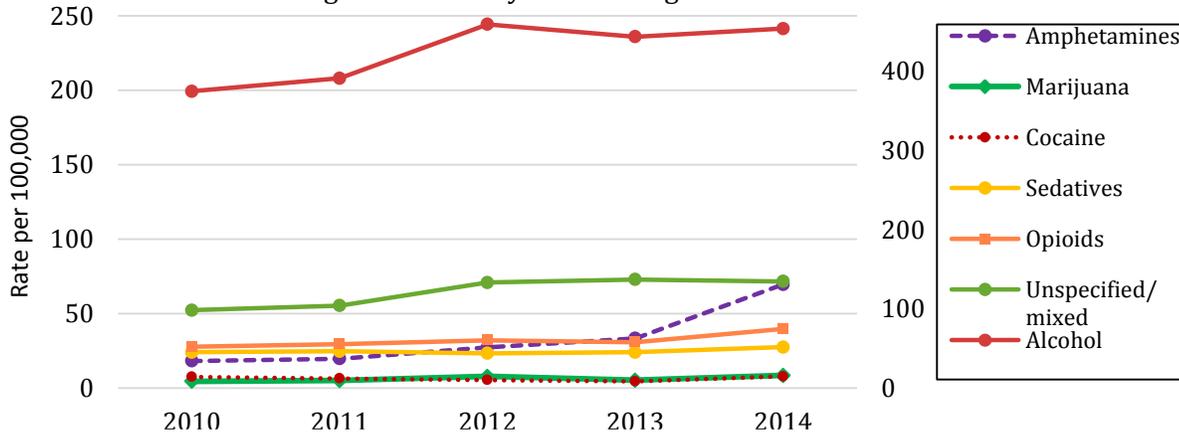
Arrests

- AOD related arrests made up 42% of all arrests in 2014.
- Arrest rates for drug-related offenses have risen 21% since 2011, while alcohol-related arrests have declined.
- Arrest rates for drug related offenses are consistently higher than statewide rates.
  - Males are significantly more likely to have AOD related offenses, with 1,695.11 arrests per 100,000 compared to 427.02 for women.
- Underage AOD related arrest rates have increased since 2013.
  - Youth are more likely to have drug-related offenses, especially for marijuana, while adults are more likely to have alcohol related-offenses.

Figure 14: Contra Costa AOD Related Arrests All Ages

Figure 15: Contra Costa AOD related Arrests Ages 10-17
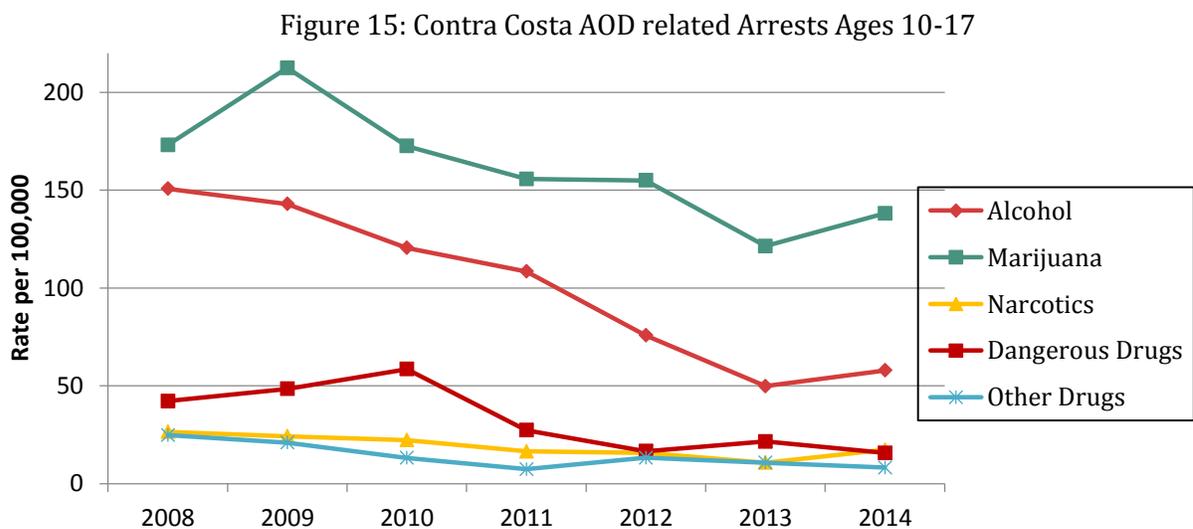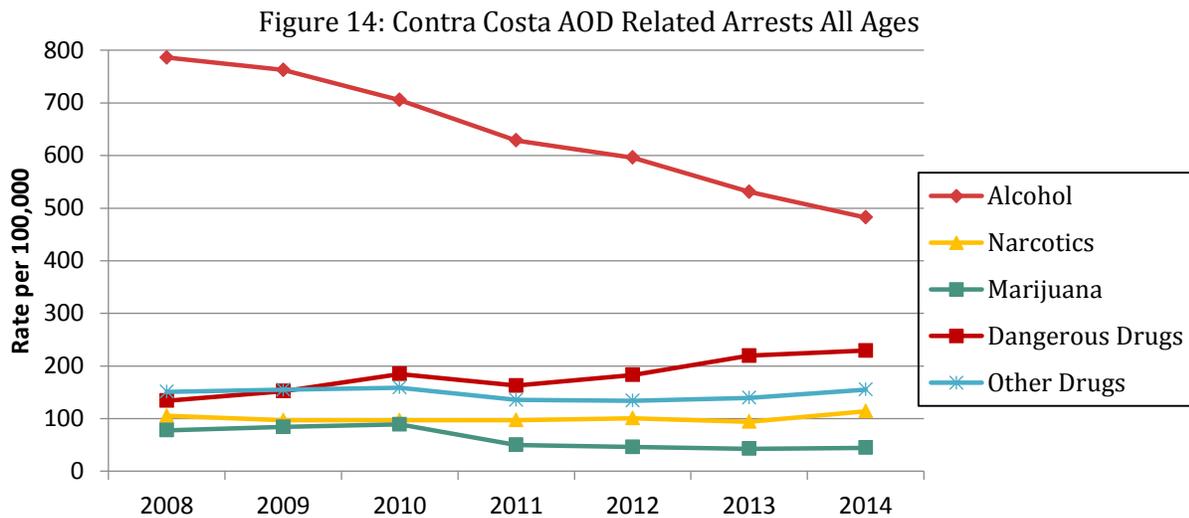
Qualitative data was analyzed from nine break-out discussion groups that occurred during the Regional Community Forums and three focus groups. Major themes were summarized as follows:

Priorities for the County:
- Reduce underage drinking (10 groups)
- Reduce marijuana use (9 groups)
- Increase system sustainability and capacity (5 groups)
- Reduce prescription drug abuse (6 groups)

Populations of focus:
- Parents (8 groups)
- Middle school (5 groups)
- High school (3 groups)
- Elementary school (3 groups)

AOD-Related Problems and Trends
- Norms/attitudes promote substance use
- Substances are easily accessible
- Mental health/stress associated with substance use
- Laws and/or policies are unclear or lack support
- Consequences/risk behaviors, including substance use at school & crime

Top Recommended Strategies and Activities
- Education
  - Using visuals
  - Teaching about the effect of substance use on the brain
  - Helping parents be more involved and communicate with youth
  - Approaching youth with respect, understanding and honesty
- Environmental
  - Reducing access
  - Strengthen enforcement, including at schools

Top Risk and Protective Factors

Figure 16: Protective Factors

Factor	Value
Positive parenting/family management	37
Knowledge of harm and consequences	27
Positive adult relationships	17
Peer disapproval	10
Positive Interpersonal & Social Development	10
High school/community invovement	9
Substances not available/accessible	8
Neighborhood/community safe	7
Norms discourage or disapprove of substance use	7

Figure 17: Risk Factors

Factor	Value
Peer use	34
Family conflict	29
Interpersonal & Social problems	21
Family member use	17
Lack of sense of belonging	10
Little knowledge of harm or consequences	10
Substances are available/accessible	8
Norms unclear or accept substance use	8
Neighborhood/community unsafe	7

According to the CHKS, rates of youth substance use in Contra Costa County fall in between those of neighboring Bay Area Counties. For example, about ½ of Contra Costa 11th graders reported lifetime substance use, while this ranged from 44%-66% in three neighboring counties. Reported substance use has declined among County students over the past several years at a rate slightly greater than statewide trends. However, perceptions of harm and access have not changed as dramatically, and in fact, a lower proportion of 11th graders report marijuana is harmful than in 2009-2011. These trends are consistent with Regional Community Forum and focus group data emphasizing favorable community norms around alcohol and marijuana. Perceptions of harm were especially lower in West County school districts, one of which had higher rates of substance use than the County as a whole and a higher rate of marijuana use than the state. However, this school district is significantly smaller than other districts in the County, thus it is difficult to make a true comparisons among substance use rates. West County also hosts the County's three medical marijuana dispensary storefronts. East County and Mt Diablo Unified students generally reported higher rates of substance use than Countywide, and marijuana use for Mt Diablo Unified 11th graders was higher than the state. Students from San Ramon Valley and Lamorinda were less likely to report substance use, aside from 11th graders at Acalanes Union High, who reported significantly higher rates of alcohol and binge drinking.

Alcohol and marijuana continue to be major contributors of arrests, hospitalizations, and emergency room visits in the County. Both binge drinking and alcohol-related emergency room visits have increased among adults, despite declines for youth. Prescription drug abuse is also a major concern among community members and reflected in data trends showing high opioid prescription rates as well as increasing opioid and sedative related overdoses. Moreover, Contra Costa's drug overdose and hospitalization rates are higher than neighboring counties, and there has been a surge in treatment admissions related to heroin, often considered to be a substitute for prescription opioids.

Data also revealed differences in substance use trends among specific populations. Students who identified as lesbian, gay, bisexual or transgender were significantly more likely to report substance use. While girls were more likely to report alcohol use, men are more at risk for AOD related consequences such as ER visits and arrests. Youth substance use was also associated with feelings of depression, thoughts of suicide, bullying, school connectedness, parental involvement, and parent education status. Similarly, community members identified interpersonal and social problems as an important risk factor while positive parenting and family management as a critical protective factor. While students who identified as White, Latino, or Native Hawaiian/Pacific Islander were most likely to report substance use, American Indian/Alaska Native, Black, and White individuals have the highest rates of AOD-related ER visits. Alcohol was the drug of choice among all students except Black youth, who reported significantly higher rates of marijuana use.

Priority Areas and Corresponding Problem Statements

Priority Area 1: Underage Drinking
Problem Statement 1: Alcohol is the substance of choice among youth.

Priority Area 2: Underage Marijuana Use
Problem Statement 2: Marijuana is the second most widely used substance among youth.

Priority Area 3: Prescription Drug Abuse and Misuse
Problem Statement 3: Prescription opioid rates are high throughout the County.

Priority Areas and Corresponding Risk and Protective Factors

Priority Area	Risk Factor	Protective Factor

Underage Drinking	• Substance is available and easily accessible
	
	• Community norms accept or promote substance use
	  ○ Youth and adults have no/little knowledge of harm and consequences
	  ○ Peer use
	  ○ Family member use
	
	• Laws, policies, and/or ordinances are unclear or inconsistently enforced
	
	• Youth struggle with interpersonal, social and family problems
	
	• Lack of socioeconomic resources leading to no/little caregiver supervision
		• Access and availability is minimal
		
		• Community norms discourage substance use
		  ○ Youth and adults understand harms and consequences
		  ○ Peer disapproval
		  ○ Caregiver disapproval
		
		• Laws, policies, and/or ordinances are consistently enforced
		
		• Youth have supports for positive interpersonal and social development
		  ○ Youth have positive adult relationships
		
		• Positive parenting/family management

Marijuana	• Substance is available and easily accessible
	
	• Community norms accept or promote substance use
	  o Youth and adults have no/little knowledge of harm and consequences
	  o Peer use
	  o Family member use
	
	• Laws, policies, and/or ordinances are unclear or inconsistently enforced
	
	• Youth struggle with interpersonal, social and family problems
	
	• Lack of socioeconomic resources leading to no/little caregiver supervision
		• Access and availability is minimal
		
		• Community norms discourage substance use
		  o Youth and adults understand harms and consequences
		  o Peer disapproval
		  o Caregiver disapproval
		
		• Laws, policies, and/or ordinances are consistently enforced
		
		• Youth have supports for positive interpersonal and social development
		  o Youth have positive adult relationships
		  o Positive parenting/family management

Prescription Drugs	• Substance is available and easily accessible • Youth and adults have no/little knowledge of harm and consequences • Peer use • Youth and adults struggle with interpersonal, social and family problems including mental health issues and social isolation • Prescription standards unclear and inconsistently enforced	• Access and availability is minimal o Take-back and drop-off services are available • Youth and adults understand harms and consequences • Youth and adults have supports for positive interpersonal and social development • Youth and adults have with alternative strategies/skills for managing physical and mental health problems

Current Capacity

County Staff

- Health Education Specialist (1 FTE)
  - Responsible for the coordination of countywide Substance Use Disorder (SUD) Prevention services, including campaigns.
  - Provide technical assistance and support to prevention contracted providers as needed.
  - Joins the Quality Management Team during biannual on-site monitoring visits to prevention programs.
  - Assess community training needs and access training from external or internal consultants.
  - Assists with countywide data collection needs.
  - Support the Alcohol and Other Drugs Advisory Board, a group of volunteers appointed by the Board of Supervisors, to advance the prevention agenda.
- Alcohol and Other Drugs Program Chief (.25 FTE)
  - Provide direction to the Prevention Coordinator.
  - Plans, organizes, supervises and evaluates the prevention programs and services.
  - Along with prevention coordinator, identify programmatic needs and identify needed resources.
- Alcohol and Other Drugs Program Planner Evaluator (.8 FTE)
  - Data collection and evaluation of countywide SUD Prevention services.
  - Responsible for the development and update of the county's Strategic Prevention Plan.

County Programs

With the exception of the AOD Advisory Board, all SUD Prevention Programs are provided through local community based providers under a contract with Contra Costa County Alcohol and Other Drugs Services (AODS).

County Providers

- **Bay Area Community Resources (BACR)** is contracted to implement Environmental Prevention Strategies through the *Discovering the Reality of Our Community (DROC)* program which is a youth development alcohol and other drugs prevention program located at three (3) high schools in West County. BACR also implements two (2) Coalitions utilizing the Evidence Based Practice (EBP) Communities Mobilizing for Change on Alcohol. These two coalitions known locally as the *Alcohol, Marijuana and Prescription Drug (AMPD) Coalition* in the West part of the county, and in the *Monument Corridor Anti-Drug and Alcohol Coalition*, in Central Contra Costa.
- **Center for Human Development (CHD)** is contracted to implement Environmental, Youth Development/Friday Night Live/Club Live and Education Prevention Strategies. Environmental Prevention and Community based strategies are delivered through two coalitions utilizing the EBP Communities Mobilizing for Change on Alcohol. The Lamorinda coalition is called the Alcohol and Drug Abuse Prevention Team (ADAPT) Lamorinda and the East County Alcohol Policy Coalition (ECAP) in eastern Contra Costa. CHD provides school based education prevention services through the Brief Intervention Program and Project SUCCESS which is an EBP implemented at middle

schools focusing on seventh (7th) graders. CHD also provides the Friday Night Live Program (FNL) which serves youth in middle school (Club Live) and high School (Friday Night Live) at four sites throughout the county as well as a countywide youth health coalition. FNL's Youth Development model focuses on building protective factors to keep youth from drinking as well as introducing them to the Roadmap planning module to help youth become active change agents within their communities.

- **Community Health for Asian Americans (CHAA)** is contracted to implement Environmental, Youth Development prevention strategies through the Empowerment Project that follows a youth leadership model. This program works to create community level change with students at a local High School focusing on Marijuana use, access and availability.

- **Discovery Counseling Center** is contracted to implement environmental prevention strategies through coalition based work utilizing the EBP: Communities Mobilizing for Change on Alcohol. The coalition's geographically is the greater San Ramon Valley and is known as the Alcohol and Drug Abuse Prevention Team (ADAPT) San Ramon Valley.

- **REACH Project** is contracted to implement education strategies through the EBP: Positive Action which is designed to decrease risk factors and promote protective factors with students in middle school in East County, specifically seventh graders.

County Coalitions/Groups:

- *The Alcohol and Other Drugs Advisory Board (Participant/Administrative Support)*: The Advisory Board is comprised of 18 community members that are appointed by the Board of Supervisors. Their mission is to assess family and community needs regarding prevention and treatment of alcohol and other drug-related problems. Resultant findings and recommendations are forwarded to the Health Services Department and the Board of Supervisors. The Board also serves as an advocate for these findings and recommendations to the communities that they serve. The AOD Board is one of the gateways where the approval or disapproval of alcohol license applications is discussed. Additionally, the Board has been instrumental in the passage of very important county policy and legislation that supports the County's prevention agenda. Board members periodically, assume projects intended to identify local needs in the area of prevention or youth services.

- *The Contra Costa County Medication Education and Disposal Safety (MEDS) Coalition (Participant/Administrative Support)*: The mission of the coalitions is to prevent the impact of prescription drug misuse through strategies intended to prevent unsafe prescribing, overdoses, unsafe disposal, increase education and access to treatment, etc. The coalition conducts extensive community education and engagement, policy and advocacy. Alcohol and Other Drugs Services Administration supports the work of this coalition by redirecting funding for staff support.

- *Interdepartmental Marijuana Workgroup (Participant)*: The group is led by the Community Conservation and Development Director and is comprised by county department heads to assess and provide policy recommendations to the Board of Supervisors regarding restrictions to the legalization Marijuana for recreational purposes in Contra Costa County.

County Partners

- *The Contra Costa County Office of Education*: The Contra Costa County Office of Education partners with Alcohol and Other Drugs Services (AODS) to coordinate the CourAGE Youth Health Coalition (the countywide FNL chapter) as well as share information about the Tobacco Use Prevention Education (TUPE) program to maximize prevention resources and avoid duplication of services.

- *Tobacco Prevention Coalition*: The coalition partners with countywide SUD Prevention efforts on an as needed basis when a nexus between tobacco and marijuana can be found. Over the past two rounds of data collection for the Healthy Stores for a Healthy Community AODS and the Tobacco Prevention Coalition have collaborated on training providers as well as conducting the surveys of the stores.

Workforce Development

Since 1999, during the last week of August, each year AODS hosts the "*Summer Prevention Institute*" which is a three-day, intensive training on a wide range of prevention topics such as: CLAS Standards, Cultural Competency, Sustainability, Youth Engagement in Policy Work, Media Advocacy, etc. The trainings that are developed for the "*Summer Prevention Institute*" result from the needs of prevention staff in the field which have been identified through the year. The first two days are intended to build the capacity and skills of staff, and the final day is an opportunity for prevention staff to present a summary of their annual accomplishments and program outcomes. Besides from the annual "*Summer Prevention Institute*" prevention staff members are encouraged to seek out training opportunities and webinars from agencies such as: the Community Prevention Initiative (CPI) and the Department of Health Care Services (DHCS). In 2016, AODS created a policy outlining county expectations for minimum training requirements for prevention staff. The policy for example, requires that within six months from hired, new staff members must complete specific trainings. The trainings were selected from the menu of options offered through CPI and CalOMSpv and are assigned based on the type of CSAP strategies implemented by each staff.

AODS is also committed to the implementation of Evidence Based Practices and recognizes that staff turnover contributes to service delivery. To ensure that EBPs are implemented with fidelity, every two years a refresher training by the developer is brought to Contra Costa. In addition to training, the county has developed a Fidelity Implementation Checklist to help providers stay on track with their respective programs.

Capacity Assessment

Resource Readiness

		Priority Areas		
	Enter (✓), (n/a), or (-) to measure resources for each priority area.	**Underage Drinking**	**Marijuana**	**Prescription Drugs**
Community Resources	Community awareness	✓	✓	-
	Specialized knowledge about Pv research, theory, and practice	✓	-	✓
	Practical experience	✓	✓	✓
	Political/policy knowledge	✓	-	-
Fiscal Resources	Funding	✓	-	-
	Equipment: computers, Xerox, etc.	✓	✓	✓
	Promotion and advertising	✓	✓	✓
Human Resources	Competent staff	✓	✓	✓
	Training	✓	✓	✓
	Consultants	✓	✓	✓
	Volunteers	✓	✓	✓
	Stakeholders	✓	✓	✓
	Other agency partners	✓	✓	✓
	Community leaders	✓	✓	✓
Organizational Resources	Vision and mission statement	✓	✓	✓
	Clear and consistent organizational patterns and policies	✓	✓	✓
	Adequate fiscal resources for implementation	✓	-	-
	Technological resources	✓	✓	✓
	Specialized knowledge about Pv research, theory, and practice	✓	✓	✓

Community Readiness

Underage Drinking
Community Readiness Stage 8- Confirmation/Expansion: A variety of alcohol use prevention efforts and activities are in place throughout the County and community members are participating. Providers evaluate their programs and modify as necessary. Leaders support and are working towards program expansion. Data is routinely collected for assessment, evaluation and planning.

Underage Marijuana Use
Community Readiness Stages 5/6- Preparation/Initiation: Data on marijuana consumption and consequences has been collected to justify prevention programming. Staff is being trained and leaders are

enthusiastic. Providers are currently working with the community; however, prevention efforts are mainly focused on planning rather than action.

Prescription Drug Abuse and Misuse
Community Readiness Stages 4/5- Preplanning/Preparation: There is clear recognition by many that prescription drug abuse is a local problem and something needs to be done. There is knowledge about local problems, discussion, and mobilization in a few communities where resources have been allocated to address prescription drug abuse, but other communities have limited knowledge. A grassroots coalition has begun planning but needs further coordination to engage key stakeholders, including the medical community.

Capacity Findings

AODS is resource and community ready to move forward with the priority area of reducing underage drinking. Findings from the capacity assessment, including provider and community surveys, indicated a need to increase community readiness around reducing youth marijuana use and prescription drug abuse. As funding has primarily been dedicated to alcohol prevention, capacity building efforts are needed to secure and appropriately allocate fiscal resources to the remaining two priorities. Furthermore, there is a need to build capacity through knowledge of the harms and consequences of marijuana and prescription drugs as well as current policies. AODS will focus prescription drug efforts on identified communities where readiness and awareness are lower than those in which efforts have already been implemented. There is some specialized knowledge about prevention research, theory and practice related to marijuana but with limited consensus.

Capacity Challenges

		Priority Area: Underage Drinking **Readiness Level: 8**
		Challenges/Gaps
Resource Components	**Community**	• There is a high alcohol outlet density in some communities and a growing number of local businesses, such as movie theaters, selling alcohol, further promoting favorable norms. • There is a lack of enforcement on alcohol related violations, such as the Social Host Ordinance, due to insufficient funding and competing priorities. • It is difficult to implement prevention efforts in schools due to scheduling differences and transportation barriers. • In many underserved areas of the County, communities have competing priorities, such as street violence.
	Fiscal	• Funding and resources for prevention promotion and advertising are limited and cannot compete on the same scale of the alcohol industry. • AODS has a limited budget for youth development activities, including a lack of funding for transportation.

		Challenges/Gaps
	Human	• Prevention programs struggle with staff recruitment and retention, leading to high turnover. • Many volunteers have little time to contribute as they might be employed.
	Organizational	• Organizational policies, patterns and vision are unclear for new staff, especially with high turnover.

		Priority Area: Youth Marijuana Use **Readiness Level: 5/6**
		Challenges/Gaps
Resource Components	**Community**	• There is limited specialized knowledge of prevention research, theory and practice as well as policies related to marijuana. • The legalization of recreational marijuana has resulted in misinformation regarding harms and consequences as well as normalized marijuana use. Tensions have further arisen between local communities and state and federal governments, sending mixed messages to the community. • In many underserved areas of the County, communities have competing priorities, such as street violence.
	Fiscal	• Funding and resources for prevention promotion and advertising cannot compete on the same scale of marijuana profits for advertising. • The County is currently focused more on revenue from an emerging marijuana industry rather than the consequences associated with permitting marijuana businesses to operate within county limits. The County is planning to use the projected profits to resolve internal deficits instead of funding prevention efforts.
	Human	• Prevention programs struggle with staff recruitment and retention, leading to high turnover. • While volunteers are available, most have been dedicated to prevention work around alcohol and need further training and capacity building for addressing marijuana. Volunteers also have little time to contribute as they might be employed.
	Organizational	• Organizational policies, patterns and vision are unclear for new staff, especially with high turnover. • Resources for prevention are static, making it difficult to tackle the growing issue of marijuana in face of recent policy and culture changes. • There is a lack of evidence-based curriculums for marijuana prevention programs, therefore, AODS and program providers need to develop their own tools.

		Priority Area: Prescription Drug Abuse and Misuse Readiness Level: 4/5
		Challenges/Gaps
Resource Components	Community	• In areas of the County where resources have not been dedicated for prescription drug abuse prevention, there is a lack of community knowledge. • There are limited "Take Backs" during the year and limited safe disposal locations where community members can safely dispose of their unwanted or unused prescription drugs. • Currently, there has been little effort in the County to work with seniors, despite this population having been identified as at higher risk for prescription drug abuse.
	Fiscal	• Funding and resources for prevention are static, and resources have not been previously dedicated to a priority of prescription drug abuse.
	Human	• Prevention programs struggle with staff recruitment and retention, leading to high turnover. • There is a need to build relationships with the medical community, which is currently not engaged in the issue. • AODS currently does not have staff primarily dedicated to prescription drug abuse issues and lacks funding to hire more. • Staff need training focused on prescription drug abuse. • Volunteers have little time to contribute as they might be employed.
	Organizational	• There is a lack of evidence-based curriculums for prescription drug abuse prevention programs, therefore, AODS and program providers need to develop their own tools.

Integrate Sustainability

As a part of the assessment process, SUD Prevention Services engaged in discussions with a variety of community members representing different sectors and populations of the County. This included an array of key stakeholders and leaders from local law enforcement, faith-based organizations, national coalitions, behavioral health treatment, youth councils, advisory boards, and the County Board of Supervisors. Discussions further helped identify other key stakeholders and leaders to engage over the next five years. Assessment data has further been collected and input into a comprehensive Alcohol and Other Drug Indicators Database for annual monitoring and reporting.

Integrate Cultural Competency

All SUD Prevention Services programs adhere to the Culturally and Linguistically Appropriate Services (CLAS) standards and are provided regular mandatory training and consultation. The capacity assessment

further helped identify provider strengths and needs in providing culturally competent services. Data collected throughout the assessment process was analyzed by regional and demographic differences in order to better understand disparities and tailor prevention efforts to the diverse communities within the County. Forum handouts and presentations were translated as need for monolingual speakers, and demographic information was collected at each Regional Forum and focus group to ensure representation from a variety of populations in the planning process.

Capacity Building

Major challenges to prevention efforts in Contra Costa County include community readiness and social norms around alcohol and other drugs. SUD Prevention Services plans to focus capacity building efforts at the community level around engagement at public meetings and events, social norms campaigns, and community member training. To address the lack of resources and funding dedicated to prevention programming, SUD Prevention Services will monitor community needs and re-allocate resources as appropriate as well as advocate for funding at County meetings and support local partners such as law enforcement in applying for grants. Efforts to overcome organizational and human resource challenges include increasing trainings and prevention tools for staff, data collection and monitoring, and volunteer recruitment.

Capacity Building Plan

		Priority Area 1: Reduce Underage Drinking	
		Course of Action **(e.g. training, coalition building, mobilization efforts)**	**Proposed Timeline**
Resource Components	**Community Resources**	• Host Countywide Community Regional Forums to increase community awareness of prevention efforts and local substance use issues, engage stakeholders in strategic planning, strengthen collaboration among different sectors and mobilize communities.	August 2017 – December 2017
		• Implement social norms campaigns to promote awareness and challenge the acceptance of alcohol use in coordination with passing proclamations throughout the county.	2018 – 2023
		• Identify groups involved in priority issues for local communities that are linked to substance use, including violence prevention and mental health, to build relationships, gain community buy-in, and promote cross-sector collaboration.	2018 – 2023
		• Utilize both the Deemed Approved Ordinance and the Social Host Ordinance to reduce underage drinking.	2018 – 2023
		• Utilize DUI data collected through the Point of Last Drink Survey and the Demographic Survey to inform interventions such as Responsible Beverage Server Trainings.	2018 – 2023
		• Participate in California Alcohol Policy Alliance (CAPA) meetings to support statewide efforts to reduce youth access to alcohol.	2018 – 2023
	Organizational Resources	• Develop and distribute SUD Prevention Services brochure outlining overarching mission, vision statement, programs and coalitions.	August 2017
		• Develop written guidelines for providers, including Alcohol and Other Drug Services' expectations for primary prevention services.	2018
		• Review SUD Prevention Services and Department of Health Care Services (DHCS) requirements with prevention staff at the Summer Institute.	Annually

		• Utilize the Primary Prevention SUD Data Service (PPSDS) to track the number of participants in primary prevention programs, report the number of community members who receive prevention messaging and identify gaps within our system.	2018 – 2023
		• Strengthen collaboration with the Department of Conservation and Development to ensure enforcement of the Deemed Approved Ordinance in the unincorporated retail environment.	2018 – 2023
		• Utilize the Alcohol and Other Drugs Advisory Board as a formal vehicle to review and recommend Alcohol and Other Drug related policies to the Board of Supervisors.	2018 – 2023
		• Review the California Department of Alcohol Beverage Control (ABC) webpage to see the changes in alcohol licenses countywide in order to identify trends and decrease saturation rates.	2018 – 2023
		• Assess the level of enforcement of the Social Host Ordinance and advocate for stricter enforcement within cities that are determined to not be enforcing it.	2018 - 2023
	Human Resources	• Engage stakeholders in each coalition and youth development programs in local policy meetings regarding alcohol licensing. Prevention Staff and Coalitions should be seen as subject matter experts anytime cities receive an alcohol license application and ensure that public convenience and necessity are met.	2018 – 2023
		• Strengthen collaboration with school administrators through inclusion in Regional Community Forums, focus groups, and stakeholder meetings.	August 2017 – December 2017
		• Assess provider training needs regularly through staff survey and quarterly meetings so programs are supported with adequate training to understand and implement primary prevention services effectively and with fidelity.	2018 – 2023
		• Recruit volunteers using innovative strategies tailored to specific groups/communities, including presentations, tabling at local events, student lunchtime recruitment, targeted sector outreach, and canvasing door to door. Ensure accommodations are provided for activities based on volunteer schedules and cultural needs.	2018 - 2023
	Fiscal Resources	• Engage community members and key stakeholders to assist the county to align resources based on identified prevention priorities.	December 2017
		• Implement innovative and low cost effective messaging such as PSA's, media releases, social media campaigns, etc. The effective messaging can also be implemented in partnership with organizations already implementing the messaging.	2018 – 2023
		• Work with cities and the county to identify resources and determine if a percentage of funds received from alcohol license applications can be allocated to prevention messaging.	2018 – 2023
		• Work with Contra Costa Television (CCTV) and the Information & Communications unit to implement multi media campaigns that are at a free or reduced cost.	2018 – 2023

		Priority Area 2: Reduce Youth Marijuana Use	
		Course of Action (e.g. training, coalition building, mobilization efforts)	**Proposed Timeline**
Resource Components	**Community Resources**	• Implement a countywide social norms campaign relying on multi-media platforms to promote awareness and challenge the acceptance of marijuana use.	2018 – 2023
		• Provide training to prevention staff and stakeholders specifically on marijuana consequences.	2018 – 2023
		• Engage stakeholders to voice concerns within their jurisdiction surrounding the legalization of marijuana through hosting at least one Town Hall meeting per year.	2018 – 2023
		• Create a parent speakers bureau to discuss community consequences and harms of marijuana.	2018 – 2023
		• Train coalitions and youth development program participants on how to assess marijuana businesses for signage, advertisements, promotions, ensuring they check identification, etc.	2018 – 2023
		• Utilize materials developed by the state of California, such as "Let's Talk Cannabis," to increase perception of harm related to marijuana.	2018 – 2023
		• Implement a Conference focusing on Preparing for the consequences associated with Recreational Cannabis.	2018 – 2019
	Organizational Resources	• Develop and assess supplemental components for marijuana curriculums to further enhance the Evidence Based Practices currently implemented.	2018 – 2023
		• Dedicate a percentage of time for coalitions to focus on marijuana prevention work.	2018 – 2023
		• Review and compare the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) report with local data focusing on the impacts marijuana legalization has had on youth such as youth arrests, youth past 30 day use, school suspensions, etc.	2018 - 2023
	Human Resources	• Engage stakeholders in each coalition and youth development programs in local marijuana policy development.	2018 – 2023
		• Implement a Youth Town Hall meeting facilitated by the Department of Conservation and Development to engage youth and provide recommendations on the Framework for Regulating Cannabis in the unincorporated area of Contra Costa County as directed by the Board of Supervisors.	February 2018
		• Implement an adult Town Hall meeting during an Alcohol and Other Drugs Advisory Board Meeting facilitated by the Department of Conservation and Development to engage adults and provide recommendations on the Framework for Regulating Cannabis in the unincorporated area of Contra Costa County as directed by the Board of Supervisors.	February 2018
		• Secure training and technical assistance on marijuana prevention policy and research as needed.	2018 – 2023
		• Recruit volunteers using strategies tailored to specific communities, including presentations, tabling at local events, student lunchtime recruitment and targeted sector outreach to focus on marijuana prevention work. Ensure that accommodations are provided for activities based on volunteer schedules and cultural needs.	2018 – 2023

		Course of Action	Proposed Timeline
		• Participate in the interdepartmental workgroup as a way to ensure that prevention messaging is taken into consideration in the development of the marijuana regulatory framework.	2018 – 2019
		• Partner with the Public Health Department on implementation and enforcement of the Marijuana Health Ordinance.	2018 – 2023
	Fiscal Resources	• Advocate with stakeholders about the importance of ensuring that a percentage of tax revenue will fund marijuana prevention messaging.	2018 – 2023
		• Implement innovative and low cost effective messaging such as PSA's, media releases, social media campaigns, etc to inform the community about the harms related to marijuana use. The messaging can be implemented in partnership with organizations already implementing similar messaging.	2018 – 2023
		• Work with Contra Costa Television (CCTV) and the Information & Communications unit to implement multi media campaigns that are at a free or reduced cost.	2018 – 2023
		• Both county staff and providers identify grants and apply for them as appropriate. Provide letters of support if providers apply.	2018 – 2023

		Priority Area 3: Reduce Prescription Drug Abuse and Misuse	
		Course of Action **(e.g. training, coalition building, mobilization efforts)**	**Proposed Timeline**
Resource Components	**Community Resources**	• Implement innovative social norms campaigns to raise awareness regarding prescription drug abuse and misuse.	2018 – 2023
		• Increase community awareness about the new take-back box locations throughout the county.	2018 – 2023
		• Identify groups involved in priority issues for local communities that are linked to prescription drug abuse & misuse such as the medical community, pharmacists, law enforcement, etc., to address problem indicators in Contra Costa County.	2018 – 2023
		• Support the work of the Contra Costa County Medication Education and Disposal Safety (MEDS) Coalition at the local level within the coalitions.	2018 – 2023
		• Train youth across multiple regions so they are prepared to speak on the topic of Prescription Drug Abuse and they act as a "Youth Speakers Bureau."	2018 – 2023
	Organizational Resources	• Develop and assess supplemental components for prescription drugs to further enhance the Evidence Based Practices currently implemented.	2018 – 2023
		• Dedicate a percentage of time for coalitions to focus on prescription drug related work based on the needs of the community.	2018 – 2023
		• House the VISTA Volunteer working with the CCC MEDS Coalition and ensure their participation in countywide prescription drug prevention efforts.	2018 – 2019
		• Utilize the CA Department of Public Health's Opioid Data Dashboard as a way to track possible problem areas throughout the county such as: prescription rates, number of overdoses, number of hospitalizations, etc.	2018 – 2023
		• Assess the effectiveness of the new take-back locations.	2018 - 2023

Human Resources	• Engage stakeholders in the coalition and youth development programs in local policy meetings regarding increasing the number of prescription drug take-back locations.	2018 – 2023	
	• Secure training and technical assistance on prescription drug abuse and misuse as needed.	2018 – 2023	
	• Recruit volunteers using strategies tailored to specific communities, including presentations, tabling at local events, student lunchtime recruitment and targeted sector outreach specifically for prescription drug abuse and misuse prevention efforts Ensure accommodations are provided for activities based on volunteer schedules and cultural needs.	2018 – 2023	
	• Strengthen collaboration with other County leaders and sectors as well as secure training and technical assistance through the Contra Costa County (CCC) Medication Education and Disposal Safety (MEDS) Coalition.	2018 – 2023	
	• Build relationships with the medical community, including pharmacists, in order to provide training for overdose prevention as well as disseminate and advocate that they follow the prescription guidelines currently in place.	2018 – 2023	
	• Ensure participation in DEA sponsored "Take Back" days as a way to gather community input about ease of finding locations to drop off unused or expired medications.	2018 – 2023	
	• Partner with pharmacies who have added take-back boxes in order to see what works well as a way to communicate with other pharmacies about adding new take-back locations.	2018 – 2023	
	• Collaborate effectively with the Health Services Department Prescription Drug Task Force that is reviewing relevant data across the county.	2018 - 2023	
Fiscal Resources	• Strengthen collaboration with the Public Health Department to ensure that the naloxone kits received are disseminated in the community.	2018 – 2020	
	• Work with Contra Costa Television (CCTV) and the Information & Communications unit to implement multi media campaigns that are at a free or reduced cost.	2018 – 2023	
	• Both county staff and providers identify grants and apply for them as appropriate. Provide letters of support if providers apply.	2018 – 2023	

Training Timeline			
Monthly	**Quarterly**	**Annually**	**Continuous**

• Contra Costa County (CCC) Medication Education and Disposal Safety (MEDS) Coalition
• Friday Night Live-Region Staff Meeting
	• Prevention Staff Meeting
	  o Education
	  o Environmental
	  o Substance Use Disorder (SUD) Prevention System of Care
		• Summer Institute
		• FNL Partnership: Leadership Training Institute
		• AODS Advisory Board
		• Responsible Beverage Server (RBS) Trainings.
		• Brief Intervention
		• Mental Health First
			• CLAS Standards and Cultural Competency
			• Continued Education Required Primary Prevention Trainings designated by AODS.

		Aid • All youth in Youth Development programs receive training in Environmental Prevention.	

Integrate Sustainability

In addition to involving the community in the strategic planning process, SUD Prevention Services also uses Regional Community Forums as an opportunity to provide education and resources to stakeholders in attendance. This includes presentations on local efforts and programs by SUD Prevention Services providers, data on substance abuse trends, prevention principles and strategies, and an overview of strategic planning efforts. Staff and community partners are engaged in regular stakeholder meetings that provide opportunities for information and resource exchange, training and education. Trainings sponsored by SUD Prevention Services include LGBTQ 101 & Cultural Competency, engaging youth and families in culturally competent recruitment and retention strategies, media advocacy and engaging parents in prevention work.

Integrate Cultural Competency

SUD Prevention Services requires all its contracted providers to adhere to the Culturally and Linguistically Appropriate Services (CLAS) standards and provides regular training and consultation as needed. Alcohol and Other Drug Services is committed to hiring staff representative of the communities it serves and is fortunate to collaborate with cultural and linguistically diverse partners. Contracted providers are further required to include a description of efforts to provide culturally competent services in their annual work-plan narratives. This year, a provider survey was implemented to assess provider strengths and needs in providing culturally competent services. Regional Community Forum handouts and presentations are also translated as need for monolingual speakers, and demographic information is collected at each community meeting and focus group to ensure representation from a variety of populations in the planning process.

Planning

Prioritizing Risk and Protective Factors

Priority Area: Underage drinking Risk and Protective Factor(s)	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Substance is available and easily accessible	x			x	5
Access and availability is minimal	x			x	4
Community norms accept or promote substance use • Youth and adults have no/little knowledge of harm and consequences • Peer use • Family member use		x		x	1
Community norms discourage substance use • Youth and adults understand harms and consequences • Peer disapproval • Caregiver disapproval	x			x	2
Laws, policies, and/or ordinances are unclear or inconsistently enforced	x			x	3
Laws, policies, and/or ordinances are consistently enforced	x			x	8
Youth struggle with interpersonal, social and family problems		x	x		7
Youth have supports for positive interpersonal and social development • Youth have positive adult relationships		x		x	6
Lack of socioeconomic resources leading to no/little caregiver supervision	x			x	10
Positive parenting/family management		x	x		9

Priority Area: Youth Marijuana Use Risk and Protective Factor(s)	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Substance is available and easily accessible	x			x	6
Access and availability is minimal	x			x	5
Community norms accept or promote substance use • Youth and adults have no/little knowledge of harm and consequences • Peer use • Family member use		x		x	3
Community norms discourage substance use • Youth and adults understand harms and consequences • Peer disapproval • Caregiver disapproval		x		x	4
Laws, policies, and/or ordinances are unclear or inconsistently enforced		x		x	2

Risk and Protective Factor(s)	Importance Low	Importance High	Changeability Low	Changeability High	Priority Rank
Laws, policies, and/or ordinances are consistently enforced		x		x	1
Youth struggle with interpersonal, social and family problems		x	x		10
Youth have supports for positive interpersonal and social development • Youth have positive adult relationships like Youth Development Programs such as FNL.	x			x	8
Lack of socioeconomic resources leading to no/little caregiver supervision	x			x	7
Positive parenting/family management		x	x		9

Priority Area: Prescription Drug **Abuse and** Misuse Risk and Protective Factor(s)	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Substance is available and easily accessible • The age adjusted rate of prescriptions in Contra Costa is higher than the state average.		x		x	1
Access and availability is minimal • Take-back and drop-off services are available and the stewardship ordinance is enforced.		x		x	2
Youth and adults have no/little knowledge of harm and consequences		x		x	4
Youth and adults have high perception of harms and consequences		x		x	3
Peer Use	x		x		10
Youth and adults struggle with interpersonal, social and family problems including mental health issues, social isolation, street violence and poverty.		x		x	7
Youth and adults have supports for positive interpersonal and social development	x		x		9
Youth and adults have alternative strategies/skills for managing issues that increase risk for substance use, including violence, mental and physical health.		x		x	8
Prescription standards are unclear and inconsistently enforced		x		x	4
Lack of socioeconomic resources leading to no/little caregiver supervision	x			x	5

Data-Based CSAP Strategies

Risk Factor	Protective Factor	Strategies
Priority Area 1: Reduce Underage Drinking		

1. Substance is available and easily accessible	1. Access and availability is minimal	**1a. Environmental:** Compliance checks, merchant trainings, Social Host policies/norms, healthy retailer policies, retail assessments/environmental scans **1b. Alternatives:** Youth adult leadership activities, healthy retailer initiative development & execution, physical design to prevent substance use-related activities **1b. Education:** Parent education **1c. Information Dissemination:** Media campaigns, webpage development, community/school outreach events, SUD prevention presentations **1d. Community-Based Process:** Community trainings, city council collaboration, law enforcement collaboration
2. Community norms accept or promote substance use • Youth and adults have no/little knowledge of harm and consequences • Peer use • Family member use	2. Community norms discourage substance use • Youth and adults understand harms and consequences • Peer disapproval • Caregiver disapproval	**2a. Community-Based Process:** Training and technical assistance, coordination with school staff to engage parents **2b. Education:** Classroom/school educational services, youth/parent education **2c. Alternatives:** Youth/adult leadership activities, community events/activities, drop-in centers **2d. Environmental Prevention:** Community norms marketing, DUI checkpoints coordination & execution, surveillance activities developed & executed **2e. Information Dissemination**: Community/school outreach events
3. Laws, policies, and/or ordinances are unclear or inconsistently enforced	3. Laws, policies, and/or ordinances are consistently enforced	**3a. Environmental:** Surveillance activities, efforts with city, county, tribal, and/or state officials, healthy retailer initiative development, TTA- commercial host liability, TTA-social host liability, compliance checks, RAMA to restrict advertising **3b. Community Based:** Intra/inter agency coordination/collaboration **3c. Information Dissemination:** Printed materials developed & disseminated, SHO/social access to alcohol, retailers informed of laws through traditional media
4. Youth struggle with interpersonal, social and family problems	4. Youth have supports for positive interpersonal and social development • Youth have positive adult relationships	**4a. Alternatives:** Youth/adult leadership activities, peer mentoring, community activities/drop-in centers **4b. Education:** Classroom/school educational services, family education, youth development including alternative skills/coping, Red Watchband Training **4c. Information Dissemination**: Counseling resources for youth/parents **4d. Problem ID & Referral:** SBIR **4e. Community Based Process:** Coordination w/ school based multidisciplinary teams
5. Lack of socioeconomic resources leading to no/little caregiver supervision	5. Positive parenting/family management	**5a. Education:** Parenting/family management services **5b. Information Dissemination:** SUD prevention presentations, webpage development **5c. Alternatives:** Youth/adult leadership activities

Priority Area 2: Reduce Youth Marijuana Use		
1. Substance is available and easily accessible	1. Access and availability is minimal	**1a**. **Environmental:** Merchant trainings, community and neighborhood mobilization, efforts with city, county, tribal and/or state officials, social host efforts, surveillance activities developed & executed, environmental scans, policies/enforcement of problem sites (parks and dispensaries/delivery services), SHO, policies to restrict marketing/advertising **1b. Alternatives;** Youth/adult leadership activities **1b. Education:** Parent education **1c. Information Dissemination:** Multi-media development & dissemination, SUD prevention presentations
2. Community norms accept or promote substance use • Youth and adults have no/little knowledge of harm and consequences • Peer use • Family member use	2. Community norms discourage substance use • Youth and adults understand harms and consequences • Peer disapproval • Caregiver disapproval	**2a. Community-Based Process:** Training & technical assistance, collect and stay updated on marijuana research **2b. Education:** Classroom/school educational services, parent education on risks and preventative steps they can talk with the youth **2c. Alternatives:** Youth/adult leadership activities **2d. Environmental Prevention:** Community norms marketing, efforts with city, county, tribal, and/or state officials, marketing/advertising restrictions **2e. Information Dissemination**: Community/school outreach events, media campaigns, website resources on health effects/updated research & policies
3. Laws, policies, and/or ordinances are unclear or inconsistently enforced	3. Laws, policies, and/or ordinances are consistently enforced	**3a. Environmental:** Surveillance activities, efforts with city, county, tribal, and/or state officials, healthy retailer initiative development, TTA- commercial host liability, TTA-social host liability, zoning ordinance development and executed land use, advertising policy and restriction development and execution, promotion of clear rules at school/home **3b. Community Based:** Intra/inter agency coordination/collaboration **3c. Information Dissemination:** Printed materials developed & disseminated.
4. Youth struggle with interpersonal, social and family problems	4. Youth have supports for positive interpersonal and social development • Youth have positive adult relationships	**4a. Alternatives:** Youth/adult leadership activities, peer mentorships, community events/activities to promote prosocial involvement/civic engagement **4b. Education:** Classroom/school educational services, alternative coping skills, parenting/family education
5. Lack of socioeconomic resources leading to no/little caregiver supervision	5. Positive parenting/family management	**5a. Education:** Parenting/family management services **5b. Information Dissemination:** SUD prevention presentations, webpage Development **5c. Alternatives:** Youth/adult leadership activities
Priority Area 3: Reduce Prescription Drug Abuse and Misuse		

1. Substance is available and easily accessible	1. Access and availability is minimal • Take-back and drop-off services are available	**1a**. **Environmental:** Community and neighborhood mobilization, efforts with city, county, tribal and/or state officials, social host efforts, safe disposal campaign, guidelines for clinical providers **1b. Alternatives;** Youth/adult leadership activities **1c. Information Dissemination:** Multi-media development & dissemination, community/school outreach events **1d. Community Based:** Coalition/workgroup activities, intra/inter agency coordination/collaboration, assessing community needs/assets **1e. Education:** Parent and providers education/awareness
2. Youth and adults have no/little knowledge of harm and consequences	2. Youth and adults understand harms and consequences	**2a. Community-Based Process:** Training & technical assistance, intra/inter agency coordination/collaboration, integrate Rx in curriculums **2b. Education:** Classroom/school educational services, parent education **2c. Alternatives:** Youth/adult leadership activities **2d. Environmental Prevention:** Community norms marketing **2e. Information Dissemination**: Community/school outreach events, presentations, media advocacy, warning signs and early referral resources
3. Peer use	3. Youth and adults have supports for positive interpersonal and social development	**3a. Community Based:** Intra/inter agency coordination/collaboration **3b. Information Dissemination:** Printed materials developed & disseminated. **3c. Education:** Classroom/school educational services, parenting/family management services
4. Youth and adults struggle with interpersonal, social and family problems including mental health issues, social isolation, street violence and poverty	4. Youth and adults have with alternative strategies/skills for managing issues that increase risk for substance use, including violence, mental and physical health.	**4a. Alternatives:** Youth/adult leadership activities, Classes/groups involving coping skills like meditation, stress reduction, process or creative groups **4b. Education:** Classroom/school educational services, parent/family education
5. Prescription standards unclear and inconsistently enforced		**5a. Community Based:** Intra/inter agency coordination/collaboration **5b. Information Dissemination:** SUD prevention presentations
6. Lack of socioeconomic resources leading to no/little caregiver supervision.	6. Positive parenting/family management	**6a. Education:** Parenting/family management services **6b. Environmental:** Access to community resources **6c. Alternatives:** Community centers, churches

Risk and protective factors were selected and prioritized based on findings from the needs assessment and Regional Community Forums. At the Forums, community members were asked to select what they thought were the most important risk and protective factors related to substance abuse, as well as identify prevention strategies for each priority area. The SUD Prevention Services Team further ranked each factor based on the degree of importance and changeability based on current capacity and resources. Those that were ranked low on both criteria were excluded from the logic model. In defining objectives and strategies, the Team identified where different risk and protective factors overlapped. For example, substance availability and accessibility often coincides with enforcement of laws, policies and ordinances for many communities. Potential strategies were identified in the table above and subsequently selected based on effectiveness, conceptual fit and feasibility. Moreover, the team sought to incorporate a mix of strategies for each objective as research indicates prevention efforts are most effective when employing a comprehensive approach.

Logic Models

Priority Area 1: Underage Drinking					
Problem Statement: Alcohol is the substance of choice among youth					
Contributing Factors: 1) Community norms accept/promote alcohol use, including low perception of harm 2) Alcohol is easily available 2) Youth struggle with interpersonal and social problems and lack protective factors that mitigate risks for alcohol use					
Goal: Decrease underage drinking 5% by June 2023					
Objective	**Strategies**	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**	**Indicators**
1.1) By 2023, youth will increase their perception that underage drinking is harmful by 3% as measured by CHKS.	Education: Classroom/School Educational Services, Community Educational Services Alternatives: Youth/Adult Leadership Activities Information Dissemination: Social Media Development and Maintenance, Community/School Outreach Event Problem ID & Referral: Prevention Screening and Referral Services	By 2019, recruit 100 students to participate in community and school-based prevention programs.	By 2021, youth will increase their knowledge around the harms of alcohol use.	In 2023, youth have increased the perception that underage drinking is harmful by 3% as measured by CHKS.	CHKS Program attendance Pre-post tests-alcohol education
1.2) By 2023, reduce youth alcohol access by 5% as measured by CHKS	Education: Community Educational Services Environmental: Healthy Retailer Initiative, Social Host	By 2019, recruit 80 parents to participate in educational programs.	By 2021, parents will increase their knowledge about harmful consequences of underage drinking	By 2023, youth alcohol access has decreased by 5% as measured by CHKS	CHKS Pre-post tests

	Efforts, Surveillance Activities, Advertising Policy and Restrictions		and Social Host laws.		
	Community-Based Process: Community and volunteer Training and Technical Assistance, Intra/Inter Agency Coordination/Collaboration

Information Dissemination: Social Media Development and Maintenance | By 2019, increase the number of retailers engaged in environmental prevention programming, including Responsible Alcohol Merchant Training, by 20. | By 2021, there will be an increase in the number of retailers implementing healthy retailer strategies. | | Alcohol retail store assessments |
| | | By 2019, engage 20 retailers to improve practices regarding responsible alcohol promotion. | By 2021, the number of retailers who decrease alcohol advertising will increase by 10. | | |
| | | By 2019, 3 law enforcement agencies will apply for ABC-OTS grants to support minor decoy, impact inspection, and shoulder tap strategies. | By 2021, the number of outlets selling alcohol to minors, through law enforcement operations, will be reduced by 2. | | Liquor law violations (ABC, Local police records)

Law enforcement decoy operations |
| | | By 2019, collaborate with identified communities to draft local Social Host Ordinance | By 2021, add 2 new Social Host Ordinances | | Social Host Ordinances |
| 1.3) By 2023, youth will increase social and interpersonal protective factors that mitigate risks | Education: Classroom/School Educational Services, Community Educational Services | By 2019, engage 100 youth in prevention programs | By 2021, youth will increase their connectedness to school and social supports. | By 2023, youth have increased social and interpersonal protective factors that mitigate risks | CHKS |

for substance use by 5% as measured by CHKS	Alternative Activities: Youth/Adult Leadership Activities, Social/Recreational Events/Activities Information Dissemination: SUD Prevention Presentations, Community/School Outreach Events. Community-Based Process: Intra/Inter Agency Coordination/Collaboration	By 2019, recruit 80 parents to participate in education programs.	By 2021, youth will increase refusal and resistance skills.	for substance use by 5%	Pre-post tests Program attendance
		By 2019, host 2 prosocial community/school events.	By 2021, parents will increase their skills to address risk factors that contribute to youth substance use.		
		By 2019, implement promotional strategies to increase awareness of local alternative activities such as drop-in centers.	By 2021, youth will increase involvement in prosocial school/community activities.		
1.4) By 2023, collaboration with schools and community partners will increase by 10 new collaborative initiatives or trainings.	Community-Based Process: Intra/Inter Agency Coordination/Collaboration, Training and Technical Assistance.	By 2019, identify opportunities to engage and strengthen collaboration with key community partners.	By 2021, providers will increase their identification of and collaboration with community partners.	By 2023, collaboration with schools and community partners will have increased by 10 new collaborative initiatives or trainings.	Meeting/ training attendance Referrals

Priority Area 2: Youth Marijuana Use
Problem Statement: Marijuana is the second most widely used substance among youth.
Contributing Factors: 1) Community norms accept/promote marijuana use 2) Marijuana is easily accessible
Goal: Decrease youth marijuana use 3% by June 2023

Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
2.1) By 2023, reduce access to marijuana by 3% as measured by CHKS	Environmental: Surveillance Activities, Health Ordinances, Healthy Retailer Initiative Education: Classroom/School Educational Services, Community Educational Services Community-based Process: Training and Technical Assistance Alternative Activities: Youth/Adult Leadership Activities, Social/Recreational Events/Activities Information Dissemination: Social Media Development and Maintenance, Curriculum Development	By 2019, engage with local law enforcement and policy-makers around marijuana legislation and enforcement.	By 2021, add marijuana to 9 Social Host Ordinances.	By 2023, access to marijuana has decreased by 3% as measured by CHKS.	CHKS Social Host Ordinance Pre post tests Event attendance Training manual completed Retailer surveys
		By 2019, recruit 80 parents to participate in educational programs.	By 2021, parents will increase their knowledge of risks of marijuana use.		
		By 2019, develop prevention tools, including lesson plans, for teaching parents and community about regulations and safe storage practices.	By 2021, increase parent knowledge of marijuana regulations and safe storage practices.		
		By 2019, identify public spaces where marijuana is an issue (parks, headshops, storefronts).	By 2021, implement healthy, drug-free events in identified community spaces.		
		By 2020, collaborate with providers and coalitions to develop responsible operating standards training for marijuana retailers.	By 2021, marijuana retailers will increase their knowledge of marijuana risks related to youth and regulations.		

2.2) By 2023, youth will increase their perception that marijuana use is harmful by 3% as measured by CHKS.	Education: Classroom/School Educational Services Alternatives: Youth/Adult Leadership Activities Environmental: Community Norms Marketing Information Dissemination: Social Media Development and Maintenance Problem ID & Referral: Prevention Screening and Referral Services	By 2019, recruit 100 students to participate in community and school-based prevention programs. By 2019, implement anti-marijuana marketing campaign, including developing public billboard.	By 2021, youth will increase their knowledge around the harms of marijuana use.	In 2023, youth have increased the perception that marijuana use is harmful by 3% as measured by CHKS.	CHKS Pre post tests-marijuana education
2.3) By 2023, prevention system workforce capacity will increase through implementation of 10 new tools or trainings focused on marijuana.	Community-Based Process: Intra/Inter Agency Coordination/Collaboration, Training and Technical Assistance	By 2019, identify resources or training opportunities for providers focused on marijuana prevention strategies, policies and research, including media strategies, cultural competency, and school-based curriculums.	By 2021, implement 7 additional trainings or tools focused on marijuana prevention.	By 2023, prevention system workforce capacity will have increased through implementation of 10 new tools or trainings focused on marijuana.	Training attendance Provider survey

Priority Area 3: Prescription Drug Abuse/Misuse
Problem Statement: Overdoses due to prescription drugs like opioids and sedatives have been increasing in the County.
Contributing Factors 1) Youth struggle with interpersonal and social problems and lack protective factors that mitigate risks for substance use 2) Community lacks understand of harms related to prescription drug misuse 3) Prescription drugs are easily accessible.
Goal: Decrease youth prescription drug abuse and misuse 1% by June 2023

Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
3.1) By 2023, youth will increase social and interpersonal protective factors that mitigate risks for substance use by 5% as measured by CHKS	Alternative Activities: Youth/Adult Leadership Activities, Social/Recreational Events/Activities Education: Classroom/School Educational Services, Community Educational Services Problem ID & Referral: Prevention Screening and Referral Services	By 2019, engage 100 youth in youth prevention programs.	By 2021, youth will increase their connectedness to school and social supports. By 2021, youth will increase coping skills alternative to abusing or misusing prescription drugs.	By 2023, youth have increased social and interpersonal protective factors that mitigate risks for substance use by 5% by CHKS	CHKS Pre-post tests Program attendance
		By 2019, develop parent presentation focusing on Rx abuse and misuse. By 2020, recruit 60 parents to participate in SUD presentation focusing on prescription drug abuse and misuse.	By 2021, parents will increase their knowledge of addressing risk factors that contribute to youth substance use.		
		By 2019, partner with local culturally competent organizations (such as RYSE or RCC) to host alternative, healthy community events.	By 2021, youth will report increased involvement in prosocial school/community activities.		
3.2) By 2023, youth and community members will increase their knowledge about the risks of Rx abuse/misuse and	Environmental: Physical Design to Prevention Substance Use-Related Activities, Efforts with City, County, Tribal, and/or State Officials	By 2019, integrate prescription drug abuse and misuse curriculum into youth and community prevention programming. By 2019, engage health	By 2021, community members and youth will increase their knowledge about Rx risks.	By 2023, youth and community members have increased their knowledge about the risks of Rx abuse/misuse and	Pre-post tests Program attendance

safe disposal by 50% as measured by pre-post tests	Education: Classroom/School Educational Services Community-Based Process: Intra/Inter Agency Coordination/Collaboration, Training and Technical Assistance Information Dissemination: Social Media Development and Maintenance	professionals and pharmacists (East Bay Safe Prescribing Coalition, Health Services Task Force, CCC MEDS Coalition) in prevention strategies. By 2020 engage 100 youth to participate in prevention programs. By 2020, host 2 alternative, healthy community events, such as health fairs to engage community in prevention around Rx abuse and misuse.		safe disposal by 50% as measured by pre-post tests	
		By 2019, develop County-wide framework for monitoring Rx abuse and misuse patterns.	By 2021, develop plan for addressing Rx abuse and misuse patterns. By 2021, implement marketing campaign to increase awareness of drop box locations		
3.3) By 2023, collaboration with medical and community partners will increase by 10 new collaborative events or trainings.	Community-Based Process: Intra/Inter Agency Coordination/Collaboration, Training and Technical Assistance	By 2019, identify opportunities to engage and strengthen collaboration with key community partners.	By 2021, providers will increase their knowledge of resources related to Rx prevention and collaboration with community partners.	By 2023, collaboration with schools and community partners will have increased by 10 new collaborative initiatives or trainings.	Meeting/ training attendance Referrals

Collaboration with the Planning Process

Starting in August 2017, SUD Prevention Services hosted four Regional Community Forums and three focus groups, during which community members, students, prevention staff, and partners from other agencies and organizations convened to collaborate on the planning process. Participants were presented with priorities and objectives from the most recent strategic plan, as well as findings from the needs assessment, which included local data based on their own community in addition to County-wide data. Results and feedback from the Regional Forums and focus groups were shared at a final Prioritization Forum, during which community members, staff and partners selected the three priority areas and identified important objectives and strategies. A draft of the logic model was further reviewed by SUD Prevention Services providers and partners. Throughout the process, stakeholders were asked to identify specific populations of focus and culturally relevant strategies. Moreover, strategies in the logic model were developed with focus on certain communities and attention was given to demographic and community differences found in the needs assessment.

Integrate Sustainability

SUD Prevention Services sought to ensure participation from a variety of key stakeholders at strategic planning meetings, including youth, parents, treatment providers, faith-based leaders, school administrators and law enforcement. This included targeted outreach by prevention providers as well as distribution of promotional materials in each community. Regional Forums and focus groups were held in five different regions of the County to ensure representation from each community. Objectives and strategies were also selected with careful consideration of feasibility and adaptability given current capacity and need to maintain fidelity to evidence-based models.

Integrate Cultural Competence

Demographic data was collected at Regional Community Forums and focus groups to ensure representation from a variety voices. Participants were provided needs assessment data and an overview of prevention efforts specific to their community. In developing the logic model, risk and protective factors were assessed in relation to specific communities within the County, and strategies were identified with the intention of being adapted to the unique needs of each community and population. SUD Prevention Services identified areas where resources could be re-allocated and culturally competent organizations to partner with in efforts to address disparities.

Implementation

Specific Interventions/Programs

Strategies (from logic model)	Specific Program/Intervention
Information Dissemination: Multi-media development & dissemination Social media development & maintenance Community/school outreach SUD prevention presentations Printed material development & dissemination Retailers informed of laws through traditional media Resource & information services	Community Coalitions (Alcohol, Marijuana and Prescription Drugs (AMPD), Monument Corridor Anti-Drug and Alcohol Coalition (MCADAC), Alcohol and Drug Abuse Prevention Team (ADAPT) Lamorinda & San Ramon, East County Alcohol Policy Coalition (ECAP)), Discovering the Reality of Our Community (DROC) Friday Night Live/Club Live Project SUCCESS Empowerment Positive Action
Education: Classroom/school educational services Parenting/family education Community/educational services Peer leader/helper programs	Project SUCCESS Positive Action
Alternatives: Youth/adult leadership activities Community service activities Social/recreational activities	Friday Night Live/Club Live DROC Empowerment
Problem Identification & Referral	Brief Intervention
Community-based Process: Training & technical assistance Intra/inter-agency coordination/collaboration Accessing/monitoring services & funding Assessing community needs/assets Coalition/workgroup activities	Community Coalitions (AMPD, MCADAC, ADAPT Lamorinda & San Ramon, ECAP), DROC Friday Night Live/Club Live Project SUCCESS Empowerment Positive Action

Environmental:	Community Coalitions (AMPD, MCADAC, ADAPT Lamorinda & San Ramon, ECAP), DROC
Surveillance activities	
Community/neighborhood mobilization	
Efforts with city, county, tribal, and/or state officials	Friday Night Live/Club Live
Healthy retailer initiative development	Empowerment
TTA- commercial host liability	
TTA-social host liability	
Advertising policy & restriction development & execution	
Retail policy development & execution	
School policy development & execution	
Social host efforts	
Zoning ordinance development & execution- land use	
Community norms marketing	

Implementation Plan

Strategy: Information Dissemination (ID), Education (ED), Community-Based Process (CBP), Problem ID and Referral (PIDR), Environmental (ENV), Alternatives (ALT)
IOM Category: Universal Indirect (UI), Universal Direct (UD) Selective (S), Indicated (I)

Goal 1:	Reduce underage drinking 5% by June 2023			
Objective 1:	By 2023, youth will increase their perception that underage drinking is harmful by 3% as measured by CHKS.			
Program/Interventions:	Friday Night Live, Coalitions, Community Outreach, Youth Development			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Develop and implement annual alcohol awareness month campaigns	Mar-Apr Annually	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, Project SUCCESS, FNL/CL, Positive Action, Empowerment, AOD Staff	ID, CBP, ENV	UI, UD
Conduct bi-annual targeted monitoring and identification of problem alcohol outlets regarding marketing and advertising	Jul-Jun Bi-annually	AMPD, DROC, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, Empowerment	ENV, CBP	UI
Conduct at least one community outreach event per program per year to raise awareness of the influence of alcohol promotion	Jul-Jun Annually	MCADAC, AMPD, DROC, ADAPT Lamorinda & San Ramon, ECAP, FNL/CL, Empowerment	ID, ENV, CBP	UI
Annual pre visits with retail alcohol outlets to educate, develop or enhance relationships with merchants	Jul-Sep Annually	AMPD, DROC, MCADAC, ADAPT Lamorinda & San Ramon, ECAP, FNL/CL, Empowerment	ENV, CBP	UI
Annual post visits with retail alcohol outlets to assess	Mar-Jun Annually	AMPD, DROC, MCADAC, ADAPT Lamorinda & San	ENV, CBP	UI

		Ramon, ECAP FNL/CL, Empowerment		
Conduct youth outreach and recruitment to increase membership of prevention programs by 5% as measured by first year baseline per group/chapter	Aug-Sep	FNL/CL, Project SUCCESS, DROC, Empowerment, Positive Action	CBP, ID	UD
Implement school/community-based education programs	Sep-Jun	Project SUCCESS, Positive Action, Brief Intervention	ED, PIDR	UD, S, I
Engage youth in one media analysis regarding promotion of Alcohol in pop culture per chapter/group per year	Oct-Jun Annually	DROC, FNL/CL, Empowerment	ALT, CBP	UD
Implement one youth driven anti-alcohol media campaign to counteract the messaging in pop culture per chapter/group per year	Oct-Jun Annually	DROC, FNL/CL, Empowerment	ALT, ID	UD

Goal 1:	Reduce underage drinking 5% by June 2023			
Objective 2:	By 2023, reduce youth alcohol access by 5% as measured by CHKS			
Program/Interventions:	Coalitions, Community Outreach, Positive Action, Project SUCCESS			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Conduct annual coalition volunteer outreach and recruitment to ensure all sector representation	Jul-Aug	ADAPT Lamorinda & San Ramon, ECAP, MCADAC, AMPD	ID, CBP	UD
Conduct parent outreach to implement one parent presentation in regards to the harms of underage drinking, per school/community site	Aug-Nov	Project SUCCESS, Positive Action	ID, CBP	UD
Attend one health fair on an annual basis to increase awareness of the Social Host Ordinance (SHO) and the consequences of providing alcohol to minors	Jul-Jun Annually	MCADAC, ADAPT Lamorinda & San Ramon, ECAP, AMPD, FNL/CL, Empowerment, Project SUCCESS, Positive Action, DROC	ID, CBP	UD
Collaborate with law enforcement agencies around ABC-OTS grant on an annual basis.	Jul-Jun Annually	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP	ENV, CBP	UI
Collaborate with local officials to advocate for the enforcement of the SHO	Sep-Jan	MCADAC, ADAPT Lamorinda & San Ramon, AMPD, ECAP,	ENV, CBP	UI

		FNL/CL, DROC, Empowerment, AOD Staff		
Conduct targeted monitoring and identification of problem outlets regarding alcohol accessibility.	Sep-Dec	AMPD, MCADAC, DROC, ECAP, ADAPT Lamorinda & San Ramon, FNL/CL, Empowerment	ENV, CBP, ID	UI
Conduct pre visits with retail alcohol outlets to educate, and monitor the adherence to the Deemed Approved Ordinance.	Nov-Feb	AMPD, DROC, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, Empowerment	ENV, CBP, ID	UI
Educate residents in each community to activate a reporting system if a merchant is not in compliance with the Deemed Approved Ordinance	Nov-Feb	AMPD, DROC, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, Empowerment	ENV, CBP, ID	UI
Collaborate with law enforcement to implement a minimum of 5 minor decoy operations throughout Contra Costa County	Jan-May	AMPD, DROC, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, Empowerment	ENV, CBP	UI
Implement the recognition and remind program on an annual basis.	Jul-Jun Annually	AMPD, DROC, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, Empowerment	ENV, CBP	UI
Develop one website showcasing the different Social Host Ordinances throughout the county to educate parents.	Jun-Aug	AOD Staff, AMPD, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, DROC, FNL/CL, Empowerment	ID	UD
Monitor alcohol density per community in order to not exceed baseline data	Jul-Jun	AMPD, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, DROC, Empowerment	ENV, CBP	UI

Goal 1:	Reduce underage drinking 5% by June 2023			
Objective 3:	By 2023, youth will increase social and interpersonal protective factors that mitigate risks for substance use by 5% as measured by CHKS			
Program/Interventions:	Youth Development, Friday Night Live, Positive Action, Project SUCCESS			
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Develop strategies for youth and parent outreach and recruitment, including collaboration with school staff	Jul-Aug	DROC, FNL/CL, Project SUCCESS, Positive Action, Empowerment	ID, CB, ED, ALT	UD, S

Participate in parent events at school, including Back to School Night and/or school registration	Aug-Nov	DROC, FNL/CL, Empowerment, Project SUCCESS, Positive Action	CB, ID	UD
Implement programs that utilize youth development as a foundation	Sep-Jun	DROC, FNL/CL, Empowerment, Project SUCCESS, Positive Action	ALT	UD, S
Implement one training per youth chapter/group on public speaking on an annual basis	Sep-Jun Annually	DROC, FNL/CL, Empowerment	CB, ALT	UD
Conduct one presentation to parents by youth on an annual basis	Sep-Jun Annually	DROC, FNL/CL, Empowerment	ALT, ENV	UI
Conduct one presentation to a community group per chapter/group on an annual basis	Sep-Jun Annually	DROC, FNL/CL, Empowerment	ALT, ENV	UI
Annually bring together all Youth Development programs to discuss the work being completed	Aug Annually	DROC, FNL/CL, Empowerment	ALT	UD
Engage youth, schools, coalitions and/or other agencies in planning one alternative school or community events that foster youth development	Sep-Jun	DROC, FNL/CL, Empowerment, Project SUCCESS, Positive Action	ALT, CBP, ID	UD
Educate school community and parents on importance of school connectedness and adult supports in preventing substance use	Sep-Jun	Project SUCCESS, Positive Action, FNL/CL, DROC, Empowerment	ID, ED, CBP, ALT	UD
Share information on youth activities and events on a monthly basis per chapter/group/coalition	Monthly	DROC, AMPD, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, Positive Action, Project SUCCESS, Empowerment	CBP, ALT	UD
Participate in one day of community service per chapter/group per year.	Jul-Jun Annually	FNL/CL, DROC, Empowerment	ALT	UD

Goal 1:	Reduce underage drinking 5% by June 2023
Objective 4:	By 2023, collaboration with schools and community partners will increase by participating in 10 new collaborative events or trainings.
Program/Interventions:	Coalitions, Friday Night Live, Youth Development, Positive

	Action, Project SUCCESS			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Assess staff capacity needs	Jul-Jun	All Providers and AOD Staff	CBP	UD
Implement quarterly trainings	Quarterly	AOD Staff	CBP	UD
Outreach to local community-based organizations and groups to enhance cross-sector collaboration	Jul-Jun	AOD Staff, All Providers	CBP	UD

Goal 2:	**Decrease youth marijuana use 3% by June 2023**			
Objective 1:	**By 2023, reduce access to marijuana by 3% as measured by CHKS**			
Program/Interventions:	**Coalitions, Community Outreach, Friday Night Live, Youth Development, Positive Action, Project SUCCESS**			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Compile research on laws pertaining to the enforcement and regulation around the legalization of marijuana	Jul-Jun	Empowerment, MCADAC, AMPD, ADAPT Lamorinda & San Ramon, ECAP, FNL/CL, DROC, AOD Staff	CBP, ID	UD
Compile research on countywide trends following marijuana legalization in Contra Costa.	Jul-Jun	AOD Staff	CBP, ID	UD
Meet with school officials to review policies around marijuana use and consequences	Sep-Nov	MCADAC, AMPD, ADAPT Lamorinda & San Ramon, ECAP, FNL/CL, DROC, Empowerment, Project SUCCESS, Positive Action	CBP, ENV	UI
Outreach and engage a minimum of two community groups and/or agencies to mobilize communities around the inclusion of marijuana and the enforcement of the Social Host Ordinance (SHO) in at least 9 jurisdictions	Jul-Jun	MCADAC, AMPD, ADAPT Lamorinda & San Ramon, ECAP, FNL/CL, DROC, Empowerment	ID, CBP, ENV, ALT	UI
Participate in at least one local policy meeting to advocate for enforcement of the marijuana regulations	Jul-Jun	MCADAC, AMPD, ADAPT Lamorinda & San Ramon, ECAP, FNL/CL, DROC, Empowerment	CBP, ENV	UI
Implement one campaign per year to advocate for the restriction of marijuana	Jul-Jun Annually	MCADAC, AMPD, ADAPT Lamorinda & San Ramon, ECAP	ID, ENV, CBP	UI

promotion.				
Use at least one source of media to promote information around marijuana laws and the SHO	Jul-Jun	MCADAC, ADAPT Lamorinda & San Ramon, ECAP, AMPD, Empowerment, DROC, FNL/CL	ID,CBP, ENV	UI
Research and develop one toolkit for parent education on marijuana	Jul-Oct (Year 1)	Project SUCCESS, Positive Action, DROC, FNL/CL, Empowerment	ED, CBP	UD, S
Conduct parent outreach and recruitment for the Marijuana presentation.	Sep-Nov	Project SUCCESS, Positive Action, DROC, FNL/CL, Empowerment	ID	UD
Implement one presentation annually to parents on the topic of marijuana per school/community site	Dec-Jun Annually	Project Success, Positive Action, DROC, FNL/CL, Empowerment	ED	UD
Identify and conduct targeted monitoring of marijuana nuisance sites, including delivery services annually	Aug-Dec Annually	AMPD, MCADAC, ADAPT Lamorinda & San Ramon, ECAP, Empowerment, FNL/CL, DROC	ENV	UI
Engage community stakeholders in planning a minimum of one alternative event in identified community spaces each fiscal year.	Sep-Aug Annually	DROC, FNL/CL, Empowerment,	ID, CBP, ALT	UD
Promote and engage the community in the annual alternative events	Sep-Aug Annually	DROC, FNL/CL, Project SUCCESS, Empowerment, Positive Action, AMPD, MCADAC, ADAPT Lamorinda, San Ramon, ECAP	ID, CBP, ALT	UD
Develop a Responsible Server training for marijuana retailers	Oct-Jan (Year 3)	AMPD, MCADAC, ADAPT Lamorinda & San Ramon, ECAP	CBP, ENV	UI
Identify and engage marijuana retailers in training on an annual basis.	Jan-May (Year 3)	AMPD, MCADAC, ADAPT Lamorinda & San Ramon, ECAP	CBP, ID, ENV	UI

Goal 2:	Decrease youth marijuana use 3% by June 2023			
Objective 2:	By 2023, youth will increase their perception that marijuana use is harmful by 3% as measured by CHKS.			
Program/Interventions:	Friday Night Live, Youth Development, Positive Action, Project SUCCESS			
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Review and develop marijuana education curriculums	Jul-Sep	Project SUCCESS, Positive Action	ID, ED	UD
Implement marijuana prevention education.	Sep-Jun	Project SUCCESS, Positive Action	ED	UD, S

| Annually, implement one marijuana awareness campaign per chapter/group site | Sep-Jun Annually | DROC, FNL/CL, Empowerment, Project SUCCESS, Positive Action | ID, CBP, ED, ALT | UD, S |

Goal 2:	**Decrease youth marijuana use 3% by June 2023**			
Objective 3:	**By 2023, prevention system workforce capacity will increase through implementation of 10 new tools or trainings focused on marijuana.**			
Program/Interventions:	**Coalitions, Friday Night Live, Youth Development, Positive Action, Project SUCCESS**			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Assess staff capacity needs	Jul-Aug	All providers & county staff	CBP	UD
Research and identify effective tools and evidence-based practices focused on marijuana prevention	Jul-Aug	All providers & county staff	CBP	UD
Implement one training	Annually	County	CBP	UD
Update education curriculums as needed to reflect current trends and data	Jul-Sep	All providers & county staff	ID, ED	UD, S
Update electronic prevention resources annually	Jul-Aug Annually	All providers & county staff	ID	UD

Goal 3:	**Decrease youth prescription drug abuse and misuse 1% by June 2023**			
Objective 1:	**By 2023, youth will increase social and interpersonal protective factors that mitigate risks for substance use by 5% as measured by CHKS**			
Program/Interventions:	**Coalitions, Friday Night Live, Youth Development, Positive Action, Project SUCCESS**			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Review and develop youth prevention curriculum focused on Prescription Drug (Rx) abuse and misuse prevention	Jul-Sep	DROC, FNL/CL, Project SUCCESS, Positive Action, Empowerment	CBP, ID	UD
Implement prevention curriculum focused on Rx abuse and misuse prevention.	Sep-Jun	DROC, FNL/CL, Empowerment, Project SUCCESS, Positive Action	Alt, ED	UD
Collaborate with youth on an annual basis to identify and promote resources/activities alternative to Rx abuse and misuse, such as meditation, yoga, and stress relief workshops	Oct-Jun Annually	DROC, FNL/CL, Empowerment, Project SUCCESS, Positive Action	Alt, ED, ID	UD, S, I
Collaborate with school staff and counselors to promote	Oct-Jun	DROC, FNL/CL, Empowerment, Project	CBP, ALT	UD, S, I

		SUCCESS, Positive Action		
referrals and access to school and community resources for at-risk youth				
Develop one toolkit for parents focusing on Rx abuse and misuse prevention	Aug-Sep (Year 1)	Project SUCCESS, Positive Action	ID, ED	UD
Conduct parent outreach and recruitment	Sep-Oct	Project SUCCESS, Positive Action	ID, CBP, ED	UD, S
Implement one Rx abuse and misuse prevention presentation annually to parents per school/community site presentations	Nov-Jun Annually	Project SUCCESS, Positive Action	ID, ED	UD, S
Collaborate with community partners to identify opportunities for at least one alternative activity, event, or workshop per year.	Sep-Aug	DROC, FNL/CL, Empowerment, ADAPT Lamorinda & San Ramon, MCADAC, AMPD, ECAP	ID, CBP, ALT	UD, S
Implement at least one alternative, community events/activities per year.	Sep-Aug Annually	DROC, FNL/CL, Empowerment, ADAPT Lamorinda & San Ramon, AMPD, MCADAC, ECAP	ID, CBP, ALT	UD, S

Goal 3:	**Decrease youth prescription drug abuse and misuse 1% by June 2023**			
Objective 2:	**By 2023, youth and community members will increase their knowledge about the risks of Rx abuse/misuse and safe disposal by 50% as measured by pre-post tests**			
Program/Interventions:	**Coalitions, Community Outreach, Friday Night Live, Youth Development**			
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**	**IOM**
Meet with local partners to identify Rx abuse and misuse trends and data collection tools on an annual basis	Jul-Jun	AMPD, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, DROC, Empowerment, AOD Staff	ID, CBP	UD
Participate in all Health Services Department taskforce initiatives related to the monitoring of Prescription Drug Abuse trends	Jul-Jun	AOD Staff	CBP	UD
Collaborate with community stakeholders to create a plan for monitoring Rx patterns	Sep-Dec	AMPD, ADAPT Lamorinda & San Ramon, ECAP, MCADAC, FNL/CL, DROC, Empowerment, AOD Staff	CBP	UD

Review data and develop County-wide Strategic Plan for addressing Rx abuse and misuse	Jan-Dec	ADAPT Lamorinda & San Ramon, AMPD, ECAP, MCADAC, FNL/CL, DROC, Empowerment, AOD Staff, CCC MEDS Coalition, Health Services Department Partners	ID, CBP, ALT	UD
Identify and collaborate with health professionals, pharmacists and local groups engaged in Rx prevention	Jul-Jun	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, DROC, Empowerment, FNL/CL, AOD Staff	CBP, ENV	UI
Identify drop-box locations and promotion strategies	Jul-Jun	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, FNL/CL, DROC, Empowerment, AOD Staff	CBP, ENV	UI
Monitor the implementation of the Safe Disposal Ordinance	Jul – Jan	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, FNL/CL, DROC, Empowerment, AOD Staff	CBP, ENV, ID	UI
Use at least one form of media to promote safe disposal sites	Jul - Jan	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, FNL/CL, DROC, Empowerment	ID, CBP	UD
Partner with water agencies to have one annual county-wide event	Jul -Jan	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, FNL/CL, DROC, Empowerment, AOD Staff	CBP, ID	UD
Implement one educational campaign targeting Health, Social and Human Services Agencies focusing on Safe Disposal	Jul-Jan	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, FNL/CL, DROC, Empowerment, AOD Staff	CBP, ID	UD
Support activities, outreach and recruitment for all CCC MEDS Coalition Activities.	Jul-Jan	AMPD, ADAPT Lamorinda & San Ramon, MCADAC, ECAP, FNL/CL, DROC, Empowerment, AOD Staff	CBP, ID	UD

Develop a podcast focusing on the impact of Prescription Drug abuse and misuse in Contra Costa.	Jul-Dec	CCC MEDS, AOD Staff	CBP, ID	UD

Goal 3:	Decrease youth prescription drug abuse and misuse 1% by June 2023			
Objective 3:	By 2023, collaboration with medical and community partners will increase by participating in 10 new collaborative events or trainings.			
Program/Interventions:	Coalitions, Friday Night Live, Youth Development, Positive Action, Project SUCCESS			
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Assess staff capacity needs	Jul-Jun	All Providers and county staff	CBP	UD
Implement one training	Annually	County staff	CBP	UD

Prevention strategies were selected based on input from community members and stakeholders who reviewed findings from the needs assessment at the Regional Community Forums. In addition to a focus on middle and high school students, community members indicated a need for stronger engagement with parents and adults. This supported assessment data demonstrating a link between parental involvement and youth substance use. The assessment further identified specific at-risk populations, including African American youth in regards to marijuana use, LGBT students, and youth reporting mental health symptoms. As a result, prevention strategies were reviewed for cultural relevancy, and the implementation plan sought to bolster efforts to collaborate with culturally competent organizations and groups as well as increase provider capacity to work with populations of focus. The chosen prevention programs and strategies primarily consist of current programs being implemented throughout the County and have demonstrated efficacy in research and prior evaluations.

Subcontractor Selection

This year, the County will not administer a Request for Proposal (RFP) but focus on strengthening capacity and services with current providers. Each provider has been recruited through an RFP and selected based on expertise in prevention work, experience providing services in the County, adherence to Substance Abuse Prevention and Treatment Block Grant (SAPT BG) regulations, administrative and fiscal stability, and cultural and linguistic competence based on the local community. As soon as the Countywide Strategic Plan is approved, it is distributed among existing providers who prepare annual work plans based on the prioritized goals, objectives and activities. Established agreements and responsibilities are outlined in County developed contracts, and providers submit annual work plans demonstrating activities in adherence to the strategic plan and progress towards prioritized goals.

Integrate Sustainability

Prevention partners and stakeholders have been regularly consulted throughout the strategic planning process and participated in the development of the implementation plan. Providers and coalition members are required to collect data and evaluate their initiatives for efficacy to ensure objectives are being met. SUD Prevention Services further reviews provider work plans and annual reports for program monitoring and evaluation.

Integrate Cultural Competence

Demographic data was collected at Regional Community Forums and focus groups to ensure representation from a variety voices. Participants were provided needs assessment data and an overview of prevention efforts specific to their community. In developing the logic model, risk and protective factors were assessed in relation to specific communities within the County, and strategies were identified with the intention of being adapted to the unique needs of each community and population. SUD Prevention Services identified areas where resources could be re-allocated and culturally competent organizations to partner with in efforts to address disparities.

Evaluation

Data Collection

Substance Use Disorder (SUD) Prevention Services providers and coalition members will collect and input process data, including services provided and clients served, continuously into the Primary Prevention SUD Data Service (PPSDS). Process data for all objectives will include sign in sheets, program attendance, and PPSDS data on number of individuals engaged in prevention services. Outcome data, presented in the table below, will be collected by both providers and SUD Prevention Services staff annually, including pre and post-tests, and monitored to assess service effectiveness and performance through participant satisfaction surveys and deliverables met. Data from the California Healthy Kids Survey (CHKS) will be collected biennial as the survey is only distributed every other year for Contra Costa Schools. Results from process and outcome evaluations will be shared annually among staff and community stakeholders to modify services as needed.

Outcome Evaluation Measures and Data Collection				
Goal/ Objective	**Measure**	**Data Source/Tool**	**Timeline**	**Responsible Party**
1	Current youth alcohol use	CHKS	2023	• SUD Prevention Services • Providers
1.1	Youth perceptions of harm	CHKS	Biennial	• SUD Prevention Services • Providers
	Youth knowledge around the harms of alcohol use	County developed pre post tests	Annual	• SUD Prevention Services
1.2	Youth perceptions of alcohol accessibility	CHKS	Biennial	• SUD Prevention Services • Providers
	Alcohol retailer prevention efforts	Pre post store assessments, community canvassing	Annual	• Providers
	Social Host Ordinance	County/City data	2021	• SUD Prevention Services • Providers
	Alcohol sales and server compliance rates	ABC, Law enforcement, Recognition and Remind results, regulations enforced, Last Point of Drink Survey	Annual	• Providers
	Minor decoy operations	Law enforcement data		•
	In store alcohol advertising	Pre post store assessments	Annual	• Providers
1.3	Youth social and interpersonal	CHKS	Biennial	• SUD Prevention

	protective factors			• Services • Providers
	Youth school and social connectedness	County developed pre post tests	Annual	• Providers
	Youth refusal and resistance skills	County developed pre post tests	Annual	• Providers
	Parent knowledge and skills in alcohol prevention	Provider developed pre post tests	Annual	• Providers
1.4	Increased collaboration and capacity	Meeting, event and/or training attendance Referrals	Annual	• SUD Prevention Services • Providers
2	Current youth marijuana use	CHKS	2023	• SUD Prevention Services • Providers
2.1	Youth perceptions of marijuana accessibility	CHKS	Biennial	• SUD Prevention Services • Providers
	Social Host Ordinance	City/County data	2021	• Providers
	Parent knowledge and skills in marijuana prevention	Provider developed pre post tests	Annual	• Providers
	Retailer knowledge of marijuana risks and regulations	Provider developed survey	Annual	• Providers
2.2	Youth perceptions of harm	CHKS	Biennial	• SUD Prevention Services • Providers
	Youth knowledge of the harms of marijuana	County developed pre post tests	Annual	• Providers
2.3	Prevention system workforce capacity	Training attendance Resource/ curriculum implementation Provider survey	Annual	• SUD Prevention Services • Providers
3	Current youth prescription drug abuse and misuse	CHKS	2023	• SUD Prevention Services • Providers
3.1	Youth social and interpersonal protective factors	CHKS	Biennial	• SUD Prevention Services • Providers
	Youth school and social connectedness	County developed pre post tests	Annual	• SUD Prevention Services
	Youth alternative coping skills	County developed pre post tests	Annual	• SUD Prevention Services
	Parent knowledge and skills in prescription drug abuse and misuse prevention	Provider developed pre post tests	Annual	• Providers
	Youth involvement in prosocial activities	County developed pre post tests Event attendance	Annual	• SUD Prevention Services
3.2	Community and youth knowledge of prescription drug misuse risks	County developed pre post tests	Annual	• SUD Prevention Services

	and safe disposal			
3.3	Increased collaboration and capacity	Meeting, event and/or training attendance Referrals	Annual	• SUD Prevention Services • Providers
Other Indicators				
1-3	Screenings and referrals	PPSDS	Annual	• SUD Prevention Services • Providers
1-3	AOD related school suspensions	California Department of Education Data Reporting Office	Annual	• SUD Prevention Services
1	Alcohol outlet density	Alcohol and Beverage Control (ABC)	Annual Monthly	• SUD Prevention Services • Providers
3	Unused drop off box prescriptions	Pounds collected per event	Annual (Take Back Days)	• SUD Prevention Services • Providers
3	Opioid overdoses (total and number connected to SUD Treatment facilities)	California Opioid Overdose Surveillance Dashboard	Annual Quarterly	• SUD Prevention Services
3	Nalaxone distribution	Contra Costa Public Health Department	Quarterly	• SUD Prevention Services

Roles and Responsibilities

SUD Prevention Services staff, including the Alcohol and Other Drug Services Program Chief, and Prevention Coordinator, will be responsible for compiling and monitoring data collected by providers and coalition members, with support from the Behavioral Health Division's Research and Evaluation Unit. Providers and coalition members are responsible for submitting quarterly process data into PPSDS, including services provided and clients served, as well as annual reports with outcome evaluation data that includes pre post tests, CHKS results for school-based providers, and alcohol outlet data from the provider's community. Providers monitor their own data and are required to make modifications based on findings or identified gaps. County-wide data for CHKS, alcohol outlet density, and opioid overdoses will be monitored by SUD Prevention Services staff.

Dissemination Plan

Stakeholders will be briefed on evaluation results at least annually, and process data will be shared during monthly and quarterly meetings with SUD Prevention Services, Alcohol and Other Drugs (AOD) Advisory Board members, Contra Costa County Office of Education, and SUD Prevention Services Partners.

■ Distributed by SUD Prevention Services staff

■ Distributed by providers and coalition members

■ Distributed by SUD Prevention Services staff, providers and coalition members

Audience	Annual/ Evaluation Reports	Fact Sheets	Brochures & Posters	Exhibits	Press Release	Community Stakeholder Mtgs.
Current/ Potential Funder	September (Annual)					
SUD Prevention Services	June (Annual)			August (Annual)		June (Annual)
AOD Advisory Board Members	X					
Community Members & Groups	X	X	X	X	X	June (Annual)
Organizations & Partners	X	X	X		X	June (Annual)
Media	July 2018 July 2023	X	X		X	

Integrate Sustainability

SUD Prevention Services monitors process data regularly through PPSDS as well as annual outcome reports submitted by providers for each program or intervention. Results are analyzed in terms of service effectiveness, alignment with Strategic Prevention Plan objectives, and community needs. In particular, SUD Prevention Services aims to ensure program quality by assessing the number of services provided and individuals served, evidence of program impact, and progress towards outcomes identified in the strategic plan on a monthly basis through provider reports. These indicators are reviewed in context of the program's community and data from past years if the provider has already been a contractor with SUD Prevention Services. Providers are required to monitor their own data and describe modifications made to programs based on identified barriers or gaps. These efforts are described in an end of year report submitted to SUD Prevention Services. Monthly stakeholder meetings also provide an opportunity to gather provider feedback about program successes and needs. Evaluation data and findings are further analyzed by location and community to inform planning efforts and resource allocation.

Integrate Cultural Competency

SUD Prevention Services has shared baseline data from the needs assessment with various communities throughout the County and solicited community input through Regional Community Forums and focus groups. Providers and coalition members share evaluation data on an ongoing basis with community members, who also participate in data collection and evaluation efforts, including survey development, store assessments, and reporting. Demographic data is collected for all prevention programs to assess disparities and needs for various populations. This data is used to ensure the County's diverse populations are being reached and impacted by prevention efforts. Population differences will indicate a need to tailor interventions or adapt programs for cultural fit. SUD Prevention Services plans to work with providers and community stakeholders to monitor health disparities and ensure dissemination of reports tailored to cultural and linguistic needs of

the communities served. All materials disseminated will be provided in threshold languages in accordance with CLAS standards.