

## CHAPTER I: INTRODUCTION

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2018 National Survey on Drug Use and Health, approximately 20.3 million people aged 12 or older had a substance use disorder (SUD) in the past year.<sup>1</sup> The California Department of Health Care Services (DHCS), sanctioned by SAMHSA, administers the Substance Abuse Prevention and Treatment Block Grant (SABG) in an attempt to mitigate the volume of such overwhelming statistics. In Kings County, the Substance Use Disorder-System of Care (SUD-SOC) is the division within Kings County Behavioral Health (KCBH) that administers the SABG and employs the funding to meet the SUD needs of Kings County residents while realizing the departments' vision:

***"... To build programs that empower individuals and their families to achieve sustained well-being from mental illness and addiction."***

SUD-SOC ensures compliance with all of the State and Federal regulations imposed by accepting SABG funding. This document serves to meet the SABG State Fiscal Year (SFY) 2020-21 Enclosure 2, Part I, Section 2(B)(2) requirement that SABG recipients must have a current and DHCS approved County Strategic Prevention Plan (SPP). The SPP is used to outline the primary prevention programs and strategies directed at individuals who have not been determined to require treatment for substance abuse as defined by the Code of Federal Regulations (CFR), Title 45, Part 96.

The SUD Prevention programs and strategies implemented across the county uphold the mission of KCBH:

***"To promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day."***

The SPP is shaped by the Strategic Prevention Framework (SPF) which consists of five steps and two guiding principles that help provide insight into the complex factors related to substance use and identify programs and strategies that are best suited to prevent substance abuse challenges unique to Kings County.<sup>2</sup> The five steps of the SPF are illustrated below on Figure 1.1.

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<sup>1</sup> SAMHSA. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/>

<sup>2</sup> SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. SAMHSA, 2019

Figure 1.1: *The Strategic Prevention Framework* <sup>3</sup>



<sup>3</sup> SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. SAMHSA, 2019

Woven into each step of the SPF are considerations related to cultural humility and sustainability; the SPF is arranged logically, centered on best practices, involves the use of county specific data, and is structured in a way that allows each step to build on the other.<sup>4</sup> The KCBH SUD Prevention Coordinator executes the process triennially or quinquennially, contingent upon the prearranged term of the previous SPP, and the SUD Prevention Coordinator manages/monitors the programs highlighted in the SPP. The SUD Prevention programs commit to retain the KCBH guiding values that consist of:

- ***Meeting each individual where they are - focusing on the person, not an illness;***
- ***Seek to understand and embrace diversity;***
- ***Demonstrate ethics, integrity, and commitment in all that we do;***
- ***Share knowledge and information, which fosters authority and empowerment in everyone; and,***
- ***Create partnerships that are preventative, creative, and positive to our mission.***

The SPP is truly unique and serves as a powerful tool to target the root problem of substance use in Kings County, eliminate the gaps in services to our rural populations, ensure sustainability of new or existing prevention programs, and maintain cultural humility in prevention programs and activities that celebrate and highlight the cultural diversity of Kings County.

## **County Profile**

### **Geographic Profile**

Kings County, a rich agricultural region, is located in the San Joaquin Valley, also known as the Central Valley. The county shares a border with Fresno County to the north and northwest, with Tulare County to the east, with Kern County and a small part of San Luis Obispo County to the south, and with Monterey County to the west. Kings County has a rural designation and covers 1,392 square miles with a population of 154,434.<sup>5</sup> The largest densities of population reside in five communities, with Hanford, the largest community, designated as the County Seat. The other communities are Lemoore, Avenal, Kettleman City, and Corcoran. Armona, Stratford, Grangeville, Hardwick, Home Garden, and Lemoore Naval Air Station are recognized as Census Designated Places (CDP), which are closely settled, unincorporated areas that are locally recognized and identified by name; the county currently has 20 unincorporated areas within its borders.<sup>6</sup>

Hanford (pop. 56,910), and Lemoore (pop. 26,474), are eight miles apart, with Armona (pop. 4,156), a CDP, located between the two communities. They are the most culturally diverse of the five communities noted above. Both Hanford and Lemoore have abundant options for shopping, dining, medical care, and education. Avenal (13,218) and Kettleman City (pop. 1,439), have the least number of residents, and are isolated on the west side of Kings County, located in a small valley of the coastal mountain range. They are both approximately 45 miles from the

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<sup>4</sup> SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. SAMHSA, 2019

<sup>5</sup> 2020 Kings County. About Us: General Information. Retrieved from <https://www.countyofkings.com/about-us>

<sup>6</sup> Census Designated Placed for the 2020 Census. Retrieved from [federalregister.gov](https://www.federalregister.gov)

Hanford/Lemoore area. The majority of the residents in these two communities are farmworkers and spend long hours in the fields or serve as correctional officers in the Avenal State Prison.

Shopping options in Avenal and Kettleman City are limited to a variety of mini-marts and one market, fueling a high propensity for tobacco and alcohol consumption. Dining options are also limited. Two rural health clinics serve both communities. Both Avenal and Kettleman City are located near the I-5 Interstate Freeway, making them prime drop off points for drug traffickers supplying the Central San Joaquin Valley. Gang violence is a frequent occurrence in both communities.

Corcoran (pop. 21,676), is approximately 20 miles from the Hanford/Lemoore area. The community supports a large Hispanic majority and a percentage of local workers are comprised of contracted field workers for the J.G. Boswell Company that produces cotton, tomatoes, and alfalfa hay.<sup>7</sup> Corcoran houses two state prisons known as *California State Prison, Corcoran (CSP-COR)* and the *Substance Abuse Treatment Facility and State Prison, Corcoran (SATF-CSP, Corcoran)* both of which offer competitive wages and few educational requirements, which leads many youth to pursue careers as correctional officers. Corcoran supports a limited variety of shopping and dining options, although most residents with transportation travel to Hanford for much of their shopping and dining needs.

### **Industry**

Agriculture is the primary industry in Kings County, bringing in over 2.1 billion dollars per year, with a total of 794,100 acres devoted to farmland, roughly 85 percent of the total county's total land. The top ten commodities are milk, cotton, cattle and calves, almonds, alfalfa, pistachios, processed tomatoes, walnuts, corn, grapes, and peaches, making it one of the top ten agricultural counties in the state. Kings County is also home to Central Valley Meat, which is one of the largest employers of the Central Valley; Central Valley Meat currently employs over 900 workers and they process over 1,500 head of cattle a day.<sup>8</sup>

Kings County is not only agriculturally driven, but it is also home to the Lemoore Naval Air Station (LNAS), a United States Navy base located west of the city of Lemoore. Lemoore Naval Air Station, also known as NAS Lemoore, provides infrastructure, support, and services in support of national tasking.<sup>9</sup> Lemoore Naval Air Station enlists over 7,200 Navy personnel and provides support for 1,300 civilians, 10,900 dependents, and 825 reservists. Two schools, R. J. Neutra and Admiral Akers, provide education for K – 8 grade students; whereas high school aged students living on base are situated to attend Lemoore High School alongside other Lemoore inhabitants. The base has an active healthcare clinic, and provides residential housing for families, along with many services that address social, familial, recreational, and public safety needs.

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<sup>7</sup> J.G. Boswell Co. Retrieved from <https://www.bloomberg.com/profile/company/BWEL:US>

<sup>8</sup> Central Valley Meat. Retrieved from <https://www.centralvalley meat.com/family-values/>

<sup>9</sup> Naval Air Station Lemoore. Commander Navy Region Southwest: US Navy Website. Retrieved [https://www.cnrc.navy.mil/regions/cnrsw/installations/nas\\_lemoore.html](https://www.cnrc.navy.mil/regions/cnrsw/installations/nas_lemoore.html)

## Demographic Profile

Kings County is culturally diverse, with a population consisting of 55.2% Hispanic/Latino, 31.3% White, 7.5% Black or African American, 4.4% Asian, and 3.2% American Indian or Alaskan Native.<sup>10</sup> The percentage of households where a language other than English is spoken is 39.9%, with a majority speaking Spanish. Since agriculture is the largest industry, many migrant families settle in Kings County for farm labor jobs that are mostly seasonal.

Kings County also is home to three large state prisons. The combined prison inmate population in *CSP-COR and SATF-CSP*, Corcoran is 8,877. Avenal State Prison currently houses 4,110 inmates; the total inmate population equates to approximately 8% of the total county population.<sup>11</sup>

Hardships faced by the county's many migrant families as well as the families of incarcerated individuals include a lack of stability and structure, higher truancy and dropout rates, decreased opportunities to gain work skills and experience, high unemployment rates, and mental health challenges. Language barriers within communities limit the ability of parents to communicate effectively with schools, law enforcement, and other public agencies. Generational and cultural gaps cause inconsistency regarding appropriate youth discipline and skilled parenting practices.

The indigenous populations of the county are primarily represented by the Tachi-Yokut Tribe. Other California Natives have also settled Kings County, to a lesser extent, and they continue to thrive. The Native population currently comprises a small subgroup within the county which is approximately 2%. The modern day Tachi-Yokut Tribe have successfully sustained themselves in the community through the establishment of the Tachi Palace Casino and Resort located on the Santa Rosa Rancheria in Lemoore.<sup>12</sup>

## Other Environmental Factors

The political climate in Kings County reflects a strongly conservative mindset. Although California is identified as a "blue state" (Democrat), the Central Valley (San Joaquin Valley), including Kings County, has a Republican majority. This political affiliation can influence the community's perception of drugs, drug use, and the feasibility of long-term sustainability/success of certain programs including prevention efforts.<sup>13</sup> An article presented by the Pew Research Center found that Democrats are more likely to support treatment, whereas only half of America who identify as Republican feel that the government should focus more on treatment than prosecution in dealing with illegal drug users.<sup>14</sup>

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<sup>10</sup> QuickFacts Kings County, California. (2019). U.S. Census Bureau. Retrieved from <https://www.census.gov/quickfacts/kingscountycalifornia>

<sup>11</sup> Total California Department of Corrections and Rehabilitation (CDCR) Population. (2019). CDCR: Division of Correctional Policy Research and Internal Oversight Office of Research. Report #: SOMS-TPOP-1. Retrieved from <https://www.cdcr.ca.gov/research/wpcontent/uploads/sites/174/2019/06/Tpop1d1901.pdf?label=View%20January%202019%20Report&from=https://www.cdcr.ca.gov/research/monthly-total-population-report-archive-2019/>

<sup>12</sup> About Us. Tachi-Yokut Tribe. Retrieved from <https://www.tachi-yokut-nsn.gov/about>

<sup>13</sup> Political Parties on Drug Use. Retrieved from <https://drugabuse.com/featured/political-parties-on-drug-use/>

<sup>14</sup> America's New Drug Policy Landscape. (April 2, 2014). Pew Research Center: U.S. Politics & Policy Retrieved from <https://www.pewresearch.org/politics/2014/04/02/americas-new-drug-policy-landscape/>

A total of 73.7% of individuals aged 25 years and older have a high school diploma or higher; but only 13.5% have a Bachelor's degree or higher.<sup>15</sup> Other factors making individuals vulnerable include an 18.8% poverty rate, approximately 10,500 veterans, and 8.7% of the population under the age of 65 who live with a disability.<sup>16</sup> These factors, all of which may influence the onset of drug use, make it especially important to offer comprehensive and inclusive prevention programs.

A new environmental factor needing to be taken into consideration during this time is the spread of the Novel Coronavirus Disease 2019 (COVID-19). Much like other parts of the country, Kings County has been profoundly impacted by COVID-19. In addition to the shelter-in-place order that was put into effect by the State of California, Kings County has seen consistent increases of the number of individuals contracting the virus, which resulted in the county being placed on the State watch list, further inhibiting KCBH's ability to operate its face-to-face SUD Prevention programs. Schools have transitioned to virtual distance learning; county departments, agencies, and local businesses must operate under specific guidelines to reduce the likelihood of transmitting the virus.

Since the onset of COVID-19, the Kings County Department of Public Health have released periodic press releases regarding COVID-19 updates and to present collected data to keep residents informed of all happenings related to COVID-19. Kings County reported its first COVID-19 related death on April 11, 2020, and there has been series of outbreaks that have caused spikes in COVID-19 rates within Kings County. Most outbreaks have occurred primarily within the essential workforce and the most impacted sites have been the Central Valley Meat and the Corcoran and Avenal State Prisons.

### ***Prior SPP Overview***

The former SPP served a triennium term from July 2018 through June 2021. The SPP for this period targeted a single priority area, underage drinking, due to an increase in acceptance and tolerance of alcohol use among youth, peers, and parents.<sup>17</sup> The official Problem Statement, Goals and Objectives of the 2018-21 SPP are listed on the figure below.



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<sup>15</sup>QuickFacts Kings County, California. (2019). U.S. Census Bureau. Retrieved from <https://www.census.gov/quickfacts/kingscountycalifornia>

<sup>16</sup>QuickFacts Kings County, California. (2019). U.S. Census Bureau. Retrieved from <https://www.census.gov/quickfacts/kingscountycalifornia>

<sup>17</sup> Kings County Behavioral Health: Strategic Prevention Plan 2018-2021. Retrieved from [http://www.kcbh.org/uploads/2/6/2/9/26293851/spp\\_final\\_2018\\_-\\_2021.pdf](http://www.kcbh.org/uploads/2/6/2/9/26293851/spp_final_2018_-_2021.pdf)

**Figure 1.2: 2018-21 Priority Area, Problem Statement, Goal and Objectives <sup>18</sup>**

<p><b>Priority Area:</b> Underage Drinking</p> <p><b>Problem Statement:</b> Kings County youth and adults are uninformed about underage drinking.</p> <p><b>Goal:</b> Youth and adults will be informed about underage drinking</p> <p><b>Objective 1:</b> By June, 2021, youth between the ages of 12 to 17 will reduce underage drinking by 3%, as measured by pre/post tests.</p> <p><b>Objective 2:</b> By June, 2021, parents will be informed about the harmful consequences of underage drinking to decrease their complicit acceptance of it by 3%, as measured by pre and post tests.</p>
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The Priority Area and the accompanying Problem Statement, Goal, and Objectives of the previous SPP were based on county data derived from:

- Focus groups and key informant interviews
- Kings County youth surveys
- California Healthy Kids Survey results for Kings County
- Kings County SUD Treatment Admissions Reports
- Local community agency assessments
- Other state data (CA Department of Justice (DOJ) arrests, CA DMV DUI Management System Report, etc.)

Once the SUD Prevention Coordinator identified the needs of Kings County, five programs/interventions were elected to meet the SUD Primary Prevention needs of the county. The 2018-21 SPP utilized the following:

- Botvin Life Skills
- Life Steps
- SHOES Club
- Celebrating Families
- Celebrating Families (expansion project)

Botvin Life Skills and SHOES Club are school-based services that are facilitated by the SUD Prevention Coordinator throughout the county at different sites. Botvin is an evidence-based skill building group that has been proven to cut youth alcohol use by up to 60 percent.<sup>19</sup> The SHOES Club is a local innovative group that helps empower youth, promotes the use of stress reduction techniques and coping skills which aim to result in reduced rates of substance use.<sup>20</sup>

Celebrating Families is also an evidence-based curriculum that is designed for families in which one or both parents have a problem with alcohol or other drugs.<sup>21</sup> The program is designed to work with the youth and parents to increase protective factors and reduce risk factors by helping

<sup>18</sup> Kings County Behavioral Health: Strategic Prevention Plan 2018-2021. Retrieved from [http://www.kcbh.org/uploads/2/6/2/9/26293851/spp\\_final\\_2018\\_-\\_2021.pdf](http://www.kcbh.org/uploads/2/6/2/9/26293851/spp_final_2018_-_2021.pdf)

<sup>19</sup> Botvin Life Skills Training. (2020). National Health Promotion Associates. Retrieved from <https://www.lifeskillstraining.com/>

<sup>20</sup> Kings County Behavioral Health: Strategic Prevention Plan 2018-2021. Retrieved from [http://www.kcbh.org/uploads/2/6/2/9/26293851/spp\\_final\\_2018\\_-\\_2021.pdf](http://www.kcbh.org/uploads/2/6/2/9/26293851/spp_final_2018_-_2021.pdf)

<sup>21</sup> National Association for Children of Addiction. (2019) Celebrating Families. Retrieved from <https://celebratingfamilies.net/>

reduce parental substance use, increase communication between parents and children regarding the dangers of substance use which will then result in decreased likelihood of youth SUDs. The expansion project portion of Celebrating Families incorporates the use of having a sit-down dinner to communicate, and further strengthen and heal relationships within the family.<sup>22</sup>

Lastly, Life Steps is a day-long class which addresses various topics, including youth substance use. The class is held for parents who were summoned to the local and county Student Attendance Review Board (SARB) hearing due to their child or children's excessive absenteeism/truancy from school.<sup>23</sup>

### ***SPP Implementation Challenges***

During the 2018-21 period, there were significant department-wide changes that impacted the implementation of the SPP. One of the first changes that occurred within the department that impacted the delivery of the SPP was the internal reorganization of KCBH into two distinct divisions – Administration and Clinical Services. The reformation resulted in the development of the SUD-SOC, which is housed under the Clinical Services division.

The second change that had the most significant impact on the delivery of SUD prevention in Kings County was the retirement of the former SUD Prevention Coordinator, which took place only months after the 2018-21 SPP was underway. The loss of the SUD Prevention Coordinator had a profound impact on SUD prevention because the County had a single individual administer the SUD Prevention division over an eight-year period. The retiring Prevention Coordinator had been responsible for organization all SUD prevention including the: development, coordination, implementation, and management of all the previous SPPs. The loss was difficult for the department and SUD Prevention efforts continued but they were limited due to the simultaneous need to direct most of the SUD division's concentration and effort on implementing the new Drug Medi-Cal Organized Delivery System (DMC-ODS) which was set to launch in 2018.

Within a few months of the SUD Prevention Coordinator's retirement, the position was filled, and Botvin Life Skills, SHOES Club, and the Life Steps SUD component resumed. Four skill-building groups were facilitated at different school sites during the 2019 fall semester and new partnerships were being formed to build SUD Prevention efforts in the schools during the spring semester; however, COVID-19 emerged and began to spread. In March 2020, the Superintendents of Kings County, in consultation with the Kings County Department of Public Health declared a county-wide closure of all schools within Kings County.<sup>24</sup> The closure of the schools resulted in a department-wide decision to cease all face-to-face direct services until

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<sup>22</sup> Kings County Behavioral Health: Strategic Prevention Plan 2018-2021. Retrieved from [http://www.kcbh.org/uploads/2/6/2/9/26293851/spp\\_final\\_2018\\_-\\_2021.pdf](http://www.kcbh.org/uploads/2/6/2/9/26293851/spp_final_2018_-_2021.pdf)

<sup>23</sup> Kings County Behavioral Health: Strategic Prevention Plan 2018-2021. Retrieved from [http://www.kcbh.org/uploads/2/6/2/9/26293851/spp\\_final\\_2018\\_-\\_2021.pdf](http://www.kcbh.org/uploads/2/6/2/9/26293851/spp_final_2018_-_2021.pdf)

<sup>24</sup> Retrieved from

<https://www.hjuhsd.k12.ca.us/site/handlers/filedownload.ashx?moduleinstanceid=5269&dataid=5091&FileName=School%20Closure%202020-03-13.pdf>



further notice. The only SUD Prevention program that did not cease was the Celebrating Families program, which resorted to modifying the program and facilitating lessons virtually.

## **Achievements**

The SPP was faced with various implementation challenges however there are still notable achievements that were produced. The preexisting relationships with the school sites were rejuvenated and enhanced. School sites displayed their willingness and appreciation of the school-based services by providing incentives for youth who participated in school-based services such as food and snacks and handling all arrangements such as gathering the youth, securing a classroom, submitting all relevant forms and documents required by the department, and willingness to manage scheduling conflicts.

The skill building groups' success became recognized among other school sites, and with the addition of outreach efforts there was a commencement and/or establishment of agreements for facilitation of skill building groups at sites that had not previously received school-based services. The delivery of SUD Prevention school-based skill building groups at different school sites resulted in the strengthening of relationships with school sites. There was collaboration with the county's mental health division and school counselors to address and identify sites that would be best suited to receive SUD Prevention education, which resulted in the targeted emphasis on alternative schools within Kings County.

Celebrating Families has seen ongoing success for families throughout each cohort; the program has had a 70 percent completion rate and despite the challenges associated with COVID-19, the program was able to complete the program with two cohorts. Referrals have been collected to initiate a new set of cohorts amid the pandemic. Celebrating Families has also shown improvements in child rearing behaviors as measured by using the Adult Adolescent Parenting Inventory-Version 2 (AAPI-2).

The SUD-SOC has also begun to expand its networking ability by exploring partnerships with other agencies. SUD-SOC has previously collaborated with its SUD treatment providers and other agencies to help facilitate the Red Ribbon Week campaign, which is the largest drug-abuse prevention campaign in the nation.<sup>25</sup> In October of 2019, the Kings County Red Ribbon Week campaign hosted an event at the Santa Rosa Rancheria for Native American youth. Since then, the SUD-SOC has been in conversation with tribal governance to construct capacity building endeavors to improve prevention activities to this underserved population in Kings County.

## **Lessons Learned**

The foremost lesson learned from the current SPP relates to the deficits in the SUD-SOC's development strategies. The SUD-SOC is a relatively small unit, and the county itself is also relatively small with limited resources. It became apparent that the SUD-SOC may not be maximizing the available county resource capacity. This was revealed with the retirement of the SUD Prevention Coordinator which resulted in the suspension of many programs delivered in the

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<sup>25</sup> Red Ribbon Campaign. Retrieved from <https://www.redribbon.org/>

2018-21 SPP. The issue resurfaced at the onset of COVID-19; the Primary Prevention programs were limited to virtual sessions for participants of Celebrating Families; therefore, the county has begun exploring capacity building options with local agencies to offset significant reductions in services by the emergence of unforeseen circumstances.

Other lessons learned concern the implementation of Life Steps, as previously mentioned, the Life Steps program is a class for parents with excessively absent or truant children. While the program can assist in linking parents and children with resources within the community, KCBH has chosen to re-evaluate the program for the purposes of determining its effectiveness and efficiency in meeting the needs of families with chronic absenteeism or truancy.

On the subject of the outcome measures for Celebrating Families, it was recently discovered that although Celebrating Families has been shown to prevent youth SUD, the program facilitators were using child rearing measurement tools rather than tracking outcomes based gauging reduction in Alcohol and Other Drug (AOD) use among youth.<sup>26</sup> SUD-SOC was able to establish a relationship with the Celebrating Families program developers who provided facilitators with more appropriate evaluation tools and training as well.

Further, the challenges of delivering Celebrating Families curriculum virtually, have led SUD-SOC staff to the realization that a supplemental curriculum may be needed to work alongside the Celebrating Families virtual sessions; the purpose for an alternative curriculum would be to minimize the limitations of the Celebrating Families sessions which are designed to be facilitated in-person. SUD-SOC intends to identify a curriculum that has the flexibility of being operated virtually without compromising critical components of the curriculum.



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<sup>26</sup>National Association for Children of Addiction. (2019) Celebrating Families. Retrieved from <https://celebratingfamilies.net/>

## CHAPTER II: ASSESSMENT

The first step towards developing a county specific Strategic Prevention Plan that is attentive to the unique challenges and complex environmental factors that may influence the onset of substance use among youth and misuse among adults and families is referred to as the assessment phase. An essential component of the assessment is collecting both quantitative and qualitative data from a wide variety of sources; ideally, local data must be objective, comprehensive, non-biased, and inclusive. Analysis of data must also be strategic and thorough. By following such requisites, the data will appropriately indicate where the problems are in the community, identify vulnerable populations, examine conditions that put the community at risk, and identify tactics that will best protect the community.<sup>27</sup>

Planning for the assessment process began in mid-September 2020. The SUD Prevention Coordinator determined what local quantitative data was available as well as what possible gaps existed in the data that could be strengthened through procurement of qualitative data. The data collection process was conducted over the two-month period from October 1, 2020 through November 30, 2020. Quantitative data was collected from these sources:

- Kings County SUD treatment data for youth and adults retrieved from:
  - California Outcomes Measurement System Treatment
  - Electronic Health Records System
- Kings County Youth Probation Reports that consisted of:
  - Frequency of Offenses Report
  - Criminogenic Needs Report
  - Measured Change Report
  - Toxicology Reports
  - Referrals of Juveniles to Probation Reports
- Center for Applied Research Solutions (CARS); Community Prevention Initiative (CPI), through the Strategic Training and Education for Prevention Planning (STEPP), CARS assembled multiple quantitative data sources at the County and state level. This compendium of data is referred to as the Data Indicator Toolkit. There are three Toolkits, one focusing on AOD consumption patterns, the second on consequences of AOD use, and the third on factors contributing to AOD use. Though some of the data sources for smaller counties like Kings, are either too old to account for changing conditions, or data for Kings County is limited or not available. The sources that were used from the toolkits are as follows:

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<sup>27</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

- Consumption Data Sources:
  - National Survey on Drug Use and Health (NSDUH)
  - California Department of Finance Demographic Research Unit
  - California Healthy Kids Survey (CHKS)
  - California Department of Education Enrollment by School
  - California Health Interview Survey (CHIS)
  - Opioid Overdose Surveillance Dashboard
- Consequence Data Sources:
  - California Department of Public Health
  - California Office of Statewide Health Planning and Development
  - California Highway Patrol
  - California Office of Traffic Safety
- Contributing Factors Data Sources:
  - National Survey on Drug Use and Health (NSDUH)
  - State of California, Department of Finance Population Projections
  - California Healthy Kids Survey (CHKS)
  - Kids Data.org program of Lucille Packard Foundation for Children’s Health
  - County Alcoholic Beverage Control (ABC)
  - California Department of Education (CDE)

The second component of the data collection phase was the acquisition of qualitative data. The SUD Prevention Coordinator successfully obtained qualitative data through a series of focus groups, surveys, and the key informant interviews listed below:

- Focus Groups
  - Maternal Wellness Coalition Focus Group
  - Substance Use Prevention Workgroup Focus Group
  - WestCare Focus Group
- Key Informant Interviews
  - Interview with Case Counselor from Owens Valley Career Development Center
  - Four Interviews SUD Counselors from Champions Recovery Alternative Programs
- Surveys
  - Survey administered with local SUD prevention, treatment, and related service providers that take part in local coalitions
  - Survey administered with adult graduates of SUD treatment programs
  - Survey of Corcoran parents and students developed by the Substance Use Prevention Workgroup as part of a pilot prevention program in the city of Corcoran

## Limitations

The data collected from the aforementioned sources is helpful and provides insights into the trends and challenges facing the County as a result of AOD; however, there are some limitations that must be taken into consideration when interpreting the data. The first and most obvious challenge with collecting data for the community needs assessment was the presence of the COVID-19 pandemic which limited the County's ability to collaborate with a greater number of local agencies to acquire qualitative and quantitative data or to conduct more focus groups and key informant interviews with local community members and other essential stakeholders. The County had to rely heavily on pre-existing relationships established with community members and partners who are closely tied to the field of SUDs. Although the information acquired was helpful, it is not inclusive of all local services providers and other health agencies that play a part in promoting health and wellness for residents of Kings County.

Other limitations related to the pandemic include the limited availability of service providers within the community due to inconsistent work schedules and staff working from home with limited technology or sometimes unstable internet connectivity. Most service providers had to prioritize COVID-19 related duties such as managing new regulations and guidelines to keep places of work safe for staff and beneficiaries. These unforeseen circumstances in turn affected participation in the focus groups and resulted in limited survey responses; consequentially the limited response could potentially introduce unintended bias in the data.

Secondly, the SUD Prevention Coordinator also faced time constraints challenges due to a later than anticipated start date of the assessment process. The SUD Prevention Coordinator did not commence the coordination of assessment strategies until mid-September to early October; this in turn resulted in less time to further network, promote survey responses, or collect information from other helpful informants. The time constraints may have been minimized with additional support staff to complete the process; however, the County faced excessive cases of COVID-19, which necessitated the department to transition staff to the Public Health Department to assist with the crisis. The department now operates with limited available in-house staff to support the development of the SPP.

The final and most detrimental limitation to the data collection process was the lack of available quantitative data; more specifically, there were significant gaps in recent data (i.e., data less than three years old) and insufficient county specific longitudinal data, which limits the opportunity to assess patterns and trends. This causes a paradoxical challenge to the development of the SPP because as mentioned in the SPP Workbook, some data is more reliable or valid than other data.<sup>28</sup> With very limited data sources available, it might seem imprudent to disregard the data that,

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<sup>28</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

while not optimal due to the age, can still prove to be useful in providing a hazy baseline of where the County was a few years ago.

### ***Quantitative Data Sources and Findings***

The first set of data that is presented is quantitative; this information indicates how often behaviors or events occur or to what degree they exist. Data presented in this section depicts substance use consumption, consequences, and factors contributing to substance use in Kings County.

### ***2019-2020 Kings County Behavioral Health SUD Treatment Data***

The SUD Prevention Coordinator worked with the SUD Office Assistant and Clinical Services Deputy Director to extract reports from the department Electronic Health Record (EHR) and from the California Outcomes Measurement System (Cal-OMS)/Behavioral Health Information System (BHIS). Data acquired from these sources provides information regarding types and numbers of individuals who are accessing some type of publicly funded or publicly monitored SUD services within Kings County.

#### **Overall Findings (*Adults & Youth*)**

- According to longitudinal data regarding the source of referral for all individuals (youth and adults) referred to SUD treatment, probation/parole tends to be the dominant referral source;
- In the past, self-referrals were the second highest source of referrals; however, in 2019-2020, it has been displaced by probation/parole, and overtaken by school referrals (now second most frequent source). Self-referrals are now the third highest source of referrals;
- There was a total of 463 individuals (adults and youth) who entered treatment for SUD services in the fiscal year 2019-2020;
- 63% all participants of SUD treatment are male; whereas only 36% are female;
- Admission reports show that the County receives the most referrals for individuals with cannabis as the primary drug; 44% of the total referrals request SUD treatment services for cannabis use;
- Methamphetamine (i.e., meth) is the second highest referred substance; nearly 40% of admissions to treatment indicate methamphetamine as the drug of choice;
- Alcohol is the primary drug for close to 10% of the total number of individuals referred for treatment;
- Other drugs, such as cocaine, heroin, and opiates, make up less than 10% of the total drug diagnosis at intake to treatment;
- Meth is the most frequently treated primary substance in the County at 42%;
- Cannabis is the second treated substance at almost 40%;
- Alcohol is the third most treated substance at about 10%;

- Opioid and cocaine treatment are at 3% respectively;
- All other drugs make up less than 5% of treatment services.

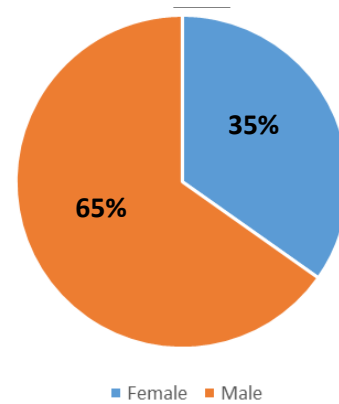
### Trends for Adults

- Adults make up almost 70% of individuals receiving SUD treatment from the County;
- 18% of adults in treatment are aged 18-25, 44% are aged 25-35, 30% are aged 35-50, less than 10% are older than 50;
- Meth makes up 60% of all adult treatment services;
- Alcohol and cannabis each make up approximately 15% *respectively*;
- All other drugs, including opioids and cocaine, contribute 10% of total treatment services.

### Gender of Adults in SUD Treatment (Figure 2.1)

- 34.89% of clients are Females;
- 65.2% of clients are Males.

Figure 2.1: Gender of Adults in SUD Treatment



### Demographics for Adult in SUD Treatment

- 0.2% of clients are Pacific Islanders;
- 34.4% are White;
- 42.0% are non-White/Other;
- 8.2% are Black;
- 3.7% are Native American;
- 1.8% are other races;
- 9.8% did not report their race.

### Residence of Adults in SUD Treatment (Figure 2.2)

- 0.7% are from Stratford;
- 21.3% are from Lemoore;
- 0.8% are from Kettleman;
- 52.9% are from Hanford;
- 10.3% are from Corcoran;
- 5.3% are from Avenal;
- 2.8% clients are from Armona;
- 5.9% are from out of county.

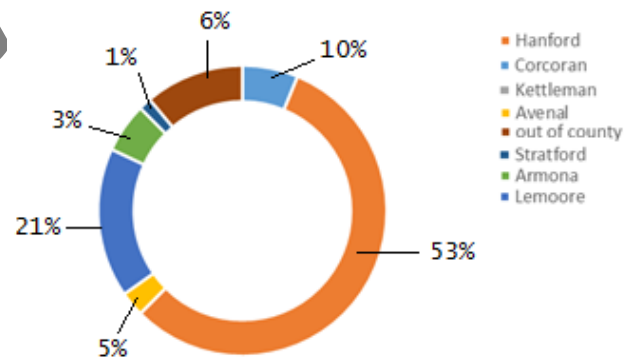


Figure 2.2: Residence of Adults in SUD Treatment

### Youth Trends

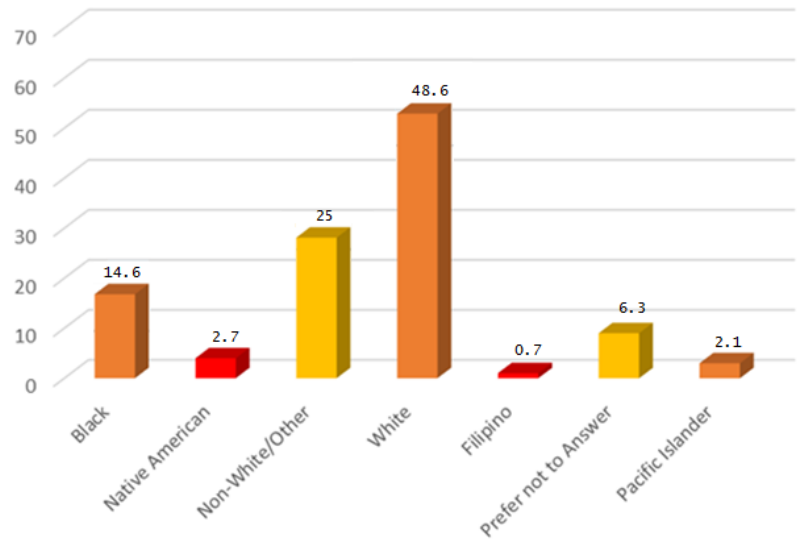
- There were approximately 120 unduplicated youth in 2019-2020 that met criteria for a SUD, and a total of 144 clients who received services from WestCare;
- 84% of youth receiving SUD treatment services are between the ages of 15 through 17;
- 14.5% of youth in treatment services are aged 12 through 14;
- 1.5% of participants in youth SUD treatment are 18-21;

- 90% of youth in treatment have a cannabis use disorder and almost 10% of youth have an alcohol use disorder; less than 1% of youth are being treated for other drugs.

### Demographics for Youth in SUD Treatment (Figure 2.3)

- 14.6% of clients are Black;
- 2.7% are Native American;
- 25% are Non-White/Other;
- 48.6% are White;
- 0.7% was Filipino;
- 2.1% are Pacific Islanders;
- 6.3% chose to not report.

Figure 2.3: Demographics for Youth in SUD Treatment



### Residence of Youth in SUD Treatment

- 6.3% of youth were from Corcoran;
- 56.3% of youth were from Hanford;
- 0% were from Kettleman;
- 2.7% were from Avenal;
- 16.7% were from Lemoore;
- 5.6% were from Armona;
- 1.4% clients were from Stratford;
- 11.1% were from out of the County.

## 2019-2020 Kings County Probation Department Reports

The SUD Prevention Coordinator worked with the Kings County Probation Department to acquire local data regarding youth on Probation. It is a well-known fact that youth within the juvenile justice system have substantially higher rates of SUD than their non-justice-involved-peers.<sup>29</sup>

The following statistical summary outlines the key findings from the Probation Department's Positive Achievement Change Tool (PACT) reports for the period between July 1, 2019 through June 30, 2020. Data used from the PACT reports are for youth who are on probation and who are moderate to high risk. Kings County Probation data that will also be highlighted are toxicology reports for youth who may have had a presumptive positive in the initial screening, prior to admittance into the program. Lastly, Kings County Probation data that will be analyzed comes from the Department of Justice for the calendar year 2019 and the information that will be presented will only cover drug related arrests and requests for services from probation.

<sup>29</sup> Sales, J. M., Wasserman, G., Elkington, K. S., Lehman, W., Gardner, S., McReynolds, L., Wiley, T., & Knudsen, H. (2018). Perceived importance of substance use prevention in juvenile justice: a multi-level analysis. *Health & justice*, 6(1), 12. <https://doi.org/10.1186/s40352-018-0070-9>



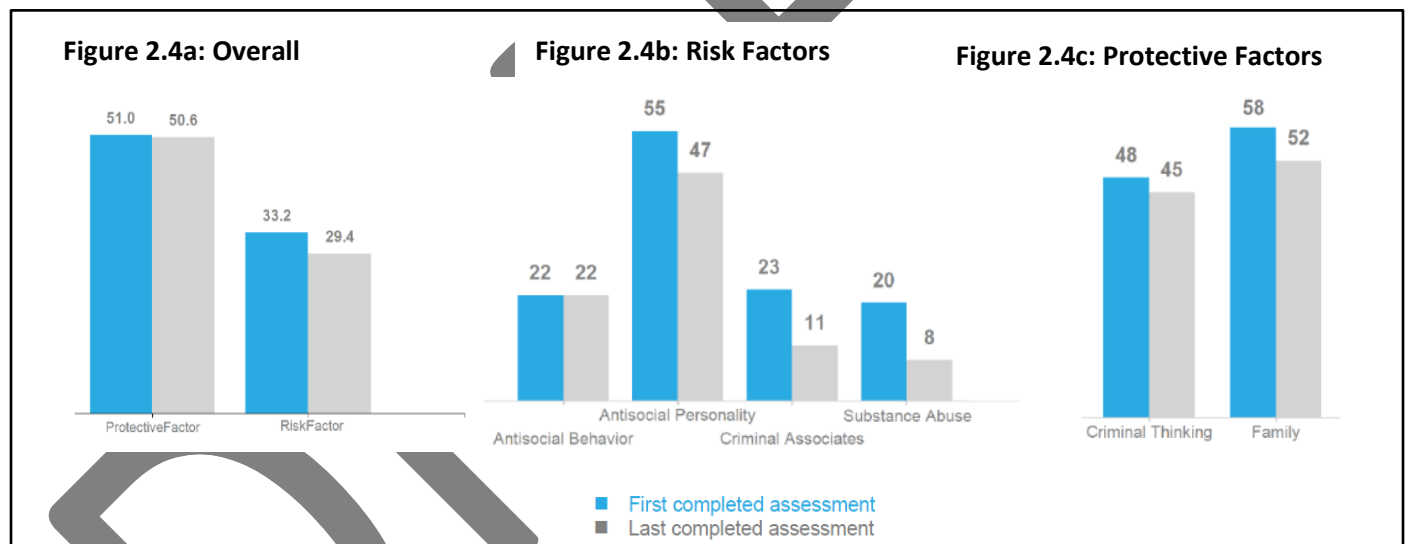
## Key Findings

According to the local drug and alcohol toxicology reports for youth for the fiscal year 2019-2020:

- 76% of youth were found with THC (cannabis) in their system;
- 6% were found with amphetamines;
- 4% were found with cocaine;
- 3% were found with benzodiazepines;
- Less than 1% were found with opiates or oxycodone;
- 10% of probation youth had false positive results.

Probation-involved youth complete the PACT at intake and discharge to identify longitudinal progression in protective and risk factors (Figure 2.4). Overall, youth show a very small improvement in protective factors and some decreases in risk factors (Figure 2.4a).

**Figure 2.4: Trends Observed at Intake and Discharge**

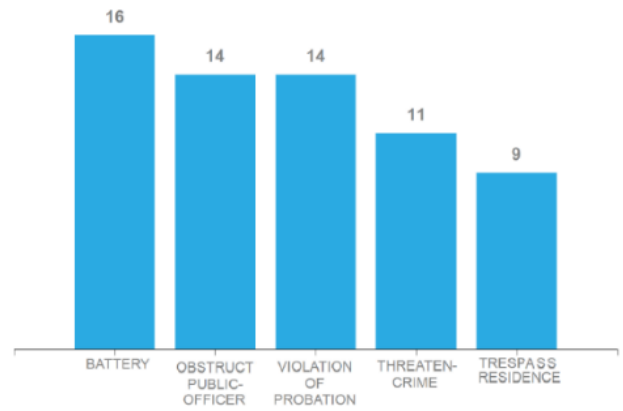


- Probation-involved youth tend to have similar rates of antisocial behavior at intake and discharge (Figure 2.4b);
- Youth tend to decrease in the following risk factors: antisocial personality, criminal associates, and substance use (Figure 2.4b);
- Protective factors show a decrease or negative impact or from intake to discharge in criminal thinking and family unity (Figure 2.4c).

**Figure 2.5: Top 5 County of Offenses**

The top 5 offenses of youth in probation by frequency:  
(Figure 2.5)

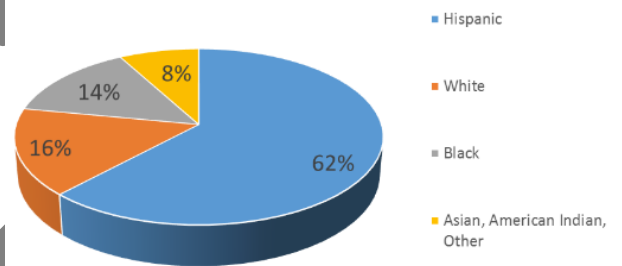
1. Battery
2. Obstruction of Public Officer
3. Violation of Probation (non-specific)
4. Threatening to commit crime with intent to terrorize
5. Trespassing residence



Breakdown of Youth referred to Probation by race: (Figure 2.6)

- 62% of youth referred to probation are Hispanic;
- 14% are white;
- 16% are black;
- 8% are Asian, American Indian, or Other.

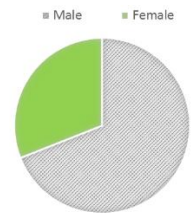
**Figure 2.6: Probation Youth by Race**



Breakdown referred youth by gender: (Figure 2.7)

- 69% are male;
- 31% are female.

**Figure 2.7: Probation Youth by Gender**



Other Key Findings from Probation Reports:

- The average age of youth drug-related charges is 15.6;
- 28% of referrals to Probation are due to assault and battery;
- 24% of all misdemeanors for youth on probation are related to drug use;
- 12% of misdemeanors are specifically related to marijuana use;
- 10% of male youth felony, misdemeanor, or other charges are related to substance use, possession, driving under the influence, or attempting to sell;
- 6% of female misdemeanor charges are related to substance use.

### **County Level Data from National & Statewide Data**

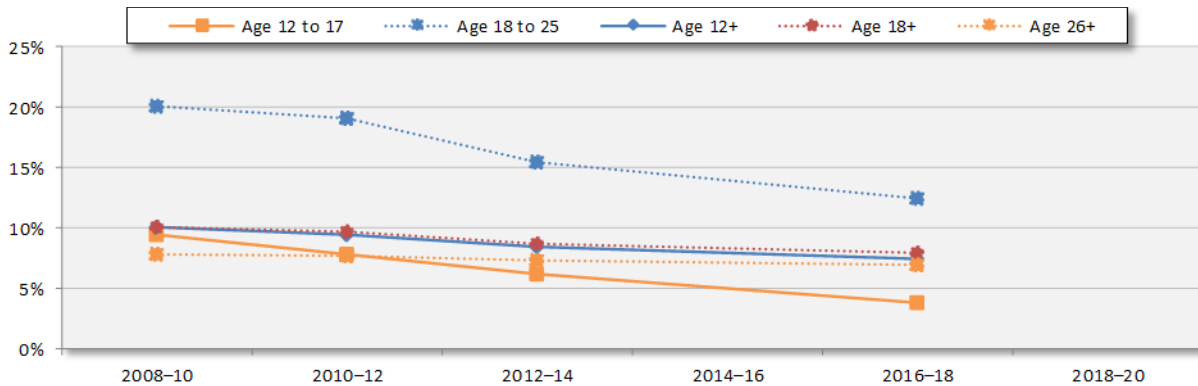
The Kings County SUD Prevention Coordinator was provided with Indicator Toolkits from CPI; data provided was from the following national and statewide data sources previously identified. The data covered in this section specifically identifies SUD consumptions patterns, contributing factors, and risks and consequences within County populations and sub-populations.

### **Key Findings**

#### **AOD Use**

- In 2016-2018, it was estimated that nearly 8,900 people ages 12 and older reported dependence or abuse of AOD in Kings County (Figure 2.8);
- The highest prevalence of dependence or abuse of AOD was among 18-25-year-olds (i.e., transition aged youth) in 2016-18;
- In 2009-11, 11<sup>th</sup> graders had the highest rate of drug use; approximately 72% reported having used some type of AOD in their lifetime;
- Approximately 27% of students in 11<sup>th</sup> grade reported current AOD use in 2017-19.

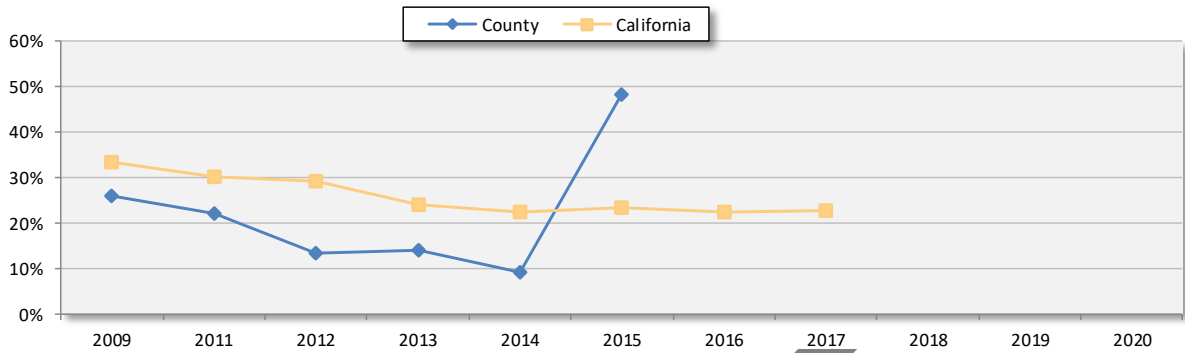
**Figure 2.8: Dependence or abuse of illicit drugs or alcohol the past year by age group**



### Alcohol Use in Kings County

- A total of 48% of youth in Kings County reported having ever used alcohol; this is almost double the California State average of 23.5% in 2015 (Figure 2.9);
- 16% of 11<sup>th</sup> graders reported current alcohol use and 7% of 9<sup>th</sup> graders reported current alcohol use in 2017-2019;
- Nearly 20.7% of population of people in Kings County aged 12 and older reported binge drinking in the past month;
- Adult males have higher rates of binge drinking at 37.3% as compared to females at 20.2% in 2015;
- In 2015, adults who identify as White report to binge drinking at a rate of 29.6%; Hispanic/Latino individuals have the second highest rate at 28.6%;
- 68% of 11<sup>th</sup> graders reported early age of onset of alcohol use;
- In 2017-18, there were 234 alcohol retail outlets in Kings County;
- 60% of 11<sup>th</sup> graders feel that it would be easy for them to obtain alcohol.

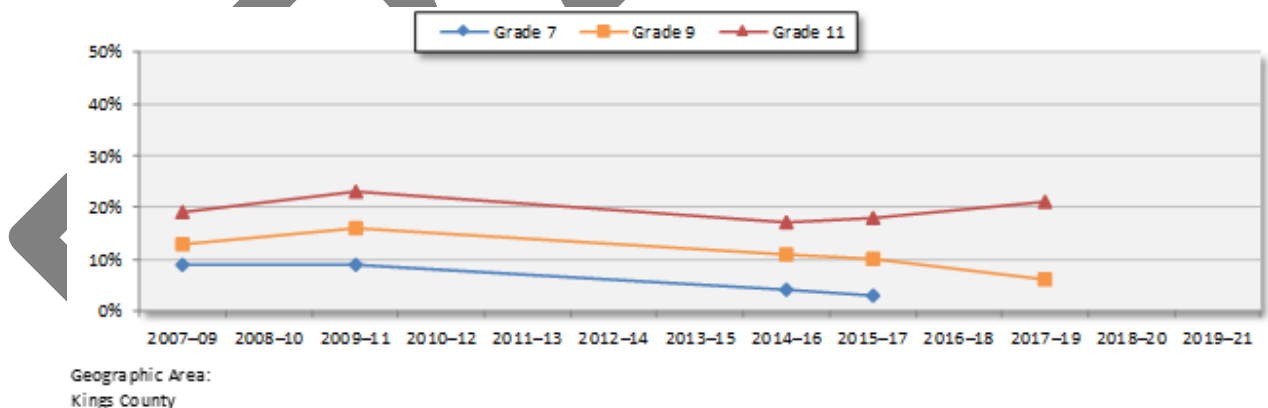
**Figure 2.9: Youth reporting to ever having use alcohol**



### Cannabis Use in Kings County for 2017-2019

- 13.2% of the entire population of Kings County reported to have used cannabis;
- Rates among students who reported use of cannabis in the past month was approximately 21% for 11<sup>th</sup> graders and 6% for 9<sup>th</sup> graders in 2016-18;
- Approximately 33% of 11th grade students reported marijuana use in their lifetime in 2017–19. The next highest rate was among 9<sup>th</sup> graders with a rate of 11%;
- 22% of 9<sup>th</sup> grade students reported early age on use of cannabis in 2009-11;
- 64% of 11<sup>th</sup> graders and 26% of 9<sup>th</sup> graders reported that it would be easy to obtain cannabis in 2017-2019. (Table 4.2.3. Kings County AOD Contributing Factors Toolkit, October 2020, Source: CHKS).

Figure 2.10: Youth reporting any marijuana use in the past month by grade

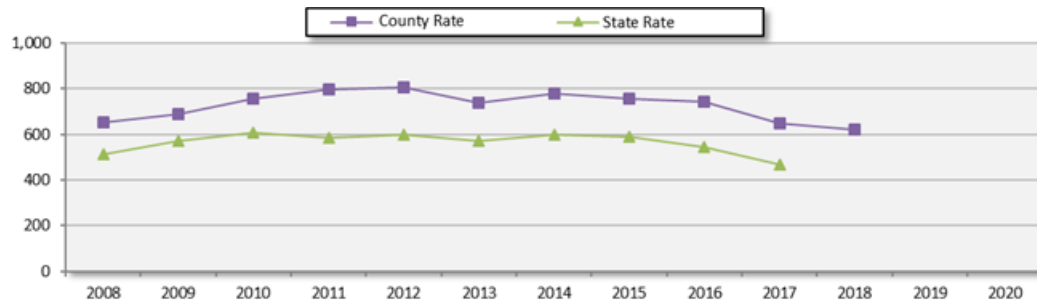


### Other Drug Use

- Approximately 3% of students in both 11th and 9th grade reported any cocaine, methamphetamine or any amphetamine use in their lifetime in 2017–19;
- 2.2% of the population reported cocaine use in Kings County in 2016-18;
- An estimated 4.1% of residents reported to having misused prescription drugs; 4% of 9<sup>th</sup> graders and 3% for 11<sup>th</sup> graders reported misuse of Ritalin™ or Adderall™ in their lifetime for 2017-19;

- In 2017, there was an average of 644 total opioid prescriptions in Kings County which has been consistently higher than the California state rate in previous years (Figure 2.11);
- 11% of 11<sup>th</sup> graders reported current use of electronic cigarettes or other vaping devices and among 9<sup>th</sup> grades, this rate was 5% in 2017-19.

**Figure 2.11: Opioid Prescriptions in Kings County**



### Contributing Factors of AOD Use in Kings County

- 6.5% of all 11<sup>th</sup> graders admitted to gang membership and 9.9% of black youth reported gang membership while 5.3% of Hispanic/Latino youth reported gang membership in 2015-17;
- In 2015-17, 31% of 9<sup>th</sup> graders in Kings County reported chronic sadness or hopeless feelings; this number is similar to 11<sup>th</sup> graders who reported at a rate of 30.1%;
- In 2017, there were 285 cases of child abuse and neglect in Kings County; this was highest among Hispanic/Latinos at a rate of 5.5 per 1,000 which totaled 57% of all cases and 7.2 per 1,000 among White youth which totaled 28.7% of all cases;
- 22% of child abuse and neglect cases involved children ages 6 to 10 and 20% of cases involved youth from 11 to 15 in 2018;
- Also, in 2018 70.5% of child abuse and neglect cases were classified as general neglect;
- In 2016-17 there were 167 high school dropouts in Kings County; 64% were Hispanic/Latino students;
- In 2018-2019, there were 3,136 chronically absent students in Kings County; 70% were Hispanic/Latino students and 18% were White students.

### Effects of AOD use in Kings County

#### In School

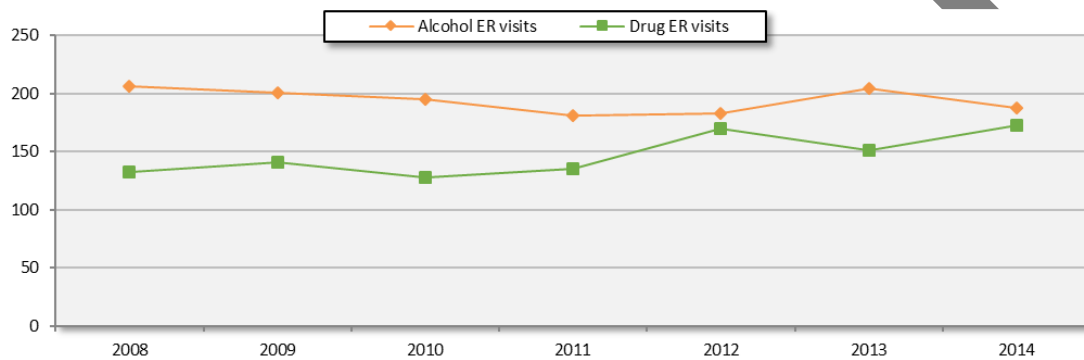
- There were 2,043 suspensions involving 1,349 unduplicated students; the majority (51.9%) of these suspensions were classified as violent incident (no injury); Illicit drug-related suspensions accounted for 18.7% of total suspensions;
- Male students tended to be suspended at higher rates (73%) compared to females (27%); Hispanic/Latino students accounted for a majority of the suspensions at 67% in 2018-2019;

- Of the total illicit drug-related suspensions 79.1% of incidents occurred among 9<sup>th</sup> through 12<sup>th</sup> graders; 18% occurred the 7<sup>th</sup> through 8<sup>th</sup> grade level.

### In the Emergency Department

- In 2014, there were 55.2% ER visits due to alcohol causes (Figure 2.12);
- ER visits are higher among males compared to females;
- The highest rate of AOD-related ER Visits was among 45 to 54-year-olds (639.2 per 100,000) and the second highest was among 25 to 34-year-olds (499.7 per 100,000);
- Whites have the highest rate of AOD-related ER visits (511.9 per 100,000) accounting for 47.4% of all AOD-related ER visits; the second highest rate was among Blacks (371.9 per 100,000) accounting for 5.6% of all AOD-related ER visits.

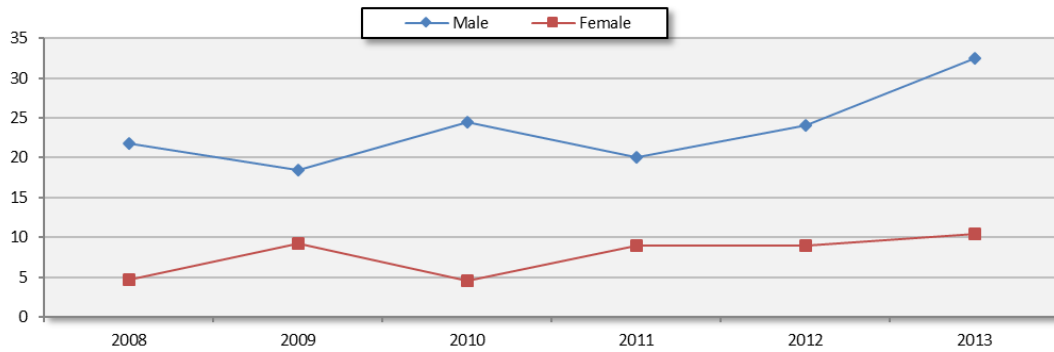
**Figure 2.12: AOD-Related ER Visits**



### Mortality Rates due to AOD Use

- In 2013, there were 34 AOD related deaths in Kings County;
- Alcohol accounted for 44.1% of deaths and other drugs accounted for 55.9% of deaths;
- AOD-related death rates were higher among males at 79.4% (Figure 2.13);
- The highest rate of AOD-related deaths was among 45 to 54-year-olds with a rate of 68.6 per 100,000 in 2013; the next highest rate was for those aged 55 to 64-year-olds, with a rate of 44.1 per 100,000;
- Hispanics (38.2%) and Whites (47.1%) have the highest rate of AOD-related deaths per 100,000 in 2013.

**Figure 2.12: AOD-Related Death by Gender**



## ***Qualitative Data Sources and Findings***

The second set of data presented is qualitative which includes subjective information--perceptions and opinions about why people feel or behave the way they do, and judgments and analysis of trends and issues personally observed by individuals. This section provides a summary of the focus groups, surveys, and key informant interviews.

## ***Focus Groups***

The SUD Prevention Coordinator held a total of three focus groups: 1. Maternal Wellness Coalition (MWC); 2. Substance Use Prevention (SUP) Workgroup; and 3. WestCare Inc. There was a unique purpose for carefully selecting each of these groups to provide feedback on substance use trends within Kings County, which will be addressed within the presentation of each group's findings. All the focus groups lasted approximately 30-45 minutes; a series of questions were presented to each group, and the purpose of the questions was to initiate a discussion about substance abuse trends in Kings County.

## ***Maternal Wellness Coalition of Kings County***

The first focus group, held virtually on October 8, 2020, was with members of the MWC of Kings County during their regular monthly meeting. There were 16 diverse participants representing local government agencies, community-based organizations, and providers of health services for pregnant and parenting women in Kings County communities. Participants represented the California Health Collaborative (Maternal Wellness group), Adventist Health, Health Net, Beacon Health Options, Kings County Public Health, Kings County Office of Education, Aetna, Cal-Viva Smart Start for Babies, Anthem Blue Cross, and counselors in private practice. The MWC has the following goals and objectives:

1. Train obstetricians, family practice and pediatric providers on mental health screening options for perinatal woman;
2. Build a referral network of behavioral health providers to promote access to care for women experiencing perinatal mental health complication, and

3. Continuously develop a collaborative system that allows ease of access to non-medical agencies.<sup>30</sup>

Although the MWC do not specifically emphasize substance abuse, it is known that an addiction to drugs or alcohol is a mental illness according to NIH.<sup>31</sup> It is also known that adverse childhood events (ACEs) increases the risk and/or likelihood of developing a substance dependence; therefore, it was apparent that acquiring feedback of prenatal/perinatal service providers was a critical data source to identify challenges and circumstances that expectant mothers face which can lead to the occurrence of ACEs among Kings County youth.<sup>32</sup>

### Key Findings:

#### Substance Abuse Issues/Trends/Concerns Seen in Working with Pregnant and Parenting Women:

- A few participants described the use of cannabis as prevalent among pregnant women.
- Several participants believe that Cannabis legalization has increased the rate of use.
- Potency of cannabis is much higher now than it was 20 years ago; potency is also higher in many beer and wines now than in years' past.
- Paraphrased quote by a counselor in private practice who works with many pregnant women: *“Nicotine dependence is prevalent among pregnant women especially those with any substance use issues. I even see it among pregnant military families. It’s important to recognize that some women don’t know they are pregnant and are using substances. That is part of the reason doctors now ask those questions about substance use so they know what risks there may be if a patient has an unintended pregnancy. We should not be assuming that everyone who might be pregnant immediately knows they are currently pregnant or is wanting to or trying to get pregnant and behaving accordingly. For women, there is always the possibility to reproduce and knowing about the risks is important. Having education and prevention efforts around that for pregnant women and women of child-bearing age overall would be amazing.”*
- A few participants noted that OBs often tell pregnant women they can drink a little alcohol, but don’t explain serving sizes. They may say have one drink, but they don’t really explain how much that is. Some glasses are big, and a woman might interpret that as one drink when it’s much more than one serving. Doctors really need to explain serving size and whether or not that is a healthy choice.
- A few participants also agreed that OBs also are not directing pregnant women to avoid cannabis either. Some discussion occurred around the idea that women who currently

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<sup>30</sup> Kings Partnership for Prevention (2020) Retrieved from <http://www.kpfp.org/tiles/index/display?id=179568958256725363>

<sup>31</sup> Substance Use and Mental Health. (May 2016). Retrieved from <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml>

<sup>32</sup> Douglas, K. R., Chan, G., Gelernter, J., Arias, A. J., Anton, R. F., Weiss, R. D., Brady, K., Poling, J., Farrer, L., & Kranzler, H. R. (2010). Adverse childhood events as risk factors for substance dependence: partial mediation by mood and anxiety disorders. *Addictive behaviors*, 35(1), 7–13. <https://doi.org/10.1016/j.addbeh.2009.07.004>



drink use cannabis or drugs may ask the OB about such use to get a go-ahead to continue at least some use, but it would be unlikely for a doctor to say to continue some use without being prompted in some way.

- Paraphrased quote by counselor in private practice: *“Smoking, alcohol and cannabis are the easily accessible substances to pregnant women at a stressful point in their lives. Prevention and education are one thing, but treatment is also needed. For women who are suffering, nicotine is the most highly addictive and last substance that they will give up especially for women with adverse childhood experiences and trauma. In some ways, women may be trading the toxicity of nicotine, alcohol, and cannabis for toxic stress, neurologically. Just because they aren’t taking toxic stress into their bodies intentionally, it is creating a different level of stress for the fetus during pregnancy by the mother’s anxiety and depression. If they don’t have the resources to deal with the stress, something to use as an outlet, it’s a problem. There is a strong relationship that nicotine, alcohol, and cannabis as used as anti-depressants. When we aren’t treating those issues (anxiety, depression) clinically, drugs are the coping mechanisms. Methamphetamine was actually the first antidepressant prescribed.”*
- One participant asserted that doctors get confused about when it’s ok for a pregnant or postpartum woman to drink alcohol. For example, substances are far more potent to the fetus than they are when expressed through breast milk. It’s important to help the medical community understand those differences through education.

#### **COVID-specific Concerns:**

- OB patients are now rushed through their appointments and many of the aspects of care that would normally be discussed; substance use is not being covered during OB visits as it usually is.
- Some participants have concerns around ACES during COVID. Babies aren’t connecting right now – neural pathways, walking around the house with iPad. Everyone is behind masks; children are missing those micro-emotions, facial reading so necessary to understand the world. Quote from CBO representative: *“Ages 0-5 is where we are going to conquer our ACES and build the strongest most long-lasting resilience.”*

#### **Root Causes/Contributing Factors:**

- Several participants agreed that trauma was a significant root cause of substance use in pregnant/parenting women.
- Women using substances to treat early childhood trauma, anxiety, and depression.
- Women will not self-medicate with drugs and alcohol if they have proper care and eliminate trauma at the front end, proper medication, and coping skills.
- The group agreed that any discussion of substance use prevention is really a discussion about preventing trauma in children, as this paraphrased quote shows: *“Trauma is in generally divided into three types: Abuse, neglect, and household dysfunction (e.g., divorce, parental substance abuse, incarceration). ACES capture that perspective well. How do we go about supporting healthy lifestyles and promoting resiliency, when you look*

*at curbing or limiting or inhibiting any substance use as coping mechanism? You must look at resiliency. The field of resiliency is growing because of ACES. How do you step forward out of trauma in a way that is successful? Dr. Nadine Burke Harris (California Surgeon General) put together Six Stress-Busting Strategies that can reduce toxic stress or symptoms of trauma (this appeared in a document titled “California Surgeon General’s Playbook: Stress Relief During COVID-19.” These six strategies are: Mindfulness, balanced nutrition, physical activity, quality of sleep, supportive relationships, and mental health care. We must focus on resiliency that moves people past substance use and toward a healthier lifestyle.”*

- Another participant responded to this idea, with this paraphrased quote: *“Resiliency not easy; it’s built at early childhood – so if trauma has predisposed you to have depression, it won’t just go away because you start a yoga class or read about mindfulness. It starts with babies’ brains. Their relationships later in life are built and designed based on relationships they had with earliest caregivers. Resiliency research began in the 1940s, well-predating ACES research. We know it just doesn’t get turned around, trauma has long term devastating impacts and doesn’t get turned around because somebody can change one little thing in their life.”*
- A few participants agreed that substance use is an outcome of stress or trauma, a consequence of trauma. To make real change, there needs to be a focus on preventing the trauma in young children.
- Some participants said pregnant women use drugs to treat symptoms like nausea and insomnia.
- Another participant countered that people don’t usually start using substances as adults. They usually begin as teens. If a woman is pregnant, you wouldn’t normally see her start using cannabis for the first time when she is pregnant and has morning sickness. These are patterns of behavior that are started earlier in life. Similarly, another noted that those pregnant women who aren’t already using drugs aren’t the ones who are telling others that a doctor said it’s okay for some use during pregnancy; It is the women who have already have the addiction or patterns of use already.
- One participant attributed the cultural environment and social status as a cause of substance use.
- Multiple participants agreed that drug use is a consequence. Their other coping skills are not adequate. Working with pregnant women, they sometimes believe drinking alcohol or taking drugs is a better option than any form of Rx that a doctor would prescribe because they are afraid of the risk factors for baby’s development. For them, the coping skills they have (drug use) is the option rather than having panic attacks.
- Lack of education, misinformation as to harms of using drugs alcohol, drugs, and tobacco during pregnancy. Mothers have told one participant that doctors told them that continuing their addiction during pregnancy is not as detrimental as the mental health condition they are battling by using drugs.

**Cultural barriers to prevention services:**

- It's difficult to show women to control their symptoms without trust. Trusting any new coping skills is hard. A lot of damage has been done. Need a support system that lets them trust the process.

#### **Needs of the Population/Things to Address in Prevention Services:**

- Need First trimester Prevention education for women who may think they are pregnant that includes, information about how drugs stay in placenta and is more lethal for child, cannabis dangers in pregnancy (there is a lack of clarity around this).
- Doctors need to provide pregnant patients with better information about alcohol serving sizes.
- Women need resources alternative coping strategies than nicotine, alcohol, drugs as antidepressants.
- Prevention and education are important, but women need support/strategies for stress and depression.
- There needs to be much more focus on birth through 5 to prevent trauma.
- Help increase resiliency by providing strategies – see Six Stress Busters.
- Create support system for pregnant and parenting women around substance use.

#### ***SUP Workgroup Focus Group***

The focus group conducted with the Substance Use Prevention (SUP) Workgroup held virtually on October 16, 2020 was particularly essential to encapsulate substance use trends within Kings County. The SUP Workgroup was naturally familiar with identifying some of the predominate risk and protective factors for substance abuse within Kings County. The workgroup itself was in the process of conducting a community survey in the City of Corcoran. The survey developed as part of that project, called the Corcoran Prevention Pilot Project, will be discussed further under the survey section of the qualitative data analysis. Participants of this focus group included members from the Health Collaborative, the Kings County Office of Education, Champions Recovery Alternative Programs Inc., and Kings County Behavioral Health.

#### **Key Findings:**

##### **Substance Abuse Issues/Trends/Concerns Seen while Working with Residents of Kings County**

- Elementary aged youth as early as 4th grade are becoming exposed to nicotine and vaping; this is primarily due exposure from parents and siblings who are already engaging in such activities. Some youth have already developed a dependence on nicotine and vaping from the behaviors learnt at home.
- 5th and 6th grade students are slowly becoming the typical age for youth to begin experimenting with AOD; however, high school aged youth is still the most frequent time when youth are experimenting.
- One participant noted that youth who start using AOD earlier than junior high or high school do so likely because the family and easy access to drugs at home.

- Participants who work with youth report that youth have shared that usually youth use substances because of mental health problems. A common occurrence is the use of AOD to help ease symptoms of anxiety, or to make themselves feel better, or to feel less pressure when they have to talk to people.
- Youth also report that they feel like they can't talk to their parents and they often don't know how to deal with their feelings or how to help their friends.
- Many youths are increasingly using marijuana use due to legalization and easy access.

#### **COVID-specific Concerns:**

- Participants shared that "living virtually with no interaction is a major issue" and it "may cause increased substance use."
- Because of COVID, "youth are now experiencing more depression due to loneliness and isolation."
- COVID and distance learning are going to increase substance use among youth; data may not be currently available, but this appears to be very likely due to youth inability or difficulty with coping.

#### **Root Causes/Contributing Factors:**

- All participants agreed that trauma is a root cause. Participants shared that youth who end up in foster care often do so because of parental AOD use or violence. The child witnessing parental AOD use and violence, then being placed in foster care, is traumatic, and not an uncommon experience youth in Kings County.
- Untreated mental health is a root issue; inability to deal with stress and anxiety leads to seeking escape through AOD use.
- Many youth "have discovered" that nicotine can help with anxiety, but they don't realize it causes dependence and addiction.
- Social media and other media platforms, in addition to distributors of AOD products are developing "friendlier looking marketed drugs." This in turn makes "drugs look appealing" and youth do not see drugs as harmful.
- Since the legalization of cannabis, most youth feel that cannabis is safer than alcohol and nicotine.
- If parents and other family have faulty information regarding the topic of AOD, they will give this inaccurate information to youth which can contribute to initiation or continued use of AOD among youth.
- Gang involvement is a contributing factor in Kings County; most youth who enter gangs are around 13 and 14 years of age. Gangs typically have drugs available for personal use or for distribution purposes.
- Kings County has legal cannabis dispensaries stationed within Lemoore and Hanford; this causes a positive perception of cannabis use.

#### **Cultural Barriers to Prevention Services:**

- Participants shared their observation that when youth are found with illicit drugs or who carry out incidents of violence at County high schools, they are automatically suspended or even expelled. This is a significant challenge to helping at-risk youth.
- Participants reported that, according to the website *Dataquest*, most of the youth who have illicit drug/violent incidents at school are foster care and homeless youth.
- Kings County youth are afraid to show their feelings and find it difficult to have meaningful relationships with parents among all demographics.

#### **Needs of the Population/Things to Address in Prevention Services:**

- Prevention programs and services must ensure that youth feel cared for.
- Schools in Kings County are not aware of the services that are available; therefore, it is essential to share information with schools about the services that are available in the community.
- Education is important; therefore, there should be more education about how to deal with challenges and alternatives to AOD use to cope with mental health issues.
- There needs to be fewer suspensions and expulsions. In order to change the culture of the County, there has to be change within the school districts' policies.
- Target services to family members who are experiencing substance abuse.
- It would be helpful to provide education about the dangers of AOD and coping skills to the entire class not just specific students.
- Education about anxiety and depression are needed because they are the most prevalent causes of drug use; also provide education on social interaction to help bridge the gaps in how youth interact with others.
- Public outreach would be helpful to promote change in the culture of acceptance of drug use.
- It is essential to build relationships with schools and have interventions for youth who are using drugs or caught with drugs such as prevention programs.

#### **WestCare Focus Group**

The final focus group conducted for the purpose of collecting qualitative data was with WestCare, which is the subcontracted SUD treatment provider for youth in Kings County. WestCare provides Early Intervention (EI) for youth who, for a known reason, are at risk of developing substance-related problems, or for youth of whom there is not yet sufficient information to document a substance use disorder.<sup>33</sup> WestCare also provides outpatient Drug Free (ODF), and Intensive Outpatient Treatment (IOT); these services are designated for youth who meet the criteria for a SUD. WestCare has an in-depth familiarity with the biopsychosocial factors that may have contributed to the onset of SUDs and familiarity with gaps within the SUD continuum of care that may need to be fortified to defer the commencement of a SUD among youth. The focus group

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<sup>33</sup> ASAM Continuum (May 13, 2015) What are the ASAM Levels of Care. Retrieved from <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

was conducted virtually on October 22, 2020 and contributors to this effort were three (3) SUD Youth Counselors and the WestCare Program Manager.

### **Key Findings:**

#### **Substance Abuse Issues/trends/Concerns Seen in Working with Youth Ages 12-17:**

- Participants have noted that the most common drug of choice is marijuana, followed by cocaine and Xanax.
- Over the course of the last five years wax and dabbing are becoming more popular.
- Meth is still viewed negatively but cocaine is acceptable.
- Cannabis is now legal which gives youth more reason to experiment.
- Most common grade to start drug use is between 8th grade and high school.
- Youth are most likely to experiment with AOD between hours of 3pm-6pm.
- Youth are typically being influenced to begin drug use by family members such as older siblings.

#### **COVID-specific Concerns:**

- There have been many relapses due to COVID and there has been a transition from smoking marijuana to drinking alcohol being stuck at home.
- The number of youth accessing treatment seems to have declined since the onset of COVID but these measurements are misleading because youth are not connected to other adults; therefore, they are not being caught; service providers lack of access to youth. However, once school is back in-session there will be more access.

#### **Root Causes/Contributing Factors:**

- The central reason for drug use among youth according to the Program Coordinator is that “most youth are suffering and hurting on the inside.”
- Some contributing factors that lead to the onset of drug use among youth is boredom, history of parental drug use, absent parents, experiencing bullying and lack of effective coping skills.
- Youth lack coping skills due to excessive screen time which leads to minimal use of social skills which can also lead into more anxiety and other mental health issues.
- Many youth have younger parents. These younger parents have history of drug use that began during their own adolescence. Some younger parents are still using drugs like cannabis due to its recent legalization and this makes youth feel like drug use is normal or acceptable.
- An unforeseen consequence of having younger parents is that some of these parents are lacking the skills, ability, or willingness to assume the role as a parent. Some younger parents prefer to act as a friend to their children; this renders prevention and/or treatment interventions difficult and typically unsuccessful due to a lack of parental buy-

in, insufficient enforcement at home, or conflicting views with what youth observe at home.

- Gang culture in Kings County is strong because youth have a need to feel included/united and due to parental unavailability, youth resort to seeking togetherness in gangs.

#### **Cultural Barriers to Prevention Services:**

- WestCare staff feel that culture is not much of a factor in Kings County because the communities are small, and this leads to a lot of cross sectionalism among groups.
- Youth prioritize the value of pain relief over their groups or tribes.
- Large percentages of Hispanic parents work too much and leave youth with too much free time.

#### **Needs of the Population/Things to Address in Prevention Services**

- Youth are incentivized by other youth.
- Community building curriculum can be more helpful than curriculums that just telling youth what to do; if the curriculum is person-centered then facilitator must ensure they aren't telling youth what to do but rather provide options or tools that are available to youth.
- Youth need facilitation to develop concrete relationships.
- There needs to be an emphasis on confidentiality.
- Education for parents because they may be a barrier to success of prevention interventions.
- There needs to be more awareness of available prevention services; by promoting services it will normalize the participation of these groups in the schools.
- Prevention services need more data outcomes.

### ***Key Informant Interviews***

Key informant interviews were also conducted, the SUD PC successfully held a series of five interviews and each interview were guided by similar questions presented to the focus groups and the interviews lasted no more than 15 minutes each.

#### ***Key Informant Interview with Owens Valley Career Development Center***

One interview was conducted virtually on October 30, 2020 with a representative from Owens Valley Career Development Center (OVCDC), a local tribal organization that is dedicated to serving tribal families and Native American youth. It was important to acquire feedback from a local tribal organization because it would be a unique source of information regarding Native American trends regarding substance use and because Native youth are traditionally

underserved or inappropriately served, a conclusion drawn by the Kings County Cultural Humility Taskforce formally referred to as the Cultural Taskforce.<sup>34</sup>

### **Key Findings**

- Alcohol use is the most prevalent concern among Native American youth and families.
- There is a high probability that if youth are engaging in AOD use, it is very likely they are acquiring the drugs and/or alcohol from parents or other family.
- Youth and young adults between the ages of 15 to 20 are experimenting with drugs at alarming rates; their peers are typically influencing them.
- Youth who are disconnected (i.e., not going to school, not working, not attending ceremony (ritual that includes dancing and drumming) are susceptible to increased odds of AOD use.

### **Root Causes/Contributing Factors**

- OVCDC Staff feels that the initiation of AOD use in Native American families is typically because a member in another household within the tribe is experimenting or abusing AOD, and if it is occurring in one household then there is a high probability it will affect the entire tribe directly or indirectly.
- A root cause for AOD is that drugs and alcohol are easy to acquire; it is widely accepted, and in some ways, it has become “the norm.”
- Parental use of AOD or use by relatives is a contributing factor for youth initiating drug use and this has been especially relevant since the legalization of cannabis.

### **Needs of the Population/Things to Address in Prevention Services**

- Interviewee stated that there is not enough information on substance use prevention efforts in Kings County for Native American youth or the general population. There needs to be more SUD prevention services.
- Education is the most necessary component of prevention services. There needs to be an increase of positive activities in unison with education to make learning easier for youth.
- If education and positive activities for youth are implemented, they need to begin at younger ages because older youth may have already been exposed to AOD.
- Youth need to be exposed to the dangers of drug use; there needs to be more resources and methods to start youth early in life skills training.
- There needs to be stigma reduction of Native populations because not all Native Americans receive “per capita” and it is assumed that most do. Because people believe that all Natives receive per capita, this decreases the likelihood or willingness to help on the part of individuals and some service providers.

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<sup>34</sup> Kings County Cultural Task Force (2020) Retrieved from <http://www.kcbh.org/cultural-competency-task-force.html>



### ***Key Informant Interviews with Champions Recovery Alternative Programs***

The SUD Prevention Coordinator also conducted four individual interviews with SUD Counselors employed by Champions Recovery Alternative Programs hereafter recognized as *Champions*, which is the subcontracted SUD treatment provider for adults in Kings County. It was also important to hear from the staff who operate services that range from ODF through inpatient treatment. All the interviews were held on October 23, 2020 and the following key findings will highlight some of the trends observed working within Kings County.

#### **Key Findings**

- All four SUD Counselors collectively agreed that methamphetamine is the most prevalent drug of choice. Meth has become the number one drug of choice over the course of the last 10-15 years.
- One SUD Counselor felt that youth typically begin developing addictive behavior at the age of 16-17 by experimenting with alcohol; youth then progress to “harder drugs” as they age. Another SUD Counselor suggested that alcohol AND marijuana are typically the “gateway drugs” to “harder substances,” while another Counselor felt that some youth are exposed to or they choose to experiment with meth and immediately become addicted after just one use. The last SUD Counselor feels that most youth start with curiosity and this spirals into developing abusive drug habits and then addiction.
- SUD Counselors felt that in Kings County alcohol is easy to access. Alcohol is accessed from stores. Meth is easy to find and it can be acquired from friends who are exposed to it. One Counselor stated that meth is so readily available that youth can simply ask a homeless man or find some in or near trash cans. It was also mentioned that drugs in Kings County are cheap and easily found. This is due to the claim that cities like Corcoran and other cities in neighboring Counties are manufacturing and distributing illicit drugs.
- Typical places to experiment are at parties and school. Some youth begin drug at 8 or 9 years of age; this is due to parental drug use. Another Counselor stated that a lot of school peers are doing drugs or experimenting with drugs, so it has a social influence to initiate drug use.

#### **Root Causes/Contributing Factors**

- One SUD Counselor believes the root cause of drug use among youth is related to biopsychosocial/spiritual elements. The SUD Counselor feels that some youth have a biological predisposition to addictive behavior, some may have a psychological tendency towards risky behaviors. Some are influenced by the social acceptance of drug use, and some are lacking in spiritual direction to guide their decisions.
- Other root causes identified by SUD Counselors were lack of parental involvement, bad environments within Kings County, and mass marketing of AOD.
- Meth has become “like a forest fire” in Kings County, meth use has spread throughout the community, and it has “become a way of life” for some Kings County residents.

- One contributing factor in Kings County include gang involvement which the counselors feel leads to drugs.
- Most SUD Counselors agreed that if there are no parents around due to busy work schedules; neglecting parental duties leads to a higher likelihood of drug use.
- Trauma is considered a root cause and examples provided of traumatic events are things like a death in the family or having experienced something difficult such as dealing with the effects of COVID-19 can be considered traumatic for some youth and with no support this can initiate drug use.
- Society itself can be a root/contributing factor due to the prevalence of drug promotion and marketing to youth.

### **Needs of the Population/Things to Address in Prevention Services**

- Gang intervention programs were suggested as extremely essential in Kings County.
- Two SUD Counselors agreed that community involvement and/or community related activities are essential and can provide a twofold effect: it will keep youth busy by doing things that are right or good for the community and it will also promote a positive change or buy-in from the community.
- Prevention services staff should coordinate with treatment providers to have graduates of treatment programs to do presentations or share their stories of how drugs impacted their lives.
- Parenting and early education are key. It is important that youth are being educated as young as possible to learn of the dangers of drug use. The programs should also be more frequent or consistent and the message delivery should be repetitive via community promotion. Parental involvement is also a necessary component because by educating the family, then there will be greater likelihood of implementation.
- Youth who may have some criminal justice involvement should be provided SUD education rather than be punished; if youth are already incarcerated, they should receive SUD education.
- Incentivize programs; parents and children need to be incentivized, if individuals are forced to participate, this will reduce the likelihood they will succeed.
- Programs must not be generic; they should be specialized so that families can identify with the prevention program and the knowledge received should be considerate of individual circumstances, and skills should be immediately applicable to daily life.

### **Surveys**

The last qualitative method used to acquire insights of substance use trends within Kings County was through surveys. Survey links to the online platform known as SurveyMonkey were disseminated to local service providers and health agencies enrolled in the email updates of the aforementioned coalitions. This was done to allow varied responses and to give opportunity to individuals who could not participate in the focus groups or key informant interviews. Furthermore, the County was granted permission by the Champions Executive Director to

distribute surveys to adult graduates of treatment services for ODF, IOT, men's residential, and women's residential at the Champions Annual Graduation. The surveys obtained provided a rare opportunity to acquire viewpoints of individuals with SUDs and who are now living drug free and sober lives. Lastly, the SUP Workgroup also conducted surveys in the community of Corcoran for youth and parents; the findings of that survey are also covered in this section.

## **Service Provider Survey**

The SUD Prevention Coordinator developed a brief survey for service providers within Kings County. The survey was distributed throughout the community after the Prevention Coordinator shared a link to the survey with individuals who had participated in focus groups, requesting that it be disseminated throughout their own agencies.

### **Key Findings:**

#### **Most Prevalent Substance**

- 40% of participants felt that cannabis was the most prevalent substance in Kings County;
- 40% of participants also felt that meth was the most prevalent substance in Kings County;
- 20% of participants felt that alcohol was the most prevalent substance in Kings County;
- A majority of participants felt that the most prevalent drug of choice has changed in recent times although not enough information was collected to identify the changing trend.

#### **Root Causes of Substance Use**

- Almost two-thirds of participants (60%) felt that the root cause of substance use stems from childhood trauma, while 20% of participants felt that youth are using for recreational purposes; the remaining 20% of respondents felt that some of the root causes of substance use arise from either generational substance use, poverty, or criminogenic issues.

#### **Impact of Substance Misuse on the Community**

- Substance use is leading to greater acceptance and normalization, which in turn leads to a higher likelihood of use among youth and adults;
- Substance misuse is triggering a vast increase in need for SUD treatment, and with limited local organizations that treat SUD, this is causing significant challenges for service providers ability to treat those who are in dire need;
- Substance use is causing spikes in crime in the community. It is leading to jail overcrowding, homelessness, teen pregnancy, different forms of violence such as domestic violence, and overloading of emergency rooms;
- Substance misuse is leading to high infant mortality rates, low birthweight and/or preterm babies;

- Substance misuse can lead to parents who neglect their children or expose children to AOD use, which leads to children with behavioral problems, social emotional dysregulation, and academic delays.

### **Cultural Barriers to Prevention Services**

- Language is a significant barrier, and accessible staff who come from similar ethnic background as minority populations;
- Targeted campaigns for underserved populations would help motivate families to receive services;
- Amplify mental health and awareness programming to prepare Asian, Black, and Latin communities;
- Dispel culturally related myths associated with mental illness, access to treatment, and treatment itself;
- Education on different life skills as it relates to SUD;
- Families do not know where to find resources in the community due to a lack of education;
- Improve cultural diversity standards because many agencies are lacking understanding of cultural beliefs and values.

### **Top 5 Recommendations for Prevention Services**

- Prevention needs to be a priority, and the field needs professionals who understand substance misuse, childhood trauma, and cultural competency;
- Prevention needs to start in middle school or with younger children;
- Target at risk youth. Some of the identified populations listed include youth who are involved with the criminal justice system, child welfare services, or those children whose parents suffer from a mental health or SUD;
- There needs to be outreach and education for youth and families; must be able to provide tools for community to recognize signs and symptoms of mental health and SUD;
- There is a need for services for perinatal women; services must focus on pregnant mother, partner, and existing children in the family.

### **Relevance and Effectiveness of Current Prevention Messages**

- Participants were asked to rate how relevant and effective current prevention messages and programs are in Kings County on a scale from 1 to 10 where a score of 1 means not at all relevant or effective and a score of 10 means evidently relevant and effective. The average score was 4.5.

### ***SUD Treatment Graduate Surveys***

The SUD Prevention Coordinator conducted a final survey with adult graduates of Adult SUD treatment services within multiple treatment modalities provided by Champions Recovery Alternative Programs Inc.

## Key Findings

### Most Common Drug in Kings County

- 36% of graduates felt that meth was the most common drug in Kings County;
- The second most common drug in Kings County was alcohol according to 22% of respondents;
- 17% of participants felt that cannabis was the most common drug; and,
- 8% felt that cocaine was the most common, followed by 6% for nicotine, and 6% for prescription drugs, and 5% for heroin.

### Where youth acquire drugs

- 35% of participants felt that drugs are acquired from the streets (i.e., improvised neighborhoods, alleys, homeless people, etc.);
- 29% of respondents suggested that youth acquire drugs from school;
- 19% suggest that drugs are acquired from friends;
- 17% feel that drugs are accessed at home;
- 0% of respondents felt that drugs were accessed online.

### Age of Average Experimentation

- Most participants (75%) feel that youth begin to participate in drugs between the ages of 10-15;
- 25% feel that youth begin to experiment between the ages of 15-25.

### Root Causes

- 21% of graduates feel that people initiate drug use because of gang involvement;
- 19% of participants suggest that friends/peer pressure is the reason why youth initiate drug use;
- 18% of respondents noted that youth use drugs to experiment out of curiosity;
- 15% feel that childhood trauma is the root cause of substance use;
- 13% claim that substance use is due to boredom;
- 12% suggest that mental illness is the initial reason use begin to use AOD; and,
- 2% did not have an opinion on the matter or chose not to respond.

### Top 3 Recommendations for Prevention Services

Participants were asked to provide feedback on what is essential components for a successful prevention program.

- Child Information/Education on the dangers of being an addict, the effect of drugs, and the dangers of drugs;

- Family, loved ones and friend support or involvement (specific emphasis on parent involvement); and,
- Positive activities to encourage attendance.

### ***SUP Workgroup Corcoran Prevention Pilot Project Survey***

During the assessment phase, the SUP Workgroup was receiving responses to two surveys being administered in the City of Corcoran; one for parents and one for school-aged youth from 5<sup>th</sup> to 12<sup>th</sup> grade. At the time of writing this section of the SPP, survey responses were still being collected; therefore, the data should be considered preliminary and may differ somewhat from the final analysis. The findings in this section only pertain to the City of Corcoran, it provides a valuable overlook of some of the trends in this particular community. The data may prove to be reflective of the County at-large and later in this document the data will be compared to determine its validity in assessing the County at-large.

#### **Parent Survey**

##### **Population Surveyed**

- 75% of parent respondents were English speakers, and 25% of parent respondents were monolingual Spanish speaking;
- 38% of parents surveyed were between ages of 25-34, 57% were over the age of 35 and less than 5% of parents were under the age of 24;
- 75% of respondents were Hispanic/Latino, 15% were White only, and 10% were Black.

##### **Key Findings**

- Parents were asked what their children would do afterschool between the hours of 3pm and 6pm (not during COVID-19).
  - 50% of parents stated that their children go home where there is supervision;
  - 25% indicated their child participates in sports;
  - 15% stated they go to a friends' home unsupervised; and
  - 10% of parents stated they don't know.
- Parents were asked if they have talked to their children about AOD.
  - 25% of parents stated they have not talked to children;
  - 75% indicated that they have talked to children about the dangers of AOD.
- Parents were asked if they knew whether or not their child had already been introduced to AOD.
  - 37% felt that their child had already been introduced to AOD while 63% did not know if child had been introduced to AOD.
- 40% of respondents did not feel that AOD use among youth was an issue;
- Parents feel that at least 55% of youth use AOD;
- 75% of parents have claimed to have not used drugs in front of their children, and 25% indicated that they have used some substance in front of their children;

- Parents were asked to identify the AOD they have used in the past:
  - 50% have used alcohol;
  - 25% have never used any drug;
  - 13% have used cannabis;
  - 12% have used tobacco.
- Parents were asked where youth are primarily exposed to AOD:
  - 50% of parents felt child was exposed to drugs at home;
  - 50% felt child was exposed to drugs being around relatives.

## Youth Survey

### Population Surveyed

- 70% of respondents were male and 30% were female;
- 100% of respondents are Hispanic/Latino;
- 17% were 12-13 year-old eighth graders;
- 50% were 14-15 year-old freshman;
- 33% were 16-17 year-old Juniors.

### Key Findings

- Students were asked how many youth they felt they knew who used AOD.
  - 8<sup>th</sup> graders average response was that they knew at least 4 to 5 kids.
  - Freshman average response was 10 or more.
  - Juniors felt that they knew at least 6 to 10 individuals.
- Students were asked what they do afterschool between the hours of 3pm-6pm (not during COVID-19).
  - all responses indicated they were supervised;
  - 50% responded that they go to friend's home or they go home;
  - 50% of student respondents stated they exercise or sports.
- Students were asked about substances with which they have experimented.
  - 50% of all students admitted to having used marijuana AND another substance;
  - 33% of all students have use alcohol AND marijuana;
  - 17% have used tobacco which includes (cigarettes, smokeless tobacco (dip, chew, sniff), vaping devices);
  - Over 1/3 of all surveyed students have used alcohol;
  - Over ½ have at least tried marijuana.
- The data was broken down to grade levels and it was determined that:
  - 100% of juniors have claimed to have used alcohol and/or marijuana;
  - Among freshman 67% responded no drug use and 33% have experimented with marijuana or tobacco;
  - Over 90% of 8th graders have indicated they have not used any substance.
- 20% of students surveyed reported that they are actively using marijuana;

- Among the 20% that indicated they are actively using marijuana, the identified age of first use was between the ages of 12 and 13.

## Overview of Findings

With the presentation of quantitative and qualitative data completed, the nature and extent of substance misuse and related consequences can be summarized. Throughout the course of the assessment process, certain patterns emerged, and priority areas have taken shape in the form of specific substances. This section presents a summary of findings for the two most widely used substances in the County, which are cannabis and alcohol. Before the presentation of the findings for each individual substance, it is important to note that, to a lesser degree, other drugs have been identified as a major concern, especially meth. When comparing the findings on drug consumption for adults and youth, it is observed that youth have a statistically lower rate of use as indicated in the key findings for national and statewide data that shows that approximately 3% of students in both 11<sup>th</sup> and 9<sup>th</sup> grade reported cocaine, meth, or any other amphetamine use in their lifetime. However, when analyzing data for adults who are entering treatment in Kings County, meth is the most treated substance; when looking at the combined data of youth and adults, methamphetamine falls second to cannabis in terms of primary drug indicated when entering treatment in 2019.

A second note to take into consideration is that individuals who are utilizing substances like meth, in a way, have become desensitized to the perceived danger of AOD use, most likely due to having first experimented with alcohol and cannabis. This statement was brought up in the interview with SUD Counselors who stated, *“Youth tend to experiment with alcohol and marijuana, and they progress to harder drugs as they age.”* The National Library of Medicine published two articles which suggest that many individuals who use cannabis will likely go on to use other illegal drugs.<sup>35,36</sup> Although meth appears to be a significant issue among adults there are limitations within the different realms of County capacity to address multiple substance priority areas, and as such, this has limited that prioritization to cannabis use and underage drinking.

### Cannabis Use

Almost all data has identified cannabis use as an area of concern; there are large rates of use primarily among youth and some use among pregnant women and among parents. There are

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<sup>35</sup> Weinberger AH, Platt J, Goodwin RD. Is cannabis use associated with an increased risk of onset and persistence of alcohol use disorders? A three-year prospective study among adults in the United States. *Drug Alcohol Depend.* 2016 Apr 1;161:363-7. doi: 10.1016/j.drugalcdep.2016.01.014. Epub 2016 Feb 11. PMID: 26875671; PMCID: PMC5028105.

<sup>36</sup> Secades-Villa R, Garcia-Rodríguez O, Jin CJ, Wang S, Blanco C. Probability and predictors of the cannabis gateway effect: a national study. *Int J Drug Policy.* 2015 Feb;26(2):135-42. doi: 10.1016/j.drugpo.2014.07.011. Epub 2014 Aug 2. PMID: 25168081; PMCID: PMC4291295.



trends occurring throughout the County due to the legalization of the substance and this has resulted in:

- decreased perception of harm or legal consequence;
- parental use which increases exposure and acceptance of use among youth;
- increased probability of experimentation among youth;
- increased rates of use among pregnant women to help with stress reduction; and,
- higher perceptions of use among peers.

Key findings indicate that cannabis is typically listed as the most common drug of choice among youth and one of the top three most common drugs in all of Kings County. This assertion is validated by the following indicators:

- 13% of entire population of Kings County have reported cannabis use;
- 76% of youth on probation have tested positive for cannabis use;
- 12% of misdemeanors in Kings County are related to marijuana use;
- 33% of 11<sup>th</sup> graders in all of Kings County reported they have used marijuana at least once in their lifetime;
- 21% of students in 11<sup>th</sup> grade have used cannabis in the past month;
- 11% of 9<sup>th</sup> graders have used marijuana at least once in their lifetime; and,
- 64% of 11<sup>th</sup> graders felt it was easy to acquire marijuana, and 26% of 9<sup>th</sup> graders also felt the same.

These findings when compared to the findings of the SUP Workgroup surveys for students demonstrates that the findings of Corcoran are actually higher than the findings presented above from 2016-2018:

- 50% of all students surveyed admitted to having used marijuana and another substance;
- 33% of 9<sup>th</sup> graders have experimented with marijuana; and,
- 20% of all surveyed youth have admitted to current marijuana use and those who admitted stated that they began using between age of 12 and 13.

### **Underage Alcohol Use**

Alcohol use has also been identified as one of the most common substances of choice, it is currently in the top three most used substances and it has been seen in the 2018-2021 SPP as the primary area of concern in Kings County. Figure 2.2 of the CPI Consumption Toolkit shows that 48% of youth in Kings County have used alcohol at least once in their lifetime, this finding is higher than the reported rate for cannabis. Alcohol has been suggested to be easily accessible from home or local stores and it can be seen as a “gateway drug” to harder substances. Most

individuals agree that youth begin to experiment with alcohol as a behavior learned at home either from siblings or parents. It is interesting to note that in the SUP Workgroup Parent Survey, 50% of respondents indicated that they have used alcohol and only 13% have utilized cannabis; this can be a sign of changing trends as cannabis becomes more popular among younger generations. Alcohol has been shown to be the most prevalent concern among Native American youth. Youth treatment provider believes that due to COVID-19, youth will resort to more alcohol use due to being stuck at home. The following alcohol use trends demonstrate some of the additional trends of alcohol use in Kings County:

- In 2014 there were 55.2% ER visits due to alcohol;
- Nearly 20.7% of the population in Kings County aged 12 and older reported binge drinking;
- 16% of 11th graders reported current alcohol use and 7% of 9th graders reported current alcohol use; and,
- Nearly 20.7% of population of people in Kings County aged 12 and older reported binge drinking in the past month.

The SUP Workgroup Corcoran Student Survey shows higher rates of use than the rates described in available data for Kings County; though the SUP Workgroup Student Survey respondents did not report current alcohol use, they do report high rates of lifetime alcohol use. Below are the findings from the SUP Workgroup Student Survey, which show the rates of alcohol use in Corcoran.

- Over 30% of all surveyed individuals have reported to having used alcohol;
- 100% of 11<sup>th</sup> graders have reported to have used alcohol once in their lifetime.

### **Priority Area and Contributing Risks and Protective Factors**

The County has identified two areas of priority: cannabis use among residents of Kings County and underage alcohol use; the tables illustrated below for each priority area will identify risk and protective factors and these areas will be listed in order of priority.

#### **Priority Area 1: Cannabis Use**

**Goal:** *Increase awareness of risks of cannabis use*

**Problem Statement:** annabis use is a priority for Kings County because adults/youth accept cannabis use as the norm and youth report cannabis is easy to access.

**Figure 2.13: Priority Area 1**

Priority Area 1: Cannabis Use	Importance		Changeability		Priority Rank
	Low	High	Low	High	

Consumption Data / Risk Factors					
1. Adults and youth lack awareness of the physical, mental, and neurological effects of cannabis		x		x	1
2. Cannabis use is widely accepted as the norm		x		x	2
3. Youth report cannabis is easy to access		x		x	3

**Priority Area 2: Underage Alcohol Use**

**Goal:** Decrease underage alcohol use

**Problem Statement:** Underage drinking (early onset) is a priority because youth access alcohol easily from parents/adults and youth have a low perception of harm.

Figure 2.14: Priority Area 2

Priority Area 2: Underage Alcohol Use	Importance		Changeability		Priority Rank
	Low	High	Low	High	
<b>Consumption Data / Risk Factors</b>					
1. Alcohol is easily accessible due to parental use		x		x	1
2. Youth have a low perception of harm around alcohol		x		x	2
3. There is a high rate of early onset of alcohol use		x		x	3

**Prioritization of Risk Factors**

The County assigned a low or high rating for the importance and changeability for each of the objectives within each of the priority areas. Regarding cannabis use there were three specific risk factors that needs to be addressed in order to reduce rates of cannabis use. The most important risk factor is the lack of awareness of the consequences of cannabis use. Even though the lack of awareness is rated first, building awareness will be a strategy to change the acceptance of cannabis as normal. Therefore, the problem statement will highlight norm change and access. Educating the community on the effects of cannabis use may result in an immediate decrease the use of the substance, which is why the changeability was also ranked high. The widely accepted use of cannabis was classified as the second most important risk factor to be addressed because changing the acceptance of use, may result in less experimentation. The final risk factor for cannabis use is youth report cannabis is easy to get. This factor received a ranking of 3 because the county plans on implementing policy efforts to address access. Accessibility of cannabis is easy because it is easy and cheap to cultivate, it is produced locally, and can be found almost everywhere; therefore, it is important to incorporate more policy work to ensure that it is only accessible to those who can legally access the substance.

The underage alcohol use priority area had three risk factors, all three risk factors have a high importance and changeability; by addressing each risk factor in order presented the preceding risk factor will begin to address the next. The most significant risk factor is the prevalence of use among families; by addressing parental alcohol use, this will optimistically result in less use from parents and thereby result in less exposure of alcohol to youth. Lessening exposure to alcohol will also begin to address the second risk factor regarding youth perception of the substance. The perception of harm around alcohol is the essential next step towards decreasing underage drinking, because it will educate youth on why it wouldn't be in their best interest to use the substance which will lessen the likelihood of use or experimentation. Lastly, the rates of early onset of use among youth was set as third rank because by addressing the first two risk factors, the rates of early onset will naturally reduce.

### Current Capacity

The SUD Prevention Division is a unit within the SUD-SOC continuum of care housed in the Kings County Behavioral Health Department. One full-time Prevention Coordinator administers the SUD Prevention Division; the SUD Prevention Coordinator receives supervision by one full-time SUD Program Manager and receives clerical support from one full-time SUD Office Assistant. The chart below depicts the position, and description of duties, along with the funding source.

**Figure 2.15: County Staff**

Position Title	Description/Duties	Full Time Employee (FTE) or Part Time Employee (PTE)	Funding Source
Clinical Services Deputy Director	Administers all clinical programs and services for Mental Health and SUD services; provides direct supervision to all Program Managers within the Clinical Services Division	FTE (10% of time dedicated to SUD Prevention)	100% SABG
SUD Program Manager/AOD Administrator	Provides administrative oversight of all SUD Treatment programs/services and SUD contracts; conducts audits of subcontracted treatment providers and provides direct supervision to in-house SUD staff	FTE (10% of time dedicated to SUD Prevention)	100% SABG
SUD Prevention Coordinator	Provides administrative oversight of all SUD Prevention programs/services/activities; monitors SUD Prevention providers; provides direct	FTE (100% of time dedicated to SUD Prevention)	100% SABG

	services as needed; plans, develops, and implements, SPP		
SUD Office Assistant	Provides clerical assistance; assist SUD Program Manager and SUD PC with duties related to SUD such as running reports, coordinating events and trainings	FTE (10% of time dedicated to SUD Prevention)	100% SABG

## County Programs & Services

KCBH is responsible for the administration of Mental Health and SUD programs and services. Programs within the SUD-SOC are funded by SABG, 2011 realignment funds, and Drug Medi-Cal (DMC); for the purposes of this document, only the four SABG funded programs and services will be identified.

1. Celebrating Families (CF): CF is an evidence based cognitive behavioral support group written for families in which one or both parents have a problem with AOD use, and in which there is a high risk for domestic violence, child abuse, or neglect.<sup>37</sup> Completion of CF will result in breaking the cycle of addiction, decrease of use of AOD by participants, prevent youth onset of substance use/experimentation, and increase rates of family reunification. The identified goals are achieved by increasing each family's knowledge and practice of life skills such as: communication, anger management, problem solving, decision making, & coping skills. The program currently serves youth under the age of 17 as the primary prevention target population and it also services parents and/or caregivers.
2. Adolescent-Youth SUD Treatment Program: The program serves youth between the ages of 12 through 17 and it consist of SUD Early Intervention (EI), Outpatient Drug Free (ODF), and Intensive Outpatient Treatment (IOT) services. The goal of the Adolescent-Youth SUD Treatment Program is to provide individualized services that will prevent/reduce/treat youth AOD use and future use in addition to improving functioning in other areas of life. DMC and 2011 Realignment funding primarily fund the Adolescent-Youth SUD Treatment Program; however, SABG cover some of the cost to run the program.
3. Women's SUD Residential Treatment Program: This program primarily services pregnant and parenting women. The principal objective of the Women's SUD Residential Treatment Program is to offer comprehensive, specialized, and responsive services that preserves safety and support in a holistically centered environment. The ultimate goal of the program is to empower women to break the destructive cycles of alcohol, drugs, violence, and other life

<sup>37</sup> Celebrating Families. (2020). National Association for Children of Addiction. Retrieved from <https://celebratingfamilies.net/>

controlling issues to foster the development of healthy self-sufficient women who can maintain clean and sober lifestyles while maintaining housing and employment.

4. **Adult SUD Treatment Program:** This program provides ODF and IOT services to adults’ ages age 18 and older in Kings County. The Adult SUD Treatment Program is partially funded by SABG and it serves all individuals living within Kings County who may be struggling to take back control over their lives due to the challenge of suffering from a SUD. The program strives to deliver comprehensive services that prioritizes individuality and recovery. This is achieved through careful consideration of individual circumstances, beliefs, values, and traditions, as the basis of recovery from substance abuse.

**Figure 2.16: SUD Programs & Services**

Program Name	Program Description	Population Served
Celebrating Families	Primary Prevention program dedicated to strengthening communication and unity among the family	Any Individual who has not been identified to require treatment for substance abuse
Adolescent-Youth SUD Treatment Program	Provides SUD Early Intervention and ODF and IOT services to youth who meet criteria for SUD	Youth between the ages of 12-17
Women’s SUD Residential Treatment Program	Provides ODF, Residential, IOT, and group counseling to women who may be suffering from a SUD	Women with SUD and at least one of the following: <ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Has dependent children</li> <li>• Intravenous drug user</li> </ul>
Adult SUD Treatment Program	Provides ODF, and IOT services to members of the community who meet criteria for SUD	Any individual age 18 and over suffering from a SUD

### County Providers

The County’s SABG funded subcontracted providers are listed below:

1. **Champions Recovery Alternative Programs, Incorporated** is a nonprofit, faith-based organization unique to Kings County. Champions has several programs that serve youth, adults and families and includes outreach programs in every city in Kings County.
2. **WestCare Incorporated** is a national nonprofit outpatient treatment facility for adolescents with alcohol and/or substance addiction.

**Figure 2.17: SUD Providers**

SABG Funded Providers	Programs Employed
Champions	Celebrating Families, Women’s SUD Residential Treatment Program, Adult SUD Treatment Program
WestCare	Adolescent-Youth SUD Treatment Program

## County Coalitions

Kings County benefits from several long-standing community-based coalitions. The SUD Prevention Coordinator participates in each local community coalitions listed below:

- **Kings Partnership for Prevention**

Kings Partnership for Prevention (KPPF) is a coalition in Kings County that works to create an environment of wellness throughout our community. KPPF was initially funded by KCBH to concentrate on substance use prevention; however, the partnership began to explore other funding sources and expanded to diverse fields of prevention. Members now come from throughout the county representing a wide variety of interests with the common goal of prevention within seven priority areas as defined in the National Prevention Strategy: Tobacco Free Living, Preventing Drug Abuse and Excessive Alcohol Use, Healthy Eating, Active Living, Injury and Violence Free Living, Mental and Emotional Well-Being, and Reproductive and Sexual Health.

- **Substance Use Prevention (SUP) Workgroup**

The SUP Workgroup is a subcommittee within KPPF, which is focused on reducing rates of substance use and misuse in Kings County, increasing education on the danger of substance use, and improving overall wellness in the community.

- **Maternal Wellness Coalition**

Maternal Wellness Coalition is a subcommittee within KPPF, and it is focused on providing education to prenatal and perinatal service, increase networking and collaboration among prenatal and perinatal service providers.

- **Safe Kids Coalition**

Safe Kids is another subcommittee within KPPF, which works towards reducing unintentional childhood injury through a multifaceted strategy of public awareness, education, public policy advocacy, and community action in the County of Kings.

Figure 2.18: Coalitions

Coalition	County Role
Kings County Partnership for Prevention (KPPF)	Participant

KPFP SUP Workgroup	Vice-Chair
KPFP Maternal Wellness Coalition	Participant
KPFP Safe Kids Coalition	Participant

### **Internal County Partners**

The following County departments collaborate with the SUD Division.

- King County Human Services Agency - Submits referrals for families who may have cases with Child Welfare Services to connect with SUD treatment to ensure families have increased rates of family reunification and also coordinates with the SUD providers to connect eligible residents with Medi-Cal in order to fund DMC services;
- Kings County Public Health - Assists with providing Tuberculosis testing for individuals seeking access to SUD treatment per State & Federal mandates in addition to providing information regarding HIV/AIDS;
- Kings County Probation - Provides the vast majority of referrals to SUD treatment providers and collaborates to ensure individual remains connected and/or achieves a sustained recovery while working towards reducing rates of criminal justice involvement.

### **Workforce Development**

The KCBH Department requires a minimum of 16 hours of training in workforce development for County Staff; workforce development options are flexible and can include training on a wide variety of topics such as: Motivational Interviewing, de-escalation training, ethics training, mandated reporter training, privacy and security training, to name a few. The County requires that County staff AND subcontracted providers to complete at least four hours of cultural competency training annually.

### **Resource and Community Readiness**

The Resource Readiness Table below provides an overview of Community, Fiscal, Human, and Organizational Resources that are available to respond to the priority areas listed in the Priority Area Section. The table will depict a (+), (n/a), (-), (+/-) to identify the resource availability for each of the priority areas listed below.

- (+) = Adequate resources
- (n/a) = Resource is unnecessary
- (-) = Inadequate resources



- (+/-) = Resource is sparse

Figure 2.19: Resource Readiness Table

Resource Readiness Table		Priority Areas	
		Cannabis Use	Underage Drinking
Community Resources	<i>Community awareness</i>	+/-	+
	<i>Specialized knowledge about prevention research, theory, and practice</i>	+/-	+
	<i>Practical experience</i>	+/-	+
	<i>Political/policy knowledge</i>	-	-
Fiscal Resources	<i>Funding</i>	+	+
	<i>Equipment: computers, Xerox, etc.</i>	+	+
	<i>Promotion and advertising</i>	+/-	+/-
Human Resources	<i>Competent staff</i>	+	+
	<i>Training</i>	+	+
	<i>Consultants</i>	N/A	N/A
	<i>Volunteers</i>	N/A	N/A
	<i>Stakeholders</i>	+	+
	<i>Other agency partners</i>	+	+
	<i>Community leaders</i>	+	+
Organizational Resources	<i>Vision and mission statement</i>	+	+
	<i>Clear and consistent organizational patterns and policies</i>	+	+
	<i>Adequate fiscal resources for implementation</i>	+	+
	<i>Technological resources</i>	+	+
	<i>Specialized knowledge about prevention research, theory, and practice</i>	+	+

### Overall Community Readiness

This section addresses the extent to which the community is ready to address the priority areas, or community readiness. The Community Readiness Model describes nine stages of community readiness that indicate how likely the community will work and commit its resources towards

addressing the identified priority areas.<sup>38</sup> The overall community readiness for each of the priority areas appears to be distinct; there is evidence in the data that shows the community works towards improving knowledge and resources for each of the priority areas. This can inspire the momentum needed to rally the community members to change their perceptions of AOD use as a norm in Kings County.

### **Cannabis**

Cannabis use has become very common. Communities in Kings County are more aware of this issue, and most would agree that something should be done. Community leaders have acknowledged the issue and have begun to preplan in order to further identify how significant of an issue it is. This leaves the County at a Stage 5 of community readiness, *preparation*. A full understanding of the harm that comes from cannabis use has not been fully identified but can use more education and further resources are currently being identified to address the matter.

### **Underage Drinking**

Underage drinking has been almost considered a *rite of passage* for teens as they progress through high school. The rate of youth alcohol use is magnified by the time they reach the 11<sup>th</sup> grade. The County has worked on prevention efforts to increase awareness about the dangers of alcohol, and there are relatively successful prevention programs that are designed to reduce rate of use. Based on this description, it appears that the community is at a stage 6 of community readiness; stage 6 is classified as *Initiation*. Knowledge about the problem is widespread and resources have been identified, implementing new or revising existing programs can help further confront this issue.

### **Capacity Challenges and Service Gaps**

A thorough breakdown of the community resources and gaps in resources will be detailed below for each of the priority areas with an overview of challenges and services gaps for community resources, fiscal resources, human resources, and organizational resources.

**Figure 2.20: Capacity Challenges and Service Gaps**

Priority Areas	Cannabis Use	Underage Drinking
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<sup>38</sup> Community Readiness: A Handbook for Successful Change. (April, 2006). Tri-Ethnic Center for Prevention Research. Retrieved from [http://www.ndhealth.gov/injury/nd\\_Prevention\\_Tool\\_Kit/docs/Community\\_Readiness\\_Handbook.pdf](http://www.ndhealth.gov/injury/nd_Prevention_Tool_Kit/docs/Community_Readiness_Handbook.pdf)

<b>Community Readiness</b>	<b>Stage 5: Preparation</b> Cannabis is a widely used substance. Greater acceptance of cannabis use stems from its legalization and introduction of dispensaries in the County have led to a significant decrease of the perception of harm; the community and local leaders are ready to address the issue.	<b>Stage 6: Initiation</b> There is an apparent recognition of the problem of underage drinking, the implementation of more activities and targeted interventions can continue to strengthen current underage drinking efforts.
<b>Community Resources</b>	Cannabis use has been identified as an issue in the community; similar interventions that have been used with underage drinking efforts can be effective to bring cannabis use community resources up to par. Current political/policy knowledge has not been investigated but can also prove to be useful once further explored.	Alcohol has been a priority substance for Kings County for years and the community resources such as community awareness, specialized knowledge about prevention research, theory, practice, and practical experience are all healthy but political/policy knowledge can be expanded.
<b>Fiscal Resources</b>	Current fiscal resources may or may not be sufficient for promotion and advertisement.	Current fiscal resources may not be sufficient for widespread outreach.
<b>Human Resources</b>	Competent staff, training, stakeholders, other agency partners, and community leaders are all readily available to address cannabis use. Consultants and volunteers are not needed at the moment.	Competent staff, training, stakeholders, other agency partners, and community leaders are all readily available to address cannabis use. Consultants and volunteers are not needed at the moment.
<b>Organizational Resources</b>	Vision, mission statement, policies, technological resources, and specialized knowledge of prevention research theory and practice all met.	Vision, mission statement, policies, technological resources, and specialized knowledge of prevention research theory and practice all met.

**Cultural Competency**

As mentioned in the introduction of the SPP cultural competency is a guiding principle that is integrated into each step of the SPF. The importance of cultural competence with regard to the assessment is to observe trends for the general population as well as being careful to recognize substance use trends for underserved populations or groups of people with different values,

lifestyles, and traditions that may be based on their distinctive heritage and social relationship.<sup>39</sup> It is important to note, as previously stated in the limitations section of the assessment, the most obvious challenge with collecting data for the community needs assessment was the presence of the COVID-19 pandemic. The pandemic limited the County's ability to collaborate with more local agencies for the purpose of acquiring qualitative data or conducting more focus groups and key informant interviews with local community members and other essential stakeholders. The County relied heavily on pre-existing relationships established with community members and partners; fortunately, these service providers service a diverse assortment of individuals in the community that includes sub-populations and at-risk populations; this helps integrate cultural competence as identified on the SPP Workbook.<sup>40</sup>

The County also took the step to include an interview with OVDC which was the service provider that works with Native American families and youth, this allowed the SPP to acquire insights from a population of individuals who have been historically identified as an underserved population. The focus group with the MWC also focused on prenatal/perinatal women which is also an overlooked population, especially when being considered as a population who may benefit from SUD prevention. With the thoughts and opinions of representatives from these two populations it allows room for the SPP to be inclusive of such unique populations. Integration of cultural competency will be more apparent in later sections through the development of strategies that are inclusive of, not only the general population, but of specialized populations as well.

Trends that were observed based on the presented data, shows that males appear to have the higher rates of substance use and this is seen especially among Hispanic/Latino populations and White individuals. It may be necessary to provide specific prevention efforts to target males and more specifically Hispanic/Latino and White males; possibly, within the age ranges of 15-17 and 25-35, these are the ranges that county data shows highest rates of participation in SUD treatment. One of the most apparent health disparities that males tend to experience is higher rates of involvement with the criminal justice system as evidenced by the rates of youth being referred to probation and rates of suspensions in school.

A second strategy that was utilized to integrate cultural competency was encouraging participants of focus groups and interviews to identify trends related to specific populations and other subgroups. Sub-populations identified as having issues with substance abuse were Native American youth, prenatal and perinatal women; a third sub-population group in particular that may benefit from targeted prevention was among foster care youth and homeless youth. The

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<sup>39</sup> SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. SAMHSA, 2019

<sup>40</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

topic of this known at risk population was also identified however; there was insufficient time for a deeper discussion, which resulted in a limited discussion during the focus groups.

In addition to ensuring time was taken to address cultural barriers to prevention services and means of reducing these barriers, the SUD Prevention Coordinator also encouraged the diversification of participants for acquiring qualitative data. After analyzing, the assessment data it became clear that there were gaps, which could be essential in identifying other populations within the County that may indeed have a higher need for SUD prevention. This was most apparent in the limited data regarding disparity among foster care youth and homeless youth. Having data around AOD use for foster care youth and homeless youth would have been helpful but was not readily available, further collaboration with entities such as Child Welfare Services and Family Resource Centers to obtain data would improve future needs assessments.

### ***Sustainability***

The purpose of sustainability is to produce and maintain positive prevention outcomes over time.<sup>41</sup> The County ensured sustainability using a few methods that will be discussed in this section. The primary methods integrated in throughout the assessment was being attentive to the message that each of the participants were trying to convey in order to get a clear image of what the local prevention needs were. The County primarily involved local community agencies and health care providers in developing the assessment, local coalitions, prevention and treatment agencies, and other community stakeholders were involved through interviews, focus groups, and surveys. This allowed opportunity to strengthen relationships with these existing entities, which as stated in the SPP Workbook, can play an important role in supporting and sustaining local prevention efforts over time.<sup>42</sup>

An area of sustainability that could have been improved upon was outreach to other types of community leaders; the County had a difficult time establishing connections with municipalities, political community leaders or even school administrators due to the pandemic. It was also difficult to set up means of acquiring feedback from the general public or from students who were not somehow affiliated with local service providers that had already been interviewed/surveyed. The collection of data for Kings County residents who currently do not have involvement with local service providers such as SUD related program and/or service could have produced further networking, community buy-in, and/or strengthened recognition of the County and its affiliates.

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<sup>41</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

<sup>42</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

The County did not recruit staff and/or stakeholders to further enhance the assessment process, although the existing interviewees and/or participants contributed a great opportunity for learning about the needs of Kings County. One of the notable feats was directly asking participants to share their opinion of what would be the essentials of an effective prevention program. The feedback that was provided will be evaluated when looking at the programs, strategies, or interventions that will be implemented in Kings County for this SPP. By using information provided, stakeholders will have the sense of being instrumental to the development of SUD prevention efforts and will be a key to maintaining long-term support which should also result in long-term positive results.

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## CHAPTER III: CAPACITY BUILDING

After having addressed service gaps and capacity challenges, the County has developed the following action plan with proposed timelines to increase capacity for future prevention efforts:

**Figure 3.1: Cannabis Use Capacity Building Plan**

Priority Area 1: Cannabis Use		
Community Readiness Stage 5: Preparation		
	Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
<b>Community Resources</b>	<ol style="list-style-type: none"> <li>1. Increase education regarding cannabis use to further increase practical experience.</li> <li>2. Develop a cannabis community awareness campaign.</li> <li>3. Implement cannabis community awareness campaign.</li> <li>4. Promote training and technical assistance to enhance knowledge of cannabis use prevention.</li> <li>5. Enhance awareness of existing laws and local policies regarding cannabis.</li> </ol>	Year 1 Year 1 Year 2 – 5 Year 1 – 5 Year 1 – 3
<b>Fiscal Resources</b>	<ol style="list-style-type: none"> <li>1. Identify funds to promote cannabis prevention programs/services.</li> </ol>	Year 1 – 5
<b>Human Resources</b>	N/A	N/A
<b>Organizational Resources</b>	N/A	N/A

The capacity building table has detailed the plan to address the challenges and gaps relative to cannabis use. The County has advanced its prevention aptitude over the course of the last several years with regard to underage alcohol use; however, there is a shift in the culture with the increasing use of cannabis in the community. The County will now focus on cannabis use and will address the issue with prevention strategies previously used on alcohol efforts. The County will seek to acquire education regarding cannabis use interventions to help increase practical experience. The County will also seek to develop a community awareness campaign to possibly discover community resources that the County had not been previously aware of. The countywide campaign will incorporate the use of networking with local service providers to enhance the spread of the messaging and cultivate opportunities to increase community resources and potentially fiscal resources while reducing the likelihood of being impacted by unforeseen challenges or gaps in service delivery.

**Figure 3.2: Underage Drinking Capacity Building Plan**

<b>Priority Area 2: Underage Drinking</b>		
<b>Community Readiness Stage 6: Initiation</b>		
	<b>Course of Action (e.g., training, coalition building, mobilization efforts)</b>	<b>Proposed Timeline</b>
<b>Community Resources</b>	1. Collaborate with local law enforcement and municipal officials to promote policy regarding underage drinking.	Year 1 – 5
<b>Fiscal Resources</b>	1. Explore available funding to promote existing underage drinking programs and services.	Year 1 - 5
<b>Human Resources</b>	N/A	N/A
<b>Organizational Resources</b>	N/A	N/A

The County’s underage drinking capacity building table demonstrates the work and effort that has been put into previous capacity building plans. The County has worked to increase Organizational, Human, Fiscal, and Community resources to address challenges and gaps with regard to underage drinking prevention. The County plans to continue employing strategies to address gaps and challenges; there will be a focus on fortifying available resources, such as the SUP Workgroup to continue collaboration with local partners. SUD Prevention efforts in Kings County can benefit from partners such as local law enforcement and municipal officials. This relatively new prevention approach to address underage drinking from a community-based process, such as policy work, has the potential to propel the community readiness into a higher level of community ownership.

### ***Cultural Competence & Sustainability***

When addressing the course of action for each respective priority area, it is important to incorporate both cultural competency and sustainability into the capacity building plan. Cultural competency is important within capacity building because having strategies that are inclusive of all applicable cultural backgrounds will result in higher rates of successful prevention efforts. The County will ensure that the promotion and advertising of prevention programs and services are culturally relevant and that the Cultural and Linguistically Appropriate Services (CLAS) Standards are upheld. The CLAS standard will be applied by making materials available in languages that meet the needs of community members and by recruiting and hiring program facilitators who are reflective of the communities being served. Training and TA will also be incorporated to ensure that staff and contracted prevention providers understand the importance of understanding and practicing cultural competence and applying it to standards, policy practices,



and attitudes across cultural settings which will increase the quality of services being delivered to the community and produce better outcomes.

Sustainability and capacity building go hand in hand; long term sustainability cannot be accomplished without enhancing relationships, resources such as existing programs and services, and providing training and technical assistance to stakeholders such as community leaders and the public at large. Building capacity in an effective manner will result in the success of prevention efforts and long-term growth and sustainability. One new strategy for the County to enhance sustainability efforts is to increase networking with community entities that the County may not have established contact with in the past or by reestablishing lost connections. By further expanding relationships and by enhancing advertising and promotion of available SUD Prevention programs, the County can secure more buy-in from the community which will lead to stronger relationships and build a positive presence in the community. This, in turn will facilitate the accomplishment of the SPP goals and objectives and more importantly preserve sustainability for years to come.

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## Chapter IV: Planning

Planning is the next step of the SPP. Comprehensive and evidence-based prevention interventions that will address the most pressing substance use-related problems in the County will be identified and implemented over the course of the next five years. All of the work done up to this point: conducting a needs assessment, selecting priority areas, identifying and prioritizing risk factors, assessing capacity, and developing a capacity building plan, lead up to this step.<sup>43</sup> The Planning chapter highlights the indispensable need for the SPF when it comes to ensuring the implementation of the most appropriate programs and strategies needed in the community for the reason that it replaces all hunches, guesswork, or simply implementing popular prevention practices and relies on data driven decisions that includes feedback from diverse stakeholders.<sup>44</sup>

The criteria for selecting prevention interventions that are likely to have the greatest impact will be based on programs and practices with strong conceptual fit, practical fit, and are deemed evidence-based.<sup>45</sup> Program interventions that have conceptual fit will directly address the community's priority substance use-related problems. Practical fit program interventions will be relevant and appropriate to the community. Program interventions that are evidence-based have documented evidence of effectiveness.<sup>46</sup> The prevention interventions will directly target the prioritized risk factors, ascertained in the assessment chapter in Figures 2.13 and 2.14. The reason that the prevention interventions will indirectly target the priority problem substances is because SUDs are affected by many factors and effective prevention focuses on reducing risk and strengthening protective factors associated with the problem.<sup>47</sup> Using this method will require linking opposing protective factors that will attempt to decrease the prioritized risk factors.

Within the previously described method and criteria, the selected interventions will be classified within a set of six prevention strategies developed by the Center for Substance Abuse Prevention (CSAP) known as the CSAP 6.<sup>48</sup> The CSAP 6 are Information Dissemination, Education, Alternatives, Community Based Process, Problem Identification & Referral, and Environmental

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<sup>43</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

<sup>44</sup> SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. SAMHSA, 2019

<sup>45</sup> Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners (2018). SAMHSA. Retrieved from [https://www.samhsa.gov/sites/default/files/ebp\\_prevention\\_guidance\\_document\\_241.pdf](https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf)

<sup>46</sup> SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. SAMHSA, 2019

<sup>47</sup> Risk and Protective Factors. (2019). SAMHSA. Retrieved from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

<sup>48</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

strategies. The figure below depicts the strategy definitions found in CFR Title 45, Part 96, Subpart L, Section 125.<sup>49</sup>

**Figure 4.1: CSAP 6 Strategy Definitions**

Information Dissemination	This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction, and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information Dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
Education	This strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systemic judgement abilities.
Alternatives	This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resort to the latter.
Problem Identification and Referral	This strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of SUD treatment.
Community Based Process	This strategy aims to enhance the ability of the community to more effectively provide prevention services for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
Environmental	This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the use of alcohol, tobacco, and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.

<sup>49</sup> 45 CFR § 96.125 - Primary prevention. (N.d.). Cornell Law School. Retrieved from <https://www.law.cornell.edu/cfr/text/45/96.125>

The risk factors, protective factors, and the corresponding CSAP strategy for each of the priority areas are shown in Table 4.2. The chapter concludes with a logic model for each priority area. A logic model is a graphic planning tool, which describes goals and objectives and how they will be met and measured. In addition, the logic model illustrates the logical connections between the problem to be addressed and the practices that will effect change, and to provide an explicit description of how outcomes will be measured.<sup>50</sup>

### **Cannabis Use Protective Factors and Strategies for Risk Factors**

Figure 3.4 below shows the identified risk and protective factors for cannabis accompanied by the appropriate CSAP strategies. .

**Figure 4.2: Protective Factors and CSAP Strategies for Prioritized Risk Factors of Cannabis Use**

<b>Priority Area</b>	<b>Risk Factors</b>	<b>Protective Factors</b>	<b>Strategy</b>
<b>Cannabis Use</b>	<ol style="list-style-type: none"> <li>1. Adults and youth lack awareness of the physical, mental, and neurological effects of cannabis</li> <li>2. Cannabis use is widely accepted as the norm</li> <li>3. Cannabis is widely accessible due to recent legalization</li> </ol>	<ul style="list-style-type: none"> <li>• Increase coalition/workgroup activities to promote community awareness of harm of cannabis use. Educate youth about dangers of cannabis use.</li> <li>• Coordinate with schools to increase youth understanding of the effects of cannabis use and promote disapproval of cannabis use.</li> <li>• Increase efforts with local officials to increase policy work surrounding cannabis use.</li> <li>• Educate youth on life skills and positive decision-making.</li> </ul>	Community Based Process  Education  Information Dissemination  Environmental  Alternative

Assessment data indicated that the most significant risk factors was the lack of awareness of the harmful effects of cannabis use and due to the recent legalization among other factors, cannabis use is being regarded as a norm in the community. Studies have shown that the “just say no” prevention approach has proven to be ineffective.<sup>51</sup> This is why an education-based based strategy is ideal to provide youth with cutting-edge research on the dangers of cannabis use. With this newfound information, youth can make better-informed decisions regarding using cannabis. In addition, providing an alternative strategy to youth on positive decision-making and other essential life skills can help minimize the likelihood that they will resort to using substances because they have other coping skills at their disposal to manage challenges they face. This approach is considered an alternative strategy because while it does not directly address the identified risk factors, it opposes the acceptance of cannabis use as a norm.

<sup>50</sup> SAMHSA: A Guide to SAMHSA’s Strategic Prevention Framework. Rockville, MD: CSAP. SAMHSA, 2019

<sup>51</sup> Prevention of adolescent drug abuse: Why “Just Say No” just won’t work. (1989). The Journal of Pediatrics, Volume 114, Issue 4, Part 1. [https://doi.org/10.1016/S0022-3476\(89\)80721-8](https://doi.org/10.1016/S0022-3476(89)80721-8).

The community-based process and information dissemination strategies also rely on educating the community-at-large; however, each strategy employs a different service delivery method. The County’s use of the community-based process strategy is based upon coalition/workgroup activities. The SUP Workgroup will address both prioritized risk factors, first by promoting community awareness of harm of cannabis use, which secondarily, should lead to a change in the community’s acceptance of use. On the other hand, the information dissemination strategy fortifies the County’s limited staffing by disseminating easily digestible information that informs youth of the effects of cannabis use and promotes the disapproval of use. This information will be provided all the schools in the County. Lastly, increasing policy work provides an excellent means of combating the negative aspects of the legalization of cannabis. This environmental strategy can help reduce the acceptance of use by putting ordinances in place to better protect youth, reduce problem cannabis use, and promote social equity.<sup>52</sup>

### ***Underage Drinking Protective Factors and Strategies for Risk Factors***

The following table displays the protective factors next to the corresponding CSAP strategy for the identified prioritized risk factors regarding underage drinking.

**Figure 4.3: Protective Factors and CSAP Strategies for Prioritized Risk Factors of Underage Drinking**

<b>Priority Area</b>	<b>Risk Factors</b>	<b>Protective Factors</b>	<b>Strategy</b>
<b>Underage Drinking</b>	<ol style="list-style-type: none"> <li>1. Parent alcohol use is leading to higher rates of use among youth.</li> <li>2. Youth have a low perception of harm around alcohol.</li> <li>3. There is a high rate of early onset of alcohol use.</li> </ol>	<ol style="list-style-type: none"> <li>1. Educate youth and parents about harms of underage drinking and encouraging non-use among youth.</li> <li>2. Increase community awareness of consequences of underage drinking.</li> <li>3. Educate parents and youth about life skills.</li> </ol>	<p>Education</p> <p>Information Dissemination</p> <p>Alternatives</p>

Underage drinking prioritized risk factors are all very closely associated. Parental alcohol use not only provides youth a means of accessing the substance but it exposes youth at a younger age and lessens the perception of harm. The identified protective factors primarily focus on promoting education on the harms and consequences of underage drinking and providing life skills education.

Providing education and alternative education to parents and youth will directly affect all other risk factors. With regards to parents, if they are provided information on the unintended consequence of their alcohol use and are provided life skills education then they may choose to

<sup>52</sup> Principles for a Public Health and Equity Approach to Cannabis Regulation. (N.d). Getting it Right from the Start. Retrieved from <https://gettingitrightfromthestart.org/wp-content/uploads/2020/11/principles-for-public-health-equity-1page.pdf>

reduce or discontinue their use or be more careful about their use near youth, or at the very least, discuss their disapproval of underage alcohol consumption with their youth. The aforementioned desired outcomes from educating parents may also result in youth increase of perception of harm of alcohol use and may also reduce rates of early onset of alcohol use because of the diminished frequency of use of alcohol among parents. With regards to youth education, by learning about the harmful consequences of alcohol use and by learning life skills, it is anticipated that they will no longer have a low perception of harm and they will make better decisions regarding alcohol use. The information dissemination strategy seeks to further promote change in community perceptions regarding underage alcohol use which will reinforce education strategies and also reach individuals who may not have received the service but more importantly it will increase youth perceptions of harm of alcohol and potentially address the high rates of early use.

### *The Logic Model*

The logic model for each of the priority areas will be illustrated below. The logic model for cannabis use and underage drinking will describe the goal, the objectives to meet the goals, and strategies that will be used to address these problem areas. The logic model will also lay out short term, intermediate, and long-term outcome measures that will take place over the course of the next five years as indicators that will demonstrate progress towards the stated objectives.

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**Figure 4.6: Cannabis Use Logic Model**

<b>Priority Area: Cannabis Use</b>					
<b>Problem Statement:</b> Cannabis use is a priority area for Kings County because adults and youth have a low perception of risk from cannabis use, and youth report cannabis is easy to access and use cannabis at high rates.					
<b>Goal (Behavior Change):</b> Increase adult and youth perception of risk from cannabis use and reduce youth cannabis use					
<b>Objective</b>	<b>Strategy</b>	<b>Anticipated Outcomes</b>			<b>Indicators</b>
		<b>Short Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long Term Outcomes</b>	
By 2026, 80% of adult recipients of community education presentations will increase their perception of risk around cannabis use as measured by post presentation survey.	Information Dissemination Education Community Based Process	By 2022, disseminate information to adults and facilitate presentations about the neurological effects of cannabis as measured by pamphlet count and presentation attendance.	By 2024, 75% of adult participants in community education presentations will increase their knowledge about risks from cannabis use as measured by a post presentation survey.	By 2026, 80% of adult participants in community education presentations will have increased their perception of risk from cannabis use as measured by a post presentation survey.	Pamphlet Count Presentation Attendance Post Presentation Survey
By 2026, 80% of youth participants in school-based education presentations & skill building groups will increase their perception of risk from cannabis use as measured by post presentation surveys & pre/post surveys.	Information Dissemination Education Alternative Community Based Process	By 2023, implement school-based education presentations to youth, and implement skill building groups to youth that will increase youth awareness of risks associated with cannabis use as measured by program records and attendance rosters.	By 2026, 75% of youth participants in school-based education presentations & skill building groups will increase their knowledge of risk from cannabis use as measured by post presentation surveys & pre/post surveys.	By 2026, 80% of youth participants in in school-based education presentations & skill building groups will have increased their perception of risk from cannabis use as measured by a post presentation surveys & pre/post surveys.	Program Records Attendance Roster Pre/Post Survey Post Presentation Survey
By 2026, County implementation of one policy/ordinance addressing youth access will improve the efficacy of the four cities tracked as measured by a 5-point increase on the Cannabis Policy Scorecard.	Environmental Alternative	By 2022, work with 10 youth to identify which cannabis-related policies/ordinances will have the most impact on the community, as measured by program records.	By 2024, youth will implement an action plan to impact policy and present the action plan during a Cannabis Town Hall, as measured by program records.	By 2026, County implementation of one policy/ordinance addressing youth access will have improved the efficacy of the four cities tracked as measured by a 5-point increase on the Cannabis Policy Scorecard.	Program Records Cannabis Policy Scorecard

**Figure 4.5: Underage Alcohol Use Logic Model**

<b>Priority Area:</b> Underage Alcohol Use					
<b>Problem Statement:</b> Underage drinking (early onset) is a priority because youth access alcohol easily from parents/adults and youth have a low perception of harm.					
<b>Goal (Behavior Change):</b> Decrease underage alcohol use					
Objective	Strategy	Anticipated Outcomes			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
By 2026, early onset of alcohol use will decrease by 5%, as measured by CHKS.	Education Alternatives Community Based Process Information Dissemination	By 2022, implement family education program to 8 of groups of parents at 3 sites, as measured by program records.	By 2024, 80% of parent participants in family education programs will report an increased understanding of positive parenting, increased communication with youth regarding substance use, strategies to decrease youth access to alcohol at home, and underage drinking, and improved coping skills, as measured by a retrospective pre/post survey.	By 2026, early onset of alcohol use will have decreased by 5%, as measured by CHKS.	Program Records Retrospective Pre/Post Survey CHKS
By 2026, 75% of youth participants of family education program will report increased perception of harm regarding alcohol use, as measured by pre/post survey.	Information Dissemination Education Alternative Community Based Process	By 2022, distribute 150 informational pamphlets to youth describing harm of alcohol use as measured by pamphlet count.	By 2024, 30 youth participants in family education programs will report increased awareness of healthy coping skills, as measured by pre/post-survey.	By 2026, 75% of youth participants of family education program will have reported an increased perception of harm regarding alcohol use, as measured by pre/post survey.	Pamphlet Count Pre/Post Survey



## ***Cultural Competence & Sustainability***

As is the case with the previous chapters, the development of the SPP is inspected to ensure cultural competence and sustainability are entwined throughout each step of the plan. The planning phase ensures cultural competence is addressed by being considerate of the community demographics by utilizing strategies that have proven successful in the past with the beneficiaries whom have and will continue to receive the proposed interventions. A key factor in seeking outcomes that measure family unity, increased communication among family is because relationships, particularly family relationships, influence health among Hispanics/Latinos.<sup>53</sup> The strategies also considers the importance of having educational materials available in languages that is representative of the community's more prevalent languages which has been identified as English and Spanish, this culturally inclusive methodology is consistent throughout all County managed contracts.<sup>54</sup>

The County took measures that would ensure some community representation by coordinating meetings with the Kings County Office of Education, and two distinct school districts found within the County for the purpose of ensuring the interventions found in the planning phase will adequately serve the youth this plan intends on serving. The reason the abovementioned meetings were conducted was because the schools will be a main focal point of where a majority of the services will be delivered. The identified protective factors focus on education to the community, youth, and parents is because there are many first-generation families residing within Kings County and at times this population may lack in awareness of contemporary information regarding substances. By providing the information can provide families the tools they need to have conversations with their youth to have better informed conversations with their children about drugs. Although none of the objectives involves health disparities as long-term outcomes, the expectation is that by promoting community wide information dissemination strategies and education, the health disparities that have been seen, particularly among Hispanic/Latino males, will be addressed.

Sustainability efforts in the planning chapter consisted of meeting with school administration to maintain an active relationship with the schools which will be a focal point of where a majority of the interventions will be implemented. As mentioned, the County met with two distinct school districts within the County and a member of the Kings County Office of Education (KCOE). The meeting with the first district was held with the Director of Special Programs who oversees all behavioral programs within their school district and provides oversight of all clinical staff such as social workers, licensed therapist, etc. The meeting with the second school district was held with the Director of School Climate, Child Welfare, and Attendance along with the District School

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<sup>53</sup> Campos, B., & Kim, H. S. (2017). Incorporating the cultural diversity of family and close relationships into the study of health. *American Psychologist*, 72(6), 543–554. <https://doi.org/10.1037/amp0000122>

<sup>54</sup> DataUSA: Kings County, CA. (N.d.). Retrieved from <https://datausa.io/profile/geo/kings-county-ca#civics>

Social Worker. The third meeting held with the KCOE included the Education Learning Advisor. The familiarity with CSAP strategies was basic at best, they were very much familiar with the needs of students and families. The school admin staff were vocal about the need for providing information to youth in order to correct erroneous beliefs regarding substances and there was also an emphasis to educate parents, who as one school staff stated, are “oblivious to what youth are being exposed to.” The meeting with KCOE involved a conversation concerning tracking outcomes through the CHKS, how to sustain buy-in from schools and district admin in addition to conversations regarding how the County will prioritize services to more underserved communities. Although specific service delivery sites are not mentioned in the SPP previous assessment data shows that there are areas in the County that are underserved, and this will be a driving factor when it comes to selecting school sites that will be targeted for service implementation.

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## Chapter V: Implementation

The implementation chapter sets in motion the objectives, strategies and anticipated short-term, intermediate and long-term outcomes identified in the logic model from the Planning Chapter. This chapter presents the implementation plans for each program/intervention that will address cannabis use and underage alcohol use. The implementation plan for each program restates the goals and objectives, and describes the tasks that will take place within the program/intervention in addition to the projected timeline for each task, followed by the identified party responsible for accomplishing each task.

The implementation plan for each program will also identify the intended population that will receive the intervention and the level of risk for that selected population. The Institute of Medicine (IOM) defines categories of levels of risk that prevention interventions can address. The first of the IOM categories for level of risk is *universal*, which focuses on the general public or a specific subgroup that has not been identified on the basis of risk, but on preventing the general risk of substance abuse.<sup>55,56</sup> Within the universal prevention classification there are two subdivisions: universal direct and universal indirect. Universal direct interventions serve an identifiable group of participants, and universal indirect interventions do not have identifiable participants but rather indirectly reach the general population through information dissemination and environmental strategies.<sup>57, 58</sup>

The next IOM Category level of risk is *selective*. A selective prevention intervention targets those individuals who may be at a slightly higher risk of a SUD compared to the general population.<sup>59</sup> This specific group can be identified on the basis of biological, psychological, social, or environmental risk factors that are known to be associated with substance abuse.<sup>60</sup> The last IOM Category level of risk is an *indicated* prevention intervention. An indicated prevention strategy is targeted to those individuals who may not meet the medical necessity for a SUD but who are

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<sup>55</sup> Institute of Medicine (IOM) Classifications for Prevention (N.d.) Retrieved from [http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders\\_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf](http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf)

<sup>56</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

<sup>57</sup> Institute of Medicine (IOM) Classifications for Prevention (N.d.) Retrieved from [http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders\\_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf](http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf)

<sup>58</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

<sup>59</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions

<sup>60</sup> Institute of Medicine (IOM) Classifications for Prevention (N.d.) Retrieved from [http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders\\_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf](http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf)

exhibiting a high-risk behavior that is associated with substance abuse or who is known to be at a high risk of developing an SUD.<sup>61</sup>

**Figure 5.1: Community Awareness Campaigns & Presentations Implementation Plan**

Program/Intervention: Community Awareness Campaigns & Presentations			
<b>Goal(s):</b> Decrease adult and youth acceptance of cannabis use and increase awareness of risks of cannabis use.			
<b>Goal(s):</b> Decrease underage alcohol use.			
<b>Objective(s):</b> By 2026, increase youth perception of harm from cannabis use as measured by a 2% increase in CHKS and by 50% of education presentation participants reporting increased perception of harm, as measured by a retrospective pre-post survey.			
<b>Objective(s):</b> By 2026, 50% of adult community education participants will increase perception of harm from cannabis use, as evidenced by a retrospective pre/post survey.			
<b>Objective(s):</b> By 2026, 75% of participants in parent education presentation will increase their awareness of the impact of family alcohol use on youth access, early onset, and low perception of harm among youth, and evaluate their own alcohol use, as evidenced by pre/post survey.			
IOM Category: <i>Universal Direct, Universal Indirect, Selective</i>		Population(s): Youth (Ages 10 to 17), Adults (+17), Parents	
Major Tasks	Timeline	Responsible Party	Strategy
1. Develop and/or identify available best fit print materials and online materials to disseminate.	July 2021-September 2021	County & Subcontracted Provider	Information Dissemination
2. Disseminate informational pamphlets and begin posting online materials.	October 2021-June 2026	Subcontracted Provider	Information Dissemination
3. Evaluate online platform performance rates and program records to identify areas with highest penetration rates to determine communities in most need of presentations	March 2022- July 2022	Subcontracted Provider	Community-Based Process
4. Promote presentations through established online presence.	July 2022-September 2026	Subcontracted Provider	Information Dissemination
5. Conduct presentations alongside continued distribution of printed informational pamphlets and online materials.	October 2023-June 2026	Subcontracted Provider	Information Dissemination
6. Determine success of online versus print information and evaluate success of presentations.	April 2026- June 2026	County	Community-Based Process

<sup>61</sup> Institute of Medicine (IOM) Classifications for Prevention (N.d.) Retrieved from [http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders\\_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf](http://dpbh.nv.gov/uploadedFiles/mhngov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf)

**Figure 5.2: Botvin Life Skills Building Group Implementation Plan**

<b>Program/Intervention:</b> Botvin Life Skills Building Group			
<b>Goal(s):</b> Decrease youth acceptance of cannabis use and increase awareness of risks of cannabis use.			
<b>Objective(s):</b> By 2026, 30% of youth participating in Botvin life skill-building group will reduce their acceptance of cannabis use, evidenced by a pre/post survey.			
<b>IOM Category(ies):</b> <i>Indicated</i>		<b>Population(s):</b> Youth (7-17)	
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Strategy</b>
1. Connect with school administrators, identify schools in most need and promote skill building groups.	July 2021-September 2021	County/ Subcontracted Provider	Community- Based Process
2. Launch skill building group at 5 different school sites	September 2021- December 2021	Subcontracted Provider	Education
3. Continue to identify school sites in most need through collaboration with schools and render services as needed.	January 2021-June 2026	Subcontracted Provider	Information Dissemination
4. Monitor subcontracted provider to determine progress and adherence to contract and SPP	March Annually	County	Community- Based Process

**Figure 5.3: Local Ordinances Implementation Plan**

<b>Program/Intervention:</b> Local Ordinances			
<b>Goal(s):</b> Decrease youth acceptance of cannabis use and increase awareness of risks of cannabis use.			
<b>Objective(s):</b> By 2026, local cannabis-related ordinances will demonstrate increase in implementation of policy surrounding cannabis to protect youth, as evidenced by a 2 point increase in cannabis policy scorecard.			
<b>IOM Category:</b> <i>Universal Indirect</i>		<b>Population(s):</b> Youth (Ages 14-17)	
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Strategy</b>
1. Develop youth coalition in one community within the County.	September 2021- November 2021	Subcontracted Provider	Environmental
2. Identify cannabis policies that will best benefit the identified community.	November 2021- January 2021	Subcontracted Provider	Environmental
3. Develop Action Plan and present at town hall meeting	January 2022-March 2022	Subcontracted Provider	Environmental

4. Implement new local policy to regulate cannabis use in the community	March 2022-June 2022	Subcontracted Provider	Environmental
5. Evaluate program and determine new community within County to set forth new local policy	June 2022-July 2022	County/ Subcontracted Provider	Community-Based Process

**Figure 5.4: Family Groups Implementation Plan**

<b>Program/Intervention:</b> Family Groups (Celebrating Families, Strengthening Families)			
<b>Goal(s):</b> Decrease underage alcohol use.			
<b>Objective(s):</b> By 2026, 80% of Strengthening Families Program participants will report decreased home access to alcohol for youth, as evidenced by pre/post survey.			
<b>Objective(s):</b> By 2026, early onset of alcohol use will decrease by 5%, as measured by CHKS.			
<b>Objective(s):</b> By 2026, youth perception of harm regarding alcohol use will increase by 2%, as measured by CHKS, and 75% of Strengthening Families Program youth participants will report increased perception of harm regarding alcohol use, as measured by pre/post survey.			
IOM Category(ies): Universal Direct, Selective, <i>Indicated</i>		Population(s): Youth (0-17) and Parents	
Major Tasks	Timeline	Responsible Party	Strategy
1. Promote Strengthening Families and Celebrating Families program availability throughout the County.	July 2021-June 2026	Subcontracted Provider	Alternative
2. Commence group sessions to families.	August 2021-June 2026	Subcontracted Provider	Alternative
3. Evaluate program success and monitor adherence to contract and SPP.	March Annually	County	Community-Based Process

### **Implementation Plan Summary**

Each of the identified implementation plans for each of the programs/interventions will meet the identified needs of the community as identified in the Assessment Chapter by focusing on increasing awareness of providing education to youth and the community. The proposed program interventions strongly focus on youth in order to reduce rates of substance use among adults in the future and by having interventions focused on the family, this should increase rates of success in the program.

At the time of writing this section of the SPP, the County has not selected the providers who will render the services identified above. The County has a process in place known as a Request for Proposal (RFP) process that allows service providers to bid for the opportunity to enter into a

formal contract with the County to deliver the services described in the RFP. The County plans to develop RFPs for the all prevention programs. The County RFP process is conducted by the County of Kings Purchasing Division, once the proposal deadline has expired, the County will review each proposal and then hold interviews with each service provider. Upon completion of the interview process, each service provider will be ranked, and the top ranking provider will be selected to enter into an agreement with the County.

### ***Cultural Competence & Sustainability***

In ensuring cultural competency and sustainability are achieved in this section of the SPP, the County Cultural Humility Taskforce is working in conjunction with each program division to ensure that underserved and high-risk populations are adequately informed of the available services that the County provides. The RFP will include a strong emphasis on seeking service providers that can provide outreach to underserved communities and are capable of staffing their program with individuals that are from or have experience with the intended target population to be served.

The County can safeguard sustainability by securing services with the new service providers with a formal agreement that will possibly last the term of the SPP or at very minimum three years with the possibility of a contract renewal. The County anticipates that some existing service providers to Kings County will respond to the RFP. Should one or more of the existing service providers submit proposals and are subsequently selected, the County programs would benefit from the established networks and connections with the communities they serve.

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## Chapter VI: Evaluation

The final chapter of the SPP is the evaluation. The evaluation chapter addresses the effectiveness and progress/performance of the interventions that were implemented and adherence to the goals and objectives of the SPP. The chapter begins with an evaluation plan which will identify what data will be collected, the method in which the data will be collected, who will be responsible for collecting the data, when the data will be collected, and how performance will be measured as it compares to the desired outcomes.<sup>62</sup> The evaluation plan is followed by a summary describes the ways in which data acquired will be used to improve services and performance. Lastly, the chapter incorporates a dissemination plan, cultural competence and sustainability.

The evaluation consists of two components: process evaluation and outcome evaluation. The process evaluation focuses on the programmatic aspects and implementation of the interventions while the outcome evaluation is concerned with the behavioral changes that occurred to the recipients of the intervention or changing conditions as a result of the intervention. Both evaluation components are essential as they work in combination to ultimately indicate the extent of success of the implemented interventions.

**Figure 6.1: Evaluation Plan for Cannabis Use**

Outcomes	Performance Measures	Method of Data Collection	Indicators/ Data Source	Roles and Responsibilities	Time frame
<b>Short Term</b>					
300 youth will access online information or paper material regarding danger of cannabis use	Observing pamphlets count, distribution sites, and monitoring online traffic	Retrospective Pre-Post Survey/Online tracking tools	Program Records	Subcontractor	During
Implement Botvin Life Skills Building Group at 5 school sites, to 50 youth in under-served communities	MOUs with school sites and referrals	Records comparison	EHR/PPSDS	Subcontractor	Before
Distribute cannabis informational materials to 200 individuals in 10 locations	Observing pamphlets count and distribution sites	Records comparison	Program Records	Subcontractor	During
SUD youth coalition will recruit 10 youth to identify which	Action plan in progress	Sign-in sheets	PPSDS	Subcontractor	During

<sup>62</sup> Strategic Prevention Plan Workbook for Counties. (2020). DHCS, Community Prevention Initiative. Center for Applied Research Solutions



cannabis related policies will have most impact on community		Record comparison	Program Records		
<b>Intermediate</b>					
25% of Youth will demonstrate increased understanding of danger of cannabis use	Change in perception of danger	Survey	Program Records	Subcontractor	During
15% of Youth will report reduced acceptance of cannabis use	Change in acceptance of cannabis use	Survey	Program Records	Subcontractor	During
25% of Adult community education participants will report increase awareness of dangers of cannabis use	Change in awareness of danger	Survey	Program Records	Subcontractor	During
Youth coalition will implement and present action plan during Town Hall	Record of event	Documentation of Event	Program Records	Subcontractor	During
<b>Long Term</b>					
Youth will have increase perception of harm from cannabis use by 50%	Change perception of harm	Survey	Program Records	Subcontractor	After
30% of Youth participating in Botvin life skills will reduce acceptance of cannabis use	Change in acceptance of use	Survey	Program Records	Subcontractor	After
50% of Adult community education participants will increase perception of harm from cannabis use	Change in perception of harm	Survey	Program Records	Subcontractor	After
Increase of points in cannabis policy scorecard	Change in County policies	Online software	Program Records	Subcontractor	After

**Figure 6.2: Evaluation Plan for Underage Alcohol Use**

Outcomes	Performance Measures	Method of Data Collection	Indicators/Data Source	Roles and Responsibilities	Time frame
<b>Short Term</b>					
Distribute 150 pamphlets to youth describing harm of alcohol use	Observing pamphlets count	Pamphlet Count	Program Records	Subcontractor	During
Implement Strengthening Families program to 5 groups of parents at 5 different sites with emphasis on Hispanic families	Observing Referrals received	Records comparison Sign-in sheets	PPSDS/EHR Program Records	Subcontractor	Before
Implement Celebrating Families to 8 groups of parents at 3 sites	Observing Referrals received	Records comparison Sign-in sheets	PPSDS/EHR Program Records	Subcontractor	During
Implement 5 groups of Strengthening Families at 5 sites	Observing Referrals received	Sign-in sheets Record comparison	PPSDS/EHR Program Records	Subcontractor	During
<b>Intermediate</b>					
50% of participants in parent education presentation will report increased understanding of positive parenting, and communication with youth regarding substance use	Change in parenting, and change in communication with youth	Survey	Program Records	Subcontractor	During
50% of parents will implement strategies to decrease youth access to alcohol	Change in youth access to alcohol	Survey	Program Records	Subcontractor	During
50% of parents will have increased communication with youth regarding substance use and coping skills	Change in communication with youth regarding substance use and coping skills	Survey	Program Records	Subcontractor	During
30 youth participants will report increased	Change in awareness of coping skills	Survey	Program Records	Subcontractor	During

awareness of healthy coping skills					
<b>Long Term</b>					
75% of parents will have increased awareness of impact of alcohol use on youth	Change perception of harm of parental alcohol use on youth	Survey	Program Records	Subcontractor	After
80% of program participants will report decreased home access to alcohol	Change in access to alcohol at home	Survey	Program Records	Subcontractor	After
Early onset of alcohol use will decrease by 5%	Change in age of first use of alcohol	Survey	CHKS	Subcontractor	After
75% of youth will increase perception of harm regarding alcohol use	Change in perception of harm regarding alcohol use	Survey	CHKS	Subcontractor	After

### **Evaluation Plan Summary**

The evaluation plans for cannabis and underage alcohol use are structured to break down the short-term, intermediate, and long-term desired outcomes for the four objectives identified in the logic model for each priority area. As previously stated, the evaluation plan identifies how performance will be measured, what method will be used to collect the data, where the data will be acquired from, who will be responsible for the acquisition of the data, and timeframes.

The short-term outcomes are immediate, based on implementation and focus directly on the process, setting the groundwork for accomplishing the overall objective. The method by which the County will measure performance lies in observing whether essential tasks are completed and by reviewing documents to ensure target referrals, and pamphlet counts are met; they will be verified by reviewing program records that are accessible through the County EHR and the State data collection platform known as the Primary Prevention Data SUD Data Services (PPSDS) platform all of which will be collected by the subcontractor before and during the implementation of the program.

The intermediate outcomes occur when programs are in full effect and the County can begin to observe changes in the contributing factors and other changes in knowledge or skills from the intended population. Challenges, barriers, successes, and feedback will become available from program records as acquired from the subcontractor through the use of surveys during the operation of the program. The performance measures the County expects to see with regard to

cannabis use are: changes in perception, acceptance and awareness of the dangers of cannabis; with regard to underage alcohol use, the County anticipates that there will be: increased parental communication regarding youth substance use, reduction in access to alcohol from parents, and increased awareness about substance use and alternative coping skills. Evaluation is most essential in this time period because the County will be able to recognize whether adherence to the intended purpose of the interventions are being carried. Through the evaluation of the intermediate outcomes, adjustments to the program can be made wherever necessary or if success is evident, the programs can proceed as before.

The long-term outcomes are, in a metaphorical sense, the end of the race and the completion of the SPP. The County will observe whether the intended objectives have been met to ultimately accomplish the goal of reducing rates of high use, accessibility and acceptance of cannabis as brought upon by its legalization in addition to revealing whether there has been an increase of awareness of the risks (i.e., physical, mental, and neurological effects) of cannabis use in addition to observing change in local policy as acquired by observing program records collected by surveys and online software after the completion of the cannabis use interventions. The County will also observe whether the subcontractor was able to achieve the desired rate of change in the perception of harm, changes to early onset of alcohol use, and reduced rates of access to alcohol at home. The culmination of the interventions will expectedly also result in a change in the level of readiness for the county and by retrospectively observing the strategies and processes will serve as useful tools for the implementation of future plans.

### **Dissemination Plan**

After reviewing the evaluation results the County will initiate the Dissemination Plan which has a dual purpose. The first intent for sharing evaluation findings will be to strengthen prevention efforts and increase support from stakeholders. Secondly, sharing the challenges, and successes will ensure transparency with the hope that the lessons learned from these efforts can be applied to other County prevention efforts. The dissemination plan will address three main points: which stakeholders will receive the evaluation results, when and how they will receive the information.

<b>Audience</b>	<b>Abstracts &amp; Briefings</b>	<b>Annual/Evaluation Reports</b>	<b>Fact Sheets &amp; Infographics</b>	<b>Brochures &amp; Posters</b>	<b>Exhibits</b>	<b>Town Meeting</b>
<b>County Leadership</b>	X	X		X	X	
<b>Local Organizations/ Community Coalitions</b>		X	X	X	X	X
<b>Community Members</b>			X	X	X	X

BH Advisory Board		X	X			
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### **Cultural Competence & Sustainability**

As has been the case for previous chapters, this section describes how cultural competency and sustainability are integrated throughout the evaluation of the SPP. With regard to cultural competency, the County will be monitoring the subcontracted provider program records to determine that adequate efforts are made to target Hispanic families and underserved communities within the County. In reviewing the program records, the PPSDS and EHR, the County will ensure that there are meaningful percentages of Hispanic individuals that are participating in SUD prevention programs. In addition, the County will also compare program records to compare the impact this SPP has had on underserved communities as compared to the previous SPP. Although the subcontracted provider will be tasked with gathering data and evaluating the results, identified focus populations are expected to be the suppliers of the data for evaluation.

Sustainability in the context of evaluation was incorporated primarily through the dissemination plan. As previously mentioned, the subcontractor will be responsible for gathering and evaluating data to the populations being serviced; however, the County also intends on having the subcontracted provider conduct periodic surveys of SUD prevention services to catch a glimpse of the “outsider perspective” on the effectiveness, availability, and presence of the interventions that have been applied to the County through this SPP. The County will disseminate information to essential stakeholders and the general community, this will demonstrate the transparency of the programs and most importantly for the purpose of further proliferating the importance and effectiveness of SUD prevention in Kings County and optimistically receiving more support and participation in future endeavors related to SUD prevention from the community at large