

THE COUNTY OF KINGS

2015-2018

STRATEGIC PREVENTION PLAN



Acknowledgements

Kings County Behavioral Health wishes to thank the many youth, parents, community organizations and members, collaborative partners and other Kings County staff who participated in the community needs assessment and planning process and helped guide the development of this Strategic Prevention Plan for 2015-2018.

Thank you for your interest and participation in developing Kings County's Three-Year Strategic Prevention Plan.

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Introduction & Overview: The Prevention Planning Process

Kings County Behavioral Health, Substance Use Disorders Administration, is responsible for utilization of the Strategic Prevention Framework in order to plan, create, implement, and evaluate the three year Strategic Prevention Plan. Kings County Behavioral Health and its prevention partners share a common goal, which is to prevent youth substance abuse, reduce the consequential challenges that substance abuse creates, and increase the health and well-being of the youth, families, and communities of Kings County.

Kings County Behavioral Health Prevention Coordinators began the development of the new three year Strategic Prevention Plan by completing the steps outlined in the Substance Abuse Mental Health Services Administration (SAMHSA) Strategic Prevention Framework. The first step of the framework, the Community Needs Assessment, heralded the official commencement of the full strategic planning process. This assessment was based upon relevant local alcohol and drug trends and a limited, but comprehensive community process. This process included both adult and youth focus groups and several key informant interviews.

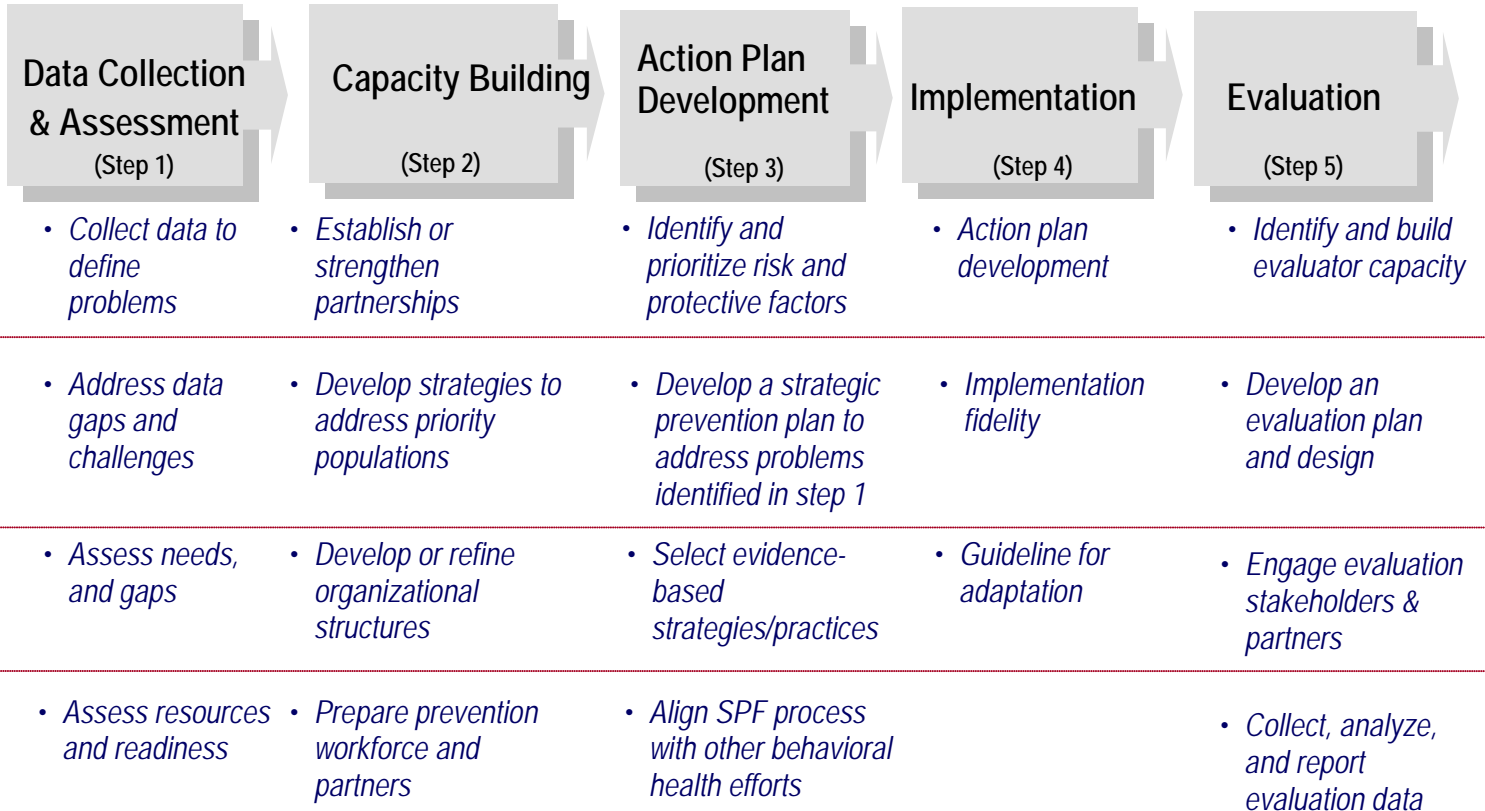
Upon completion of the Community Needs Assessment, the next two steps of the framework, Capacity Building and Action Plan Development, were completed. These two steps naturally intertwined and complimented each other in their utilization and process. After analyzing the key findings of the needs assessment and the demographics of Kings County, Kings County Behavioral Health Prevention Coordinators invited key prevention representatives and community stakeholders within Kings County to participate in a workgroup. This group was presented with the available collection and analysis of local data, identification of current gaps and challenges, and current conditions contributing to the challenges being experienced by county youth, parents, and communities. The workgroup participants reviewed and discussed the key findings of the needs assessment and brainstormed on future partnerships and programs to be implemented.

As a key component of strengthening community capacity, the Kings Partnership for Prevention Coalition (KPPF) was utilized during the last two steps of the framework, which are Implementation and Evaluation. Their inclusion in this process assisted with the engagement of public service and other prevention agencies, while building consensus and support for prevention programs and policies. The strategic process of the Implementation and Evaluation steps included a second workgroup composed of key prevention representatives and stakeholders from within Kings County. It introduced the workgroup to the identified priority areas, problem statements, goals, and objectives developed through the first three steps of the framework. A new program, Joven Noble, was also introduced to the workgroup, and their implementation and evaluation processes were discussed and noted.

The intent and focus of this Strategic Prevention Plan is to target the root problems of substance use among the youth of Kings County, eliminate the gaps in services to our rural populations, insure sustainability of new or existing prevention programs, and improve substance abuse reduction outcomes while increasing collaboration within the County.

The Strategic Prevention Framework

The development of the Strategic Prevention Plan was guided by the five steps of the Strategic Prevention Framework process. The steps consisted of the following:



Kings 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 is bordered on the north and northwest by Fresno County, on the east by Tulare County, on the south by Kern County and a small part of San Luis Obispo County, and on the west by Monterey County. Kings County has a rural designation and covers 1,392 square miles with a population of 150,960. The largest densities of population are found in seven communities, with Hanford, the largest community, being designated as the County Seat. The other communities are Lemoore, Armona, Avenal, Kettleman City, Stratford, and Corcoran. Grangeville, Hardwick, Home Garden, and Lemoore Naval Air Station are identified as census designated places, (CDP). Kings County also has 20 unincorporated areas within its borders.

Agriculture is the primary industry in Kings County, bringing in over 2.2 billion dollars per year, with a total of 749,100 acres devoted to farmland. Major crops and livestock



include milk, cotton, cattle, almonds, pistachios, walnuts, tomatoes, alfalfa, corn, and grapes, making it one of the top ten agricultural counties in the nation.



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, is the Navy's newest and largest Master Jet Base. Its primary mission is to support the U.S. Pacific Fleet by training, manning, and equipping its West Coast Fighter Squadrons so they may be ready to do the nation's business anywhere in the world. Lemoore Naval Air Station averages approximately 210,000 flight operations annually, making it one of the Navy's busiest airfields.



Lemoore Naval Air Station enlists over 4,000 Navy personnel and provides support for their families. Two schools, R. J. Nuetra and Admiral Akers, provide education for K – 8 grade students. The base has an active hospital, and also provides residential housing for families along with many services that address social, familial, recreational, and public safety needs.

Demographic Profile

Kings County is culturally diverse, with a population consisting of 52.7% Hispanic/Latino, 34.0% White, 6.5% Black or African American, 3.8% Asian, and 3.0% American Indian or Alaskan Native (US Census Bureau 2010-2013). The percentage of households where a language other than English is spoken is 42.4%. Due to agriculture being the biggest industry, one third of the population consists of migrant families who reside in Kings County for farm labor.

Kings County is also home to three state prisons, with two located in Corcoran, and one located in Avenal. The prison inmate population is 13, 894, a decrease from 18, 640 before AB109, Public Safety Realignment, was passed in California and became effective in 2011. The huge influx of newly released inmates and their return to their families largely impacted communities.

Hardships faced by the families of incarcerated individuals and migrant families 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 in regard to appropriate youth discipline and skilled parenting practices.

Additional statistics include:

Education:

- Of adults 18-24 years of age, 25.3% have less than a high school diploma or GED;
- Of adults 18-24 years of age, 31.1% have a high school diploma or GED;
- Of adults 25 years of age or older, 15.5% have less than a 9th grade level of education;
- Of those 25 years of age or older, 13.2% have 9th-12th grade level with no diploma;
- Of those 25 years of age or older, 71.3% have a high school diploma or GED, with 13.2% having a Bachelor's Degree or higher.

Veterans:

- There are 11, 072 veterans living in Kings County.

Poverty Level:

- 24.7% of Black or African Americans live below the poverty level;
- 19.9% of Hispanic/Latinos live below the poverty level;
- 10.1% of Asians live below the poverty level;
- 7.1% of White, not Hispanic, live below the poverty level.

Additional demographics of interest: 2011 - 2013

- Percentage of youth between the ages of 5-19 was 22.4%;
- Among females 15 to 50 years of age, who gave birth within a running 12 month period, 47.5% were unmarried in 2011 – 2013, a jump from 30.9% in 2008 – 2011;
- Female managed households increased to almost 50%, with Spanish being the primary spoken language in an average of 36.8 percent of Kings County homes;
- The total number of people living below the poverty level spiked from 15.9 percent to 17.6 percent.

Economy:

- The median household income dropped from \$50, 510 to \$47, 035;
- The number of homes earning less than \$35,000 annually increased from 30.4% to 35.5%;
- The number of families living below the poverty line within a 12 month period was 17.6%;
- Individuals living below the poverty line in any 12 month period increased from 19.7% to 21.4%;
- The number of households on food stamps increased from 6, 900 in 2009, to 9, 916 in 2013;

- The number of homes and condos occupied by owners dropped from 53.5% to 51.1%;
- Renter occupied homes increased from 46.2% to 48.9%, with 41.6% of those renters paying 35% or more of their gross income on rent.

Kings County's Prevention Philosophy

Vision

Kings County Behavioral Health and its partners build programs that empower individuals and their families to achieve sustained well-being from mental illness and addiction.

Mission

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.

Guiding Principles and Core Values

- Meet 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 to foster authority and empowerment in everyone;
- Create partnerships that are preventative, creative, and positive to our mission.

Strategic Plan Framework Step 1: Needs and Resource Assessment

Overview

The Community Needs Assessment component of Kings County's Strategic Prevention Plan was conducted over a six month period from July 1, 2014 through December 31, 2014, with the primary goal of determining Kings County's prevention priorities and bringing into focus the direction prevention efforts should take over the next three years. Since Kings County is a small, rural county with very limited resources, the needs assessment was conducted by two Kings County Behavioral Health Prevention Coordinators in the Substance Use Disorders Division, with assistance in facilitation of focus groups by two Prevention Coordinators in the Prevention and Early Intervention (PEI) Division.

The Community Needs Assessment process included a thorough review of available local data that was accessible through recent community needs assessments by:

- Kings Partnership for Prevention;
- California Healthy Kids Survey (2014);
- Kings County Behavioral Health, (Mental Health Services Act Three Year Plan);
- Student Mental Health Needs Assessment, completed in collaboration with the Tulare Kings Suicide Prevention Task Force.

Although pertinent and focused data presented itself through these data sources, and it was indicative of the broad needs of Kings County communities, it was determined that a more focused approach was needed to address the specific concerns related to prevention services and youth substance use that included their effects on the family, community, and school domains. This more focused approach consisted of the facilitation of focus groups and key informant interviews. These data strategies became the cornerstone for the strategic process, due to the absence of local data specific to youth substance use and a lack of tracking and collection by county agencies and school districts. By utilizing the more focused approach, the gaps and challenges in prevention services to youth, to their families, and to our county communities was highlighted. Additionally, it clarified the sub-populations and diverse cultural discrepancies in prevention services.

Methods and Data Sources

Focus Groups and Key Informant Interviews

| Focus Groups | |
|---|---|
| There were ten focus groups held, three with adults and seven with youth. These focus groups were held in three different communities of Kings County. | |
| Professional Focus Group – Hanford (7 Participants) Family Health Community Prevention Coalition/Faith Environmental Health Education (Elementary) Mental Health Services Law Enforcement Prevention Services | Corcoran Youth Focus Group (5 Participants) Middle School High School Avenal Youth Focus Group (8 Participants) Elementary School Middle School High School |

| | |
|--|---|
| <p>Corcoran Adult Focus Group (5 Participants) Social Services Parents General Community Members</p> <p>Avenal Adult Focus Group (10 Participants) City Recreation Department staff Education (Elementary) Parents/Community members</p> | <p>Hanford Youth Focus Groups (7 Participants) Youth Treatment High School Students (At-risk and not at-risk) Community School Students (All at-risk or high risk)</p> <p>Hanford High School Focus Groups (4 Groups – Total 18 Participants) Hanford High School Students (At risk and not at risk)</p> |
| <p>Key Informant Interviews</p> | |
| <p>Six key informant interviews were conducted. The following community sectors were represented:</p> | |
| <ul style="list-style-type: none"> • Education (Elementary); • AOD Treatment – Youth; • Social Services/CPS; • Adult & Family Treatment/Reunification; • Faith Community; • Community Leader (Women With Vision). | |

In the focus groups, with both youth and adults, and in the key informant interviews, questions were developed that addressed the following areas:

- What percentages of youth are believed to be using marijuana and/or alcohol?
- What are the perceptions of marijuana and alcohol use amongst youth?
- What indicators of substance abuse are most prevalent in Kings County?
- Are there populations with specific needs?
- What prevention services and strategies are currently employed?
- What gaps need to be filled in our prevention programs?
- Are youth feeling that they have meaningful participation at school? Does participation and activities at school deter drug use?
- Who is responsible for preventing youth substance use?

Data Analysis and Prioritization

Due to limited resources, staff, and time, a greater consideration was given to qualitative data rather than quantitative data, although quantitative data was influential. The Strategic Prevention Plan goals and ensuing logic model are based upon the challenges and populations disproportionately impacted by substance use, as identified in the collected data.

The data analysis process for the local needs assessments that were completed by collaborative partners identified key findings that paralleled many of the key findings provided by Kings County Behavioral Health's needs assessment process. Some of the additional needs assessment data included:

Kings Partnership for Prevention: National Prevention Priority Area 2, Prevent Drug Abuse and Excessive Alcohol Use (2014)

- County youth are utilizing marijuana at higher frequencies and younger ages compared to the state. (*California Healthy Kids Survey, 2011*);
- Youth are less likely to perceive binge drinking and marijuana use as harmful. (*California Healthy Kids Survey, 2011*);
- 70% of Kings County 11th graders have used or currently use marijuana. (*California Healthy Kids Survey, 2011*);
- Marijuana and other drug related arrest rates are 80% higher for males than females.

California Healthy Kids Survey for Kings County (2014)

- The survey showed a sharp decline between 7th grade students and 9th grade students, (52% to 37%) in feeling connected to their schools. It remained consistent, with 38% of 11th grade students feeling connected to their schools;
- Percentages for meaningful participation at school were consistently low for all three grades; 15% for 7th grade students, 15% for 9th grade students, and 17% for 11th grade students;
- There were significant increases between the three grades for any lifetime use of alcohol and drugs. (23% for 7th grade students, 39% for 9th grade students, and 57% for 11th grade students);
- The highest percentage, (11%), for age of onset with alcohol was 11 – 12 years of age. The highest percentage, (11%), for age of onset for marijuana was 13 – 14 years of age.

However, in the 11th grade, the highest percentage, (17%), for the age of onset for marijuana was 15 – 16 years of age.

Kings County Behavioral Health, Mental Health Services Act Three Year Plan

- An identified need by population is parenting education and parenting classes, including child development;
- The greatest barrier to accessing services was the lack of information available regarding current services;
- For outlying communities of Kings County, the greatest barrier to accessing services was a lack of consistent available services;
- 24% of total participants felt that school age youth were the most unserved and/or underserved population;
- The top six communities/areas that are perceived to be unserved or underserved are: Avenal, 61%; Kettleman City, 46%; Stratford, 43%; Armona, 39%; Corcoran, 36%; and south Hanford, 32%;
- 84% felt that a lack of transportation was the greatest barrier to receiving services, since services are not provided in the outlying communities.

Student Mental Health Needs Assessment, (In collaboration with the Kings Tulare Suicide Prevention Task Force)

- The fifth highest factor that students felt contributed to poor mental health was parents using/abusing drugs and alcohol
- Students felt that parental addiction caused too much responsibility to fall on the older children, as they had to take on the care of younger siblings
- Only 22% of high school students recalled education about stress management being presented at school
- College students rated anxiety and depression as the first and second, respectively, most common mental health issues with the greatest magnitude
- The most common mental health issue among students that was described by parents was anxiety, with anger and depression being the highest issues noted in foster youth

- Parents shared statements regarding parents they knew being “high 24/7”, and some getting medications for their child so that they could have access to prescription drugs
- Parents felt that school counselors and personnel were not trained in knowing how to work with a child with mental health issues

(Note: Anxiety, depression, stress, and anger are many of the mental health issues that coincide with substance use by youth)

Kings County

The noted key findings of the California Healthy Kids Survey and the completed needs assessments by collaborative partners were supported and deemed viable by the key findings of the Kings County Behavioral Health Community Needs Assessment. Those key findings included the following:

Kings County Behavioral Health Community Needs Assessment: Focus Group Key Findings

Youth:

- Approximately 80% of all youth participants believed that experimentation with marijuana was normal for youth. *(Note: Youth believe adults accept this experimentation)*
- Approximately 90% of participants believed marijuana is harmless, and believe adults perceive marijuana as harmless.
- Casual consumption of alcohol (not causing intoxication) was believed to be perceived as harmless for both youth and adults, by 90% of youth participants.
- All youth participants in the communities of Corcoran and Avenal did not know of any prevention programs in their community or school.
- 100% of youth participants also believed that substance use prevention messages should be presented by an individual with personal substance use experience.
- 100% of youth participants felt that the prevention messages of total abstinence, “Don’t use any drugs”, and “No, no, no”, don’t work and will not prevent youth from experimenting or using.
- 100% of youth participants defined “meaningful participation in school” as vocational classes, (auto mechanics, culinary arts, electrical, IT, fashion design, etc.), and life skills

classes that prepare them for an adult role, (e.g. budgeting, finances, voting/politics, taxes, etc.).

- Life skills classes that are being provided by county high schools are offered only to those students who are earning the best grades and who are in college preparatory classes. They are denied to students classified as low achieving and/or at risk.

Adults:

- Adult participants in both Avenal and Corcoran knew of no existing substance abuse prevention programs for youth in their communities. One school based program is provided in both Corcoran and Avenal by Kings County Behavioral Health, but general community members were not aware of the program.
- 90% of adult focus group participants felt that prevention programs should be school-based.
- 100% of parents felt that there was a lack of parenting skills education available. Parents would like to have access to education, training, and interactive events where questions can be answered and resources can be made available.
- Adult focus group participants felt that some components of beneficial education would be consistent meetings or group sessions for adults; posted information on websites and community boards; family programs.
- There is a lack of culturally competent service providers who have knowledge of the different cultural beliefs and perspectives of alcohol and marijuana use within specific cultures.
- Community based support and resources for families are lacking in Kings County. The limited number of support sources are located in Hanford, and transportation from the outlying communities is very limited or non-existent.
- Parents are not receiving education in regard to substance use and the drug trends among youth.
- Parents and children are not communicating with each other.
- Approximately 90% of adult focus group participants believed that the social norm in Kings County for marijuana use was one of acceptance for both youth and adult use.

Limitations

Although Kings County Prevention Coordinators in the Substance Use Disorders Division had limited resources, staff, training, and time during the Strategic Prevention Framework's needs assessment step, (Step 1), it should be noted that substantial support was received from other public service agencies and the community.

Additionally, it should be noted that while the data analyzation process was being conducted, which also included the Strategic Prevention Plan workgroups, the lack of accurate and shared substance use data between agencies and the public became apparent. This was highlighted by the disclosure of approximately 80% of the youth focus group participants disclosed that they did not recall specific questions, such as "meaningful participation at school", in the California Healthy Kids Survey, and they did not understand many of the questions in the survey, often answering randomly to prevent the question from remaining blank.

While the realization of this lack of data collection, tracking, and communication among agencies was acknowledged, an effort has been established through Kings Partnership for Prevention, to enhance collaboration and identify the ongoing need for data collection and unified prevention efforts.

Alcohol and Other Drug Indicators

Key Risk Factors

- Geography and social isolation;
- Social access to alcohol and drugs;
- Limited education about the effects of substance use and abuse;
- Community norms and practices that impede substance use prevention efforts;
- Poor family management;
- Overall feeling of low school connectedness among youth;
- Limited caring adult relationships;
- Parents using/abusing drugs and alcohol;
- Experimentation of marijuana is considered normal amongst youth;
- Youth are utilizing marijuana at higher frequencies and younger ages compared to the state;

- Youth are less likely to perceive binge drinking and marijuana use as harmful.

Strategic Plan Framework Step 2: Capacity

Strategic Prevention Plan Capacity and Resources

Kings County Behavioral Health Prevention Coordinators assigned to the Substance Use Disorders Administration were at the forefront of the Strategic Prevention Framework process. Prevention Coordinators worked together to compile pertinent data as available, conduct focus groups and key informant interviews, and maintain communication with other public service agencies to lay the foundation for sustainability and collaboration in support of prevention efforts. Community leaders and individual members with diverse skills, knowledge base, and experience were identified and invited to participate in two workgroups, as part of the Strategic Prevention Framework process.

Prevention Coordinators have also established and solidified partnerships and collaborative links with individuals, agencies, and school districts in addressing the outcomes and challenges of youth substance use. Some of the strongest partnership to date in the formal education field are Hanford Elementary School District, Reef Sunset Unified School District (Avenal), Corcoran Unified Superintendent's Office, Hanford Joint Union High School District, and Community School and J.C. Montgomery. Allied agencies and non-profit organizations include Kings County Tobacco Control, Kings Partnership for Prevention Coalition, Kings County Office of Education, Kings County Probation, Owens Valley Development Center, Kings United Way, California Health Collaborative, Lemoore Naval Air Station Medical Hospital, Kings County Public Health Department, and the Kings Community Action Organization. Additionally, Kings County Behavioral Health Prevention Coordinators have established working relationships with faith-based leaders and the Latino Chamber of Commerce, as well as individuals with a passion to re-establish and strengthen their communities. The Strategic Prevention Plan workgroup participants consisted of representatives from each of the above named entities. *(For workgroup focus areas, please refer to Introduction & Overview: The Prevention Planning Process)*

To strengthen and increase prevention capacity and address prevention priorities, a Substance Abuse Prevention Sub-Committee through the Kings Partnership For prevention Coalition is in the process of being formed. Key stakeholders from participating agencies will attend SUD Sub-Committee meetings quarterly. Within this Sub-Committee, participants will identify a timeline and select individuals who will become responsible for the collection and compilation of data from the agency they represent. Through the impact of this united, collaborative front, key prevention stakeholders and partners will build a strong foundation of support for the

continued effort to establish county wide prevention systems and infrastructures to foster sustainability, based on measurements and evidence.

County Level Prevention Capacity

In addition to the two Prevention Coordinators assigned to the Substance Use Disorders Division of Behavioral Health, with assistance from the Prevention and Early Intervention (PEI) Prevention Coordinators, Kings County has two contracted service providers that support prevention efforts in regard to substance abuse among youth, families, and communities. The service providers include the following:

Champions Recovery Alternatives: Celebrating Families

Champions Recovery Alternatives currently provides the program, Celebrating Families, an evidence-based parenting program for families who have been affected by chemical dependence, domestic violence, child abuse, and /or neglect. It works with every member of the family, impacting the family system and increasing successful family reunification. The model is highly interactive, developed specifically for children of alcoholics/addicts, and is a follow up program for the family after the parents complete treatment. It supports and assists the children, and is a tool in the prevention of the generational cycle of substance abuse.

Kings Partnership for Prevention

The role of Kings Partnership for Prevention (KPPF), a collaborative coalition, is to broaden the prevention efforts in Kings County, by coordinating, informing, and supporting a united endeavor. The coalition's guiding values uphold the power of collective impact to bring change that no one organization, agency, or individual effort can do alone. Additionally, the coalition chose to create a Strategic Prevention Plan, based upon the seven priority areas of the National Strategic Prevention Plan. By paralleling the Strategic Prevention Framework process of Kings County Behavioral Health, many of the key findings were reinforced by their duplicity in both needs assessments, adding validity to both needs assessment processes. KPPF's members and participants come from throughout the county, representing a wide variety of interests. The mission of KPPF is to proactively engage the community by supporting, participating in, and creating opportunities for all county residents to thrive through healthy life choices. KPPF also places a strong emphasis on the primary prevention of youth substance abuse and, over time, the reduction of substance abuse among adults.

The Kings Partnership for Prevention Coordinator is supported through funds from Kings County Behavioral Health. The role of the Coordinator is a multi-faceted and very visual position. The first priority of the Coordinator is to uphold the legal and executive duties of the coalition, which is also a designated non-profit organization. This focus requires strict adherence to the guiding by-laws regarding the executive functions of the Executive Board of Directors, and to

the oversight of the Member Board. In addition to the executive functions, the Coordinator is to plan and coordinate the monthly membership meetings, maintain the coalition website, inform the community of all upcoming events and activities through flyers and email blasts, lead and participate in community events, and make presentations in support of youth and family prevention services and culturally competent activities. As a partner with the Child Abuse Prevention and Protection Collaborative (CAPPC), a duty of the Coordinator is to coordinate and develop an annual community conference, providing information and education on relevant topics impacting Kings County.

(Note: For descriptions of member organizations please see attachment 1.0)

Resources and Readiness

Since Kings County is a small, rural county, resources are extremely limited. One of the major challenges to completing a comprehensive assessment was that there was not enough available data locally about the particular prevalence and social determinants of substance abuse in Kings County. Data sources are instrumental in identifying measurable prevention priorities, identifying objectives, mobilizing cross-system efforts, and evaluating outcomes. Due to the limited resources and compromised capacity, Kings County will determine capacity building as a strategy and will implement the designated tasks described in Step 4, Implementation.

Current Prevention Services – Kings County Behavioral Health

Although there is a lack of specific substance use prevention programs within Kings County, Kings County Behavioral Health Prevention Coordinators facilitate several school-based programs. One current program facilitated in two middle schools and four high schools is Coping and Support Training (CAST), an evidence based program that focuses on strategies to increase coping skills and promote dialogue among group members about the real life challenges of youth life in today's increasingly complex world. CAST members are provided with the tools to assist them in utilizing the strategies for coping with academic pressures, decreasing substance use, handling stressful relationships, managing anger, seeking support from responsible adults, and setting personal life goals. This curriculum is offered throughout middle and high school districts in Kings County.

The SHOES Club (Students Helping, Overcoming, Educating, Serving), is a local innovative program for youth in the 5th and 6th grades. It is currently a lunch time club at four elementary schools within the Hanford Elementary School District. The focus of the club is to bring awareness and education to the students regarding the harms of bullying, the reasons bullying occurs, and the appropriate responses to bullying. Additionally, substance use prevention education is integrated into the interactive group activities, which include skits, posters,

presentations to students in the first through third grades, and creation of a public service announcement, utilized by the school district as a training tool.

Kings County Behavioral Health Prevention Coordinators currently facilitate the Botvin Life Skills curriculum, an evidence based program, at two elementary schools within the Hanford Elementary School District. The weekly groups serve sixth grade students and provide opportunities for students to enhance their social and communication skills as they prepare to enter the middle school environment. The curriculum also utilizes substance use prevention strategies in addressing the harm of tobacco use, opens discussion of tobacco being a gateway drug, and exposes the marketing tools used by the tobacco industry to entice youth and distort their perception of harm.

Strategic Prevention Framework Step 3: Prevention Priorities and Planning Process

Logic Model

The logic model is a strategic tool that is utilized in the planning process to identify the areas of priority, their problems, the approach to be taken in addressing those problems, the envisioned outcome of those problem areas, and the resources required to make those visions a reality. The strength of the logic model is found in its ability to bring the strategic process steps together in an organized manner that creates support for the successful implementation of prevention programs and services based on evidence and measurements. The components of the logic model are:

1. **Objectives** – The prioritized goals or outcomes that are based on fact and evidence.
2. **Strategies** – The methods by which each objective will be accomplished.
3. **Resources** – The means by which the strategies will be completed in achieving the objective or goal.
4. **Outcomes** – The measurements of what will change as a result of implementing the identified strategies.
5. **Indicators** – The tools and/or observations utilized and noted to track the progress and impact of prevention programs and services in achieving the desired outcomes.

Below are each of the identified Prevention Priority Areas and their corresponding goals and objectives:

Prevention Priority Area 1: Decrease underage drinking

Goal: Increase the perception of underage drinking among youth as harmful.

Objective: By June, 2018, increase the percentage of youth in 7th – 12th grades who perceive that underage drinking is harmful by 3%, as measured on pre and post tests and CHKS.

Prevention Priority Area 2: Decrease youth marijuana use

Goal: Increase the perception of marijuana use among youth as harmful.

Objective: By June, 2018, increase the percentage of youth in 7th – 12th grades who perceive that marijuana use is harmful by 3%, as measured on pre and posts tests and CHKS.

PRIOR ITY AREA 1: Decrease Underage Drinking Logic Model

PROBLEM STATEMENT: A considerable proportion of Kings County youth perceive underage drinking as harmless.

Goal: Increase the perception of underage drinking among youth as harmful.

Objective: By June 2018, increase the percentage of youth in 7th – 12th grades who perceive that underage drinking is harmful by 3%, as measured on pre and post tests and CHKS.

| CONTRIBUTING FACTORS | SELECTED STRATEGIES | SHORT/INTERMEDIATE OUTCOMES | LONG-TERM OUTCOMES | MEASUREMENT INDICATORS |
|---|--|--|---|--|
| <p>Underage drinking is a culturally and socially accepted norm.</p> <p>Youth do not believe that underage drinking use is harmful.</p> <p>Substance use prevention messages of total abstinence are not impactful in our communities.</p> <p>Lack of meaningful participation in schools and community.</p> <p>Parent education is a significant barrier to preventing alcohol use in youth</p> <p>There is a lack of culturally competent service providers in the schools and community</p> <p>Underage drinking occurs in family settings or in the home, where family members are complicit.</p> <p>Underage drinking is commonly associated as a social norm/right-of-passage by adults in Kings County, especially regarding marijuana and alcohol use</p> | <p>Collaborate with Kings County Behavioral Health (KCBH), Kings County Office of Education (KCOE), Kings Partnership for Prevention (KPPF), school districts, and other providers in delivering informational messages to at-risk youth about the harmful effects of alcohol through the Joven Noble Program, Celebrating Families, and the Mindfulness Club.</p> <p>Develop outreach education for parents about the harmful effects of underage alcohol use.</p> <p>Collaborate with KCBH, KCOE, KPPF, school districts, and other providers in delivering outreach education to parents about the harmful effects of underage alcohol use.</p> <p>Provide substance use prevention education, coping skills and support to at least 15% of the parents of Joven Noble participants.</p> <p>Collect and compile specific substance abuse data needed.</p> <p>Host a professional forum addressing</p> | <p>A minimum of 200 youth will have received informational messages about the harms of alcohol use at alternative and public schools.</p> <p>Joven Noble participants will show an increase in knowledge and a shift in attitudes about underage drinking from program pre and post tests.</p> <p>At least 200 unduplicated families will have participated in outreach activities.</p> <p>At least 15% of the parents of Joven Noble participants will have participated in a parenting program that focuses on underage drinking prevention.</p> <p>All parents who received information will show an increase in awareness of the risk factors of underage alcohol use from pre to post test intervention surveys.</p> <p>Parents and community members will indicate an increase in belief that youth alcohol use is harmful, should</p> | <p>By June 30, 2018, the percentage of youth in 7th – 12th grades who perceive that underage drinking is harmless, will have decreased by 3%, as measured by pre and posts tests and by CHKS.</p> <p>By June 2018, improve public awareness of the known prevalence and contributing factors of substance abuse in Kings County by 25% as measured by community surveys administered in 2015 and again in 2018.</p> | <p>Attendance Rosters</p> <p>Pre and post tests for participants in the Joven Noble Program, Celebrating Families, and Mindfulness Club.</p> <p>Pre and post tests for parents participating in educational outreach activities.</p> <p>CHKS</p> |

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|--|---|---|--|--|
| <p>The public and professional community has limited awareness of the prevalence, social determinants, and particular harms of substance use.</p> <p>Data is lacking about the particular prevalence and social determinants of substance abuse in Kings County.</p> | <p>substances use and related topics that impact youth and families.</p> <p>Form a Substance Abuse Prevention Sub Committee through the Kings Partnership for Prevention coalition.</p> | <p>not be an accepted norm, and that youth should not be provided alcohol, as reported on pre and post tests.</p> | | |
|--|---|---|--|--|

PRIORITY AREA 2: Decrease Marijuana Use Among Youth Logic Model

PROBLEM STATEMENT: A considerable proportion of Kings County youth perceive marijuana use as harmless.

Goal: Increase the perception of marijuana use among youth as harmful.

Objective: By June 2018, Increase the percentage of youth in 7th – 12th grades who perceive that marijuana use is harmful by 3%, as measured on pre and post tests and CHKS.

| CONTRIBUTING FACTORS | SELECTED STRATEGIES | SHORT-INTERMEDIATE OUTCOMES | LONG-TERM OUTCOMES | MEASUREMENT INDICATORS |
|---|--|--|---|--|
| <p>Marijuana use and underage drinking is a culturally and socially accepted norm.</p> <p>Youth do not believe that marijuana use is harmful.</p> <p>Marijuana prevention messages of total abstinence are not impactful in our communities.</p> <p>Lack of meaningful participation in schools and community.</p> <p>Parent education is a significant barrier to preventing marijuana use in youth</p> <p>There are a lack of culturally competent service providers in the schools and community</p> <p>Youth marijuana use occurs in family</p> | <p>Collaborate with KCBH, KCOE, KPFP, school districts, and other providers in delivering informational messages to at-risk youth about the harmful effects of marijuana through the Joven Noble Program, Celebrating Families, and the Mindfulness Club.</p> <p>Educate youth, parents and community members about the harmful consequences of marijuana use by youth. (School suspensions and expulsions, poor academic performance, harm to brain development)</p> <p>Collaborate with KCBH, KCOE, KPFP, school districts, and other providers in delivering outreach education to parents about the harmful effects of marijuana use among youth.</p> <p>Provides substance use prevention</p> | <p>A minimum of 200 youth will have received information/messages about the harms of marijuana use at alternative and public schools.</p> <p>Joven Noble participants will show an increase in knowledge and a shift in attitudes about marijuana from program pre and post tests.</p> <p>At least 200 unduplicated families will have participated in outreach activities.</p> <p>At least 15% of the parents of Joven Noble participants will have participated in a parenting program that focuses on prevention of youth marijuana use</p> <p>All parents who received information</p> | <p>By June 30, 2018, the percentage of youth in 7th – 12th grades who perceive that youth marijuana use is harmless will have decreased by 3%, as measured by pre and post tests and CHKS.</p> <p>By June 2018, improve public awareness of the known prevalence and contributing factors of substance abuse in</p> | <p>Attendance Rosters</p> <p>Pre and post tests for participants in the Joven Noble Program, Celebrating Families, and Mindfulness Club.</p> <p>Pre and post tests for parents participating in educational outreach activities.</p> <p>CHKS</p> |

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| <p>settings or in the home, where family members are complicit.</p> <p>Youth marijuana use is commonly associated as a social norm/right-of-passage by adults in Kings County, especially regarding marijuana</p> <p>The public and professional community has limited awareness of the prevalence, social determinants, and particular harms of substance use.</p> <p>Data is lacking about the particular prevalence and social determinants of substance abuse in Kings County.</p> | <p>education, coping skills and support to at least 15% of the parents of Joven Noble participants.</p> <p>Collect and compile specific substance abuse data needed.</p> <p>Host a professional forum addressing substances use and related topics that impact youth and families.</p> <p>Form a Substance Abuse Prevention Sub Committee through the Kings Partnership for Prevention coalition.</p> | <p>will show an increase in awareness of the risk factors of youth marijuana use from pre to post test intervention surveys.</p> <p>Parents and community members will indicate an increase in belief that youth marijuana use is harmful, should not be an accepted norm, and that youth should not be provided marijuana, as reported on pre and post tests.</p> | <p>Kings County by 25% as measured by community surveys administered in 2015 and again in 2018.</p> | |
|--|---|--|---|--|

Strategic Prevention Plan Step 4: Implementation

The Implementation Step of the Strategic Prevention Plan is a culmination of the first three steps of the Strategic Prevention Framework, especially the planning goals, objectives, and strategies that have been developed through this cumulative process of review and analysis. Kings County Behavioral Health Prevention Coordinators examined approaches and strategies for consideration in addressing the gaps and challenges in prevention services to our youth, families, and communities. In selecting appropriate strategies for maximum utilization of limited resources, components of the analytical process mandated that certain criteria be met. The criteria required that strategies be evidence-based and effective; they addressed the Institute of Medicine (IOM) Categories; aligned with The Center for Substance Abuse Prevention (CSAP) strategies; and that short, intermediate, and long term outcomes were measurable.

Goal 1: Increase the perception of underage drinking among youth as harmful.

It is determined that all IOM categories, (Universal, Selective, Indicated) are appropriate for activities directed at achieving this goal, with Selective and Indicated receiving additional tools and focus for their specific needs. There is one objective under this goal, with a supporting activity. *(Please note that additional activities may be utilized that align with the CSAP strategies of Alternatives, Information Dissemination, Community Based Process, and Problem Identification and Referral)*

Objective 1: By June 2018, increase the percentage of youth in 7th – 12th grades who perceive that underage drinking is harmful by 3%, as measured on pre and post tests and CHKS (California Healthy Kids Survey).

The primary activity for implementation of Objective 1 is to deliver culturally relevant and evidence-based messages and activities that will increase knowledge about the risks of underage drinking in high use youth populations, (7th – 12th grades) with a focus on Latino/Hispanic youth through the Joven Noble program. *(CSAP strategy: Education)*

Supplemental to this primary activity is the corresponding activity of providing culturally relevant and supportive education to the parents of the Joven Noble participants. *(CSAP strategies: Education and Information Dissemination)*

The short term outcomes will be directed at culturally relevant and supportive educational activities for both the participants of the Joven Noble Program, and for the parents of Joven Noble participants; intermediate outcomes will be directed at pre and post intervention surveys; and long term outcomes will be directed at pre and post test evaluation and sustainability.

Priority Area 1: Decrease Underage Drinking Table

| Task/Action Steps | Timeline | Responsible Party |
|---|------------------------------|---|
| Collaborate with KCBH, KCOE, school districts, and other providers in delivering informational messages to at-risk youth about the harmful effects of alcohol through the Joven Noble Program, *Celebrating Families, and the Mindfulness Club. | July 1, 2015 – June 30, 2018 | Kings County Behavioral Health (KCBH) Prevention Coordinators; *Champions (Contracted Provider) |
| Develop outreach education for parents about the harmful effects of underage alcohol use. | July 1, 2015 – June 30, 2016 | KCBH Prevention Coordinators |
| Collaborate with KCBH, Kings County Office of Education (KCOE), Kings Partnership for Prevention (KPPF), school districts, and other providers in delivering informational messages to educate parents and other community members about the harmful consequences of underage alcohol use. | July 1, 2015 – June 30, 2018 | KCBH Prevention Coordinators |
| Provide substance use prevention education, coping skills and support training to at least 15% of the parents of Joven Noble participants. | July 1, 2015 – June 30, 2018 | KCBH Prevention Coordinators |
| Implement the Mindfulness Club twice monthly at Hanford West High School. | January 1, 2016 | KCBH Prevention Coordinators |
| Implement the Joven Noble Program for 12 weeks at Kings County Community School. | September 1, 2016 | KCBH Prevention Coordinators |

(Please see “Implementation Plan for Capacity Building” below for corresponding tasks/activities associated with Priority Area 1)

Goal 2: Increase the perception of marijuana use among youth as harmful.

As with Goal 1, it is determined that all IOM categories, (Universal, Selective, Indicated), for activities addressing Goal 2, may apply. There is one objective under this goal, with a supporting primary activity, that is shared with the primary activity for Goal 1. It should be noted, however, that additional activities and strategies that are appropriate may be utilized to address both

goals, with the intent to include a more diverse population of youth, as well as adults. These appropriate strategies and activities will be based upon ongoing assessment and strategic analysis of substance use trends and impacts. These may include the CSAP strategies of Community Based Process, Alternatives, information Dissemination, and Problem Identification and Referral.)

Objective 1: By June, 2018, increase the percentage of youth in 7th – 12th grades who perceive that marijuana use by youth is harmful by 3%, as measured by pre and post tests and CHKS.

The primary activity for implementation of Objective 1 is to deliver culturally relevant and evidence-based messages and activities that will increase knowledge about the risks of underage drinking in high use youth populations, (7th – 12th grades) with a focus on Latino/Hispanic youth through the Joven Noble program. *(CSAP strategy: Education)*

Supplemental to this primary activity is the corresponding activity of providing culturally relevant and supportive education to the parents of the Joven Noble participants. *(CSAP strategies: Education and Information Dissemination)*

The short term outcomes will be directed at culturally relevant and supportive educational activities for both the participants of the Joven Noble Program, and for the parents of the Joven Noble participants; intermediate outcomes will be directed at attendance rosters from diverse educational activities and pre and post test intervention surveys; and long term outcomes will be directed at pre and post test evaluation and sustainability.

Priority Area 2: Decrease Youth Marijuana Use Table

| Task/Action Steps | Timeline | Responsible Party |
|--|------------------------------|--|
| Collaborate with KCBH, KCOE, *Champions, school districts, and other providers in delivering informational messages to at-risk youth about the harmful effects of youth marijuana use through the Joven Noble Program, *Celebrating Families, and the Mindfulness Club. | July 1, 2015 – June 30, 2018 | KCBH Prevention Coordinators; *Champions (Contracted Provider of Celebrating Families) |
| Develop outreach education for parents about the harmful effects of youth marijuana use. | July 1, 2015 – June 30, 2016 | KCBH Prevention Coordinators |
| Collaborate with KCBH, KCOE, KPFP, school districts, and other providers in delivering informational messages to educate parents and other community | July 1, 2015 – June 30, 2018 | KCBH Prevention Coordinators |

| | | |
|---|------------------------------|------------------------------|
| members about the harmful consequences of youth marijuana use. | | |
| Provide substance use prevention education, coping skills and support training to at least 15% of the parents of Joven Noble participants. | July 1, 2015 – June 30, 2018 | KCBH Prevention Coordinators |
| Implement the Joven Noble Program for 12 weeks at Kings County Community School. | September 2016 | KCBH Prevention Coordinators |
| Implement the Mindfulness Club twice monthly at Hanford West High School. | January 2016 | KCBH Prevention Coordinators |

(Please see “Implementation Plan for Capacity Building” below for corresponding tasks/activities associated with Priority Area 2)

Implementation Plan for Capacity Building

The implementation plan for building capacity was developed to address a gap that was revealed and proved to be a challenge for Kings County Behavioral Health Prevention Coordinators in the community needs assessment process. The identified challenge was that there is currently not enough data about the particular prevalence and social determinants of substance abuse in Kings County to most effectively identify measurable prevention priorities, mobilize collaborative prevention efforts, and evaluate outcomes.

It became apparent that strategies to minimize this gap required focused development to target specific criteria and outcomes. A further consideration in the development of the capacity activities and focus areas was that it was imperative that they build the foundation for sustainability and be the cornerstone for the next Strategic Prevention Plan.

Although several pertinent activities and actions were developed to address the noted gaps and challenges, one primary activity meets the desired criteria and provides a united effort to close the gap regarding available substance abuse data in Kings County. *(For a list of all supporting tasks, please below table “Implementation Plan for Capacity Building”)*

The primary activity will be to form a Substance Abuse Prevention (SAP) Sub Committee composed of active members of the Kings Partnership for Prevention (KPPF) coalition, representing law enforcement, school districts, health care organizations, and other coalition entities, to engage them in assessing community needs regarding substance abuse prevention efforts, and as data sources for collection and compilation. Highlighting the primary function of this sub committee will be the assignment to each participating committee member that specific substance abuse data (i.e. youth specific substance abuse data), be identified and communicated to each participating agency in verbal and written record, and be continuously

collected and compiled. Verbal and written documentation and verification will be accomplished through agendas, meeting minutes, email notifications, the KPFP website, and telephone logs.

The short term outcomes will be focused on forming the Substance Abuse Prevention Sub Committee and calendaring quarterly meetings. The role of the sub committee will be defined to identify data needs, assign key agency personnel who will be responsible for verbal and written communications and collection of data. Intermediate outcomes will anchor collaborative partnerships through regular attendance in the KPFP coalition and Substance Abuse Prevention Sub Committee, and maintain verbal and written documentation recording the progress of data collection. Long term outcomes will be to compile and summarize collected data in a summary report that focuses on a community needs assessment outlining the populations affected, and the prevalence, consequences, social determinants, and contributing factors of substance abuse. The sustainability of the data collection process will be evaluated through continued monitoring and recorded documentation.

Problem: There is currently not enough data about the particular prevalence and social determinants of substance abuse in Kings County to most effectively identify measureable prevention priorities, mobilize collaborative prevention efforts, and evaluate outcomes.

Implementation Plan for Capacity Building Table

| Task | Completion Date | Responsible Party |
|---|------------------------|--|
| Kings County will collect and compile specific substance abuse data needed, from at least 5 new sources, including law enforcement, probation, schools, health care organizations, and/or other agencies whose data would inform the understanding of substance abuse prevalence and its consequences in Kings County, and ultimately serve as measurement indicators for future prevention outcomes. | June 2017 | Kings County Behavioral Health; KPFP Substance Abuse Prevention Sub- Committee |
| Utilize local newspapers and other media by establishing professional relationships with editors, reporters, and radio personnel, to publicly address in both English and Spanish the myths and false perceptions about substance abuse. | June 2018 | KCBH Prevention Coordinators; KPFP |
| Host a professional forum annually addressing substance use and related social | June 2018 | Kings County Behavioral Health; |

| | | |
|--|------------------|--|
| <p>topics that impact youth and families. Key stakeholders from selected agencies and the general community will participate in the forum and ongoing collaborative meetings and activities through KPFP.</p> | | <p>KPFP</p> |
| <p>Form a Substance Abuse Prevention Sub Committee to meet quarterly, through KPFP for the purpose of collaboratively identifying the need for prevention efforts through the following activities:</p> <p>Invite participation in the Substance Abuse Prevention Sub Committee of key stakeholders from law enforcement, probation, schools, health care organizations, and/or other agencies whose data would inform the understanding of substance abuse and its consequences in Kings County.</p> <p>Specific substance abuse data needed from each agency is identified and communicated to each agency in verbal and written record.</p> <p>A timeline and key personnel responsible for data collection is identified from each agency and communicated in verbal and written record.</p> <p>Periodic follow up for the collection of this data is documented in verbal and written record.</p> <p>Substance abuse data is compiled and summarized in a Needs Assessment Summary Report, which describes populations most affected, prevalence, consequences of substance abuse, important social determinants, and contributing factors.</p> <p>Specific substance abuse data needed from each designated agency is continuously being collected and compiled.</p> | <p>June 2018</p> | <p>Kings County Behavioral Health; KPFP Substance Abuse Prevention Sub Committee</p> |

Strategic Prevention Framework Step 5: Evaluation

The collection and compilation of data for the evaluation of short term, intermediate, and long term outcomes identified in the Logic Model, (see below for Outcomes) will be the responsibility of Kings County Behavioral Health Prevention Coordinators and contracted service providers. These responsible parties will monitor and document program outcomes and effectiveness in accordance with the Logic Model outcomes, which are the anchor for this process.

The analysis of collected data will be an ongoing and iterative process, paralleling the progression of the Strategic Prevention Plan outcomes. As Kings County Behavioral Health Prevention Coordinators and contracted service providers analyze and document key data outcomes and program procedures, these measurements will be used to inform Strategic Prevention Plan adaptations and/or course corrections as implementation proceeds over the next three years.

Additional key data will come through the creation of the Substance Abuse Prevention Sub-Committee, currently in the planning phase, and will be comprised by members from the Kings Partnership for Prevention (KPPF) coalition. Members of the coalition represent many sectors of the professional and service community, with a clear focus on collective impact. The sub-committee will develop a system of data collection and distribution from all participating representatives, which will include five new data sources, and it will be designed to foster consistency and long term sustainability. Additionally, the sub-committee will be addressing the ways and means of collecting and having access to youth specific substance use measurements, and the process of analysis will be reviewed and jointly assigned, as there currently is no plan to contract with an outside evaluator.

For Kings County Behavioral Health Prevention Coordinators and contracted service providers, the methods of data collection will include pre and post intervention tests, attendance rosters, community surveys, and communication and correspondence logs noting media and community contacts. These measurement tools provide for meaningful evaluation of Kings County's directed effort to not only meet outcomes, but to improve the well-being of its youth, families, and communities.

The evaluation process is based upon the desired outcome to collect and compile specific substance abuse data that will allow a comprehensive assessment of the prevalence and social determinants of substance abuse in Kings County. There are several evaluation components in this process that include the following:

1. The creation of community surveys that will be administered in 2015 and 2018. These surveys will be used to measure a targeted 25% increase in public awareness of the

known prevalence and contributing factors of substance abuse in Kings County. A Survey Summary Report will be generated to reflect measurable outcomes. An additional part of these surveys will be to measure the understanding in the community of prevention efforts and the importance of KPFP coalition in those efforts.

2. Utilization of media sources, (i.e. radio, newspapers), will require building relationships with key members of the media field. These relationships will be necessary to accurate information to the general public in both English and Spanish. The media tools of communication will consist of a telephone log documenting contacts, names, and dates of contacts; telephone and email invitations to upcoming events will be documented; commentaries regarding substance use, specifically youth substance use, will be submitted to local newspapers for publication; and local billboards and PSA's will be created in both English and Spanish. Specific written communication tools utilized for media contact will be emails, texts, and memorandums.
3. A professional forum will be conducted annually, in collaboration with KPFP, and composed of key stakeholders, selected youth, and community members. A forum evaluation will be disseminated and collected after each forum, and will be reviewed and noted as a component of the ongoing assessment process of the Strategic Prevention Plan. A Forum Evaluation Report will be generated and shared with the KPFP coalition, and will be shared on the KPFP website. In addition to the evaluation, attendance rosters will be kept to document the number of individuals that received substance abuse information and education. Forum participants will continue to support and sustain the KPFP coalition and regularly attend meetings.
4. A key player in the evaluation process will be the KPFP - Substance Abuse Prevention Sub Committee, currently being formed. The function of the sub committee is to foster sustainability through organized collection and compilation of specific substance abuse data in Kings County. Acting members of the sub committee will be from the KPFP coalition, and will be identified to take responsibility for collecting data from the agency they represent. Part of this selection will include the creation of a timeline for the collection of key substance abuse data that is specific to each agency. A mandate of the Substance Abuse Prevention Sub Committee will be the continuous collection and compilation of substance abuse data by the identified sub committee members. At all times, directives and sub committee tasks and actions will be in verbal and written communication, documented in meeting minutes, agendas, email notifications, memorandums, and/or telephone logs. Pertinent activities and tasks will also be shared on the KPFP website.

The long term outcome for the Substance Abuse Prevention Sub Committee is to generate a Needs Assessment Summary Report, which will be a cumulative record of the collected data during the full duration of the 2015 – 2018 Strategic Prevention Plan. This summary report will describe the populations most affected by substance abuse, the prevalence and consequences of substance abuse, and the important social determinants and contributing factors impacting our youth, families, and communities in Kings County.

(Note: Due to the Sub Committee currently being in the recruitment and development phase, specific tasks and action steps for the collection, compilations, and analysis of data have not yet been documented with group consensus on the procedural guidelines.)

Through the efforts of agencies and individuals dedicated to prevention efforts in Kings County, and with supporting data strengthening the momentum of those efforts, Kings County will sustain and uphold its commitment to the health and well-being of every youth, family, and community.

Evaluation Table

| PRIORITY AREA 1: Decrease Underage Drinking Table | | | | |
|---|--|---|------------------------------------|-------------------------------|
| Goal #1: Increase the perception of underage drinking among youth as harmful. | | | | |
| SHORT TERM/ INTERMEDIATE OUTCOMES 2015-17 | Measurement Indicators/Data Sources | Data to be Gathered | Collection Responsibilities | Delivery Timeframe |
| 1. A minimum of 200 youth will have received informational messages about the harms of alcohol use at alternative and public schools. | 1. Attendance Rosters; Pre and Post Tests; Surveys** | 1. Documentation of all youth who have attended substance use prevention related presentations, groups, social events, etc. | 1. KCBH* | 1. July 1, 2015-June 30, 2017 |
| 2. Joven Noble participants will show an increase in knowledge and a shift in attitudes about underage drinking. | 2. Pre and post tests; CHKS; Surveys** | 2. Data gathered from CHKS and pre and post tests findings | 2. KCBH* | 2. June 30, 2018 |
| 3. At least 200 unduplicated families will have participated in outreach activities. | 3. Attendance Rosters; Surveys** | 3. Documentation of families who have participated in outreach activities | 3. KCBH* | 3. June 30, 2017 |
| 4. At least 15% of the parents of Joven Noble participants will have | 4. Attendance Rosters; Surveys**; Pre and Post Tests | 4. Comparison of attendance rosters and surveys for Joven Noble | 4. KCBH* | 4. June 30, 2018 |

| <p>participated in a parenting program that focuses on underage drinking prevention.</p> <p>5. All parents who received information will show an increase in awareness of the risk factors of underage alcohol use.</p> <p>6. Parents and community members will indicate an increase in belief that youth alcohol use is harmful, should not be an accepted norm, and that youth should not be provided alcohol.</p> | <p>5. Pre and posts tests; Surveys**</p> <p>6. Pre and posts tests; surveys**</p> | <p>participants vs. parenting program participants.</p> <p>5. Comparison of pre and post and surveys.</p> <p>6. Comparison of pre and post and surveys.</p> | <p>5. KCBH*</p> <p>6. KCBH*</p> | <p>5. June 30, 2018</p> <p>6. December 2015- June 30, 2018</p> |
|---|---|---|---|--|
| <p>LONG TERM OUTCOMES 2017-18</p> | <p>Measurement Indicators/Data Sources</p> | <p>Data to be Gathered</p> | <p>Collection Responsibilities</p> | <p>Delivery Timeframe</p> |
| <p>1. The percentage of youth in 7th – 12th grades who perceive that underage drinking is harmless, will have decreased by 3%.</p> | <p>1. Pre and Post Tests; Surveys**; CHKS</p> | <p>1. CHKS data information comparison from 2014 to 2016.</p> | <p>1. KCBH*</p> | <p>1. June 30, 2018</p> |

| | | | | |
|---|----------------------------------|---|----------|------------------|
| 2. Improve public awareness of the known prevalence and contributing factors of substance abuse in Kings County by 25%. | 2. Pre and Post Tests; Surveys** | 2. Community survey information to be gathered in 2015 and again in 2018. | 2. KCBH* | 2. June 30, 2018 |
|---|----------------------------------|---|----------|------------------|

** When "KCBH" is used, it implies Kings County Behavioral Health Staff, a contracted provider, a contract evaluator and/or other persons, agencies or organizations retained/provided by KCBH.*

*** When used "surveys" denotes one or more of the following: 1) applying the survey/conducting the interview; 2)collecting the completed surveys and/or summarizing interview notes; and/or 3)entering survey/interview data into an accessible spreadsheet/database (e.g., MS Excel; MS Access; etc.). Responsible parties for these activities will need to be specified in survey-specific work plans.*

PRIORITY AREA 2: Decrease Marijuana Use Among Youth Table

Goal#2: Increase the perception of marijuana use among youth as harmful.

| SHORT TERM/ INTERMEDIATE OUTCOMES 2015-17 | Measurement Indicators/Data Sources | Data to be Gathered | Collection Responsibilities | Delivery Timeframe |
|---|--|---|--|---|
| <ol style="list-style-type: none"> 1. A minimum of 200 youth will have received informational messages about the harms of marijuana use at alternative and public schools. 2. Joven Noble participants will show an increase in knowledge and a shift in attitudes about marijuana use. 3. At least 200 unduplicated families will have participated in outreach activities. 4. At least 15% of the parents of Joven Noble participants will have | <ol style="list-style-type: none"> 1. Attendance Rosters; Pre and Post Tests; Surveys** 2. Pre and post tests; CHKS; Surveys** 3. Attendance Rosters; Surveys** 4. Attendance Rosters; Surveys**; Pre and Post Tests | <ol style="list-style-type: none"> 1. Documentation of all youth who have attended substance use prevention related presentations, groups, social events, etc. 2. Data gathered from CHKS and pre and post tests findings 3. Documentation of families who have participated in outreach activities 4. Comparison of attendance rosters and surveys for Joven | <ol style="list-style-type: none"> 1. KCBH* 2. KCBH* 3. KCBH* 4. KCBH* | <ol style="list-style-type: none"> 1. July 1, 2015-June 30, 2017 2. June 30, 2018 3. June 30, 2017 4. June 30, 2018 |

| <p>participated in a parenting program that focuses on marijuana use prevention.</p> <p>5. All parents who received information will show an increase in awareness of the risk factors of marijuana use.</p> <p>6. Parents and community members will indicate an increase in belief that youth alcohol use is harmful, should not be an accepted norm, and that youth should not be provided marijuana.</p> | <p>5. Pre and posts tests; Surveys**</p> <p>6. Pre and posts tests; surveys**</p> | <p>Noble participants vs. parenting program participants.</p> <p>5. Comparison of pre and post and surveys.</p> <p>6. Comparison of pre and post and surveys.</p> | <p>5. KCBH*</p> <p>6. KCBH*</p> | <p>5. June 30, 2018</p> <p>6. December 2015- June 30, 2018</p> |
|--|---|---|---|--|
| <p>LONG TERM OUTCOMES 2017-18</p> | <p>Measurement Indicators/Data Sources</p> | <p>Data to be Gathered</p> | <p>Collection Responsibilities</p> | <p>Delivery Timeframe</p> |
| <p>1. By June 30, 2018, the percentage of youth in 7th – 12th grades who perceive that youth marijuana use is harmless will have decreased by 3%, as measured by pre</p> | <p>1. Pre and Post Tests; Surveys**; CHKS</p> | <p>1. CHKS data information comparison from 2014 to 2016.</p> | <p>1. KCBH*</p> | <p>1. June 30, 2018</p> |

| | | | | |
|---|----------------------------------|---|----------|------------------|
| and post tests and CHKS. | | | | |
| 2. By June 2018, improve public awareness of the known prevalence and contributing factors of substance abuse in Kings County by 25% as measured by community surveys administered in 2015 and again in 2018. | 2. Pre and Post Tests; Surveys** | 2. Community survey information to be gathered in 2015 and again in 2018. | 2. KCBH* | 2. June 30, 2018 |

** When "KCBH" is used, it implies Kings County Behavioral Health Staff, a contracted provider, a contract evaluator and/or other persons, agencies or organizations retained/provided by KCBH.*

*** When used "surveys" denotes one of more or the following: 1) applying the survey/conducting the interview; 2)collecting the completed surveys and/or summarizing interview notes; and/or 3)entering survey/interview data into an accessible spreadsheet/database (e.g., MS Excel; MS Access; etc.). Responsible parties for these activities will need to be specified in survey-specific work plans.*

Attachment 1.0 Member Organizations

California Health Collaborative: A nonprofit organization that provides SAP mini-grants for the prevention of substance abuse, youth programs, and the California Personal Responsibility Education Program to address teen pregnancy. It is an organization that promotes the health and wellness of all people, but specifically focuses on the underserved and underrepresented populations.

Champions Recovery Program: Champions is a prevention partner through the Celebrating Families Program, which assists and supports youth. Additionally, Champions staff are regular members of the coalition and have been co-presenters with Behavioral Health at topical seminars and luncheons. Champions is a contracted provider of Behavioral Health.

Kings Community Action Organization: A community organization that provides services for youth and adults throughout the county, but especially in the communities that are underserved and/or underrepresented. In prevention efforts, KCAO provides summer camps for youth in outlying communities where Spanish is spoken by the majority of the population and the largest percentage of workers are in farm labor. They also provide services for adults and parenting teens. KCAO is a well-established service provider in Kings County.

Kings County Environmental Health: This has been a long-standing partnership through the Kings County Tobacco Control Program, and the partnership remains strong, through participation in the Tobacco Control Coalition, and in the Healthy Retailers Campaign that is the State Tobacco Control's focus. This campaign is for tobacco, alcohol, and healthy foods.

Kings County Job Training Office: This agency provides job training and internships for eligible youth. This agency also attended the first workgroup held at Behavioral Health and is a possible partner with Behavioral Health in a quest for vocational classes and career tech training for high school aged youth, as these were requested by all youth in the focus groups conducted for the community needs assessment.

Kings County Office of Education: A strong prevention partner and the sponsoring agency for the TUPE Youth Development Conference that Behavioral Health Prevention Coordinators participate in annually. Behavioral Health will also be focusing on the Kings Community School, an alternative school under the Office of Education, for the first Joven Noble group, which will be discussed in the next quarterly report. As an example of capacity building, it was at the first workgroup conducted by Behavioral Health SUD Prevention staff on January 29, when the Joven Noble Program was introduced to the workgroup. Michael Wallace, who was representing the Kings County Office of Education at the workgroup,

and who oversees activities and special programs for the Kings Community School, voiced his desire to have such a program at the school. The connection was made at that moment, and the first group for Joven Noble will be developed and conducted at the Kings Community School.

Kings County Probation: Behavioral Health Prevention Coordinators have provided activities and attended summer camps provided to youth by the Probation Department FAVOR Unit. Currently, we are in collaboration with Probation on a new re-entry grant that Probation has obtained, for incarcerated youth upon their release. Many of the key findings of Probation's public hearings aligned with the key findings of Behavioral Health's needs assessment.

Kings County Public Health: Kings County Public Health has been a strong presence in the community by addressing prescription drug abuse and supporting the medication and sharp items drop boxes now in place in Hanford, Lemoore, Corcoran, and Avenal. They began the Prescription Drug Alliance, which Behavioral Health was a member of, and now continue the work of the alliance through the KPFP Coalition meetings. They also house First 5 of California, and the WIC Program. Additionally, they educate youth through presentations regarding nutrition and healthy food and beverage choices.

Kings United Way: A community organization that provides a resource directory service for the county, and who often participates in prevention activities within the community.

Koinonia Christian Fellowship and Praise Chapel: Faith-based churches with members on the KPFP Coalition, as well as the Koinonia representative being on the KPFP Board of Directors. Koinonia sponsors and provides the Party 4 Life New Year's Eve youth event, an all-night celebration with food, games, activities, and prizes, and sponsors other youth activities on Halloween and the Fourth of July. Both Koinonia and Praise Chapel provide youth summer camps. All events and activities are, of course, alcohol and drug free.

WestCare: A youth treatment center with staff who regularly participate in prevention activities and events that Behavioral Health participates in, also. WestCare is a contracted provider of Behavioral Health.

Additional prevention partners with established ties to Behavioral Health SUD Administration and Prevention Coordinators:

Avenal Recreation Department

Central Unified School District

City of Avenal Administration

City of Hanford Recreation Department

Family Resource Center (Corcoran, Lemoore, and Hanford)

Hanford Elementary School District

Hanford Joint Union High School District

Owen's Valley Development Center

Recreation Association of Corcoran

Stratford Elementary School

Tachi-Yokut Reservation