



Kings County Behavioral Health
Strategic Prevention Plan 2018 - 2021

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Introduction

The Strategic Prevention Plan Process

Kings County Behavioral Health, SUD Prevention Unit, was 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, not only heralded the official commencement of the full strategic planning process, but also cemented the foundation for the remaining steps. Locally relevant alcohol and drug trend data, and a limited, but comprehensive community process that included adult and youth focus groups, and several key informant interviews, became the cornerstone of the process.

To collect a more varied supply of relevant data regarding Kings County, Prevention Coordinators used an array of data resources that included census data, recent community surveys, CalOMS Treatment Admissions reports, California Highway Patrol DUI statistics, and the Healthy Communities Initiative (HCI) database. Additionally, various community needs assessments by other county agencies were utilized to identify the communities with the greatest disparities in regard to access, services, health, and resources. Through these various data points and community assessments, it became apparent that the lack of services and resources was not only in obtaining access to medical and basic need assistance, but also in obtaining alcohol and drug treatment, intervention, and prevention programs and services.

The intent and focus of the Strategic Prevention Plan was 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 maintain cultural competency in prevention programs and activities that celebrate and highlight the cultural diversity of Kings County. Additionally, the intent and focus of the Strategic Prevention Plan was to increase collaboration within the county that will fortify a united front in prevention efforts, and demonstrate to the residents in our communities that their voices and concerns have been heard.

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

Table 1.1: The Strategic Prevention Framework

Data Collection & Assessment (Step 1)	Capacity Building (Step 2)	Action Plan Development (Step 3)	Implementation (Step 4)	Evaluation (Step 5)
<ul style="list-style-type: none"> • <i>Collect data to define problems</i> • <i>Assess needs, and gaps</i> • <i>Assess resources and readiness</i> 	<ul style="list-style-type: none"> • <i>Establish or strengthen partnerships</i> • <i>Prepare prevention workforce and partners</i> 	<ul style="list-style-type: none"> • <i>Identify and prioritize risk and protective factors</i> • <i>Develop a strategic prevention plan to address problems identified in step 1</i> • <i>Develop strategies to address priority populations</i> 	<ul style="list-style-type: none"> • <i>Action plan development</i> • <i>Implementation fidelity</i> • <i>Guideline for adaptation</i> 	<ul style="list-style-type: none"> • <i>Identify and build evaluator capacity</i> • <i>Develop an evaluation plan and design</i> • <i>Engage evaluation stakeholders & partners</i> • <i>Collect, analyze, and report evaluation data</i>



Kings County Behavioral Health’s Prevention and Early Intervention 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 meet the needs of our communities including those unserved and underserved by providing quality, innovative and culturally responsive programs and services that are timely, effective, and built on relationships.

Guiding Principles and Core Values

Relationships

Innovative

Timely

Effective

Quality

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 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 149,785. 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). Kings County also has 20 unincorporated areas within its borders.

Hanford, (pop. 55,547), and Lemoore, (pop. 25,785), are eight miles apart, with Armona, a census designated place (CDP), located between the two communities. They are the most culturally diverse of the five county communities noted above. Both Hanford and Lemoore have abundant options for shopping, dining, medical care, and education. Gang violence, however, is prevalent in both communities, as it is in Armona.

Avenal, (pop. 12,466), 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 Hanford/Lemoore area. The majority of the residents in these two communities are farmworkers and spend long hours in the fields.

Shopping options 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. 22,626), is approximately 20 miles from the Hanford/Lemoore area. Although its population is more diverse, it still supports a large Hispanic majority, but a smaller percentage of those are field workers, in comparison to Avenal and Kettleman City. Corcoran does support a limited variety of shopping and dining options, although most residents with transportation travel to Hanford for much of their shopping and dining needs. Medical care is provided by Adventist Health Medical Offices, where several individual physicians and/or physician assistants, (PAs), provide part time services.

Industry

Agriculture is the primary industry in Kings County, bringing in over 2.1 billion dollars per year, with a total of 756,455 acres devoted to farmland. The top ten commodities are milk, cotton, cattle and calves, almonds, pistachios, processed tomatoes, walnuts, corn, grapes, and peaches, making it one of the top ten agricultural counties in the state.

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 largest Master Jet Base and is the home base for the Strike Fighter Wing Pacific. The base has 4 carrier air wings, and 18 strike fighter squadrons. It recently received the newest, fastest, and most technologically advanced fighter jets, the F/35C. 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 over 250,000 flight operations annually, making it one of the Navy's busiest airfields.

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. Nuetra and Admiral Akers, provide education for K – 8 grade students. 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.

Demographic Profile

Kings County is culturally diverse, with a population consisting of 54.2% Hispanic/Latino, 32.7% White, 7.2% Black or African American, 4.5% Asian, and 3.1% American Indian or Alaskan Native, (US Census Bureau Quickfacts, 2016). The percentage of households where a language other than English is spoken is 40.8%, with 33.3% of those speaking Spanish. The next most common language spoken other than English and Spanish is Portuguese. 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 combined prison inmate population in Corcoran State Prison and in Corcoran Substance Abuse Treatment and State Prison is 9,592. Avenal State Prison currently houses 3,887 inmates.

Hardships faced by the families of incarcerated individuals and by the county's many 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.

Political

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. As of March 23, 2017, there were 51,323 registered voters in the county, with 22,341 registered as Republican, 17,429 registered as Democrat, 9,443 with no party preference, (Independent), and 2,109 supporting minor parties.

Education

- Of adults 18 years of age or older, 14.3% have a 9th grade level or less of education;
- Of adults 18-24 years of age, 15.7% have less than a high school diploma or GED;
- Of adults 18-24 years of age, 23.9% have a high school diploma or GED;

Veterans

- According to the Kings County Veteran Service Office, there are just under 13,000 veterans living in Kings County.

Poverty Level

- 38% of Avenal residents live below the poverty level;
- 28.1% of Corcoran residents live below the poverty level;
- 28.0% of Kettleman City residents live below the poverty level;
- 20% of Hanford residents live below the poverty level;
- 12.4% of Lemoore residents live below the poverty level.

(Note: Stratford, a census designated place, (CDP), has 41.4% of its residents living below the poverty level.)

Economy

- Individuals living below the poverty level in any 12 month period increased from 21.7% to 22.4%;
- The number of households on food stamps increased from 9, 916 in 2013, to 11,293 in 2015, due to the years of drought and the fallowing of farmland;
- The unemployment rate in September, 2017, was 7.5%, compared to the state rate of 4.76%.

Step 1: Community Needs Assessment

Overview

The Community Needs Assessment component of Kings County’s Strategic Prevention Plan was conducted over a four month period from July 1, 2017, through October 31, 2017, 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 Community Needs Assessment was conducted by one fulltime Prevention Coordinator, and one part time Prevention Coordinator in the Kings County Behavioral Health SUD Prevention Unit.

The Community Needs Assessment process included a thorough review of available local data that was accessible online and through community needs assessments and surveys. 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 personally focused approach would be beneficial in addressing the specific concerns related to prevention services and youth substance use that included the effects on the family, community, and school domains. This more focused approach consisted of the facilitation of focus groups and key informant interviews and these data strategies became the cornerstone for the strategic process. By utilizing the more personally focused approach, the gaps and challenges in prevention services to youth, to their families, and to our county communities were highlighted. Additionally, it clarified the sub-populations and diverse cultural discrepancies in prevention services.

Methods and Data Sources

Table 2.1: Focus Groups and Key Informant Interviews

Focus Groups	
There were six focus groups held, two with adults and four with youth. These focus groups were conducted in three communities of Kings County.	
Corcoran Youth Focus Group (10 Participants) Middle School	Avenal Youth Focus Group (8 Participants) Middle School
Hanford Youth Focus Group (11 Participants) Middle School Students-Summer Camp	Youth – Correctional Facility (13 Participants) Maximum Security – Male

participants (At-risk and not at-risk) High School Students-Summer Camp participants (At-risk and not at- risk) College Students-Summer Camp Staff	Low Security/SUD Treatment - Female
Avenal Adult Focus Group (8 Participants) Parents Community members	Corcoran Adult Focus Group (10 Participants) Parents Community members
Key Informant Interviews	
Eight key informant interviews were conducted. The following community sectors were represented:	
<ul style="list-style-type: none"> • Environmental Health/Public Health • SUD Treatment – Youth • Social Services/CPS • Adult, Youth & Family Treatment/Reunification • School Based SUD Prevention/Intervention • Law Enforcement – School Resource Officer • Youth Corrections • Probation FAVOR Unit – Prevention/Prejudication 	

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 do you believe to be using marijuana and/or alcohol?*
- *What three substances do you believe are being used most commonly among youth?*
- *Are youth and parents talking to each other about using drugs and drinking alcohol?*
- *Are there populations with specific prevention needs?*
- *What are the cultural barriers to prevention services and parent education?*
- *Are current prevention messages and programs relevant and effective?*

Data Analysis and Prioritization

Due to limited resources, staff, and time, a greater consideration was given to qualitative data rather than quantitative data, although the limited degree of quantitative data available was influential. The Strategic Prevention Plan goal(s) and ensuing logic model were based upon the challenges and populations disproportionately impacted by economical, geographical, societal, and parental factors that contribute to youth substance use, as identified in the collected data. In support of local primary and secondary data sources, state and national data sources were referred to for assessment of trends and comparison measures.

State data for comparison measures, review, and current trends:

SWITRS
CHKS State Biennial Report (2013-2015)
Alcohol Beverage Control (ABC) Licensing reports
CA DOJ Arrest reports
CA DMV DUI Management Reports

Secondary local SUD data to highlight AOD use and identify risk factors:

Healthy Communities Initiative database (HCI)

As review of and local data progress, statistics that highlighted

Primary local AOD data sources to identify substance use patterns and clarify risk factors:

California Healthy Kids Survey, Secondary Level, Corcoran Unified School District, 2015/2016
Kings County Behavioral Health, SUD Treatment Admissions report
Kings Community Action Organization in partnership with Kings Partnership For Prevention Coalition- Community Needs Assessment (Got Needs?)
Kings County Behavioral Health – Youth Substance Use Survey (2015)

the state secondary was in pertinent emerged especially the

consequential outcomes of substance use, as part of the full analyzation process of consumption rates and patterns, contributing factors, and consequences. Those statistics included:

Consumption Data

Kings County Admissions Report (2015/2016):

- Of those receiving outpatient or intensive outpatient treatment services in Kings County, 40% were under the age of 18;
- Age of first use under 12 was 8%; ages 12 – 14 was 26%; ages 15 – 17 was also 26%, reflecting an evident increase in experimentation during middle school years;
- Of those youth under the age of 18 who were utilizing treatment services in Kings County, 88% were being treated for marijuana/hash abuse/addiction, and 9% for alcohol abuse/addiction;
- For adults 18 and older, 21% were being treated for marijuana/hash abuse/addiction, and 52% for methamphetamine addiction, while 19% of adults were enrolled for alcohol treatment;

- The three most common substances for all combined admissions were marijuana/hash at 48%; methamphetamine at 32%; and alcohol at 15%;
- According to the needs assessment conducted by Kings Community Action Organization in collaboration with Kings Partnership for Prevention Coalition, of 355 Kings County residents surveyed, 16.06% had used drug and alcohol services in comparison to 80.56% who had used food assistance services.

California Heathy Kids Survey- 2015/2016 Corcoran Unified School District, Secondary Level

Data:

- 18% of 11th grade students had one full drink 4 or more times in their lifetimes;
- In the past 30 days, 21% of 11th grade students had one full drink of alcohol, 14% engaged in binge drinking, and 16% had used marijuana;
- In their lifetime, 14% of 9th grade students and 23% of 11th grade students had used cold/cough and other over the counter medicines four or more times;
- The highest percentage of youth who had been very drunk or high 7 times or more in their lifetime was the non-traditional school population, at 15%;

Kings County Youth Survey 2015:

- 20.36% of 7th – 12th grade students tried beer, wine, or hard liquor 1-2 times in their lifetime;
- 15.31% of 7th – 12th grade students tried beer, wine, or hard liquor 3-4 times in their lifetime;
- 9.14% of 7th – 12th grade students had tried marijuana 1-2 times in their lifetime;
- 9.79% of 7th – 12th grade students had tried marijuana 3-4 times in their lifetime;
- 11.68% of 7th – 12th grade students had tried beer, wine, or hard liquor 1-2 times in the past 30 days;
- 3.45% of 7th – 12th grade students had tried beer, wine, or hard liquor 3-4 times in the past 30 days;
- 5.77% of 7th – 12th grade students had used marijuana 1-2 times in the past 30 days;
- 4.28% of 7th-12th grade students had used marijuana 3-4 times in the past 30 days.

Key Informant interviews and adult/youth focus groups:

- 80% of Corcoran participants felt that 30% of youth were using marijuana, 70% of Avenal participants felt that 15% of youth were using marijuana, and 90% of Hanford participants felt that 60% - 90% of youth were using marijuana;
- 100% of Corcoran participants felt that 50% of youth in their community were using alcohol at least once per week, as did 80% of Hanford participants;
- 100% of Avenal participants felt that 60 – 90% of youth in their community were using alcohol at least once per week;
- Other substances that group participants believed were being used by youth in their communities were methamphetamine, cocaine, pills, and vaping tobacco;

- 100% of youth group participants believed that 80% of parents in their respective communities drink or use drugs in their homes;
- Percentages for the number of youth that key informants believed are using marijuana ranged from 30% to 65%;
- Percentages for the number of youth that key informants believed are using alcohol ranged from 30% to 50%;
- In naming the top three substances being used by youth, 100% of key informants felt that marijuana and alcohol are in the top three, with 60% adding pills; 20% adding meth; and 20% adding cough/cold medications with codeine;
- 80% of group participants believed that 50% to 70% of adults were using marijuana, while 80% to 100% of adults were using alcohol;
- 100% of group participants believed that 50% of youth were using marijuana, while 80% of youth were using alcohol.

Contributing Factors

Kings Community Action Organization in collaboration with Kings Partnership for Prevention Coalition:

- Data indicates that only 38% of county youth are engaged in formal recreational/sports programs, due to the fees and expenses, which make them inaccessible to the majority of county youth.

California Healthy Kids Survey - 2015/2016 Corcoran Unified School District, Secondary Level:

- Ninth grade students had the highest percentage, (84%), of never being truant while 11th grade students had the lowest percentage, (67%), of never being truant;
- For 7th grade students, 42% felt there was no harm in an occasional drink of alcohol, as compared to 9th grade students, (22%), and 11th grade students, (17%);
- Marijuana use once or twice a week was perceived as harmless by 44% of 7th grade students, 23% of 9th grade students, 20% of 11th grade students, and 41% of non-traditional school students.

Kings County Youth Survey 2015 – Kings County Behavioral Health, SUD Prevention Unit:

- 20.10% of 7th – 12th grade students felt that marijuana was not at all harmful, while 28.50% felt that it was very harmful;
- 4.47% of 7th – 12th grade students felt that alcohol was not at all harmful, while 36.36% felt that it was very harmful.
- 24.96% of 7th – 12th grade students felt that alcohol was only a little harmful, while 14.99% of 7th – 11th grade students felt that marijuana was only a little harmful.

Kings County Behavioral Health: Adult and youth focus groups and Key Informant interviews:

- Approximately 60% of youth group participants felt that youth substance use was perceived by adults as a normal part of growing up, and was perceived as harmless by friends and parents;
- 100% of youth participants felt that casual consumption of alcohol not causing intoxication was perceived as harmless for both youth and adults;
- 70% of youth participants believed that it was acceptable behavior for their parents to attend parties and/or events and become intoxicated;
- 100% of youth participants felt that the reasons for using drugs and alcohol in spite of knowing the consequences included using or drinking to feel good, to deal with stress, because of situations within the home, and because of domestic violence/abuse within the home;
- 80% of youth participants in Hanford felt that prevention activities for youth were not as important as having more homeless shelters for families, and that school participation had no meaning when a student did not know where he/she would sleep that night or know if they would eat;
- 50% of youth in Corcoran and Avenal were involved in school sponsored sports and leadership activities, as compared to 30% of Hanford youth;
- 90% of youth do not talk to their parents about drugs and alcohol, nor do their parents talk to them, except to say, “Don’t do it”;
- 100% of key informants felt that the biggest challenges facing youth in Kings County is a lack of recreational centers and clubs, and safe places for kids to go that provide multi-faceted activities, such as sports, dance, music, art, etc.;
- 100% of adult participants, both in focus groups and as key informants, believed the social norms for youth substance use are an environment of acceptance, tolerance, a normal part of growing up, culturally accepted, and apathetic toward kids that are not theirs;
- 100% of youth felt that there was a problem with substance and alcohol abuse within their communities and with their friends. Multiple comments reflected the term, “It’s everywhere”, especially addressing alcohol use by adults and youth.
- 100% of parents in both Avenal and Corcoran felt that the most significant substance use prevention needs were homeless shelters for families, education for both youth and adults, afterschool programs for youth, affordable sports programs, and more interaction between parents and their children;
- Only 20% of the group participants in Corcoran could name a prevention program they knew of, which was Red Ribbon;
- 80% of group participants felt that schools were not culturally competent in addressing substance use with students;
- 100% of group participants felt that substance use for both youth and adults is accepted and normalized, because it is “everywhere”;
- 100% of group participants felt that community events (i.e. Farmers Market, Kings Fair, etc.) that serve alcohol are a negative influence on youth and cause alcohol consumption to be “normalized” and accepted by youth;

- 100% of adult group participants felt that AB 109 has caused an increase in substance use, as well as the legalization of marijuana, and the reduction in drug charges to misdemeanors from felonies;
- 70% of group participants felt that there was a lack of medical care screening for youth substance use;
- 90% of group participants agreed that parents and children are not communicating with each other, nor are actively involved with each other. Group participants felt that everyone is in “their own world”, especially with their phones;
- 100% of group participants believed that a lack of positive adult role models, parents who fail to lead by example, and social media have the greatest negative influence on youth substance use prevention efforts;
- 90% of adult participants could not provide a strategy for getting parents to take a vocal and active role in preventing youth substance use; 10% named “incentives”. All adults, (100%), felt that parent involvement is lacking;
- 70% of group participants believed that fathers are not talking to their children about drugs and alcohol, due to not knowing where to get help, and shaming;
- 100% of group participants believed the loss of strict drug charges and laws, and less convictions has added to an increase of substance use. They all felt more response from law enforcement regarding “public intoxication”, would assist in addressing the substance use issues in Kings County.

(Note: Law enforcement involvement in both providing prevention messages to youth, and in more criminal contact, apprehension, and incarceration for using adults was mentioned multiple times in both adult groups, in comparison to no reference to law enforcement in the needs assessment for the Behavioral Health 2015 – 2018 plan.)

Consequences

CA DOJ Arrests – Kings County

- 13.3% of arrests in 2016 were specifically drug offenses with no secondary criminal offense committed simultaneously.

Healthy Communities Initiative (HCI)

- ER visits in Kings County for substance use in 2013 – 2015 was 22.2 per 10,000 population for 18 – 24 year olds, as compared to the state rate of 18.6;
- 13.5 per 100,000 population (2013-2015) of Kings County residents died due to drug poisoning as compared to the state rate of 11.5 (2012-2014).

CA DMV DUI Management System Report

- There were 1,133 DUI arrests in Kings County in 2013, an increase of 3.5% from 1,095 in 2012.

- State DUI arrests showed a 7.2% decline between the same time period of 2012-2013, as did the neighboring counties of Fresno, (-10.5%) and Tulare, (-11.0%);
- 0.4% of DUI arrests in Kings County (2013) were juvenile offenders and this equaled the state rate of 0.4% (2013).
- 98.3% of DUI offenses in Kings County were misdemeanors in 2013, as compared to the state rate of 96.7%

SWITRS

- *There were 122 highway collisions in Kings County in 2016 that were due to bicycling or driving while intoxicated, with 6 fatalities.*

KidsData.Org

- *Kings County had 885 calls for assistance, due to domestic violence, with 90% of those calls involving intoxication from alcohol and/or drugs.*

Kings County DA Conviction Report (2016/2017)

- *There were 535 DUI convictions and 4 DUI vehicular manslaughter convictions.*

Limitations

During the data analyzation process of the Community Needs Assessment (Step 1), it became evident that there was a substantial lack of youth substance use data available for Kings County, due to the Kings County Office of Education, TUPE Program, losing its funding in 2015. This loss caused the California Healthy Kids Survey (CHKS) to not be conducted in Kings County schools, except for one school district, the Corcoran Unified School District. This district was able to conduct the survey in 2015/2016, which did provide beneficial data, although it was very limited. No other school district completed the survey in 2015/2016, and there were no surveys conducted in 2016/2017, which left a substantial void in data regarding substance use and Kings County youth.

Additionally, it was noted that collaboration among agencies, community organizations, and school districts, (in regard to additional substance use data among students), was unavailable. While this realization of the lack of data was acknowledged, it should be noted that a data program, the Healthy Communities Initiative (HCI), was established through the Kings Partnership for Prevention (KPPFP) website. This data program, activated in July 2017, has multiple data community dashboards that await a focused and data driven marketing strategy for utilization by agencies, community organizations, and school districts in Kings County. Through utilization of this data program, the existing gaps and challenges in data collection regarding substance use by youth, can be bridged in preparation for the next Strategic Prevention Framework process, beginning in 2020.

Priority Area and Contributing Risk and Protective Factors

Table 2.2: Risk and Protective Factors

Priority	Risk Factors	Protective Factors
----------	--------------	--------------------

Area		
Underage Drinking	<p>Acceptance of substance use</p> <p>Lack of parenting/family management</p> <p>Past/current substance use by family members</p> <p>Not informed about substance use and consequences</p> <p>No/low perception of harm</p>	<p>Disapproval of substance use (social norms)</p> <p>Positive parenting/family management</p> <p>Positive parental involvement</p> <p>Informed about substance use and consequences</p> <p>Med/high perception of harm</p>

Priority Area and Accompanying Problem Statement

As the community needs assessment progressed through the process of collecting and reviewing data, there were many repetitive observations and concerns woven throughout the united voices of youth and adult focus groups, and echoed by the key informants. Some revelations were unexpected, while other focal points were familiar and remained a consistent concern within our communities.

The many substance use challenges varied in small degrees by location, and appeared to be increasing in scope over time. Additionally, these observations were fueled by the willingness of focus group and key informant interview participants to take a more active role in voicing their own perceptions of their communities and the substance use issues embedded within their homes and families, as well as within their city limits.

Through the collection of written data in conjunction with the voices of Kings County residents, one priority problem area surfaced repeatedly, and presented itself to be in need of action.

Priority Area: Underage Drinking

Kings County continues to experience increasing use of alcohol by underage youth and young adults. According to the focus groups and key informant interviews conducted during the community needs assessment process, especially the youth focus groups, the collected data revealed an increasing level of use by youth, and an increase in acceptance and tolerance of alcohol use among their peers and parents. Alcohol continues to play a major factor in DUI's, domestic violence, and highway deaths, consequences that youth are not immune to, in regard to familial as well as personal use of alcohol. Alcohol continues to be highly accessible to youth, parental involvement with youth is lacking, and substance use education for both youth and

adults is minimal. Binge drinking has decreased among youth in Kings County, but a more patterned and frequent consumption of alcohol has increased.

By including and listening to those who are most affected by the problem of underage drinking, the priority area began to gain clarity and focus.

Problem Statement

Kings County youth and adults are not informed about underage drinking.

Current Capacity

Kings County has very limited prevention resources in ratio to its needs. County staff consists of:

- One fulltime SUD Prevention Coordinator housed in the SUD Administration Division of Kings County Behavioral Health.

Job Duties:

- Perform tasks and compose documents associated with the SPF process and final plan;
- Oversee compliance to the SPP and supporting activities;
- Maintain data entry of prevention services into the data collection system associated with DHCS;
- Monitor county provider data entry to ensure it is timely;
- Participate in and support county coalitions;
- Maintain professional relationships with school districts and prevention service agencies and organizations through collaborative partnerships and networking;
- Facilitate school based prevention curriculums and student activities on a weekly basis;
- Perform outreach through presentations and community resource events;
- Oversee Sober Grad sponsorships for all graduating classes within Kings County.

(Note: The Community Needs Assessment was conducted by one fulltime and one part-time SUD Prevention Coordinator. The part-time SUD Prevention Coordinator was reassigned to the Prevention and Early Intervention (PEI) Division. Step 2, Capacity Building, and all remaining steps through the completion of the SPF process were completed by one fulltime SUD Prevention Coordinator.)

County Providers

1) Champions (Champions Recovery, Inc.)

Champions provides services in Kings County with programs that include SUD treatment, Nurturing Parents, Strengthening Fathers, mental health specialty programs, residential living programs and independent living programs, as well as Celebrating Families, which is funded by Kings County Behavioral Health and qualifies for SAPT dollars as a prevention program.

2) Westcare

Westcare is a youth drug and alcohol treatment program.

3) Kings Partnership For Prevention Coalition

(Please see County Coalitions)

4) Eminence

School based SUD intervention/treatment for youth.

5) Kings view Counseling Services

Provides co-occurring drug/mental health treatment for adults.

County Programs

1) *Celebrating Families - Champions*

(Please see County Providers)

2) *Y.E.S. Summer Program – Kings County Probation Department*

A five week summer program conducted at a selected elementary school in Kings County for underserved youth in grades 1 – 6. This program provides learning activities, presentations, and recreational games.

County Coalitions

1) *Kings Partnership For Prevention Coalition (KPFP)*

Kings Partnership For Prevention is a county coalition whose function is to educate the public through conferences and forums in partnership with other agencies and organizations, as well as maintain a united front to address city and county policies and challenges that influence the health, safety, and wellbeing of all county residents. The coalition supports and oversees active committees whose tasks are to bring change by confronting the topics of drugs and alcohol, violence free living, sexual health, emotional well-being, and healthy eating.

2) *Tobacco-Free Partnership Coalition – Kings County Environmental Health*

The Kings County Tobacco Control Program created and oversees a community coalition as part of their environmental efforts to confront tobacco use, provide leadership and volunteer opportunities to youth, and support the prevention efforts of county agencies and organizations. Behavioral Health has partnered with them in past activities, such as the Healthy Communities, Healthy Retailers campaign that addressed tobacco, alcohol, and healthy food accessibility in our county communities.

County Partners

1) *Kings County Office of Education*

Behavioral Health has maintained a longstanding partnership with the Kings County Office of Education (KCOE) by being actively involved with the Student Attendance Review Board (SARB), to address truancy within Kings County. Life Steps, a day long parent education program, is conducted at Behavioral Health. The curriculum includes one presentation that educates parents about youth substance use. Behavioral Health Prevention Coordinators participate in SARB hearings to address possible alcohol/drug issues that parents or students may be experiencing. Additionally, Prevention Coordinators are present weekly in school districts in Hanford, Corcoran, and Avenal to provide CAST and Botvin Life Skills groups, evidence based programs that address drug and alcohol use, as well as other challenges faced by youth.

2) *Substance Use Sub-Committee*

The Substance Use Sub-Committee was originally composed of interested Kings Partnership For Prevention Coalition members to address the lack of youth substance use data in Kings County. Since its commencement in 2016, it has expanded to include any representative of county agencies and organizations, and continues to address youth substance use data collection challenges, as well as the contributing factors and consequential outcomes of adult and youth drug and alcohol use within our county communities..

Community Readiness

Table 2.3: Resource Readiness Assessment

Priority Area: Underage Drinking	
Community Awareness	√
Specialized knowledge about Pv research, theory, and practice	—
Practical experience	√
Political/policy knowledge	N/A
Funding	—
Equipment: computers, Xerox, etc.	√
Promotion and advertising	√
Competent staff	√
Training	√
Consultants	N/A
Volunteers	N/A
Stakeholders	√
Other agency partners	√

Community leaders	—
Clear and consistent organizational patterns and policies	√
Adequate fiscal resources for implementation	√
Technological resources	√
Vision and Mission Statement	√

Capacity Challenges and Service Gaps

Table 2.4: Capacity Challenges

Community	Fiscal
<p>Current: A resource available in Kings County are school based skill building groups. Kings County Behavioral Health coordinates with Kings County Office of Education for the provision of groups.</p> <p>Challenges:</p> <ul style="list-style-type: none"> • Limited access to services within Kings County; • Limited community resources; available to the community; • Limited recreational centers for the youth; • The readiness level of the community appears to be: Stage 3 – Vague Awareness. 	<p>Current strengths:</p> <ul style="list-style-type: none"> • Fiscal resources support proposed plan; • Appropriate equipment; • Funding from SAPT. <p>Challenges: More grants and more funding are needed to provide low-income communities with recreational activities at no cost or at reduced cost.</p>
Human	Organizational
<p>Current stakeholders:</p> <ul style="list-style-type: none"> • KPFP • Westcare • Champions • Kings County Probation Department 	<p>Challenges:</p> <ul style="list-style-type: none"> • A lack of service providers and few contract opportunities; • Limited service providers working

<p>(FAVOR Unit)</p> <ul style="list-style-type: none"> • Eminence <p>Challenges: More prevention efforts among stakeholders are needed.</p>	<p>specifically with target populations;</p> <ul style="list-style-type: none"> • Primary prevention is not seen as a priority.
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Through examination of the focus group data, it was determined that the readiness level in county communities appeared to be Stage 3- Vague Awareness. The community members admitted there were local problems and that something ought to be done, as evidenced by the focus group members being aware of underage drinking within their communities and the need for services. However, there was little motivation to do anything about the acknowledged problems, as evidenced by the limited number of focus group participants. Additionally, community members believed that others, such as the schools and law enforcement, should take more of a leadership role in addressing prevention efforts versus themselves. The focus group members revealed a lack of knowledge regarding consumption of alcohol by youth, as evidenced by their statements indicating that underage drinking is perceived as harmless.

Capacity Assessment

With many of our communities being largely composed of minority populations who receive minimal services and organized prevention efforts, the risk factors influenced by culture, stigma, limited resources, and geographical isolation can also serve as protective factors, by creating an environment that is open/receptive to prevention services and efforts. The culturally close-knit communities can also serve as strong support systems and localize efforts to meet specific needs.

One of the challenges with community capacity has been the lack of providers and resources throughout the county. As a result, there are no diverse options of revenue for many of the local service providers. Therefore, the sustainability of their services and prevention efforts becomes limited to only those that are funded by external interests, or for which they can be reimbursed. This has limited many organizations and influenced their willingness to undertake prevention efforts and broaden their scope of practice. Their ability to engage in programs and efforts for prevention without having the revenue to sustain their efforts has greatly diminished their willingness to become involved.

Cultural Competency

As the Community Needs Assessment process progressed, and as focus groups with both youth and adults were conducted, especially in the outlying communities where the resident populations are 50% to 80% Hispanic/Latino, Kings County Behavioral Health Prevention Coordinators leading those focus groups were of Hispanic/Latino descent and were bilingual in English/Spanish. Community members they recruited to assist were also bilingual residents of those communities. They were able to communicate with those populations using terminology that was concise and articulate. They were also fully aware of the cultural traditions and

attitudes, and by assuring them of the confidentiality and purposeful use of their comments, much of the stigma and fear of vocalization was eased.

Additionally, 90% of key informant interview participants were also of Hispanic/Latino descent, having full awareness of the personal, familial, and educational challenges and perceptions that contribute to drug and alcohol use.

Questions for the focus groups and key informant interviews were created to highlight the substance use challenges being faced in our county communities, with the cultural and demographic layout of Kings County given full consideration.

It will also be imperative to consistently maintain:

- ❖ Appropriate bilingual staff;
- ❖ Continued training in cultural awareness and sensitivity;
- ❖ Staff who are committed to acceptance of cultural differences and perceptions.

An additional aspect of addressing cultural competency during the assessment process was the inclusion of youth focus groups. The data these youth provided gave clarity to the perceptions, challenges, and substances of misuse among county youth. These revelations will assist Behavioral Health in serving this population and make prevention programs and efforts more relevant and effective.

Sustainability

Currently, Kings County Behavioral Health (KCBH) provides primary prevention activities through SAPT funding and while these funds support primary prevention efforts, many of the agency's additional efforts in prevention are broader in scope. If programs were not able to be sustained under the SAPT primary prevention funding, Kings County Behavioral Health has other programs which can address broader issues related to prevention, as well as promote wellness through other funded efforts regarding prevention. If a viable program lacked funding, efforts could be made by the agency to seek out support from other agencies and organizations, and/or possibly seek out funding and support through applications for grants. Additionally, Kings Partnership For Prevention (KPPF) and other coalitions focused on primary and community prevention allow prevention efforts to remain at the forefront of discourse in the community. By having Behavioral Health's SAPT funded Prevention Coordinators sit on these coalitions, it opens an avenue for networking and building community capacity with individuals and organizations that share a prevention focus.

Behavioral Health also maintains a strong relationship with the local school districts, allowing prevention activities to be implemented, by giving us supporters, an avenue to gain access to youth, and partners in addressing primary prevention activities. Further, by engaging the community in focus groups and key informant interviews, we are building capacity with individuals who are already interested in prevention, and/or who are aware of the needs in our communities surrounding Primary SUD Prevention. These professional encounters and relationships may leverage these individuals in current and future prevention efforts.

Step 2: Capacity Building

Throughout the process of the Community Needs Assessment, many of the service gaps and challenges that became evident, not only in the data analyzation process, but in the county overview as well, were not unfamiliar. Many of the gaps and challenges identified had presented themselves in previous community needs assessments conducted by Behavioral Health, and in community needs assessments completed by other agencies and organizations in Kings County. County demographic statistics, poverty, geographical locations of county communities, limited funding, and a consistent lack of service providers and resource growth have influenced the pace at which these challenges and gaps can be addressed, decreased, or eliminated.

Kings County Behavioral Health has acknowledged the service gaps and challenges while remaining unfazed in continuing to utilize the resources that the county does have, and not falling victim to the mindset of limitation because of what it does not have.

The Key Elements

Engaging Stakeholders: To address the gaps and challenges identified in the Community Needs Assessment, engaging stakeholders will increase the potential for program development, innovation, and sustainability. Ways to engage stakeholders may be:

- Announce/present information regarding upcoming events and trainings on organization/agency websites and social media;
- Highlight the benefits of collaboration and coordination for stakeholders by supporting prevention efforts and/or programs;
- Provide trainings to stakeholder groups that will align with the issues pertinent to that group to increase the level of involvement which will support sustainability.

Strengthening Collaborative Groups: Kings Partnership For Prevention receives funding from Behavioral Health as a contracted provider. The function of Kings Partnership For Prevention is to maintain an active coalition, sponsor and co-sponsor community events and activities promoting prevention, maintain an active website, and unite prevention efforts. Other strategies that may be of benefit are:

- Participate in various community coalitions, event planning workgroups, or task forces in order to increase opportunities for networking, partnerships, and change;
- Provide meeting information to new contacts, at resource fairs, and at community events.

Increasing Community Awareness: Strategies that may be utilized to increase community awareness are:

- Provide training opportunities and workshops to inform participants of the pertinent issues, challenges, and possible solutions for their communities and families;
- Maintain cultural awareness of populations and their specific needs so that prevention messages and services are appropriate and relevant;

- Utilize media resources that are culturally appropriate;
- Create partnerships with stakeholders who are established and accepted within their community/communities that they serve.

Mobilize Communities: Kings Partnership For Prevention Coalition is composed of members from service, civic, faith-based, health, and educational fields, representing all communities of Kings County. Other mobilization methods may be:

- Train community members and leaders of county communities to use the tools and strategies of mobilization, in order for them to create and utilize their strength as a united front;
- Utilize trainers who are culturally acceptable to the population being served, and who are sensitive to the life experiences of community members;
- Utilize training methods that are relevant to the populations being served.

Community Resources

Gaps and Challenges: Limited and inaccessible community resources; lack of recreational activities for youth.

Within the different communities of Kings County, there are various levels of community resources, although no community has a vast selection. Communities in the outlying regions of the county experience a large discrepancy, in comparison to the core communities of Hanford and Lemoore. In consideration of the limited number of resources, it would be deemed feasible to create cooperative and collaborative partnerships with stakeholders who have an interest in Kings County as a whole, and not be specifically focused on any one community. By engaging these stakeholders, prevention efforts and activities will have a greater capacity to reach and educate larger and more varied populations, create opportunities for networking, utilize community leaders and entities, and support change. A plan for this may include:

- 1) Engage and collaborate with law enforcement, (e.g. CHP, Kings County Probation, Avenal Police Department), to conduct countywide Red Ribbon week observances at school districts. The observances may include safety events, educational messages regarding the consequences of substance use and underage drinking, and experiential presentations.
- 2) Collaborate with Kings Partnership For Prevention to utilize social media for prevention marketing and for dissemination of prevention messages, to measure the prevention climate within the county, identify current trends, and to encourage adults and parents to join the conversation in a safe and unintimidating manner.

(Note: Please see Table 2.2 for “Course of Action” items)

Organizational Resources

Gaps and Challenges: Lack of service providers; lack of agencies and services to contract with; treatment and intervention take precedence over prevention in funding and program development.

Kings County Behavioral Health has maintained a strong presence in prevention efforts for a significant length of time, leading the way for creative and innovative programs, while remaining an anchor that has not drifted in its dedication to the youth and families of its diverse communities. In utilizing organizational resources, a plan may include:

- 1) Excluding Prevention Coordinators assigned to the SUD Prevention Unit, there is a lack of knowledge regarding the definition and criteria of primary prevention among Behavioral Health staff. Many staff members, including Prevention Coordinators in the Prevention and Early Intervention Division, work with youth in the schools and with families seeking services and resources. Intra-agency training would be beneficial to assist those working with youth and families to identify the level of involvement required in supporting those youth and families. The focus at Behavioral Health and other county agencies appears to gravitate toward intervention and treatment, and less toward primary prevention. Having additional knowledge addressing the differences between primary prevention and intervention, as well as intervention and treatment, may be beneficial in directing youth and/or families to the proper activities and services.
- 2) Kings County Behavioral Health has five contracted providers, with two of the five providers receiving funding for prevention services. The two providers are Kings Partnership For Prevention Coalition and Champions. By sharing the current Community Needs Assessment with these providers and highlighting the priority area of underage drinking, future discussion may include visionary and innovative methods that may expand their roles in prevention services through education, presentations, and program development.
- 3) Continue to coordinate with Kings County Office of Education to provide school based services to county schools that include life skills classes, clubs, and educational presentations to both students and parents that address youth substance use, underage drinking, and truancy prevention.

(Note: Please see Table 2.2 for “Course of Action” items)

Human Resources

Gaps and Challenges: Stakeholders and contracted providers are not focused on youth drug and alcohol primary prevention services and activities, but are making efforts in overall community wellness prevention, intervention, and treatment.

Human resources may be defined as anyone we communicate with in our daily tasks, contacts, and interactions. In expanding prevention efforts and services, it would be beneficial to include the following:

- 1) Utilize the Kings Partnership For Prevention Coalition Coordinator and coalition members to promote and strategically market the Healthy Communities Initiative Database, by conducting direct contacts with pertinent agency leaders to commence the collection of youth substance use data. Additionally, to utilize the strength of the

coalition in marketing, posting, and supporting all prevention activities and events, while educating them regarding underage drinking and its prevalence in our communities.

- 2) Utilize Behavioral Health's Community Outreach Specialist in educating, promoting, and developing tools to broaden and galvanize community awareness and action.

(Note: Please see Table 2.2 for "Course of Action" items)

Fiscal Resources

Gaps and Challenges: Limited and stagnant funding that will experience minimal growth from its current sources.

Behavioral Health has not applied for grants to fund prevention services housed within the agency, due to a variety of reasons. The current funding sources have remained stable, but are very limited and restricted in their use and purpose. Therefore, Behavioral Health will seek to support and expand prevention services and efforts through:

- 1) More collaborative partnerships with agencies, non-profits, and organizations that have been the beneficiaries of grant funding that is earmarked for prevention services and activities, such as Mothers Against Drunk Driving (MADD).

(Note: Please see Table 2.2 for "Course of Action" items)

Cultural Competency

A saying that most community members, prevention service providers, and adults in general have heard is, "It takes a village to raise a child". In the arena of prevention, it takes a village to change a village. In attempting to change a village, the cultural diversity, belief systems, life experiences, and varied perceptions of what change needs to occur, are the imperative building blocks of building capacity to support the desired change. Therefore, building capacity should include:

- Coordination and collaborative partnerships with stakeholders who are familiar with the needs of county communities, and are knowledgeable about the challenges each community faces demographically, bilingually, and economically;
- Creating partnerships with stakeholders who are acceptable within the community being served. An example would be the role of law enforcement in accordance with the adult and youth focus group data that highlighted the desire for more law enforcement in the delivery of prevention messages and intervention.
- Using Behavioral Health staff and stakeholders who are bilingual English/Spanish to provide services in county communities that are primarily Hispanic populations.
- Training and supporting community members in becoming leaders by providing them with the tools to address the priority area of underage drinking, the cultural acceptance of alcohol, and the effect on families that the legal, monetary, and emotional consequences have as a result of underage and adult drinking.

Sustainability

One of the benefits of sustainability, in regard to capacity building, is that perhaps our greatest ally(ies) is/are the providers contracted to Behavioral Health, which includes Kings Partnership For Prevention. By having the coalition as a contracted provider, it does give Behavioral Health access to numerous prevention service providers and a platform for exposure to a diverse group of agency and organizational representatives. By cementing our relationship with the members of the coalition, those relationships would remain, even if the coalition did not.

Behavioral Health has also created strong relationships with entities that do not rely on funding from Behavioral Health, such as Kings County Office of Education. By building and solidifying relationships with these entities, numerous doors have been opened that provide opportunities to explore, commence, provide, and facilitate successful prevention programs to populations that would otherwise not have been accessible.

Additionally, it is imperative to sustainability to utilize members of our county communities, adults and youth. Prevention is not a word; it is a way of life, and the greatest assets in the prevention toolbox are the individuals who are benefitting from it and enriching their lives. Within our communities, there are gaps and challenges that influence the quantity and quality of services, but there are cultural and trust barriers, as well. There are no voices more powerful to induce change than the voices of one’s family, neighbors, teachers, and community.

Table 2.1: Capacity Building (Levels of Involvement)

Level	Expression	Examples
No Involvement	“Good luck with your new program.”	Stakeholders engage in and promote activities/events that benefit their own agendas, priorities, and outcomes.
Networking	“Let’s maintain communication to keep each other informed.”	<ol style="list-style-type: none"> 1) Kings Partnership For Prevention Coalition (KPPF) is comprised of different service providers and agency representatives that provides a platform where agencies can share their current and future endeavors. This multiagency meeting takes place monthly. 2) New development of Avenal

		<p>workgroup where Avenal service providers such as social services, school personnel, Avenal Police Department and other agencies share information regarding community challenges and current prevention endeavors.</p> <p>3) Kings Provider Network for Substance Use Disorder providers.</p>
<p>Cooperation</p> <ol style="list-style-type: none"> 1) Kings Partnership for Prevention (KPPF) 2) Champions 3) Kings County Tobacco Control Program 4) United Way 	<p>“We will staff a resource table at your event.”</p>	<ol style="list-style-type: none"> 1) Kings Partnership For Prevention (KPPF) advertises organizational events, including those sponsored by Behavioral Health, on their online website. They have also provided trainings and professional forums regarding substance use for service providers and community members. Kings Partnership For Prevention also utilizes meeting space at Behavioral Health for their monthly coalition meetings. 2) Champions and Behavioral Health have supported each other in several events and programs. Members of both entities have been speakers at trainings and workshops organized by either agency, shared in the distribution of new program announcements, and they fully supported Behavioral Health in the Community Needs Assessment process by participating in the key informant interviews. 3) Behavioral Health Prevention Coordinators supported the Kings County Tobacco Control Program by assisting with the “Healthy Communities, Healthy Retailers” campaign, the Smoke Free Housing survey, Red Ribbon presentations to county schools, and by

		<p>participating in three year planning workgroups.</p> <p>4) United Way has been supportive of community events, outreach, and promotion of 211. They have consistently supported community engagement through promotion of resources and trainings.</p>
<p>Coordination</p> <ol style="list-style-type: none"> 1) Red Ribbon week 2) Kings County Office of Education (KCOE) 3) Kings County Tobacco Free Partnership Coalition 	<p>"You take care of promoting this event, and we will secure volunteers."</p>	<ol style="list-style-type: none"> 1) For the past several years, Red Ribbon observance has been coordinated by individual school districts within the county. Behavioral Health will now be coordinating with the California Highway Patrol, Kings County Probation, Public Health, SUD providers and county school districts to present and conduct Red Ribbon Week observance activities at various school locations. 2) Behavioral Health Prevention Coordinators provide life skills groups at various school campuses throughout Kings County. Group sessions are during school hours, requiring coordination with school administration to secure space for group sessions at appropriately scheduled times. Behavioral Health also co-sponsors and co-coordinates the Central California Truancy Summit, where staff members lead workshops. Behavioral Health staff also facilitate a full day training, (Life Steps) for parents referred from the SARB, (Student Attendance Review Board), hearings, that includes a youth substance use

		<p>education presentation. Prevention Coordinators also sit on several of the SARB panels.</p> <p>3) A Behavioral Health Prevention Coordinator served as the Vice-Chair of the Kings County Tobacco Free Partnership Coalition and remains actively involved in prevention efforts.</p>
<p>Collaboration</p> <p>1) Substance Use Data Sub-Committee</p> <p>2) Kings Partnership For Prevention Coalition</p>	<p>“Let’s combine resources and manpower to make this happen.”</p>	<p>1) The Substance Use Data Sub-Committee was originally created to specifically address the lack of youth substance use data in Kings County and was comprised of Kings Partnership For Prevention Coalition members. It has now expanded to include any interested party, and it collaborates with other agencies to co-sponsor prevention activities and events. Additionally, Behavioral Health provided financial support for the purchase of the Healthy Communities Initiative (HCI) database and subsequent training opportunities. There is a standing memorandum of understanding and formal contract between Behavioral Health and Kings Partnership for Prevention.</p>

Table 2.2: Capacity Building (Resources)

Priority Area: Underage Drinking		
	Course of Action	Proposed Timeline
Community Resources	<p>1) To partner with law enforcement agencies in the joint coordination of Red Ribbon Week observances that will include safety events and educational presentations about the consequences of underage alcohol consumption.</p>	June 2019

	<p>2) Utilize social media as a prevention tool to reach large numbers of youth, adults, and service providers to start dialogue and measure the prevention climate in Kings County.</p> <p><i>(Stakeholder engagement; training; community awareness and outreach; social media development, information dissemination.)</i></p>	
Organizational Resources	<p>1) Intra-agency training at Behavioral Health defining primary prevention and its criteria.</p> <p>2) Interagency training and cooperation and/or coordination with contracted providers to expand prevention efforts and innovation within Kings County</p> <p>3) Coordinate with Kings County Office of Education to serve schools and educate parents and youth.</p> <p><i>(Education; stakeholder engagement; training; community awareness and outreach)</i></p>	June 2019
Human Resources	<p>1) Utilize Kings Partnership For Prevention Coalition members to promote the Healthy Communities Initiative database and train users.</p> <p>2) Utilize Behavioral Health’s Community Outreach Specialist and Prevention Coordinators to build and strengthen new and existing professional relationships to open channels for innovative creativity, exposure, and expanded opportunities.</p> <p><i>(Education; training; community awareness and outreach; coalition building and utilization.)</i></p>	January 2019
Fiscal Resources	<p>1) Seek collaborative partnerships with agencies/organizations that have received grant funding for the purpose of prevention services and events, such as MADD, (Mothers Against Drunk Driving), CHP and the Districts Attorneys Office.</p> <p>2) Utilize contracted providers receiving funding from Behavioral Health to expand or restructure services using innovation, strategic targeting, and outcome-focused services.</p> <p><i>(Stakeholder engagement; community awareness and outreach; interagency coordination and collaboration;)</i></p>	June 2021

Step 3: Planning

Continuing with the Strategic Prevention Framework process, Step 3, Planning, began to clarify the intertwining connections between the previous two steps, Community Needs Assessment and Capacity Building, in relation to the Planning process. Although Planning was the generic groundwork, it began to color the prevention canvas with possibilities based on the realistic hues of “what already is”.

By previously identifying the risk and protective factors in the Community Needs Assessment, it began to create the blueprint that would guide the selection of strategies, format, and direction regarding prevention programs and efforts. It was not difficult in the beginning, after examining the statistical data and giving consideration to the concerns of our county residents, as expressed in the focus groups, to select numerous risk factors that were equally influential in our communities. The “heart” of prevention wanted to address all of the risk factors identified, but the “head” of prevention recognized the limited capacity and resources within Kings County.

Additionally, as the prioritization process of risk and protective factors was conducted, it became evident that the protective factors were lacking within our county communities. Therefore, the risk factors became the key element in bringing the prevention vision into focus.

Prioritization of Risk Factors

The prioritization process of the risk factors required the application of specific parameters that included importance and changeability.

Importance: As the risk factors were examined during the Community Needs Assessment, each one appeared to have significant importance in relation to the collected data and the communities as a whole. Additionally, in re-examining the selection process, it became evident that the process was subtly influenced by the pre-existing knowledge that Behavioral Health staff already had in regard to substance use, health and economic disparities, and general safety and well-being in the county communities. As the composition of the Community Needs Assessment continued, the risk factors gained clarity through the development of the priority area and accompanying problem statement.

When the risk factors were revisited in Step 3, Planning, the prioritization process eliminated any fringe influences and cultivated the understanding of targeting the risk(s) that directly affected the selected priority area and problem statement. Although Kings County was lacking the aligned protective factors, by recognizing how much a risk factor was affecting the substance use problem of underage drinking in our county communities, it also served as a tool to recognize how the reduction or elimination of the risk would create and give weight to the protective factor.

Changeability: Selecting the risk factors on the basis of importance and their influence on the priority area of underage drinking, the challenge was to exercise the process of elimination in selecting the most relevant risk factors. That challenge continued when focusing on those same risk factors through the lens of changeability. In prevention, the vision is often created by “what

could be”, but it must be rooted in “what is”. The considerations and acknowledgements must include:

- The readiness of the residents/communities to accept change that may challenge their generational, cultural, and traditional beliefs and disrupt their internal “comfort zones”;
- The current availability of resources that includes manpower, funding, support, and materials;
- Seeking and utilizing valid and culturally competent approaches that are effective and measurable;
- The ability to monitor the progression of the change to determine if it is achievable in an appropriate length of time.

By giving precedence to the criteria and reality of changeability, risk factors that had been prioritized as high in importance were rated low in changeability, for reasons addressing all of the points noted above.

Table 3.1: Prioritizing Risk Factors

Priority Area: Underage drinking Risk Factors	Importance:		Changeability:		Priority Rank
	High	Low	High	Low	
Acceptance of substance use	X		X		3
Lack of parenting/family management	X			X	4
Not informed about substance use and consequences	X		X		1
No/low perception of harm	X		X		2
Past/current substance use by family members	X			X	5

1 – High Priority

5 – Low Priority

Strategy Selection

When the CSAP Strategies have been consistently utilized on a daily basis, their general definitions come to mind readily, and if they could be converted into animated imagery, they might be portrayed as little “bins” in which to separate our prevention activities and efforts. By doing so however, the higher purpose of these strategies can become obscure. That higher purpose is to unify, define, and guide prevention efforts on the quest to reduce the risk factors and strengthen the protective factors that influence the identified priority area(s) and problem statement(s), which are data driven.

Consideration was given to all of the CSAP strategies, but when examined through the scope of available resources, funding, and manpower, the strategies that appeared to be the most compatible with those key components were then given further analysis using the criteria of

effectiveness, conceptual fit, and practical fit. This criteria highlighted the strategies that would be the most efficient, effective, and culturally competent in presentation and delivery.

Table 3.2: Criteria For Strategy Selection

Selected Strategy: Education
Effectiveness
The benefit of the Education strategy rests in part on the requirement that it be evidence-based, which assures a declaration of effectiveness through a long term and often vigorous evaluation process. The evaluation process is ongoing and continues to prove effectiveness, often through current pre/post tests. Additionally, by being deemed evidence-based, the information presented maintains fidelity so that all recipients of this strategy receive consistent and relevant information that is applicable to their life experiences and personal circumstances. Evidence-based curriculums can be selected on the basis of addressing specific issues/life situations, such as underage drinking, substance use, developing resistance skills, and parenting styles, or can be selected for broader appeal, such as mindfulness.
Conceptual Fit
The Education strategy is a conceptual fit in accordance with Kings County’s selected risk factors pertaining to both youth and parents being uninformed about underage drinking, and the priority area of underage drinking. <i>(Please see Table 3.3)</i> The risks are due to both youth and parents not being educated with the knowledge, skills, and tools to understand the impact and influence of alcohol use by youth, and the danger of silent acceptance by both adults and youth. Education fills the gap and provides the knowledge, skills, and tools needed to activate the connection of understanding and create momentum for a more focused and confident stand against casual acceptance. Knowledge is power.
Practical Fit
The Education strategy is a practical fit for the communities of Kings County, due to the beneficial qualities that include: <ul style="list-style-type: none"> • Its compatibility with the presentation and delivery of other CSAP strategies; • The method of delivery can be in accordance with the available manpower, funding, and resources; • A high probability of acceptance, as evidenced by numerous requests for educational opportunities during the data collection process of the Community Needs Assessment, by both youth and adults. Residents are accepting of education, due to its format being more direct, personal, and open to expression and dialogue. At the same time, it is appropriate for those who are less vocal and prefer to gain understanding through a facilitated curriculum or through other participants personal experiences. In the county’s majority Hispanic communities, facilitators can be bilingual English/Spanish, and subject matter can be delivered in a way that is specific to their life challenges and belief systems. Additionally, all communities in Kings County have an active community center or school that is accessible and amenable to utilization by agencies and organizations offering beneficial services.

<i>Selected Strategy: Information Dissemination</i>
Effectiveness
The effectiveness of the Information Dissemination strategy is due to the strategy being multi-faceted in delivery. It appeals to a wide variety of populations in various locations and circumstances. Geographical distance, economic limitations, age, and medical limitations do not hinder or disrupt the delivery of information through its many outlets. Those outlets may include media, such as radio, billboards, and community newspapers; community events; informational presentations that can address any topic or relevant challenge; and social media networks. Delivery can also be multilingual, making it appropriate and acceptable to a county rich in cultural and ethnic diversity. Additionally, its effectiveness can be measured by pre/post tests and/or surveys in specific circumstances, or through digital, circulation, or exposure measurements and statistics. It is often utilized in conjunction with other CSAP strategies.
Conceptual Fit
The conceptual fit of the Information Dissemination strategy is contained within its ability to target not only the risk factor(s) that may influence the development, or lack of development of the coinciding protective factor(s), but can also address the contributing factors in the web of who, why, and how. It should also be noted that the application of the information being received by individuals can be in accordance with their own pace of acceptance and understanding.
Practical Fit
For many of the reasons noted above, the Information Dissemination strategy is feasible and can be produced with an abundance of resources, or with few resources. It can be a collaborative effort involving a multitude of prevention stakeholders, such as a community event, or the effort of an agency or division within an agency, such as a newspaper article, radio PSA, or informational flyer. The Information Dissemination strategy creates gateways that are accessible to all populations within a community, while promoting dialogue and encouraging a call for action. Information Dissemination efforts can also be created to accommodate the language preference of the population being served. This action removes the language barriers that often prevent a feeling of inclusion and belonging, which in turn discourages participation.

<i>Selected Strategy: Alternatives</i>
Effectiveness
The Alternative strategy is often an effective combination of appeal and purpose. The foundation of its design is to create an environment providing exposure to opportunities for leadership, communication, creativity, and healthy interaction among participants, as well as to pave new experiential “avenues” for exploration that may lead participants away from the possible dead end of drug and alcohol use. Alternative activities are structured in recognition of an identified population, such as youth, parents, school personnel, or law enforcement, but can also be even more defined to give recognition to a sub-population, such as LGBT, (Lesbian, Gay, Bisexual, Transgender), youth or TAY, (Transitional Age Youth). Outreach and inclusion increase the effectiveness through acceptance and utilization of the activity by the targeted population, although it can also be beneficial for participants in other populations/sub-populations. Additionally, the effectiveness of the activity can be measured through more direct methods such as attendance rosters and event/post event surveys.
Conceptual Fit
The Alternative strategy is a conceptual fit, due to the delivery options of selected activities, which often are composed of innovative, creative, and purposeful components. Activities may be selected that directly influence the reduction of risk factors, while strengthening protective factors. Activities may be selected for their cultural competency and ability to influence specific populations. As an example, in noting one of Kings County’s listed risk factors that brought into focus the lack of communication between parents and children regarding substance use, an activity may be structured to bring parents and children together under the pretext of simply engaging in something new. The deeper reason may be to bring parents and children together in a safe place free of distractions, where common conversation may become more meaningful communication that cultivates an environment of positive parental involvement.
Practical Fit
The strength of Alternative activities is in their ability to appeal to diverse populations, address specific social topics, or create camaraderie and a sense of belonging. Activities may be culturally driven, or simply driven by common interests. As a CSAP strategy, the purpose is rooted in the deliverance of options that promote health and well-being, and discourage use of alcohol and drugs by youth. The effort may be directed at a particular population of youth, or may be designed to include all youth. A highlight of the Alternative strategy is its compatibility with differing levels of funding, manpower, and resources. An Alternative activity can be a product of an agency, agencies, or a product of the passion of community members to see change that will protect their children from the harms of alcohol, drugs, gangs, and loss of educational opportunities. Additionally, the Alternative strategy is often aligned with other CSAP strategies in the quest for positive change.

In addressing the selection of CSAP strategies based upon the relevancy for the communities in Kings County, the consideration and final selection was rooted solidly in the voices and concerns of the focus group participants. *(Please see Step 1, Community Needs Assessment)* The

data collected had an impactful influence on the process of strategy selection, to ensure that the interventions and methods of delivery would be accepted, trusted, culturally competent, and sustainable. A strategy is only as valuable as the benefit it provides to the recipient. After the strategy selection process was completed, it clarified the relationship between the previously listed risk factors and the newly aligned strategies.

Table 3.3 Data-Based CSAP Strategies

Priority Area	Risk Factor	Protective Factor	Strategy
Underage Drinking	Youth are not informed about the harmful consequences of underage drinking and accept it as causing little to no harm.	Youth are informed about the harmful consequences of underage drinking and disapprove of its acceptance as harmless.	Education Information Dissemination
	Parents are uninformed about underage drinking and accept it as a social/cultural norm and “rite-of-passage”.	Parents are informed about underage drinking and disapprove of its acceptance as a social/cultural norm.	Education Information Dissemination
	There is a lack of positive parenting/family management.	Parents are enlightened with both the knowledge and tools to increase positive family management and positive parental involvement.	Education Information Dissemination
	Incidents of past/current substance use by family members are common		Alternatives



'The Thinker'

[The Logic Model](#)

The many hours of analyzation, examination, contemplation, and consideration culminated in the creation of the logic model. Taking into account all of the knowledge, enlightenment, and revelations noted throughout the previous pages, the logic model transformed them into a true direction and guide.

By bringing focus to the priority area, problem statement, objectives, contributing factors, strategies, outcomes, and evaluation measurements, the “needle” that had been threaded in the Community Needs Assessment, had stitched the pieces of each step together to create a visible patchwork pattern.

The “pattern” for Kings County is as follows:

Table 3.4: The Logic Model

<p>Priority Area: Underage Drinking Problem Statement: Kings County youth and adults are uninformed about underage drinking. Goal: Youth and adults will be informed about underage drinking Objective 1: By June, 2021, youth between the ages of 12 to 17 will reduce underage drinking by 3%, as measured by pre/post tests. Objective 2: 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>				
Contributing Factors	Selected Strategies	Short/Intermediate Term Outcomes	Long Term Outcomes	Measurement Indicators
<p>Youth are uninformed about the harmful consequences of underage drinking.</p> <p>Youth accept underage drinking as a common teen activity with little to no harm.</p>	<p>School-Based Education</p> <p>Information Dissemination</p> <p>Alternatives</p>	<p>By June, 2019, a minimum of 75 youth will have received informational messages in group sessions at designated public schools, regarding the harmful consequences of underage drinking.</p> <p>By August, 2018, a minimum of 50 youth will have participated in healthy activities and received informational messages regarding the harmful consequences of underage drinking.</p> <p>By December, 2018, a minimum of 200 youth will have received informational messages regarding underage drinking and substance use, and will have participated in healthy activities at designated elementary schools within Kings County.</p> <p>By December, 2019, a minimum of 100 youth will have participated in mindfulness activities at their schools, that promote coping skills, stress reduction, and the benefits of healthy mind and body activities, as compared to the unhealthy and harmful consequences of underage alcohol consumption and substance use.</p>	<p>By June 30, 2021, the percentage of youth between the ages of 12 to 17 who are informed about the harmful consequences of underage drinking and disapprove of its acceptance as harmless will demonstrate a 3% reduction in underage drinking, as measured by pre/post tests and event/post event surveys.</p>	<p>Pre and post tests</p> <p>Attendance rosters</p> <p>Event and post event surveys</p> <p>School Behavioral & Performance Records</p>

<p>Parents accept underage drinking as a social/cultural norm and “rite-of-passage”.</p>	<p>Information Dissemination</p>	<p>By June, 2019, a minimum of 125 parents will have participated in a local innovative program and been informed in English or Spanish about the harmful risks of youth alcohol use and will indicate an increase in disapproval of its acceptance as a cultural/social norm.</p>	<p>By June 30, 2021, the percentage of parents who are informed about the harmful consequences of underage drinking and disapprove of its acceptance as a social/cultural norm will increase by 3%, as measured by pre/post tests and attendance rosters.</p>	<p>Pre/post tests Attendance rosters</p>
<p>Parents and children are not talking to each other about underage drinking and substance use</p>	<p>Family Education Alternatives Information Dissemination</p>	<p>By June, 2019, a minimum of 100 families will have participated in family education services and utilized the learned communication skills to increase communication between parents and children regarding substance use and underage drinking.</p> <p>By June, 2019, a minimum of 100 families will have participated in activities promoting family unification and communication between parents and children that included substance use and underage drinking.</p>	<p>By June, 2021, the percentage of parents utilizing communication skills to talk with their children about the harmful consequences of underage drinking and substance use will increase by 3%, as measured by pre/post tests and attendance rosters.</p> <p>By June, 2021, the percentage of parents engaging in activities promoting positive parental involvement will increase by 3%, as measured by event/post event surveys and attendance rosters.</p>	<p>Pre/post tests Attendance rosters Event/post event surveys</p>

Cultural Competency

Throughout the CSAP Strategy analyzation and selection process, the rich diversity of Kings County's cultures, ethnicities, and belief systems was consistently in the forefront of each consideration, examination, and analytical process. Kings County is diverse, but maintains a Hispanic/Latino majority, especially in the outlying communities. To be effective, the delivery of a selected strategy mandated that it be translatable from English to Spanish, and be respectful of the cultural traditions and perceptions within a family, neighborhood, and community. As previously noted several times within the written text of each Strategic Prevention Framework step, the voices of community members, both adults and youth, wielded the greatest impact and influence in the selection of the Education, Information Dissemination, and Alternative strategies. Not only are they translatable, but they can be subtly tailored to target and embrace specific populations and sub-groups, (TAY, LGBTQ, Foster Youth), creating an environment of acceptance and belonging. It is imperative that all forms of interaction, whether it be face to face, through informational outlets, or through healthy activity, be safe, free of judgement, and that they acknowledge our commonalities and differences.

Sustainability

The strategies of Education, Information Dissemination, and Alternatives can all be employed using methods that can thrive on limited resources, limited funding, and limited manpower, which are three realities for Kings County. They are not, however, the deciding factors that determine the success or failure of a prevention program or effort. The sustainability of a prevention program or effort is as dependent upon its relevance, acceptance, trustworthiness, and consistency.

Education: Whether educational material is presented with an agency name on it, or by an individual, the topic of study requires it to be relevant to the individual, family, or community. It must be applicable to life experiences and circumstances. The tools and skills that education provides mandates that they be delivered in a way that keeps pace with the level of understanding. It must also be culturally competent. If these characteristics are not present in the delivery of education, there will be no ears to hear, or minds to enlighten.

Information Dissemination: Awareness plays a key role in the sustainability of information dissemination practices. It is imperative to maintain an awareness of the different methods of delivery that appeal to adults and youth; the issues within a community that should be addressed; the current drug and alcohol trends; and local statistics. If the information disseminated is not applicable, believable, or reliable, it becomes only words. Additionally, with all of the many information dissemination outlets, sustainability may be maintained through the united strength of a coalition or agency, or through the passion of an individual to see change in his/her community through networking and mobilization.

Alternatives: The strength of utilizing the Alternative strategy is manifested in its collaborative nature. Alternative activities are commonly products of collaboration with coalitions, agencies,

school districts, and/or other entities. Building these relationships establishes support, a unified purpose, broader outreach efforts, and assists those involved by sharing the financial, resource, and manpower requirements. Every collaborative relationship fosters sustainability.

Step 4: Implementation

As the Implementation step began, it became evident that its many components were a potpourri of elements from the preceding three steps of the Strategic Prevention Framework process. These elements included:

- The identification of service gaps and communal perceptions and beliefs that directed the focus to the priority area and accompanying risk factors; (*Community Needs Assessment*)
- The examination of available resources, funding, and manpower to clarify the most efficient means of enhancing, utilizing, and strengthening capacity to address the identified challenges; (*Capacity Building*)
- The selection of the most appropriate and effective CSAP Strategies to address the identified challenges, gaps, and risks, in conjunction with the identified priority area(s), goal(s), and objective(s). (*Planning*)

Implementation utilized all of these considerations to finalize the selection of prevention interventions that would address all of these factors in a culturally competent and sustainable manner.

The Implementation Plan Process

Addressing the programs and strategies in Step 4, Implementation, was both defined, yet complex. When reviewing the gaps and challenges in Kings County, identified in Step 1, Community Needs Assessment, they reflected a consistent theme of services that were lacking, due to limited resources, providers, and funding. Key informant interviews and focus groups consisting of community members and youth revealed a vague awareness of the problems and challenges facing their communities, while also revealing a desire to find solutions to those challenges through education and information. Taking into account all of these components, the programs and strategies outlined in the Implementation Plan are existing programs that have garnered support and acceptance through a consistent provision of these services.

The greatest *future* consideration for the identified existing programs may be the need to foster more dialogue regarding funding sources and/or providers for the expansion of these services to increase accessibility. The foundation for this specific consideration has been set through a respected and trusted relationship with city recreation departments, family resource centers, police departments and other law enforcement agencies, health departments, SUD treatment providers, and civic leaders through past interactions requiring coordination and collaboration, along with current frequent contacts and presence. By maintaining the integrity of the established professional relationships, it will assist in supporting and nurturing new

partnerships, outreach opportunities, and solutions to the gaps, challenges, and substance use risks enticing and endangering youth and adults on a daily basis within Kings County.

Identifying Specific Interventions/Programs

When selection of the identified programs was finalized, it was also necessary to align each program with the appropriate IOM category. Programs provided at the local elementary schools, (Botvin Life Skills and SHOES Club), were designated as Universal. The students receiving the services are not recipients of the service due to their level of risk or an identified need. They are members of the general school population. Additionally, the same IOM category, Universal, was appropriate for the parents/guardians participating in the Life Steps class. Although the parents/guardians are mandated to attend, due to school attendance issues regarding their children/grandchildren, no risk level has been identified and underlying causes for the truancy/attendance issues can vary significantly, with no specific identifying marker.

The children participating in the Celebrating Families program align with the criteria for a Selective population. They are children of substance abusers, which places them in an at-risk category. As children of substance abusers, they are part of a subgroup where the risk of becoming a substance abuser is higher for the entire subgroup, but not necessarily for the individual members of the subgroup. Each member of the subgroup may respond differently biologically, physically, and psychologically to parental substance use exposure, placing one child at a higher risk of using substances than another child in the same subgroup.

The programs named in the Implementation Plan also uphold the desired outcomes set forth in the logic model. *(Please see Step 3: Planning)* As youth and adults are educated, informed, and given alternatives to substance use and experimentation, knowledge will be increased among youth about the harmful consequences of underage drinking, while simultaneously decreasing the lax attitudes of adults towards the acceptance of underage drinking.

Table 4.1: Specific Programs

Strategies from Logic Model	Specific Programs/Interventions
School-Based Education	Botvin Life Skills (Evidence-Based)
Information Dissemination	Life Steps (Local Innovative)
Alternatives	SHOES Club (Local Innovative)
Parent/Family Education	Celebrating Families (Evidence-Based)
Alternatives	Celebrating Families (Local Innovative - One program component)

Botvin Life Skills: Botvin Life Skills is an evidence-based curriculum facilitated by a Behavioral Health Prevention Coordinator at elementary schools within the Hanford Elementary School District. The ten weekly group sessions commence two times per year, and are held during the school day. The program serves sixth grade students and provides opportunities for students to enhance their social and communication skills as they prepare to enter the middle school environment. The curriculum utilizes substance use prevention tools to address the harm of tobacco use; opens discussion regarding tobacco being a gateway drug that can lead to further experimentation with alcohol and marijuana; and exposes the marketing tools used by the tobacco and alcohol industries to entice youth and distort their perception of harm. The curriculum also addresses healthy assertiveness, active listening, self-esteem, and setting goals, while providing tools that are crucial to sixth grade students before they enter middle school, where exposure to increased substance use experimentation and often exaggerated, (glamorized), peer experiences with alcohol and drugs await. By addressing the social challenges that students experience on a daily basis, and providing the skills to find solutions to those challenges, students maintain a higher level of school performance and involvement, stronger resistance to negative peer pressure, and less conflict with their peers. These skills enhance the protective factors and reduce the risk factors that often lead to experimentation and use of substances. The program is evaluated, (outcome evaluation), by administering pre tests and post tests at the beginning and end of each 10 week session.

Life Steps: Life Steps is a local innovative program that was specifically developed to address various topics relevant to parents who were summoned to the local and county SARB (Student Attendance Review Board) hearings. Parents were summoned through legal means to the SARB hearings, due to their child/children being chronically truant/absent from school. The contributing factors influencing the chronic truancies and absences are often, but not consistently, parental substance use, ineffective parenting styles, and a lack of positive parental involvement. In addition to several topics that are discussed throughout the day long class, conducted on the second Wednesday of each month, the parents receive an informative presentation addressing youth substance use. The presentation, delivered by a qualified speaker who is knowledgeable about youth and substance use, explores issues and challenges such as the marketing/advertising of products to entice youth, current drug trends and commonly used drugs, including alcohol, and brain development. Additionally, parents are informed about the risks of youth experimentation with alcohol and drugs when they are not involved in school and activities. By enlightening the parents, who may have substance use histories, a lack of positive parenting skills, and weakened family relationships, stronger awareness is kindled regarding the connections between delinquency, youth substance use, and the importance of social and familial competencies in relation to school performance. The program is evaluated by administering pre tests and post tests at the beginning and end of each class, for both the English and Spanish language participants, and tallied one time per year, during the summer months.

SHOES Club: SHOES Club, a weekly club that meets throughout the school year, is a local innovative program that is open to any student in 4th through 6th grade at selected elementary schools within the Hanford Elementary School District. It was designed as a lunchtime club with the trifold purpose of:

- Enhancing youth leadership skills;
- Empowering youth to bring change to their school environment by being a voice against bullying and substance use;
- Utilizing their talents and creativity through positive expression to protect their health and well-being.

Students organize and participate in activities that may include making posters, conducting a bullying survey, writing a quarterly newsletter, creating informative skits to present to 1st – 3rd grade students, making an annual PSA video, participating in a Veteran letter campaign, and assisting with the organization of a Peace Walk/Run at their respective schools. Students also learn mindfulness exercises and activities that promote stress reduction and coping skills through breathing, journaling, and beginner yoga movements and stretching. By possessing these skills and tools, students are strengthening protections and weakening the risks that contribute to substance use and negative peer influence. The program is evaluated by pre tests and post tests that are administered in October and December, and again in February and May, within each school calendar year, and tallied one time per year during the summer months. It is also supported by overall school performance and behavioral conduct of participants.

Celebrating Families: Celebrating Families, a program facilitated by a contracted provider, is a 16 week, evidence-based educational curriculum that is offered three times per year. It supports family reunification/unification, positive parental involvement, and risk reduction through empowerment and resiliency tools for youth. The program serves all members of a family where parental substance abuse/dependence requires:

- ❖ Treatment and educational services for parents as mandated by the legal and/or child protective systems;
- ❖ Self-referrals by parents who recognize the disruption their substance use is bringing to the structure and stability of their families, and to the safety of their children.

The SAPT funding aides in supporting the prevention theme of the curriculum through the provision of groups for the children of the parents receiving additional treatment/educational services. Children receiving prevention services attend separate groups designed for teens, children, and infants/toddlers, 0-3. These groups provide structured activities, healthy outlets for expression, and age appropriate responses to drug and alcohol use. As part of the prevention approach, facilitators are knowledgeable of the effects that parental substance abuse may have on the perceptions and complexities of youth.

The parent education curriculum, funded through other financial resources, highlights the lack of responsibility and appropriate guidance by parents who are engaged in substance abuse/dependency. It is noted and redirected through the provision of parenting skills and coping skills, while developing the ability to embrace themselves as valued beings and to

embrace their children, an action that was often absent in their relationship with drugs and alcohol.

Additionally, as part of the alternative and risk reduction components of the program, a sit-down family dinner is served on a weekly basis, where all parents and children come together to dine, communicate, and develop parent/child interaction that is positive and healing; something often lacking in families where parental substance abuse is present.

The program is evaluated through the use of pre tests and post tests, administered at the beginning and end of each 16 week session, and scored three times per year. Program evaluation is conducted by the contracted provider.

Table 4.2: The Implementation Plan

Goal	Youth and adults will be informed about underage drinking			
Objective 1	By June 30, 2021, youth between the ages of 12 – 17 will reduce underage drinking by 3%, as measured by pre and post tests.			
Program/Intervention: Botvin Life Skills				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Collaborate with school administrators to develop and finalize group schedule and accommodations.	August-September	Behavioral Health Prevention Coordinator	Community Based Process	Universal Indirect
Implement 10 week Botvin Life Skills sessions, 2 times per school year for 6 th grade students at 3 elementary school sites.	October – May	Behavioral Health Prevention Coordinator	Education	Universal Direct
Evaluation Report	July	County	Community Based Process	Universal Indirect

Program/Intervention: SHOES Club				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Collaborate with school administrators to develop and finalize club schedule and accommodations.	August - September	Behavioral Health Prevention Coordinator	Community Based Process	Universal Indirect
Implement 10 weekly SHOES Club meetings, 2 times per school year, for 4 th – 6 th grade students at 4 elementary school sites.	October - May	Behavioral Health Prevention Coordinator	Alternatives	Universal Direct
Evaluation Report	July	County	Community Based Process	Universal Indirect
Goal	Youth and adults will be informed about underage drinking			
Objective 2	By June 30, 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.			
Program/Intervention: Life Steps*				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Implement 9 presentations regarding youth substance use to parents in the monthly Life Steps classes.	October - June	Behavioral Health/ Champions	Information Dissemination	Universal Direct
Implement 9 presentations in	October - June	Behavioral	Information	Universal

Spanish regarding youth substance use to parents in the monthly Life Steps classes.		Health/Champions (Bilingual staff)	Dissemination	Direct
Evaluation Report	July	County	Community Based Process	Universal Indirect
Program/intervention: Celebrating Families**				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
Implement 16 week sessions, 3 times per year for the children of parents enrolled in the Celebrating Families program, an evidence-based educational program.	September – August	Contracted Provider (Champions)	Education	Selective
Implement a weekly sit-down dinner during each 16 week session for the parents and children enrolled in the Celebrating Families program.	September – August	Contracted Provider (Champions)	Alternative	Selective
Evaluation Report	September - August	Contracted Provider	Community Based Process	Universal Indirect

(3 times per year)		(Champions)		
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*(*Note: Life Steps classes are scheduled monthly over a 9 month period, but are dependent upon the number of parent referrals to the class from SARB hearings throughout Kings County. Some scheduled dates may be cancelled/combined.*

***Note: Although the Celebrating Families program serves all members of a family, only the children’s groups are funded by SAPT dollars as a prevention service. Parents in Celebrating Families are receiving SUD Education services supported by non-SAPT funding, that increases their awareness of the higher risks their children face in regard to possible future substance use by the youth.)*

Contracted Providers: A History

Champions: Champions, aka Champions Recovery, Inc., is an organization that was established in 1998. At that time, Kings County Behavioral Health did not exist, but the founder of Behavioral Health was the Kings County Alcohol and Other Drug (AOD) Administration Director. The founder of Champions approached the AOD Administration to offer treatment services and 12-Step meetings for juveniles. At that time, no other AOD services for juveniles existed within Kings County. Subsequently, a contract was established between the Kings County AOD Administration and Champions. When the director of the Kings County AOD Administration established Kings County Behavioral Health, the contract with Champions remained active.

Champions currently provides a quality prevention program through its provision of Celebrating Families, which receives SAPT funding for the provision of children’s groups. Contract renewal and the continuance of funding is dependent upon adherence to detailed scope of work guidelines and achievement of specific program outcomes. Evaluation and examination processes to determine if all criteria has been met are conducted in accordance to an established timeline developed by the Behavioral Health SUD Administration Program Manager and the Behavioral Health Fiscal Division. Champions also submits an invoice monthly to the Behavioral Health Fiscal Division for payment of services rendered. This action allows for additional examination of program adherence and sustainability. *No Request For Proposal (RFP) process has ever been required.*

Kings Partnership For Prevention Coalition (KPPF): Kings Partnership For Prevention Coalition was originally established in 2003 as a collaborative effort between the Kings County Alcohol and Other Drug (AOD) Administration and an independent contractor who was involved in alcohol and drug prevention activities. When the AOD Administration became Kings County Behavioral Health, the contract and contractor remained active. The contractor did not renew the contract in 2009, due to an upcoming out-of-state move, so the coalition became inactive. It remained inactive until 2013, when a new collaborative effort to restore the coalition began.

An interested coalition member expressed a desire to act as an independent contractor and serve as Coordinator of the coalition. A contract was established with the independent contractor. *No RFP process has ever been required.*

The coalition remains active in the community, addressing many of the issues effecting health and well-being, including drug and alcohol use among youth and adults. The contract with the Kings Partnership For Prevention Coordinator is evaluated on an established timeline for outcomes and adherence to detailed scope of work guidelines. Assigned Behavioral Health Program Managers and the Behavioral Health Fiscal Division oversee the required processes that determine funding and contract renewal. A monthly invoice is also submitted for services rendered, which again allows for additional examination of criteria adherence and sustainability.

(Note: Only collaborative involvements and social media development/dissemination pertaining to youth alcohol and drug use prevention, and parent education events addressing substance use prevention are funded through SAPT dollars.)

Additional Agreements or Responsibilities

When the production of prevention events, activities, or projects has required a united effort, there have been no additional agreements or responsibilities established with collaborative partners or stakeholders, as all have worked toward a common goal or desired outcome and participation is at will. An exception to these collaborative relationships are the established written agreements and responsibility guidelines for the contracted SUD youth and adult treatment providers. Within each of their agreement/responsibility guidelines, they are encouraged to support and take part in prevention activities and events. Additionally, with other past formal collaborations, contract/scope of work mandates outlining specific agreements or responsibilities have consistently been utilized. They are negotiated and written by qualified Behavioral Health Program Managers and submitted to the Director of Behavioral Health for approval. All contracts/scope of work mandates must align with the appropriate budget unit and the availability of funds as approved by the Fiscal Division Analyst.

SPP – Strategic Prevention Plan

In regard to the development of the SPP, it solely relied upon the efforts of one Behavioral Health Prevention Coordinator, with no involvement of sub-contractors or outside providers.

Cultural Competency

At the completion of Step 1, Community Needs Assessment, the need for bilingual English/Spanish service providers became evident. The county population consists of a 54.2% Hispanic majority. Each outlying community has an even greater density of Hispanic residents, as the livelihood of those residents is often dependent upon the large, agricultural corporations and farms. By giving this realization high regard, it became imperative to select programs that provided adult education and information in both English and Spanish. The selection of Celebrating Families and Life Steps fulfilled this need. Both the educational curriculum of

Celebrating Families and the informational presentations of Life Steps have Spanish language options, and are delivered by bilingual English/Spanish facilitators. Although not a requirement, the facilitators are also Hispanic, which brings a sense of familiarity and cultural acceptance to the program participants. It also aids in reducing stigma, which is often founded upon cultural resistance to seeking help for personal/familial challenges and generational traditions.

The Botvin Life Skills educational curriculum and the SHOES Club alternative activities are both facilitated at elementary schools, and have not required a Spanish language option, as most of the students are second or third generation youth who are English speaking. However there have been past experiences with Spanish language students who gained assistance from other student participants who were bilingual English/Spanish. This was beneficial for not only the Spanish speaking students, but also for the bilingual students by providing leadership and mentoring opportunities.

The youth programs being implemented also address another component of cultural competency considerations. Youth focus groups were utilized in the data collection process of Step 1. The youth engaged in the selected programs have observances and experiences that clarify and confront the issues of underage drinking, youth substance use, and parental acceptance. They are windows to the truths of drug and alcohol attitudes and consumption within the youth culture.

Sustainability

The sustainability of the selected programs is dependent upon several components that include:

- **Outreach:** Outreach can occur in many ways, but it is imperative to sustainability. It secures present stakeholders by keeping them informed about prevention efforts, outcomes, and visionary innovations. It fortifies community support, by informing residents and giving them a voice to express their concerns. It also brings new stakeholders and collaborative partners to the table, which will ensure the continuance of prevention programs and multiply innovative approaches to prevention services, present and future.
- **Integrity:** The programs being implemented must display integrity. Integrity is not a byproduct of a program's projected results. In actuality, it begins with program facilitators who exhibit consistency, sincerity, and acceptance that creates a sense of inclusion for all participants, regardless of life experiences and circumstances. Program integrity is also dependent upon its ability to be relevant and sensitive to various populations and identified groups. If participants, present and future, do not believe a program is trustworthy and sound, sustainability will not survive.
- **Outcomes + Evaluation = Funding :** The implementation of programs is also the implementation of outcomes. The programs being implemented in the Implementation Plan all have a specific design and purpose, which is to bring change and enrichment to individuals, families, communities, and schools. The changes and enrichments are the

translation of “outcomes”, when put into simple terms. Through measureable evaluation, the strengths and weaknesses of each program as implemented gain greater contrast, revealing where changes may be required. It also highlights the progression of each program to meet the desired/projected outcomes. By achieving program outcomes, as supported by evaluation, funding becomes justified, which can fortify the existing funding base, or possibly provide for more funding. Funding tends to migrate towards efforts that bring the greatest benefits to participants, and that bring the greatest opportunities for achievement and positive change.

Step 5: Evaluation

When the Strategic Prevention Framework process began, it was difficult to envision where the process-defined pathway would lead as each framework step was completed, and what would become the clarified destination. It is often said that all roads lead home; but in the prevention world of funding, outcomes, and program effectiveness, all roads lead to evaluation.

The word “evaluation” can conjure up mental images that range between justification/validation, to fear and dread, and any point in between. It may be considered a tool that is cold and unyielding, or appreciated as a tool that leads and directs creativity and innovation. Regardless of the imagery one assigns to it, if evaluation tools were not employed, the transforming strengths of prevention would fade into obscurity, and our communities would remain mired in drug and alcohol use/abuse fueled by myths and the fear of change. The “way it’s always been done” does not mean it is the way it should be done.

Creation of the Evaluation Plan

When contemplating the collection of data for both process and outcome evaluation, it became evident that the more formal methods of data collection and evaluation, (pre/post tests and surveys), utilized by Kings County Behavioral Health for its prevention programs were predominantly for outcome measurements and program effectiveness. With very limited resources, funding, and manpower, it was imperative to maintain only those programs that were not only effective for the participants in facilitating change, but that also validated the use of the available resources, funding, and manpower.

The programs named in the Implementation Plan, (*Step 4: Implementation*), are all pre-existing programs and process evaluation methods/indicators were less formal and in actuality were not always identified as bona fide evaluation processes. Attendance rosters, participant demographics, observation, and timelines identifying process and completion benchmarks were routinely utilized in the named programs, but were not always categorized as evaluation tasks. With the implementation of the Strategic Prevention Plan for 2018 – 2021, process evaluation methods/indicators will become more defined, bringing a stronger influence and support to outcome evaluation and program validity.

By creating the evaluation plan, all of the components of process data collection and outcome data collection brought a deeper comprehension to the influence that each has on the other. If one is not present, only half of the story is told.



Are your prevention programs going in circles?

Table 5.1: Evaluation Plan

Problem Statement: <i>Kings County youth and adults are uninformed about underage drinking</i>				
Outcomes Short/Intermediate 2018 – 2019	Measurement Indicators/Tools/Data Sources P – Process Evaluation O – Outcome Evaluation	Method of Data Collection	Collection Responsibilities	Delivery Timeframe
By June, 2019, a minimum of 75 youth will have received informational messages in group sessions at designated public schools, regarding the harmful consequences of underage drinking.	<p>P – Attendance rosters; demographic identification questionnaires; program timelines noting progressive benchmarks; direct observation.</p> <p>O – Pre/post tests</p>	<p><i>Documentation of all youth who have participated in substance prevention groups at designated public schools; documentation of adherence to program timelines.</i></p> <p><i>Comparison of attendance rosters, pre/post tests, demographics, and program completion numbers among groups at participating public</i></p>	Kings County Behavioral Health	July 1, 2018 – June 30, 2019

		schools; comparison of school performance before and after participation in group sessions.		
By August, 2018, a minimum of 50 youth will have participated in healthy activities and received informational messages regarding the harmful consequences of underage drinking.	<p>P – Attendance rosters; direct observation.</p> <p>O – Pre/post tests</p>	<p><i>Documentation of youth who have participated in substance use prevention outreach events</i></p>	<p>Kings County Probation</p> <p>Kings County Behavioral Health</p>	July 1, 2018 – June 30, 2019
By December, 2019, a minimum of 100 youth will have participated in mindfulness activities at their schools, that promote coping skills, stress reduction, and the benefits of healthy mind and body activities, as compared to the unhealthy and harmful consequences of underage alcohol consumption and substance use.	<p>P – Attendance rosters; demographic identification questionnaires; program timelines noting achievement of program projects; direct observation.</p> <p>O – Pre/post surveys; completion numbers; measurement of program recognition among school populations.</p>	<p><i>Documentation of all youth who have participated in mindfulness exercises and healthy alternative activities at designated public schools.</i></p> <p><i>Comparison of attendance rosters, surveys, demographics,</i></p>	<p>Kings County Behavioral Health</p>	July 1, 2018 – June 30, 2019

		completion rates, and program recognition among participating public schools.		
By December, 2018, a minimum of 200 youth will have received informational messages regarding underage drinking and substance use, and will have participated in healthy activities at designated elementary schools within Kings County.	<p>P – Number of participants per school as identified by classroom and grade; direct observation</p> <p>O – Grade appropriate pre/post tests</p>	<p><i>Data compilation of pre/post tests per participating school</i></p> <p><i>Identification of school designation as urban or rural</i></p> <p><i>Comparison of total participants served per school; comparison of pre/post tests to identify differences between urban and rural designations.</i></p>	Kings County Behavioral Health	October 1, 2018 – June 30, 2019
By June, 2019, a minimum of 125 parents will have participated in a local innovative program and been	<p>P – Attendance rosters</p> <p>O – Pre/post tests; program evaluation forms noting what was and was not</p>	<i>Documentation of all parents in attendance</i>	Kings County Behavioral Health	July 1, 2018 – June 30, 2019

<p>informed in English and Spanish about the harmful risks of youth alcohol use and will indicate an increase in disapproval of its acceptance as a cultural/social norm.</p>	<p>beneficial, what topics were relevant, and what should change or remain the same in regard to presenters and methods used to present the information; completion rates.</p>	<p><i>Comparisons</i> of collected data between each monthly group to assure continuity and relevance of topics and presenters; comparisons of collected data for differences between the Spanish speaking groups and the English speaking groups regarding topic relevance and methods of presentations.</p>		
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<p>By June, 2019, a minimum of 100 families will have participated in family education services and utilized the learned communication skills to increase communication between parents and children regarding substance use and underage drinking.</p>	<p>P – Attendance rosters; demographic identification questionnaires; program timelines denoting progress and achievement benchmarks</p> <p>O – Pre/post tests; program evaluation forms; completion rates.</p>	<p><i>Documentation of all program participants</i></p> <p><i>Comparisons of collected data to denote differences between programs in two different communities where demographics and population numbers vary significantly; comparisons of collected data between the English speaking program participants and the Spanish speaking program participants in regard to relevance and benefit.</i></p>	<p>Champions (Contracted Provider)</p> <p>Kings County Behavioral Health</p>	<p>July 1, 2018 – June 30, 2019</p>
<p>By June, 2019, a minimum of 100 families will have participated in activities</p>	<p>P – Attendance rosters</p> <p>O – Participant feedback/suggestion forms</p>	<p><i>Documentation of program participants;</i></p>	<p>Champions (Contracted</p>	<p>July 1, 2018 – June 30, 2019</p>

<p>promoting family unification and communication between parents and children that included substance use and underage drinking.</p>	<p>regarding the provision and benefit of the activity.</p>	<p>documentation of desired changes, benefit, and/or relevance of the activity to acquiring positive family dynamics.</p>	<p>Provider) Kings County Behavioral Health</p>	
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(Note: The evaluation process will be repeated annually, allowing programs to be sufficiently monitored and subject to evaluation plan changes/amendments in accordance with program evaluation results/outcomes.)

This Isn't The End

The creation of the Evaluation Plan did not mark an end to the data collection process or confine it to the words and dates on the paper. As it is with the world as a whole, the prevention world is also ever-changing. The analysis of the collected data will be an ongoing and iterative process, paralleling the progression of the Strategic Prevention Plan outcomes. As Kings County Behavioral Health and contracted service provider(s) analyze and document key data outcomes and program procedures, these measurements will be used to not only direct the design of implementation for existing or new programs, but will also direct Strategic Prevention Plan adaptations and/or course corrections as implementation proceeds over the next three years. It may be imperative to revisit the components of community assessment within the communities of Kings County, through focus groups and key informant interviews; identification of changes in substance use trends and attitudes; and maintenance of competency through the recognition of the social, economic, and familial climates within our communities. Additionally, specific program data will highlight the pinnacles and pitfalls of relevance, acceptance, and benefit for program participants, making course adaptations and adjustments valid. Collected program data may also reveal that a program's effectiveness is falling short of desired outcomes, and relevance has waned, opening an opportunity for new program exploration, creativity, and innovation that will align with the data. Without an ongoing and consistent awareness, existing programs and/or new program opportunities may not address the needs and challenges that county residents are grappling with, causing any prevention program or effort to be sabotaged and set up for failure.

Spreading The News – Dissemination

Although there has not been widespread dissemination of evaluation data in Kings County, the outlets being utilized for data dissemination have remained consistent as identifiable sources of dissemination. The attributes of Kings County require that dissemination outlets be selected upon a strategically designed basis. The geographical layout of some county communities places them in isolation, far removed from the more urban hub of the Hanford/Lemoore area. Demographics are also influential in the dissemination process, with some communities being majority Hispanic and Spanish speaking, while other more urban communities are not. There are also notable economic differences that make transportation unavailable and prevent many county residents from becoming involved in coalitions, various boards, and organizations where there would be a rich accessibility to data resources. Additionally, physical news sources, (*newspapers*), have ceased production, leaving one local newspaper still in distribution. Taking these considerations into account, dissemination outlets require methods that will maximize the number of data recipients while utilizing a minimal number of data dissemination outlets.

Table 5.2 – Dissemination Plan

Audience	Presentations*	Annual Evaluation Reports	Social/Online Media**	Radio/PSA***
Potential funder(s)	X	X	X	
School Administration	X	X	X	
County/District Educational Administration	X	X	X	
Organizations/Agencies	X	X	X	
County/City Government Representatives	X	X	X	
Coalitions	X	X	X	
Boards	X	X	X	
Community/Civic Groups	X	X	X	
Youth			X	X
Community Members	X		X	X

*(*Note: May include a power point or handouts)*

*(**Note: May denote Facebook and/or websites)*

*(***Note: May include interviews; also denotes Spanish and English language radio stations. PSA may denote a media format that shares facts from collected evaluation data in a user-friendly and ingenious genre.)*

Cultural Competency

Cultural competency has been acknowledged in each step of the Strategic Prevention Framework process. Taking it into consideration in Step 5, Evaluation, it takes on a slightly different purpose and definition. Previous entries detailed proper program presentation that included curriculums, strategies, facilitators, language, and relevance for participants. When addressing evaluation data dissemination, it must be based upon the recognition of the cultural differences of the populations being served. Data received from parents may benefit other parents, while data received from school students may benefit other students and school personnel. All of these are culturally identifiable. For the majority Hispanic communities in Kings County that are more isolated, and where more adults are working long hours in the farm fields, dissemination cannot be dependent upon means that require a starting and ending time measured on a clock. A physical presence of recipients is rarely possible. Therefore, it becomes a matter of competency for the data to be shared through mediums that may include interviews and/or the sharing of findings by bilingual Behavioral Health staff on a Spanish language radio station; on websites that can present the written information in Spanish; on social media outlets.

Sharing information with youth also requires awareness and observation of youth and the mediums they utilize to accept and internalize what they are seeing and hearing. Social media, music, and PSA's are nonintrusive ways to appeal to youth and share information.

Additionally, when the data highlights specific findings that reflect the thoughts, ideas, and topics that are relevant to lives and circumstances of individuals, groups, or populations, the data becomes their voices. Evaluation data shines the spotlight on what is truly important and relevant to the populations in our county communities, families, schools, and lives. When prevention service providers can see and hear what is truly relevant, desired, and beneficial through the collection and evaluation of data that was not created by prevention service professionals, but by the very individuals who participated in and received those services, no other clearer window to the truth exists.

Sustainability

Sustainability has been given consideration throughout some of the narrative of this final Strategic Prevention Framework step, Evaluation. In addition to the points that were addressed within the written text, the Dissemination Plan, Table 5.2, further identified the selection of dissemination mediums and the recipients of the evaluation data. Beyond these designations, however, evaluation of programs, outcomes, direction, and results cannot become stagnant. Evaluation data is the trailblazer for change, growth, and sound program judgement and selection. Evaluation data becomes the mirror that reflects the changing attitudes, the changing issues influencing our daily lives, and our ever-changing society. If data collection and evaluation are not maintained, prevention programs and efforts do not receive the proper nurturing they need, leaving them to "die on the vine".