ALAMEDA COUNTY BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER PRIMARY PREVENTION

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

STRATEGIC PREVENTION PLAN

JULY 2019 – JUNE 2024

ALCOHOL AND OTHER DRUG PRIMARY PREVENTION SERVICES

2019-2024 STRATEGIC PREVENTION PLAN (SPP)
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CHAPTER I - COUNTY INTRODUCTION

Substance Use Disorder (SUD) Primary Prevention (PPv) Commitments

Alameda County is the seventh most diverse and populous county in California [1], with the highest population (1.64 mil) among the other Bay Area counties (Contra Costa, Napa, San Francisco, San Mateo, Santa Clara, Sonoma counties). [2] Alameda County encompasses 14 incorporated cities and several unincorporated communities. In 2016, the county's population increased by 9.1%, while the State's population increased by 5.4%. The county ranks as one of the most diverse, with an ever-evolving ethnic composition. For example, the number of Asian (33.4%) and Latino (24.1%) residents increased significantly, while White (-12.8%) and African American (-12.9%) residents declined [3]. Diversity is also reflected in immigration status. 30.8% of Alameda County residents are immigrants. 50% of the county's immigrants are naturalized and 43% speak a primary language other than English. [4] The threshold languages for Alameda County are English, Spanish, Cantonese, Chinese, Vietnamese, Farsi, and Tagalog.

Based on input from the SUD (Substance Use Disorder) prevention provider community and Alameda County Behavioral Health (ACBH) (*formerly Alameda County Behavioral Health Care Services (ACBHCS*) administration, ACBH will continue to prioritize the existing vision and mission for ACBH's SUD Prevention System:

Vision Statement: All people in Alameda County will live in a safe environment that promotes health, wellness, and wholeness and is free from alcohol and drug-related challenges and issues.

Mission Statement: To provide comprehensive, culturally congruent, high quality, and geographically accessible alcohol and other drug prevention services to youth, older adults and families to reach our vision of Alameda County as a safe environment that promotes health, wellness, and wholeness and is free from alcohol and drug-related challenges and issues.

ACBH SUD PPv efforts align with the following four prevention principles. These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based, community-level drug abuse prevention programs:

PRINCIPLE 1 - Prevention programs should enhance protective factors and reverse or reduce risk factors.

PRINCIPLE 2 - Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol, cannabis for 18+); the use of illegal drugs; and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

PRINCIPLE 3 - Prevention programs should address drug abuse problems in the local community, should target modifiable risk factors, and should strengthen identified protective factors.

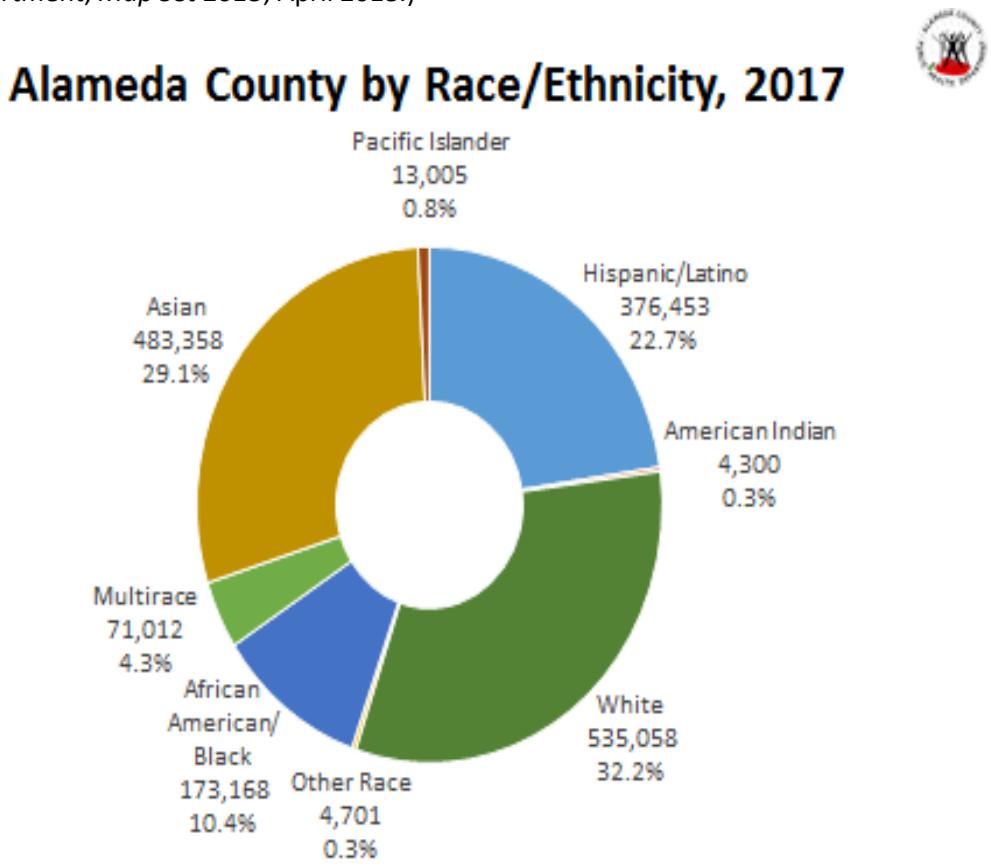
PRINCIPLE 4 – To improve program effectiveness, prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity.

County Profile

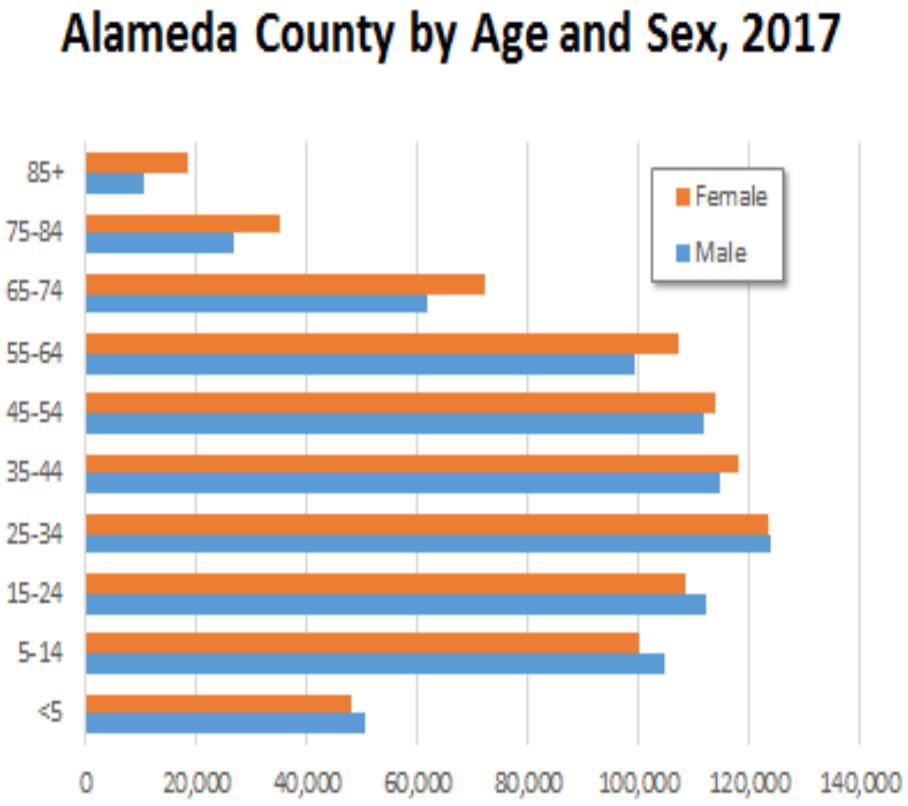
Alameda County is characterized by rich diversity and culture. Population growth has occurred with the natural net increase of births over deaths, but also from substantial immigration. Alameda County is now one of the most ethnically diverse regions in the Bay Area and the nation. Thus, ACBH will continue to lean on one of its strengths to provide SUD PPv services that are culturally and linguistically relevant in order to address the urgent needs of its immigrant and refugee communities.

The 2010 Census showed that there was no majority racial or ethnic group in Alameda County. Compared to the 2000 Census, the Black/African American population decreased county-wide by 11%, the Asian population increased by 31%, and the Hispanic population increased by 23%. According to the California Department of Education, 53 languages were spoken by English language learners in the K-12 public school system in Alameda County in 2008-09. (Source: https://www.acgov.org/about/)

Alameda County Basic Demographics (Source for all data in this section: Alameda County Public Health Department, *Map Set 2018*, April 2018.)

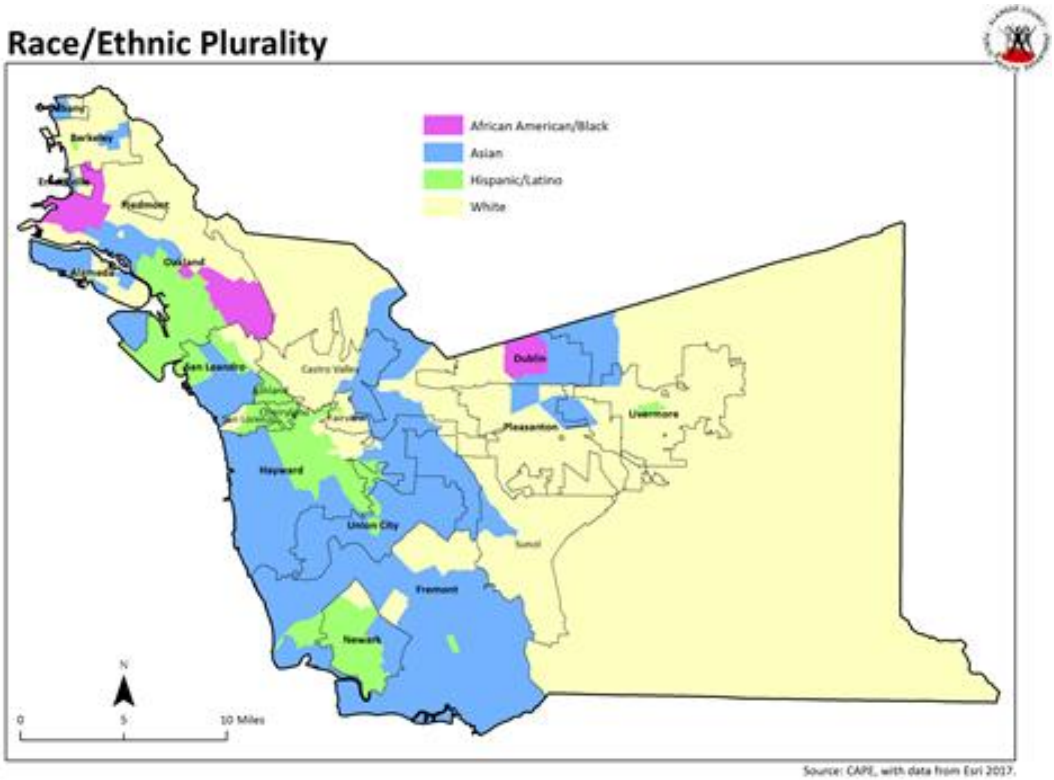


The figure above displays the distribution by race/ethnicity for 2017. Whites are the largest group in Alameda County, followed by Asians, Hispanic/Latinos, and African Americans/Blacks.



Age and Sex

The population of Alameda County in 2017 was 1,661,055. The figure above shows the population of Alameda County by sex and age group. Alameda County residents are almost evenly split by gender—50.9% are female. Males comprise the majority in younger age groups and females in older age groups. Most Alameda County residents are between 25 and 64 years.



Race/Ethnic Plurality

These demographics indicate the need for prevention services in the county to reach different racial and ethnic groups in clustered regions that do not necessarily adhere to city and/or neighborhood boundaries. *Race*/ethnic plurality is defined as the race/ethnicity that has the highest population in a census tract, which may or may not be the majority. For example, in a census tract composed of 40% African American, 27% Latino, 18% White, and 15% Asian, the plurality would be African American. This map represents the race/ethnic plurality at the census tract level for Alameda County from ESRI (Environmental Systems Research Institute) data from 2017. The blue areas on the map correspond to Asians, pink to African American/Black, green to Hispanic/Latino, and yellow to White.

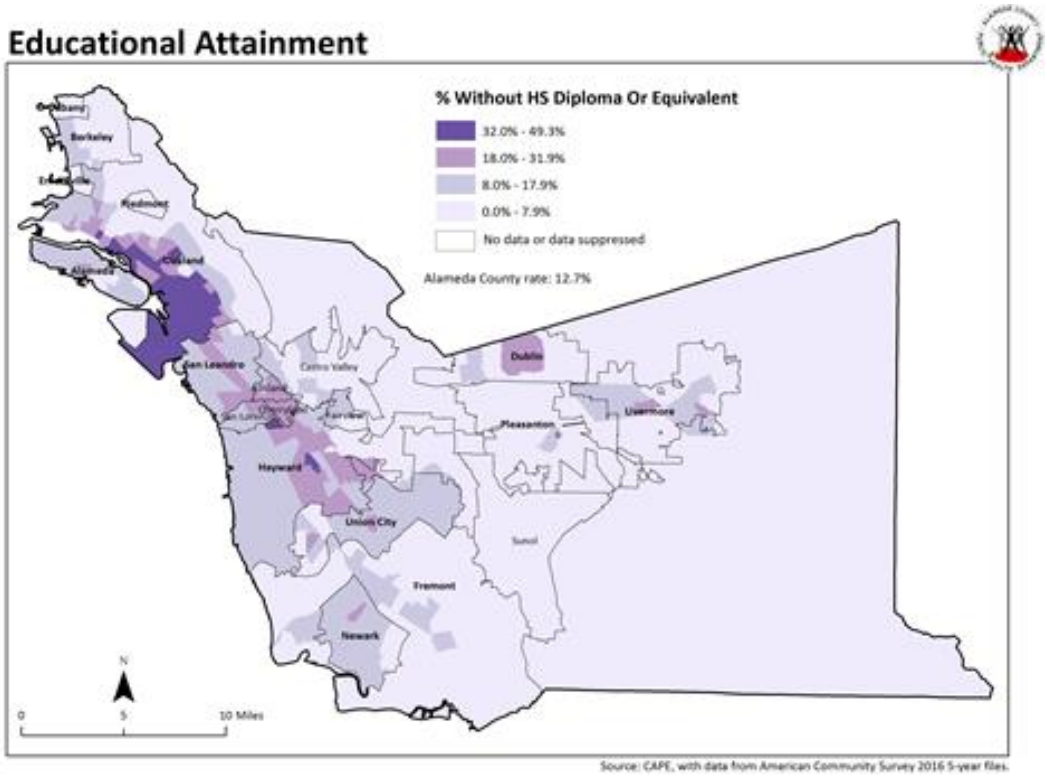
Asians are the plurality in many parts of the county, particularly in central Oakland and South County. African American/Blacks are the plurality in parts of north, west, and east Oakland. Hispanic/Latino plurality census tracts also span the county, but are particularly concentrated in east Oakland, Central County, including unincorporated areas and Hayward, and Newark. Whites are the plurality in many areas of the county, including Berkeley, Oakland hills, Castro Valley, and much of East County.

Socio Economic Characteristics

The opportunity to live a long, healthy, and productive life is not evenly distributed throughout Alameda County. The following five maps provide a socioeconomic snapshot of the County that may contribute both strengths and challenges to PPv service delivery and effectiveness.

Neighborhood poverty greatly impacts health outcomes. Educational attainment, employment, and levels of health insurance coverage impact health outcomes as well.

Opportunities for positive health outcomes are greater for households with income above the federal poverty level. Positive health outcomes are also greater in households where there are members who have high school diplomas or equivalent and who are employed and have health insurance.

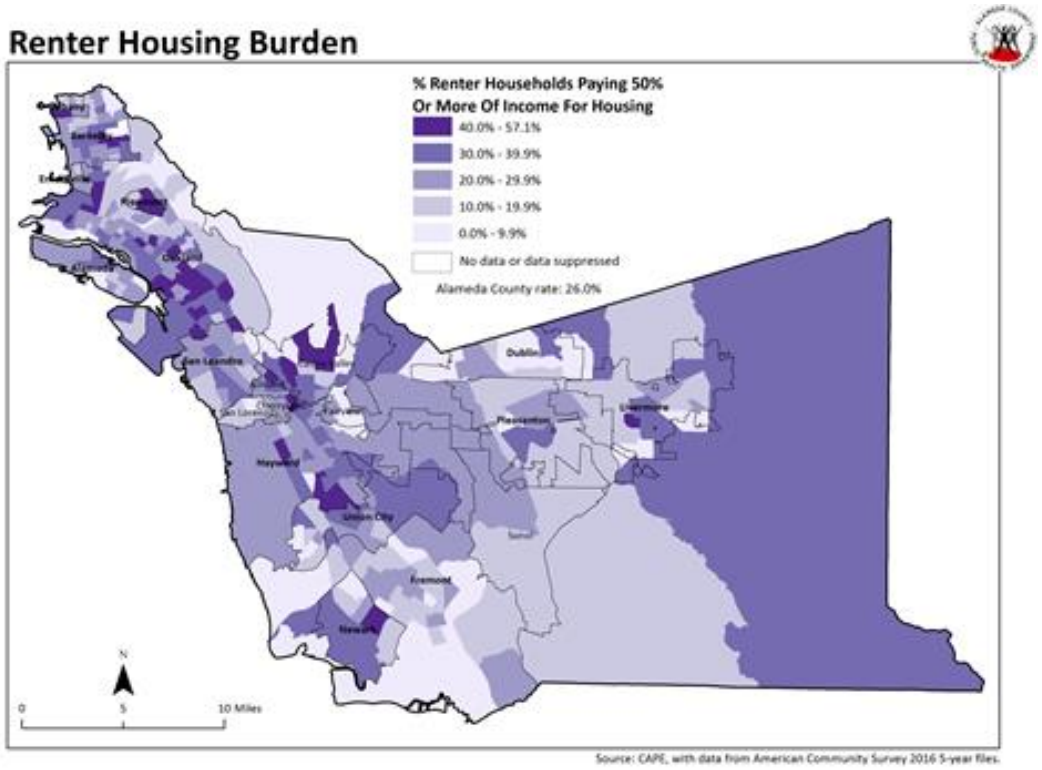


Educational Attainment

The map underscores the need for prevention services to be created and promoted in ways that are accessible to individuals at all levels of educational attainment in the county.

High school graduation rates show the percentage of students who graduate from high school. Educational attainment takes into account the achievement of high school equivalency (GED), and is measured for individuals 25 years or older. This census tract map (Using data from the Census Bureau's American Community Survey 2016, 5-year files) shows the percentage of residents age 25 years or older without a high school diploma or its equivalent. The darker colors on the map correspond to higher rates of individuals without a high school diploma or equivalent. The lighter colors correspond to lower numbers of individuals without a high school diploma or equivalent.

High school graduation or equivalent rates were lowest in parts of east Oakland, Hayward, and unincorporated Hayward. There were about 141,000 people age 25 years or older (12.7%) who did not complete a high school education in Alameda County. In some census tracts, everyone over the age of 25 had achieved a high school education. In other areas, almost 50% of residents lacked a high school diploma or its equivalent.

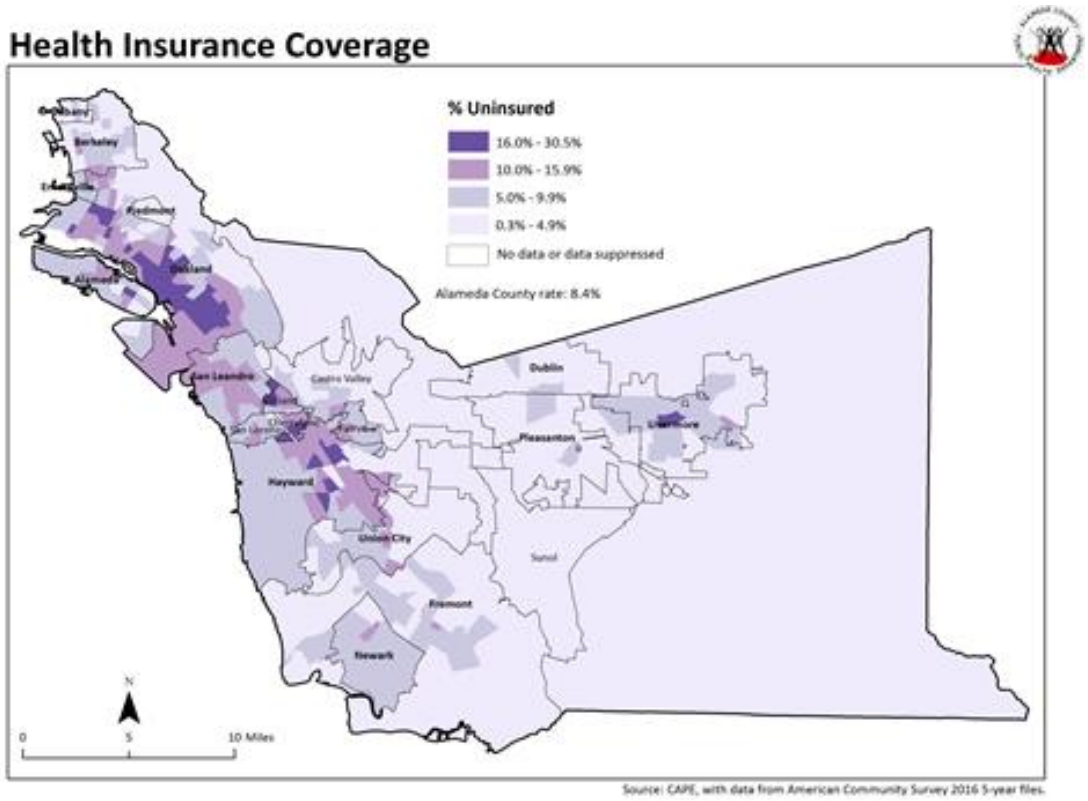


Renter Housing Burden

This map illustrates the financial stress that can result from high housing cost burdens in the county. This map represents the renter housing cost burden at the census tract level for Alameda County with data from the Census Bureau's American Community Survey 2016, 5-year files. The darker colors correspond to higher percentages of renter households spending at least half of their income on housing. Housing cost burden is highest in parts of west Oakland, scattered parts of east Oakland, and parts of Berkeley, Albany, Castro Valley, Ashland, Cherryland, Castro Valley, Hayward, Union City, and Newark.

In 2016, 5-year files, there were about 67,000 renter households that spent 50% or more of their income on housing in Alameda County for an overall rate of 26.0%. The percentage of households paying 50% or more for housing in census tracts with at least 50 households ranged from 0% to a high of 57.1%.

Additionally, as a result of the current housing crisis in Alameda County, many residents experience displacement and chronic homelessness due to increasing rents that far outpace incomes.

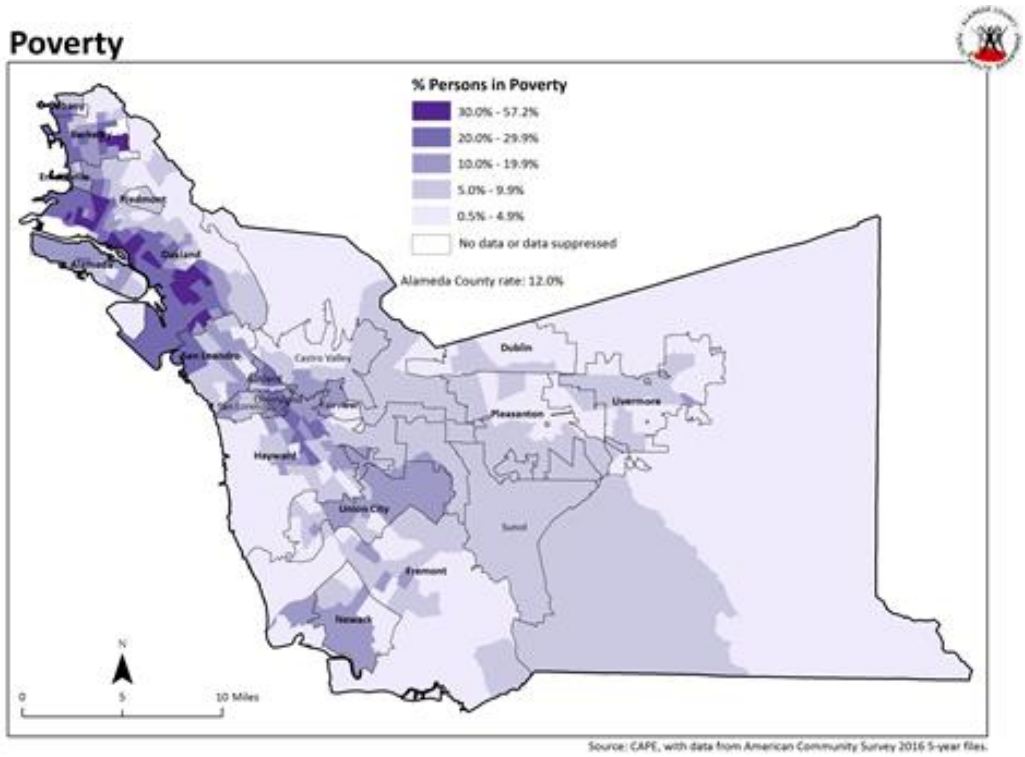


Health Insurance Coverage

This map shows where communities in the county may have limited or no access to medical and mental health services and service providers.

If an individual has one or more sources of insurance coverage, either public or private, they are considered insured. This map shows a lack of health insurance coverage at the census tract level for Alameda County with data from the American Community Survey 2016, 5-year files. The darker colors correspond to higher percentages of the population that lacks health insurance.

In the 2016, 5-year files, there were approximately 133,000 people without health insurance in Alameda County, for an overall uninsured rate of 8.4%. The percentage of uninsured residents across census tracts ranged from a low of 0.3% to a high of 30.5%.

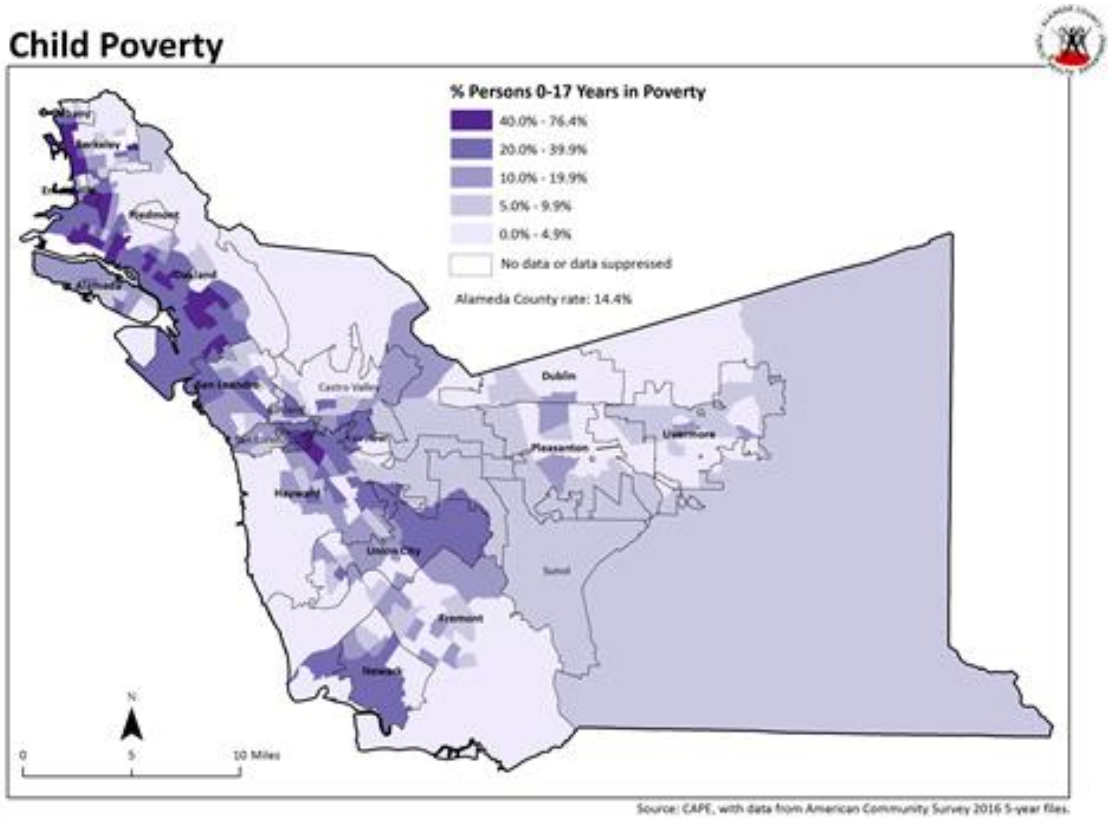


Poverty

This map identifies areas of poverty in the county where the prevention system may strongly consider locating services to mitigate a scarcity of resources to support good health.

The poverty rate is defined by the Federal Office of Management and Budget (OMB) using household size and income. For example, the rate in 2016 for a family of four was $24,300 for the 48 contiguous states and Washington, DC. If a household is in poverty, every person living in that household is considered to be in poverty. This map represents poverty at the census tract level for Alameda County from the Census Bureau's American Community Survey 2016, 5-year files. The darker colors correspond to higher poverty rates, and the lighter colors to lower rates. Poverty rates are highest in east and west Oakland, as well as near the UC-Berkeley campus.

In the 2016, 5-year files, there were approximately 190,000 people living in poverty in Alameda County, for an overall rate of 12.0%. The household poverty rates among census tracts ranged from 0.5% to a high of 57.2%.



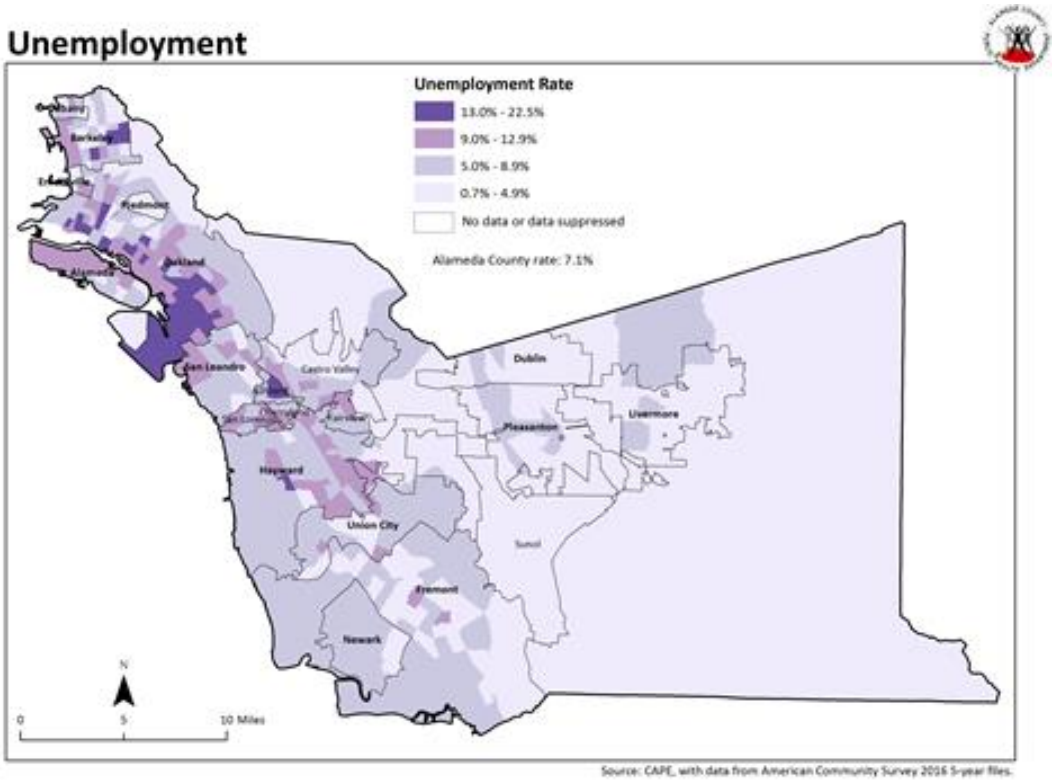
Child Poverty

This map identifies areas of poverty in the county where the prevention system may strongly consider providing services to mitigate a scarcity of resources to support good health for youth.

The poverty rate is defined by the Federal Office of Management and Budget (OMB) using household size and income.

This census tract map represents child poverty - the percentage of children in households at or below poverty the poverty level in Alameda County - with data from American Community Survey 2014, 5-year files. The darker colors correspond to higher child poverty rates, and the lighter colors correspond to lower rates. Child poverty rates are highest in east, west, and north Oakland, as well as west Berkeley, Cherryland, and parts of Hayward.

In the 2016, 5-year files, there were approximately 49,000 children living in poverty in Alameda County, for an overall rate of 14.4%. Child poverty by census tracts ranged from 0% to a high of 62.9%.



Unemployment

This map identifies where unemployment may be considered a strong risk factor for substance use and abuse. Employment is defined as any employment at the time of the survey, and "unemployed" describes people who do not currently have work and who are looking for work. A person who does not have a job and is not looking for work is not considered part of the labor force, and is therefore not included in the employment rate. Examples of people not counted in the employment rate are students, homemakers, or retired individuals.

This map represents the unemployment rate at the census tract level for the county from American Community Survey 2016, 5-year files. The darker colors correspond to higher unemployment rates, and the lighter colors show lower rates. Unemployment is highest in parts of east and west Oakland, near and on the UC-Berkeley campus, and in parts of Hayward and Ashland.

In the 2016, 5-year files, there were approximately 61,000 people unemployed in Alameda County, for an overall unemployment rate of 7.1%. Unemployment rates by census tract ranged from 0.7% to a high of 22.5%.

Prior Strategic Prevention Plan (SPP) Overview

In the prior SPP, ACBH learned the importance of capacity building for the county's PPv system. In this plan, greater attention will be paid to creating a deeper coordination to 1) facilitate more active participation and thoughtful input into content development for the system's (ACBH sponsored) training resources; 2) encourage collaboration across programs and providers and, 3) develop new partnerships and invite existing partners to participate in cross-system collaborative efforts. The positive history and successful combined efforts of the PPv system inspire ACBH Department leaders to investigate new sustained funding sources to mitigate decreasing Drug and Alcohol Trust Fund dollars.

Achievements

The following are ACBH SUD and PPv system accomplishments and outcomes:

- ACBH PPv team participated in the Cannabis Human Impacts Subcommittee of Alameda County Interdepartmental Cannabis Working Group. This work group focused on assessing the health and equity impacts of adult use cannabis legalization in Alameda County after the passage of California Proposition 64.
- ACBH PPv team now includes an identified staff partner in the Network Office (contract unit) that provides concrete support by articulating program scopes into contract language, executes annual contracts, monitors program performance and compliance, and ensures accurate and timely reporting of service delivery data.
- ACBH PPv team conducts annual site visits to each of the contracted providers per Department of Health Care Services (DHCS) regulations.

The following are ACBH PPv Contracted Provider examples of client success stories and program impacts:

- ***New Bridge Foundation****: A 13 year-old African American female student was referred to Project SUCCESS for academic and behavioral problems. Student reported substance use in her family and shared she was living with extended family members due to homelessness. Client was supported in individual and group sessions to develop coping skills. Client showed resilience throughout the year, joining the cheer team as an extra-curricular activity and competing at JAMS State Cheer Competition. Client's mother was able to obtain affordable housing and at the end of the school year, client earned perfect academic marks and gave an inspiring speech at her 8th grade promotion.*

- ***Project Eden (Horizon Services)****: Provider's staff was successful in delivering culturally informed tools and strategies to students, families, schools, and communities. This achievement was evident through the diverse population of individuals and communities involved in the program during this fiscal year. A growing community continually in need of alcohol, tobacco, and other drugs (ATOD) services is the monolingual Spanish speaking new immigrant in all school districts Project Eden serves, especially in Hayward Unified School District. Project Eden has a diverse staff that is culturally and linguistically matched to the individuals, families, schools and communities served. This helps to increase the connectedness between the program and its participants.*

- ***Senior Support Program of the Tri-Valley:*** *Ms. X attended both series of Finding Wellness. In one of her first classes, she openly shared that she enjoys a glass of wine every evening. She also stated that she has several medical problems but did not associate those issues with alcohol. However, after attending more classes and learning about the potentially harmful effects of alcohol on the body, she declared, "I quit drinking…it's not worth it!" She has noticed that her skin feels and looks better, she has more energy, and is sleeping much better. She was so grateful for the education provided by the Finding Wellness program.*

- ***St. Mary's Center:*** *The program's outcome was for at least 60% of participants to report an understanding of the potential harmful effects when consuming alcohol & prescription medications together. Progress was measured using a pre/post-test during the Age of Wellness classes offering the Take Charge of Your Health Evidence Based curriculum. 280 participants received exposure to the 12-week curriculum. 72% reported an understanding of the harmful effects when consuming alcohol while taking prescription medications.*

- ***Native American Health Center:*** *After participating in ATOD prevention workshops and classes, 100% of parents and families reported that they could name three ways to positively interact with family members.*

- ***Filipino Advocates for Justice:*** *52% of participants reported an increased (from beginning of year baseline) involvement in meaningful community activities, particularly sports, faith-based activities and creative arts via post-program survey evaluation.*

- ***The Institute for Black Family Life, Inc.*** *(Former ACBH contracted provider): In FY 17-18, 45% of the families attending the Enhancing the Fabric of Family (EFF) sessions reported that they planned to use the information and practices they learned to talk with their children about the harmful effects of recreational cannabis use. In addition, they learned to develop family support systems as a coping resource rather than substance use. 25% of the adults attending EFF reported they recognize that their cultural traditions help protect them from community risk factors and that they want to use culture to revitalize their community to become a safer place for families.*

Lessons Learned

- ACBH PPv stakeholders were not initially invited to participate in the formation of an interdepartmental cannabis work group formed to strategize on how to utilize potential funding generated through Proposition 64 State and local commercial and other activities. ACBH PPv staff successfully advocated for the inclusion of PPv contracted organizations, who are key stakeholders representing the voices of providers and community members.
- ACBH will re-procure PPv services for youth late in 2019. The Request for Proposal (RFP) will request strategies for how to effectively increase school- and community-based outreach and sustained engagement for youth, parents, caregivers and families, specifically families and parents of color. The scope will also establish a focus on Environmental Strategies using youth- and community-led approaches.

CHAPTER II: ASSESSMENT

Data Assessment

Assessment Process

A needs assessment of alcohol, cannabis, and other substances use was conducted using city, county, state and national data for youth and older adults to obtain both qualitative and quantitative data. Alameda County Behavioral Health (ACBH) PPv staff administered two qualitative data tools for community-based contracted providers – a focus group in April 2018 and a survey in November/December 2018. In addition, data were analyzed across age, race and gender for both youth and older adults to inform the consideration of culturally-specific PPv practices across the county. Data were also analyzed across geographic regions throughout the county.

Data Sources and Findings - Qualitative Data

PPv staff: (1) held a contracted Provider Focus Group in April 2018, (2) administered a Contracted Provider Survey in November-December 2018 to gather input from key stakeholders, and (3) conducted a key informant interview with a PPv provider Jan-May 2019. Information from these activities are listed below.

(1) ACBH Contracted Provider Focus Group (April 2018)

ACBH's efforts to assess the needs and capacity of its PPv contracted services network included a focus group in April 2018. To ensure the inclusion of multiple voices across the system of care, ACBH's nine PPv contracted providers were invited to participate. The focus group was co-planned with PPv staff and administered by Alameda County Health Care Services Agency's Community Assessment, Planning and Evaluation (CAPE) Unit. The focus group was held at ACBH offices and was recorded by a note taker and led by a facilitator who summarized and analyzed the input to identify themes and make recommendations. Eight individuals representing eight community-based providers attended the event. Participants openly discussed their ideas, concerns and suggestions for the prevention system; their organization's protective factors and challenges related to service delivery; and their relationship to ACBH. The session concerned the following key areas: (a) *Prevention Theories and Practices and (b) Barriers to Service.*

Organizational Partners and Desired County Support.

Focus Group Questions:

1. What specialized knowledge about prevention research, theory or practice do you bring to your work in primary prevention?
2. What technology do you use in your work?
3. What do you consider to be the strengths of your organization? (Probe: such as mission, leveraging, funding, relationships, growth, training).
4. What are your organization's barriers or challenges in providing primary prevention services?
5. Who are your organizational partners? How do they help increase your capacity to provide primary prevention services?
6. In what ways does the county support your organization's capacity to serve clients?
7. In an ideal world, what resources would you like the county to provide to support your organization?
8. Over the next 2 to 3 years, what opportunities do you think your organization will have in the provision of primary prevention services?
9. What challenges do you foresee for the next 2-3 years?
10. What resources will help you to overcome those challenges?
11. Any other comments?

Focus Group Findings

Prevention Theories and Practices:

Connection

- The largest recurring theme in this section was connection. Most of the providers expressed that when delivering services, they are trying to facilitate a connection from client to family and/or a connection to participant's culture. Some of the providers indicated that they use evidence-based models that include family components and/or that are culturally responsive.

Technology Supports

- Technology is being used in primary prevention practices. Watching instructional videos (mostly on computers/laptops) was reported to be the most common use of technology to enhance client learning, followed by listening to music to boost brain development.

Barriers to Service:

Funding

- Funding was reported as the largest barrier to service delivery. Participants agreed that more funding flexibility and increasing service capacity would allow providers to reach more participants.

Stigma

- There are challenges with stigma in the home and in the community. One participant expressed the importance of removing the stigma that is associated with drug use.

Organizational Partners and Desired County Support:

Trainings

- Participants also requested more training to help boost their capacity e.g. Train the Trainers, Trauma Informed Care, Environmental Prevention. Participants would like the cost of fee-based training covered by the county.

(2) ACBH Contracted Provider Survey & Questionnaire (Nov/Dec 2018, Attachment B).

Six of the eight PPv contractors serving youth and their families were requested to respond to the questionnaire in November 2018. The two ACBH contracted prevention providers, which serve older adults, were invited to participate in a separate questionnaire in December 2018. The timing of the questionnaires corresponded with a surge of interests, concerns and uncertainties around emerging anecdotal reports and potential future impacts of cannabis legalization on the county's youth and older adult populations.

The responses for both questionnaires were analyzed by an ACBH Primary PPv staff member to isolate recurring themes and specific issues of concern to contracted providers.

Survey & Questionnaire Findings

Youth

- Alcohol and cannabis are the most widely used substances for youth ages 14-18 years
- Girls are more likely to use cannabis in peer groups not combined with other drugs
- Boys are more likely to use cannabis in combination with other drugs, such as alcohol or prescription drugs
- Boys are more likely to engage in risky behavior such as driving under the influence, using and selling cannabis on school campus
- Cannabis-related school suspensions disproportionately affect Black/African American students

- Youth of color, primarily Black/African American and Latino boys receive harsher consequences for school-based use
- Risk factors include gang involvement, family and relationship issues, and general life challenges. Youth with diagnosed or suspected un- or misdiagnosed depression or other mental health challenges are particularly vulnerable

Current Successful Program Aspects

- Prevention in middle schools
- Brief Motivational Interviewing in lieu of school suspension for drug or alcohol use or possession
- Group counseling for youth with early alcohol, tobacco, and other drugs (ATOD) experimentation and use
- Classroom presentations focused on awareness (to facilitate referrals into PPv programs)
- Family case management referrals to community-based organizations
- Culturally-responsive services/bilingual staff
- Engagement with school faculty and administration and other campus-based service providers
- Consistency of relationships with youth and their families
- Strong relationships with school sites
- Combining evidence-based practices with other modalities
- Group intervention

Resource Needs

- Increased funding
- Additional school counselors per school site
- School-based restorative practices and evidence-based practices
- Ongoing staff training
- More information on cannabis and brain development and the connection between poor cognitive development and poor academic success; poor anger management and mental health challenges
- Strengths-based culturally-responsive programming and services

Parent's Needs

- Unique challenges of parents of color around navigating systems (i.e. probation, law enforcement) and biased school policies and practices; stress and anxiety management; opportunities and spaces to learn about how to support their youth around ATOD use

Region-Specific Challenges

- Billboard advertising and prevalence of cannabis dispensaries, especially in Oakland and North and Central County
- Cannabis and alcohol use seem to be more prevalent in less affluent school communities where related issues of community violence and profiling of youth by law enforcement are having greater impacts on youth and their families
- Parents in more affluent communities host parties in their home where ATOD and opioid use appear normalized
- The promotion that cannabis use is "ok" for youth is prevalent throughout the county

Older Adults

- Older adults are experiencing decreased cognition and increased medicine mishaps (i.e. over consumption, drug interaction)
- High prevalence of alcohol and medication dependency
- Increasing curiosity about the medicinal aspects of cannabis use and available options
- Lack of willingness to change habits despite the negative impacts of substance use

(3) Key Informant Interview with a PPv Provider, Jan-May 2019

ACBH PPv staff conducted an interview with a prevention provider to discuss substance use and to identify risk and protective factors in the older adult population.

Interview Findings:

- Seniors lack understanding of a serving size (of alcohol). This may lead to over-consumption
- Seniors want to be more informed and hear from trusted sources such as ACBH provider Senior Support. They may always not trust their physician. Seniors have better access to web-based information, which Senior Support distributes each month. Seniors are reading this information and feeling informed
- Seniors are curious about the reported healing effects of cannabis and are willing to explore available options
- There is an overall concern for seniors with regards to decreased cognition and medication safety
- Protective factors for seniors include: family, religious affiliation, primary care access, friends, physical, social and emotional well-being
- Risk factors for seniors include: ageism, lifelong trauma, family estrangement, poverty, lack of affordable housing, being widowed, caring for an aging spouse

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

- Underage and Binge Drinking
- Underage Cannabis Use
- Older Adult Alcohol Dependency and Binge Drinking, Cannabis Use and Prescription Drug Interaction

<u>Data Sources and Findings - Quantitative Data</u>

- California Healthy Kids Survey (CHKS), 2013-2015
- California Health Interview Survey (CHIS) 2011-2015
- National Survey of Drug Use and Health (NSDUH), 2010-2014
- California Office of Statewide Health Planning and Development (OSHPD), Emergency Department and Inpatient Discharge Data, 2013-3Q2015
- State of California Department of Justice, Office of the Attorney General, CJSC Statistics: Arrests, 2008-2014
- National Council on Alcoholism and Drug Dependency, 2018
- Alameda County Health Impact Assessment of Proposition 64, 2019

Findings for Underage and Binge Drinking

Figure 1. Alcohol and Other Drug Use by Demographics, Alameda County Grades 6-12 and Non-Traditional

	Alcohol use in past 30 days	Two or more drugs/alcohol used in past 30 days
Gender		
Male	14.8%	5.5%
Female	17.3%	4.5%
Race		
African American	15.9%	5.3%
American Indian/Alaska Native (AI/AN)	16.7%	9.7%
Asian	6.2%	1.6%
Hispanic/Latino	22.1%	6.7%
Native Hawaiian/Pacific Islander	16.7%	5.1%
White	19.7%	6.0%
Multi-race	15.5%	5.8%
Grade		
Grades 6-8	6.8%	<0.5%
Grades 9-12 and non-traditional students	22.1%	7.6%
Total	**16.2%**	**5.1%**

Source: California Healthy Kids Survey, 2013-2015 data.

- In Alameda County, 14.8% of males and 17.3% of females were current alcohol users, and 5.5% of males and 4.5% of females used two or more drugs/alcohol in the past 30 days.
- In Alameda County, current alcohol use was highest among Hispanics/Latinos (22.1%), then Whites (19.7%), then American Indians/Native Alaskans and Native Hawaiian/Pacific Islanders (16.7%), then African Americans (15.9%), then multi-race residents (15.5%) and then Asians (6.2%).
- Current alcohol use for high school students was 21.4%, which was over 3 times the percentage of middle school students.

- Less than 0.5% of middle school students used two or more drugs/alcohol in the past 30 days whereas the percentage for high school students was 7.6%.
- Overall for middle school and high school students, 16.2% were current alcohol users, and 5.1% used two or more drugs/alcohol in the past 30 days.

Figure. 2 Age First Used Alcohol Among Alcohol Non-Users and Users, Alameda County

		Grades 6-8		**Grades 9-12 and non-traditional students**	
	Age of first use	Did not use alcohol in past 30 days	Current alcohol users	Did not use alcohol in past 30 days	Current alcohol users
First tried alcohol	10 or under	38.5%	37.1%	12.6%	16.1%
	11	22.3%	22.7%	5.5%	8.1%
	12	26.9%	23.7%	9.0%	11.3%
	13	10.1%	10.1%	16.5%	17.6%
	14	1.5%	2.3%	20.1%	19.0%
	15	n/a	0.8%	18.4%	14.7%
	16	0.2%	n/a	14.1%	9.1%
	17	n/a	0.3%	3.0%	2.5%
	18 or over	0.5%	3.0%	0.8%	1.6%
	Median age	11 years old	11 years old	14 years old	13 years old

Source: California Healthy Kids Survey, 2013-2015 data.

- The median age for trying alcohol among both those who used alcohol in the past 30 days (current alcohol users) and those who did not use alcohol in the past 30 days (but did use alcohol in their lifetime) was 11 years old for middle school students.
- The median age for trying alcohol was 14 years old for high school students who did not use alcohol in the past 30 days and 13 years old for high school students who were current alcohol users.

Figure. 3 Binge Alcohol Use in the Past Month, by Age Group and Sub-state Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

	Years 2012-2014	
State/Sub-state Region	Age 12-17 (Estimate)	Age 12-17 (95% Confidence Interval)
Total United States	6.52	(6.27 -6.78)
California	6.43	(5.69 -7.26)
Alameda County	5.39	(4.05 -7.15)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

- In Alameda County, binge alcohol use in the past month for youth age 12-17, is lower than state and national trends. However, youth binge drinking is still a high concern for youth in Alameda County and is a priority area to be addressed by prevention programming

Consequence Data for Underage and Binge Drinking

Figure. 4 Suspension in past 30 days by Alcohol, Alameda County

	Grades 6-8		Grades 9-12 and non-traditional	
	Non-user (did not use alcohol past 30d)	**Current User (used alcohol past 30d)**	**Non-user (did not use alcohol past 30d)**	**Current User (used alcohol past 30d)**
Suspended in past 30 days	1.4%	6.6%	1.0%	3.9%

Source: California Healthy Kids Survey 2013-2015

- In 2013-2015, 5765 (16.2%) of students surveyed by CHKS survey had consumed alcohol in the previous 30 days, 6.8% of middle school students and 22.1% of high school students consumed alcohol in the previous 30 days.
- Among current alcohol users, 6.6% of middle school alcohol users and 3.9% of high school users had been suspended in the past 30 days. This is compared to 1.4% of non-alcohol users in middle school and 1.0% of non-alcohol users in high school.
- Being suspended from school in the past 30 days (by self-report) appears to be related to current alcohol use. Note that a conclusion cannot be made that the suspension was related to alcohol use (more data is needed to determine causes of suspension), but a correlation exists.

Figure. 5 Age-specific rates per 100,000 for Emergency Department and Inpatient visits by Sex and Race/Ethnicity, Alameda County, 2013-3Q20

Sex	Race/Ethnicity	Alcohol as Primary Diagnosis	Substance as Primary Diagnosis
		rate among 5-18 year olds	rate among 5-18 year olds
Male	Afr Am	86.4	276.9
Male	AI/AN	n/a	n/a
Male	API	34.3	64.7
Male	Latino	99.6	208.2
Male	White	124	249.2
Male	All Races	88.1	190.7
Female	Afr Am	108.5	272.4
Female	AI/AN	n/a	n/a
Female	API	44.6	75.8
Female	Latino	118.4	229.9
Female	White	133.7	288.9
Female	All Races	103.2	211

All sexes	Afr Am	97.2	274.7
All sexes	AI/AN	n/a	n/a
All sexes	API	39.3	70.1
All sexes	Latino	108.8	218.8
All sexes	White	128.7	268.5
All sexes	All Races	95.5	200.6

Source: CAPE Unit, with data from the Office of Statewide Health Planning and Development (OSHPD) 2013-3Q 2015

- The rate for alcohol emergency department and inpatient visits was 88.1 per 100,000 among male youth and 103.2 among female youth.
- White youth (124) had the highest rates among emergency department and inpatient visits when alcohol was the primary diagnosis.
- When alcohol and drug emergency department and inpatient visits are combined into substance visits, the rate among female youth (211.0 per 100,000) is higher than male youth rates (190.7). The rates are highest among African American youth (274.7) followed by White youth (268.5) and Latinos (218.8).

Contributing Factors Data for Underage and Binge Drinking

Figure. 6 Risk Factors for Alcohol Use, Alameda County

Risk Factors for Alcohol Use	Grades 6-8		Grades 9-12 and non-traditional	
	Non-user (did not use alcohol past 30d)	Current User[1] (used alcohol past 30d)	Non-user (did not use alcohol past 30d)	Current User (used alcohol past 30d)
Perception that alcohol causes slight or no harm	49.0%	61.1%	43.4%	59.0%
Perception that occasional alcohol use causes slight or no harm	45.6%	53.1%	41.0%	53.7%
Perception that 5+ alcohol drink use causes slight or no harm	28.0%	41.8%	16.1%	26.1%
Alcohol very or fairly easy to obtain	24.5%	58.2%	55.4%	75.7%
Smoked cigarettes 1 or more days in past 30 days	0.6%	27.4%	1.4%	22.2%
Used other drugs in past 30 days	2.6%	51.4%	8.7%	62.0%
Do not feel safe at school	7.0%	19.9%	6.3%	10.2%
Bullied at school	65.9%	85.8%	59.2%	72.5%
Experienced/exposed to violence at school	19.2%	58.8%	18.3%	37.2%
Lives in alternate forms of housing	n/a	n/a	2.5%	5.9%

Source: California Healthy Kids Survey 2013-2015

- Youth in Alameda County do not perceive alcohol consumption as harmful. Approximately half of both of middle school current users (53.1%) and high school current users (53.7%) perceive that occasional alcohol use causes slight or no harm.

[1] "Current alcohol users" are defined as those who self-reported using alcohol in the 30 days prior to the survey. "Non-user" were those who had not reported using alcohol in the prior 30 days.
Middle school refers to respondents in grades 6 through 8. High school refers to respondents in grades 9 through 12 and includes respondents from non-traditional schools.

- One quarter of high school current users (26.1%) and 41.8% of middle school current users perceived that 5+ drinks weekly was only slightly or not harmful.
- Among middle school students, 24.5% of non-users and 58.2% of users report that alcohol was fairly easy to obtain. This was true for more than half of the high school students. 55.4% of high school non-using students and 75.7% of high school current alcohol using students reported alcohol was very or fairly easy to obtain.
- Among current alcohol users, 27.4% of middle school alcohol users and 22.2% of high school users also smoked cigarettes. Half (51.4%) of middle school alcohol users and 62.0% of high school alcohol users report other drug use as well.

Figure. 7 Protective Factors for Alcohol Use, Alameda County

	Grades 6-8		Grades 9-12 and non-traditional	
Protective Factors against Alcohol Use	**Non-user (did not use alcohol past 30d)**	**Current User (used alcohol past 30d)**	**Non-user (did not use alcohol past 30d)**	**Current User (used alcohol past 30d)**
Earned mostly A and B grades	71.1%	48.5%	64.8%	47.3%
Academically engaged	90.4%	71.2%	85.7%	74.7%
Socially engaged at school	69.3%	54.1%	60.9%	54.5%
Caring adult at school	90.4%	80.9%	87.1%	81.2%
Perception that alcohol use causes moderate or great harm	48.9%	36.0%	55.3%	38.6%
Perception that occasional alcohol use causes moderate or great harm	51.5%	41.8%	57.0%	42.5%
Perception that 5+ alcohol drink use causes moderate or great harm	69.6%	54.1%	82.2%	70.8%
Feel safe at school	65.4%	42.4%	62.5%	55.5%
Not bullied	31.8%	10.8%	39.4%	25.0%

Source: California Healthy Kids Survey 2013-2015

- The data shown in Figure 7 demonstrates that higher academic achievement is a protective factor among youth who did not report drinking alcohol in the 30 days. Youth who did not use alcohol tended to have higher academic achievement than those who were alcohol users. Among high school respondents, 64.8% of non-users received mostly A and B grades compared to 47.3% of those who used alcohol. Among middle school students, 71.1% of non-users received mostly A and B grades, compared to 48.5% of current alcohol users.

- Academic engagement was higher for alcohol non-users than for current alcohol users. 85.7% of high school non-users and 90.4% of middle school non-users responded that they try/work hard to perform well on schoolwork.

- Youth who are socially engaged at school may be less likely to be current alcohol users. 69.3% of middle school non-users and 60.9% of high school non-users were more likely to report participating in interesting activities, engaging in class activities and making a difference at school.

- Having an adult who cares about them and who believes in the child's success, provides encouragement and listens to the child has a positive effect on the child and may serve as a protective factor to alcohol use. 90.4% percent of middle school alcohol non-users and 87.1% of high school non-users responded there was an adult at school who cared about them, compared to 80.9% of middle school current alcohol users and 81.2% of high school current users.

Findings for Underage Cannabis Use

Figure. 8 Drug Use-Age of First Use, Alameda County

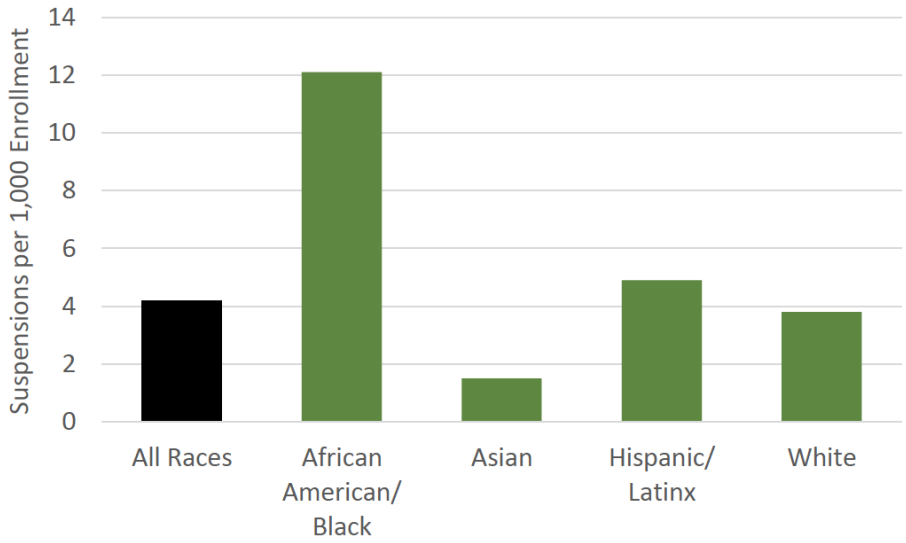
		Grades 6-8		Grades 9-12 and non-traditional students	
	Age of first use	Did not use drugs in past 30 days	Current drug users	Did not use drugs in past 30 days	Current drug users
First tried marijuana/hashish	10 or under	16.2%	21.8%	4.1%	9.4%
	11	18.2%	20.5%	3.1%	6.5%
	12	43.7%	30.9%	7.7%	11.2%
	13	19.8%	17.3%	20.1%	21.1%
	14	1.2%	2.2%	25.7%	22.5%
	15	n/a	1.3%	20.6%	15.1%
	16	n/a	0.4%	14.9%	9.2%
	17	n/a	n/a	2.8%	2.7%
	18 or over	0.8%	5.6%	1.0%	2.4%
	Median age	12 years old	12 years old	14 years old	14 years old

Source: California Healthy Kids Survey, 2013-2015 data.

- The age in which youth are trying marijuana for the first time is a top concern for the county.
- The median age for trying marijuana/hashish among both those who used drugs in the past 30 days (current drug users) and those who did not use drugs in the past 30 days (but did use drugs in their lifetime) was 12 years old for middle school students and 14 years old for high school students.

Consequence Data for Underage Cannabis Use

Figure 9. Cannabis Suspensions by Race/Ethnicity, Pleasanton, Berkeley, New Haven, and Hayward School Districts



Source: CAPE, with data from Pleasanton, Berkeley, New Haven, and Hayward School Districts, 2017-2018 School Year

- According to the data shown in Figure 9, cannabis-related school suspensions disproportionately affect Black/African American students.

Contributing Factors Data for Underage Cannabis Use

Figure. 10 Risk Factors for Drug Use, Alameda County

	Grades 6-8		Grades 9-12 and non-traditional students	
	Non-user (did not use drugs in past 30 days)	**Current user (used drugs in past 30 days)**	**Non-user (did not use drugs in past 30 days)**	**Current user (used drugs in past 30 days)**
Smoked cigarettes in past 30 days	0.6%	30.6%	1.3%	24.2%
Has perception that using cannabis causes slight or no harm	35.1%	59.2%	41.3%	72.8%
Cannabis is very or fairly available	19.0%	62.1%	55.8%	79.3%
Does not feel safe at school	6.9%	23.8%	6.1%	11.0%
Experienced/exposed to violence at school	19.4%	62.2%	18.1%	39.5%
Bullied at school	66.2%	83.0%	59.7%	71.6%
Felt so sad/hopeless for more than 2 weeks in the past 12 months that stopped doing usual activities	21.4%	45.5%	27.1%	40.1%
Lives in alternate forms of housing [2]	n/a	n/a	2.4%	6.7%
Seriously considered committing suicide	n/a	n/a	14.1%	25.3%

Source: California Healthy Kids Survey 2013-2015

- Smoking cigarettes in the past 30 days is associated with using drugs/other substances. Among middle school students, 30.6% of current drug users vs. 0.6% of non-current drug users reported smoking cigarettes in the past 30 days. Among high school students, 24.2% of current drug users vs. 1.3% of non-current drug users reported smoking cigarettes in the past 30 days.

[2] Alternate forms of housing included living in a friend's home, living in a foster home, group care, or waiting placement, living in a hotel or motel, living in a shelter, car, campground, or other transitional or temporary housing, or other unstable living arrangement.

- Among middle school students, 59.2% of current drug users vs. 35.1% of non-current drug users reported believing that smoking marijuana creates slight or no harm. Among high school students, 72.8% of current drug users vs. 41.3% of non-current drug users reported believing that smoking marijuana creates slight or no harm.
- Availability of cannabis is associated with using drugs/other substances in the past 30 days. Among middle school students, 62.1% of current drug users vs. 19.0% of non-current drug users reported that cannabis was fairly available or very available. Among high school students, 79.3% of current drug users vs. 55.8% of non-current drug users reported that cannabis was fairly available or very available.

Figure. 11 Protective Factors for Drug Use, Alameda County

	Grades 6-8		Grades 9-12 and non-traditional students	
	Non-user (did not use drugs in past 30 days)	**Current user (used drugs in past 30 days)**	**Non-user (did not use drugs in past 30 days)**	**Current user (used drugs in past 30 days)**
Received only A and B grades	71.6%	36.8%	59.6%	33.7%
Academically engaged	90.6%	66.0%	86.1%	72.4%
Has caring adult at school	90.4%	78.7%	87.1%	80.5%
Socially engaged at school	69.3%	52.0%	61.2%	52.9%
Marijuana is very or fairly difficult to obtain	30.0%	22.4%	13.9%	9.8%

Source: California Healthy Kids Survey 2013-2015

- Getting A's and B's in school is associated with not using drugs/other substances in the past 30 days. Among middle school students, 36.8% of current drug users reported receiving only A and B grades in school, whereas 71.6% of non-current drug users reported receiving only A and B grades in school. Among high school students, 33.7% of current drug users reported receiving only A and B grades in school, whereas 59.6% of non-current drug users reported receiving only A and B grades in school.
- Being academically engaged is associated with not using drugs/other substances in the past 30 days. Among middle school students, 66.0% of current drug users vs. 90.6% of non-current drug users reported being academically engaged.
- Among high school students, 72.4% of current drug users vs. 86.1% of non-current drug users reported being academically engaged.

- Having a caring adult at school is associated with not using drugs/other substances in the past 30 days. Among middle school students, 78.7% of current drug users vs. 90.4% of non-current drug users reported having a caring adult at school. Among high school students, 80.5% of current drug users vs. 87.1% of non-current drug users reported having a caring adult at school.
- Being socially engaged at school is associated with not using drugs/other substances in the past 30 days. Among middle school students, 52.0% of current drug users vs. 69.3% of non-current drug users reported being socially engaged at school. Among high school students, 52.9% of current drug users vs. 61.2% of non-current drug users reported being socially engaged at school.

Findings for Older Adult Alcohol Binge and Dependency, Cannabis Use and Prescription Drug Interaction

Figure. 12 Figure. 8 Alcohol and Drug Related Indicators, Alameda County, 2011-2015 Pooled Data

Indicator	Age Group	Hispanic/Latino	White	African American/Black	Asian	All Races
Binge drinking in past year (5 or more drinks for males; 4 or more for females)	55+ Years	19.1% *	20.8%	12.8% *	11.1% *	17.0%
Needed help for emotional/mental health problems for use of alcohol/drug in past year	55+ Years	8.2% *	13.3%	17.1%	4.1% *	11.7%
Saw any healthcare provider for emotional-mental and/or alcohol-drug issues in past year	55+ Years	6.4% *	11.8%	11.8% *	4.6% *	9.9% *

Notes: * Statistically unstable; other races/ethnicities not shown due to insufficient numbers

Source: 2011, 2012, 2013, 2014, 2015 California Health Interview Survey

- Binge drinking in the past year for older adults aged 55+ was highest for Whites 20.8% followed by Hispanic/Latinos 19.1%.
- In the past year, 17.1% of African American/Blacks and 13.3% of Whites reported needing help for emotional/mental health problems for use of alcohol/drug.
- In the past year, 11.8% of both African American/Blacks and Whites reported seeing a healthcare provider for emotional-mental and/or alcohol-drug issues.

Consequence Data for Older Adult Alcohol Dependency, Cannabis Use, and Prescription Drug Interaction

- Six to eleven percent of hospital admissions of elderly patients, 14% of emergency room admissions of elderly patients and 20% of psychiatric hospital admissions of elderly patients are a result of alcohol or drug problems.
- Widowers over the age of 75 have the highest rate of alcoholism in the U.S.
- Nearly 50 percent of nursing home residents have alcohol related problems.
- Older adults are hospitalized as often for alcoholic related problems as for heart attacks.

Source: National Council on Alcoholism and Drug Dependency, 2018

Figure 13. Age-specific rates per 100,000 for Emergency Department and Inpatient visits by Sex and Race/Ethnicity, Alameda County, 2013-2015

Sex	Race/Ethnicity	Alcohol as Primary Diagnosis	Substance as Primary Diagnosis
		rate among 55+ year olds	rate among 55+ year olds
Male	Afr Am	2406.1	3012.1
Male	AI/AN	1300.1	1300.1
Male	API	107.7	135.9
Male	Latino	1243.6	1384
Male	White	832.8	1022.1
Male	All Races	895.4	1087
Female	Afr Am	605	1051.9
Female	AI/AN	604.7	846.5
Female	API	14.8	48.3
Female	Latino	175.1	284.3
Female	White	396.8	563.3
Female	All Races	295.7	458.1

All sexes	Afr Am	1388.1	1904.2
All sexes	AI/AN	901.4	1040.1
All sexes	API	56.6	87.8
All sexes	Latino	663.6	787
All sexes	White	601.6	778.8
All sexes	All Races	570.7	746.4

Source: CAPE Unit, with data from the Office of Statewide Health Planning and Development (OSHPD) 2013-3Q2015.

- Among older adults aged 55+, the rate for Alcohol ED and inpatient visits was three times higher among older males (895.4) than for older females (295.7).
- African Americans/Blacks (1388.1) had the highest rates among older adults with ED or inpatient visits where alcohol was the primary diagnosis. This was almost two and a half times higher than the rate for all race/ethnicities combined.
- When alcohol and drug ED and inpatient visits were combined into substance visits, African Americans also had the highest rates (1904.2 per 100,000) compared to the county rate for all race/ethnic groups age 55+ (746.4).

Data Findings Summary

Underage Alcohol and Binge Drinking

The most widely used substances for youth in Alameda County are alcohol and cannabis. According to the assessment data, underage youth in Alameda County are consuming significant amounts of alcohol in volume and frequency.

In 2013-2015, 5765 (16.2%) of students surveyed by CHKS survey had consumed alcohol in the previous 30 days. Of those students, 14.8% were male, 17.3% were female, 6.8% were in middle school, and 22.1% were in high school. Alcohol use for high school students in the county was over three times the percentage of middle school students. Some of the contributing factors for underage drinking may include the following:

Youth in Alameda County do not perceive alcohol consumption as harmful. According to CHKS data, approximately half of middle school current users (53.1%) and high school current users (53.7%) perceive that occasional alcohol use causes slight or no harm. Even with increased alcohol volume (binge) consumption, many of the youth who are current users still have low perception of harm. One-quarter of high school current users (26.1%) and 41.8% of middle school current users perceive that 5+ drinks weekly is only slightly or not harmful.

Availability of alcohol is also associated with alcohol use among youth in Alameda County. Among middle school students, 24.5% of non-users and 58.2% of users report that alcohol was fairly easy to obtain. This belief was true for more than half of the high school students.

55.4% of high school non-users and 75.7% of high school current alcohol users reported alcohol was very or fairly easy to obtain.

Underage drinking is linked to several negative consequences, including participation in risky behavior, school suspensions, DUIs, and alcohol dependency. In Alameda County, both middle and high school current consumers of alcohol were suspended from school at higher rates when compared to non-alcohol users.

Underage Cannabis Use

Underage youth in Alameda County are accessing and consuming cannabis due to low perception of harm, easy availability, and the need to address mental health issues. According to CHKS data, among middle school students, 59.2% of current drug users vs. 35.1% of non-current drug users reported believing that smoking cannabis creates slight or no harm. Among high school students, 72.8% of current drug users vs. 41.3% of non-current drug users reported believing that smoking cannabis creates slight or no harm.

The accessibility of cannabis is also associated with using drugs/other substances in the past 30 days. Among middle school students, 62.1% of current drug users vs. 19.0% of non-current drug users reported that cannabis was fairly available or very available. Among high school students, 79.3% of current drug users vs. 55.8% of non-current drug users reported that cannabis was fairly available or very available.

The age in which youth are trying cannabis for the first time is also a concern for the county. The median age for trying marijuana/hashish among both those who used drugs in the past 30 days (current drug users) and those who did not use drugs in the past 30 days (but did use drugs in their lifetime) was 12 years old for middle school students and 14 years old for high school students.

Underage cannabis use is also associated with several negative consequences. Recently the Alameda County Health Impact Assessment of Proposition 64 Report assessed cannabis-related suspensions from four of Alameda County's 18 school districts (Pleasanton, Berkeley, New Haven and Hayward). The data showed that African American/Black and Hispanic/Latinx students in Alameda County are more likely to be suspended for cannabis-related infractions than White and Asian students, despite current rates of cannabis use which are relatively similar among African American/Black, Hispanic/Latinx, and White students in the county.

Responses from the provider survey expressed concerns about the prevalence of cannabis advertising and the rapid growth of cannabis retail operations, particularly in North and Central County. Providers pointed to specific cannabis use-related issues impacting Black and Latino males (and their parents), including experiencing harsher consequences around school-based use and juvenile justice involvement.

Older Adult Alcohol Binge and Dependency, Cannabis Use and Prescription Drug Interaction

Substance use poses a serious threat to the well-being of older adults, particularly when use is frequent and heavy. According to the National Council on Alcoholism and Drug Dependency, there are 2.5 million older adults with an alcohol or drug problem. Older adults are hospitalized as often for alcohol-related problems as for heart attacks.

As observed by race/ethnicity, African Americans/Blacks (1388.1) had the highest rates among older adults with ED or inpatient visits where alcohol was the primary diagnosis, almost two and a half times higher than the rate for all race/ethnicities combined. When alcohol and drug ED and inpatient visits were combined into substance visits, African Americans again had the highest rates (1904.2 per 100,000) compared to the county rate for all race/ethnic groups age 55+ (746.4).

During the focus groups with contracted older adult prevention providers, many providers reported observing increasing instances of medication mishaps due to decreased cognition.

They also notes an increase in alcohol and medication dependency and a growing curiosity among older adults about the availability of medicinal and recreational cannabis.

As a result of the input provided by our stakeholders via the focus group and survey, ACBH will focus on serving youth and older adults. We will also emphasize services that will reduce racial and ethnic disparities for youth of color and under-resourced, low-income neighborhoods. For example, our qualitative data points to young men of color experiencing harsher consequences and the disproportionate number of cannabis dispensaries in the City of Oakland that target low-income areas.

Data limitations

At the time of writing this plan, findings were limited to the available data. Law enforcement data in general and public health data regarding tobacco use was not included. Law enforcement representatives were not interviewed nor questioned in focus groups. These data sources could have added a meaningful perspective to the assessment. Since many of ACBH's contracted providers, who did participate in the data gathering process, have long-standing culturally responsive programming, ACBH relied on them to communicate community needs.

Another gap in the data assessment is the lack of qualitative data from service recipients and a community needs assessment. However, by the end of 2019, ACBH will conduct at least 3 town hall-type listening events to hear directly from community members to ensure that prevention service delivery planning will include this important feedback.

Additionally, the qualitative data from the focus groups and open-ended survey responses are subject to interpretation by the evaluators. Lastly, the participants may hold views that are different from those who did not attend the focus group.

Priority Areas, Problem Statements, Contributing Factors

Priority #1: Alcohol
Underage drinking rates are high due to volume (binge), frequent use (past 30-day), increased availability, and low perception of harm.

Alcohol consumption (volume and frequency) by older adults is increasing due to the lack of education around consumption of alcohol with other substances.

Priority #2: Cannabis
Cannabis use rates are high because cannabis is increasingly available and youth have a low perception of harm.

Cannabis consumption by older adults is increasing due to the lack of education around consumption and medicinal safety.

Priority #3: Prescription Drugs
Prescription drug consumption by older adults is increasing due to the lack of education around consumption and prescription medicine safety.

Risk and Protective Factors

Priority Area	Risk Factor	Protective Factors *Numbers in parentheses reflect the relevant risk factor the protective factor(s) may address.*
Priority #1: Alcohol Underage drinking rates are high due to volume (binge), frequent use (past 30-day), increased availability, and low perception of harm. Alcohol consumption (volume and frequency) by older adults is increasing due to the lack of education around consumption of alcohol with other substances.	*1.* Low perception of harm. *(individual, community, parents)* 2. Community norms accept/promote use. *(community)* *3.* Alcohol is easily obtainable. *(community)* 4. Use of tobacco and other drugs. *(individual)* 5. Feeling unsafe at school (bullying/school violence). *(individual, peer)* 6. System involvement. *(individual, family)* 7. Gang involvement. *(individual, peer)* 8. Un-/misdiagnosed mental illness. *(individual)*	· High academic achievement (4,7) · Community norms discourage alcohol use (1,2,3,4) · Academic engagement (4,7) · Social engagement at school (4,5,7) · Caring adult relationships (6,7) · Feeling safe at school (5,7) · Perception of harm (1,2,3,4) · Parental disapproval (1,2,4,7) · Peer disapproval (1,2,4,7) · Family unification; positive parenting (6,7,8) · Availability of culturally-responsive prevention programming (1,4,6,7,8)
Priority #2: Cannabis Cannabis use rates are high because cannabis is increasingly available and youth have a low perception of harm. Cannabis consumption by older adults is increasing due to the lack of education around consumption and medicinal safety.	1. Smoking cigarettes in the past 30 days. *(individual)* 2. Community norms accept/promote use. *(community)* *3.* Low perception of harm. *(individual, community, parents)* 4. Marijuana/Cannabis is easily available and obtainable *(individual, community)* 5. Feeling unsafe at school (bullying/school violence). *(individual, peer)* 6. Feeling sad and hopeless. *(individual)* 7. Seriously considered suicide. *(individual)* 8. System involvement. *(individual, family)* 9. Gang involvement. *(individual, peer)* 10. Un-/misdiagnosed mental illness. *(individual)*	· High academic achievement (1,9) · Academic engagement (1,9) · Community norms discourage use (2,3,4) · Socially engaged at school (1,5,9) · Caring adult at school (1,3,6,8,9) · Parental disapproval (1,2,3,8,9) · Peer group disapproval (1,2,3,8,9) · Athletic involvement (1,3,9) · Family unification/positive parenting (8,9,10) · Availability of culturally-responsive programming (1,3,6,7,8,9,10) · Education about the health impacts of cannabis (1,2,3,4)

Priority #3: Prescription Drugs Prescription drug consumption by older adults is increasing due to the lack of education around consumption and prescription medicine safety.	1. Lack of education about prescription and over-the-counter drugs; alcohol. *(individual, community)* 2. Trauma and family estrangement. *(family)* 3. Poverty. *(individual, family, community)* *4.* Lack of affordable housing. *(individual, community)* 5. Death of a spouse. *(individual)* *6.* Caring for aging spouse; parent. *(individual, family)* 7. Social Isolation. *(individual, community)* 8. Stigma and shame. *(individual, family, community)*	· Familial, social, recreational, religious affiliations (2,5,7,8) · Prevention program and other community-based support resources (1,2,3,4,5,6,7,8) · Access to primary and behavioral health care (1,2,5,6,7,8) · Involvement in hobbies and pleasurable activities (5,7,8)

Priority Area: Alcohol	**Importance**		**Changeability**		**Priority Rank**
	Low	**High**	**Low**	**High**	
Risk Factors					
Low perception of harm		X		X	3
Community norms accept/promote use		X		X	1
Alcohol is easily obtainable		X		X	2
Use of tobacco and other drugs		X	X		
Feeling unsafe at school (bullying/school violence)		X	X		
System involvement		X	X		
Gang involvement		X	X		
Un-/misdiagnosed mental illness		X	X		

Protective Factors					
High academic achievement		X	X		
Community norms discourage alcohol use		X		X	4
Academic engagement		X	X		
Social engagement at school		X		X	7
Caring adult relationships		X		X	8
Feeling safe at school		X	X		
Perception of harm		X		X	5
Parental disapproval		X		X	9
Peer disapproval		X		X	10
Family unification; positive parenting		X	X		
Availability of culturally-responsive prevention programming		X		X	6

Priority Area: Cannabis	**Importance**		**Changeability**		**Priority Rank**
	Low	**High**	**Low**	**High**	
Risk Factors					
Smoking cigarettes in past 30 days		X		X	4
Community norms accept/promote use		X		X	1

Low perception of harm		X		X	3
Cannabis is easily available and obtainable		X		X	2
Feeling unsafe at school (bullying/school violence)		X	X		
Feeling sad and hopeless		X	X		
Seriously considered suicide		X	X		
System involvement		X	X		
Gang involvement		X	X		
Un-/misdiagnosed mental illness		X	X		
Protective Factors					
High academic achievement		X	X		
Academic engagement		X	X		
Community norms discourage use		X	X		
Socially engaged at school		X		X	7
Caring adult at school		X		X	10
Parental disapproval		X		X	9
Peer group disapproval		X		X	8
Athletic involvement		X	X		

Family unification/positive parenting		X	X		
Availability of culturally-responsive programming		X		X	5
Education about health impacts of marijuana		X		X	6

Priority Area: Prescription Drugs	**Importance**		**Changeability**		**Priority Rank**
	Low	**High**	**Low**	**High**	
Risk Factors					
Lack of education about prescription and over-the-counter drugs; alcohol; cannabis		X		X	1
Trauma and family estrangement		X	X		
Poverty		X	X		
Lack of affordable housing		X	X		
Death of a spouse		X	X		
Caring for aging spouse; parent		X	X		
Social Isolation		X		X	2
Stigma and shame		X		X	3
Protective Factors					
Familial, social, recreational, religious affiliations		X		X	5

Prevention program and other community-based support resources		X		X	4
Access to primary and behavioral health care		X		X	7
Involvement in hobbies and pleasurable activities		X		X	6

Capacity Assessment

Current Capacity

County Staff

The ACBH PPv service delivery system is supported within the county bureaucracy by a team from the MHSA (Mental Health Services Act) Prevention and Early Intervention (PEI) Unit and Network Office (contracting unit). It is also co-located in close physical proximity to the ACBH SUD Treatment system.

The combined FTE dedicated to the PPv team effort across departments is 1.25 FTE (and this FTE includes minor ongoing support via the Department's Fiscal Unit). This 1.25 FTE staffing includes a 0.5 FTE Senior Program Specialist, 0.5 FTE for a Program Specialist, and 0.25 FTE of a Senior Program Specialist that is assigned as the lead in SUD Prevention contracts in the Network Office. The PPv team develops program scopes of work, oversees program delivery, develops the allied team of CBO providers; ensures continued funding and advocates internally for organizational support and partnership. The Network Office (contracting unit) provides concrete support by articulating program scopes into contract language, executes annual contract, monitors program performance and compliance, and ensures accurate and timely reporting of service delivery data.

County Funding Process

Alameda County currently contracts approximately two million dollars for SUD PPv to eight community-based contracted provider organizations. Six of the eight providers serve youth, ages 12-18 and their families; and two providers deliver services exclusively to older adult clients. The funding portfolio includes Substance Use Prevention and Treatment Block Grant (SABG); Measure A (county funds); Friday Night Live (FNL); and the Alcohol and Drug Education Trust Fund. Programs were procured in fiscal year 13/14 and contracts are renewed annually. ACBH has plans to re-procure youth-based services starting in fiscal year 20/21. Services are delivered throughout all County regions and are largely middle- and high school-based services for youth and residential- and community center- based for older adults.

County Providers

1. ***Axis Community Health*** *provides school-based services to elementary aged children in the Tri-Valley area. The Provider focuses on prevention education through the curriculum, Lion's Quest, which includes a parent component offering strategies to build better relationships with children.*

2. ***Filipino Advocates for Justice (FAJ)**, has a strong focus in the Filipino community in Southern Alameda County by offering youth prevention education services at schools and in an afterschool setting. FAJ has a long-standing presence in the community, addressing violence, social determinants of health, and housing issues.*
3. ***New Bridge Foundation**, implements the evidence based program, Project Success in schools in the county's more vulnerable areas such as Oakland, Berkeley, and Emeryville.*
4. ***Uplift Family Services**, provides school-based services in Southern Alameda County to selective and universal populations (IOM categories). The program features a strong parent component; a 12-week Evidence-Based Program, Celebrating Families. The curriculum features a support group model for families in which one or both parents have a serious problem with alcohol or other drugs.*
5. ***Native American Health Center (NAHC)**, provides community-based and school-based services primarily to urban Native American youth and their families in East Oakland. Gathering of Native Americans (GONA) a culture-based Evidence Based Program addresses historical trauma, building relationships, developing resilience and promotes wellness. NAHC also provides a multitude of alternative activities for youth, including a wilderness program, traditional arts, traditional native cooking, and a tribal athletic program.*
6. ***Project Eden (Horizon Services)**, is located in central Alameda County. It offers prevention services to youth and SUD treatment services to youth and adults. Project Eden has a strong parent component, offering weekly support groups in the community to English- and Spanish-speaking families. The program utilizes the Evidence Based Program, Project Success. Project Eden is the only agency within the county to operate a Friday Night Live program.*
7. ***Senior Support Program of the Tri-Valley**, serves older adults and promotes safety and well-being for seniors. The program provides educational services in English, Cantonese and Mandarin on topics such as: medication safety, alcohol consumption, fall prevention, nutrition, and cannabis awareness.*
8. ***St. Mary's Center**, provides services for older adults in West Oakland. Seniors participate in activities such as; life skills classes, fall prevention awareness, alcohol and drug prevention education, medication monitoring, group and individual physical activities, and a friendly visitor program.*

County Coalitions/Groups & Partners

At this time, ACBH does not have a county-funded coalition focusing on PPv services. However, there are community-based groups that focus on preventive measures such as: prescription drug awareness, tobacco control, violence prevention, drug-free communities, alcohol policy, and a cannabis education group for youth and adults. Staff from ACBH and ACBH-contract providers participate in several of these groups:

- **Cannabis Human Impacts Subcommittee of Alameda County Interdepartmental Cannabis Working Group**. Members include: Alameda County Administrator's Office, Behavioral Health Care, Sheriff's Office, Probation, Public Health, Community Development, and Public Defender's Office. This group was formed in response to California Proposition 64 (legalization of marijuana for adults) to study the health, environmental and equity impacts of adult-use cannabis legalization in the county. The Sub-committee is scheduled to present a health impact study to the Alameda County Board of Supervisors in July 2019.
- **Cannabis Education for Youth and Adults (CEYAA)**. CEYAA is a workgroup comprised of community members, community-based providers and members of various entities within the County system. The workgroup was formed in response to the legalization of adult-use cannabis to help to inform the county's response.

- **Alameda County Office of Education - Tobacco Use Prevention and Education (TUPE)** program is a school-based tobacco use prevention education program in schools throughout Alameda County. ACBH contracted PPv providers are encouraged to work at their school sites, where TUPE is co-located, to collaborate on service delivery.

- **Eden Area Alcohol Policy Working Group** is a quarterly meeting hosted by Alameda County Supervisor Nate Miley (District 4). This meeting has been in existence for over 10 years and was developed when the community was experiencing a high level of alcohol related problems. The group advocates for alcohol policy and for forming better relationships between alcohol retailers and neighborhood communities. Attendees include alcohol retailers, community members, ACBH contracted PPv providers and intergovernmental departments: Code Enforcement, Community Development, Public Health and Sheriff's Department.

Workforce Development

All PPv contracted providers are strongly encouraged to attend the following:

- ACBH PPv Provider Meetings facilitated by PPv staff (bi-monthly)
- ACBH SUD System of Care Meetings (monthly)
- Culturally and Linguistically Appropriate Services (CLAS) Trainings (several events per year)
- Free in-person trainings and webinars offered by Community Prevention Initiative (CPI)/Center for Applied Research Solutions (CARS), and Alameda County Office of Education (ACBH staff forwards information about these ongoing trainings to provider email distribution lists)
- Free trainings offered by ACBH related to substance use prevention topics, including, brief intervention, mental health, and trauma informed practices
- Annual in-person site visits corresponding to contract renewal
- Annual in-person site visits per Department of Health Care Services (DHCS) regulations.

ACBH recognizes the need to increase the program development capacity of its system through trainings and plans to increase the knowledge base of its PPv providers through a series of system-wide trainings. PPv providers also pointed to program strengths that stress "understanding the role that families play in prevention and understanding community resiliency by identifying family and historical traditions." Providers also want to learn more about the use of technology as a strong prevention program support for young clients. During a focus group, one organization described the use of "digital storytelling as a tool" while others use "social media campaigns…for expanding interactive community outreach."

Resource and Community Readiness

ACBH's PPv system will require a robust and continuous effort to assess stakeholders and clients in order to project (with as much accuracy as possible) client service needs, barriers to access, and system readiness. ACBH's PPv system of organizational staff, community providers and partners and collaborators, will need to develop the capacity for agility, coordination and responsiveness to 1) design, implement and analyze community and stakeholder assessments, 2) mobilize to focus resources and, 3) build foundational system resilience during change-prone times.

The following is ACBH PPv System Resource Readiness Assessment:

Table 2.3: Resource Readiness Assessment

Enter (+), (n/a), or (-) to measure resources for each priority area.		*Priority Areas*		
		#1 Alcohol	*#2 Cannabis*	*#3 Rx Drugs*
Community Resources	*Community awareness*	*+*	*+*	*+*
	Specialized knowledge about PPv research, theory, and practice	*+*	*-*	*+*
	Practical experience	*+*	*+*	*+*
	Political/policy knowledge	*-*	*-*	*-*
Fiscal Resources	*Funding*	*+*	*+*	*+*
	Equipment: computers, Xerox, etc.	*n/a*	*n/a*	*n/a*
	Promotion and advertising	*-*	*-*	*-*
Human Resources	*Competent staff*	*+*	*+*	*+*
	Training	*-*	*-*	*-*
	Consultants	*n/a*	*n/a*	*n/a*
	Volunteers	*n/a*	*n/a*	*n/a*
	Stakeholders	*+*	*+*	*+*
	Other agency partners	*+*	*+*	*+*
	Community leaders	*+*	*+*	*+*
Organizational Resources	*Vision and mission statement*	*+*	*-*	*+*
	Clear and consistent organizational patterns and policies	*+*	*-*	*+*
	Adequate fiscal resources for implementation	*-*	*-*	*-*
	Technological resources	*-*	*-*	*-*
	Specialized knowledge about PPv research, theory, and practice	*+*	*-*	*+*

Priority Area #1: Alcohol
The County is at Stage 5 - Preparation. The county is prepared to begin implementation on this area. ACBH PPv providers have been working on addressing underage drinking with youth via school-based services and through the Friday Night Live framework. The county has created strong partnerships across sectors (schools, CBOs, public agencies) and has support from local community leaders and elected officials.

Priority Area #2: Cannabis
The county is in Stage 2 - Denial. The county is behind in recognizing that underage marijuana use is problematic and there has not been sufficient energy around developing resources or a strong knowledge base on how to tackle underage age cannabis use. The passage of Prop 64 has been the driving force behind mobilizing contracted PPv providers to get involved with the county in addressing this emerging challenge.

Priority Area #3: Prescription Drugs
The county is in Stage 5 - Preparation. PPv older adult providers have been working steadily on educational workshops regarding alcohol use/dependency for many years. In recent years, consumers have been more curious and interested in cannabis, yet discussing cannabis in general and prescription drug interactions with cannabis continues to be a difficult subject to bring forth in group settings.

Capacity Challenges/Gaps

Table 2.5: Community and Resource Challenges/Gaps

Priority Areas:	Alcohol	Cannabis	Prescription Drugs
Community Readiness	**Stage 5 - Preparation**	**Stage 2 - Denial**	**Stage 5- Preparation**
Community Resources	There are a number of established strong alcohol policies throughout the county. Stakeholders have been advocating for alcohol policy regarding access and education for many years.	There is a frustration that under- age cannabis use is too significant of a problem to tackle; Few proven effective policies in place; Very easy access, etc. Youth and adults do not perceive cannabis use as harmful. Older adults lack the education and knowledge about cannabis' effects, especially in combination with prescription drugs.	Some providers have initiated this work. The county needs to implement more effective education strategies to address cannabis interactions with prescription drugs and the lawful use of cannabis.

Fiscal Resources	Some policies cannot be enforced due to lack of funding by appropriate jurisdictions. ACBH fiscal resources are present for individual level prevention, but more funds are needed for additional effective strategies.	There are not enough funds for advertising around harmful effects or counter-advertising. Potential funding may become available through Prop 64.	ACBH fiscal resources are present for individual level prevention, but more funds are needed for additional effective strategies.
Human Resources	n/a	n/a	n/a
Organizational Resources	There is some specialized knowledge, but existing and future programs will need to align to new SPP efforts.	There is insufficient resources for organizations since Prop 64 has been passed.	There is some specialized knowledge, but existing and future programs will need to align to new SPP efforts.

Cultural Competence

ACBH PPv staff worked with the county's evaluation unit to gather quantitative and qualitative data relevant to communities of color and under-resourced geographic areas. ACBH PPv staff surveyed providers that primarily serve communities of color about barriers or challenges in providing prevention services as well as cultural-based needs of participants. Staff also gathered input on training needs from providers regarding culturally and linguistically appropriate services (CLAS). ACBH has expressed commitment to creating and sustaining a diverse workforce that reflects and represents the communities it serves through programming from its Workforce Education and Training Department. All ACBH contractors are required to send managers and direct service staff to several CLAS trainings annually. In partnership with ACBH's Office of Ethnic Services, the PPv team monitors this requirement. In addition, the PPv team encourages and forwards trainings related to cultural competency and prevention services either sponsored by ACBH or others, such as Community Prevention Institute (CPI). Future programming will continue ACBH's commitment, reflected in its current programming, to deliver services that respect and affirm the cultural nuances of the various communities that will receive services.

Sustainability

ACBH PPv staff worked with county's evaluation unit to gather quantitative and qualitative data relevant to issues facing communities. ACBH PPv staff invited community leaders representing all geographic areas of the county to participate in either an in-person focus group or to complete an electronic questionnaire. The PPv stakeholders who were part of the focus group and survey represent a body of community leaders and members who have experience in gathering data, including obtaining input and satisfaction data from consumers.

CHAPTER III: CAPACITY BUILDING

Capacity Building Plan

Customarily, ACBH has relied on its system of contracted PPv providers to collect and communicate needs assessment data about emerging and shifting issues for the populations they serve. The strengths of ACBH's provider system is that it has wide geographic disbursement, is culturally-diverse and has a deep presence in the locations in which members of its target population receive services, socialize and live. This approach can also have limited value as providers tend to observe mainly their service recipients; they focus on their area of expertise; and they are not funded to formally evaluate their programs. As a long-range capacity building effort, ACBH will lead efforts to independently collect needs assessment data from target populations, stakeholders and community members at large.

Priority Area #1: Alcohol
Community Readiness Stage: **Stage 5 - Preparation**
Course of Action - Proposed Timeline (e.g. training, coalition building, mobilization efforts)
Community Resources *Political/policy knowledge* 1. Become familiar with and seek mechanisms to coordinate with district, county-wide and regional efforts related to reducing underage drinking and older adult use. **Year 1** 2. Implement a plan to offer training (to internal staff, contracted providers and external stakeholders) to increase the knowledge base on areas in ACBH's PPv scope of work (as identified in the RFP) including, environmental prevention, policy advocacy, cultural and linguistic competency, community-based processes, etc. (also indicated under "Human Resources"). **Year 2, 3** 3. Assess needs via review of locally-collected data as well as focus groups, key informant interviews and town hall meetings with stakeholders at the family, community; school and district levels. Include a focus on parents/families; communities of color and youth, and older adults. **Year 3, 4** Note: There are groups such as the Eden Area Alcohol Policy Working Group, which is hosted by Alameda County Supervisor Nate Miley (District 4) that could provide support and guidance, specifically regarding coalition and policy advocacy. Also, providers can tap into other AOD-focused groups, for example ACBH's SUD Provider's Group; the Tobacco Use Prevention and Education (TUPE) program (operated by Alameda County Office of Education) and other groups within their local areas and/or areas of influence.

Organizational Resources

Adequate fiscal resources for implementation

1. Re-procure youth services in alignment with SPP priorities and activities. **Year 1**
2. Post-procurement, a new PPv system for youth will be established and Community Readiness may revert to Stage 4- Pre-Planning - **Year 2-5**

Technological resources

1. Initiate on-going conversations with providers about ways to increase and enhance a collaborative on-line and social media presence that connects with ACBH web-based content for services, referrals, etc. - **Year 5**
2. Provide continuous updates for contracted providers, stakeholders, and target populations on ACBH website - **Year 2**

Human Resources

Training

1. Implement a plan to offer training (to internal staff, contracted providers and external stakeholders) to increase knowledge base on areas in ACBH's PPv scope of work (as identified in the RFP) including, environmental prevention, policy advocacy, cultural and linguistic competency, community-based processes, etc. (also indicated under "Human Resources"). **Year 2-3**

Fiscal Resources

Promotion and advertising

1. Engage internal ACBH partners to increase the SABG and Measure A Prevention dollars - **Year 1**

Priority Area #2: Cannabis
Community Readiness Stage: **Stage 2 - Denial**
Course of Action - Proposed Timeline (e.g. training, coalition building, mobilization efforts)

Community Resources

Specialized knowledge about PPv research, theory, and practice

1. Increase knowledge base for youth and older adult-serving contracted providers through culturally appropriate trainings and events within and external to ACBH about cannabis use, specifically cannabis use and misuse and prevention. Encourage providers to attend and to facilitate trainings- **Year 2-3**

Political/policy knowledge

1. Identify existing county work groups (within and outside of PPv system) focused on reducing use and misuse, such as Cannabis Education for Youth and Adults (CEYAA) and increase active participation by contracted providers- **Year 2-3**

Organizational Resources

Vision and mission statement

1. When PPv system has transitioned to Stage 3 - Vague Awareness, begin coalition-building by:
    - Complete needs assessment via community listening sessions **Year 3**
    - Community mapping to identify cannabis locations in the community **Year 2-3**
    - Coordinate with collaborative partners to develop trainings, fact sheets, community briefings, etc. on cannabis use- **Year 4-5**

Clear and consistent organizational patterns and policies

1. Identify best practices by attending regional and state-wide trainings and visiting other counties for implementation of organizational patterns and policies. - **Year 4**

Adequate fiscal resources for implementation

1. Re-procure youth services in alignment with the SSP priorities and activities. - **Year 1**

Technological resources

1. Initiate on-going conversations with providers on how to increase and enhance a collaborative on-line and social media presence that connects with ACBH web-based content for services, referrals, etc. - **Year 2**
2. Provide continuous updates for contracted providers, stakeholders, and target populations on ACBH website - **Year 2**

Specialized knowledge about PPv research, theory, and practice

1. Implement a plan to offer training (to internal staff, contracted providers and external stakeholders) to increase the knowledge- base on areas in ACBH's PPv scope of work (as identified in the RFP) including, environmental prevention, policy advocacy, cultural and linguistic competency, community-based processes, etc. (also indicated under "Human Resources"). **Year 2-3**

Note: There are groups such as the Eden Area Alcohol Policy Working Group which, is hosted by Alameda County Supervisor Nate Miley (District 4) that could provide support and guidance related to UD, specifically regarding coalition and policy advocacy. Also, providers can tap into other AOD focused groups, for example ACBH's SUD Provider's Group; the Tobacco Use Prevention and Education (TUPE) program operated by the Alameda County Office of Education and other groups within their local areas and/or areas of influence.

Human Resources

Training

1. Implement a plan to offer training (to internal staff, contracted providers and external stakeholders) to increase the knowledge base on areas in ACBH's PPv scope of work (as identified in the RFP) including, environmental prevention, policy advocacy, cultural and linguistic competency, community-based processes, etc. (also indicated under "Human Resources"). **Year 2-3**

Fiscal Resources

Promotion and advertising

1. Engage internal ACBH partners in increasing the SABG and Measure A Prevention dollars - Year 1
2. Participate in ongoing conversation at state and county levels regarding possibilities to increase funding for counties for Cannabis prevention - **Year 1**

Note: There are limited resources around additional funding to address cannabis. However due to the passage of Proposition 64, ACBH PPv staff are hopeful that additional funding can be directed to contracted providers to implement programming. For example, AB1098 is potential funding from cannabis taxes that may support youth prevention efforts. There also may be future public- and private-sector funding opportunities.

Priority Area **##3: Prescription Drug (Rx)**

Community Readiness Stage: **Stage 5- Preparation**

Course of Action (e.g. training, coalition building, mobilization efforts)

Community Resources

Political/policy knowledge

1. Collect data regarding Rx interactions, specifically regarding cannabis use and stigma related to (older adults) discussing use with health care professionals - **Year 2, 3**
2. Partner with contracted providers and other stakeholders to (update, if currently existing) develop and distribute an older-adult resource inventory related to the interaction of alcohol and adult-use cannabis with prescription drugs - **Year 3, 4**
3. Increase collaboration between the two contracted older adult providers for information exchange, standardized data collection (for the purpose of program development), training activities and policy and advocacy activities **Year 3, 4, 5**

Organizational Resources

Adequate fiscal resources for implementation

1. Stabilize existing older adult services by continuing to fund without re-procurement - **Year 2**

Technological resources

1. Initiate on-going conversations with providers on how to increase and enhance a collaborative on-line and social media presence that connects with ACBH web-based content for services, referrals, etc. - **Year 2**
2. Provide continuous updates for contracted providers, stakeholders, and target populations on ACBH website - **Year 2**

Note: There are several groups such as Cannabis Human Impacts Subcommittee of Alameda County Interdepartmental Cannabis Working Group and the Cannabis Education for Youth and Adults (CEYAA) that can serve as resources for PPv providers. Alameda County Medication Education and Disposal (MEDS) Coalition is an active group of individuals and county departments working to reduce and prevent medication misuse for older adults and youth. PPv providers may participate in these groups as well as other older adult-focused provider groups within ACBH.

Human Resources

Training

1. Provide continuous education (including drop off resources and locations) regarding safe and proper prescription medication disposal to older adults and health care practitioners - **Year 1-5**
2. Implement a plan to offer training (to internal staff, contracted providers and external stakeholders) to increase the knowledge base on areas in ACBH's PPv scope of work as related to Rx (as identified in the RFP) including, environmental prevention, policy advocacy, cultural and linguistic competency, community-based processes, etc. (also indicated under "Human Resources"). **Year 1-3**

Fiscal Resources

Promotion and advertising

1. Increase collaboration of PPv providers with other ACBH older adult-focused groups and programs in order for PPv providers to share resources and knowledge - **Year 1-3**
2. Engage internal ACBH partners to increase the SABG and Measure A Prevention dollars - **Year 1**
3. Participate in ongoing conversations at state and county levels regarding possibilities of increasing funding for counties for cannabis prevention - **Year 1**

Cultural Competence

ACBH PPv staff will request that contracted providers develop new and contribute existing materials that currently serve the PPv target populations for the purpose of creating a resource clearinghouse. ACBH PPv staff will also request that providers regularly collect and share participant feedback with ACBH to help shape meeting agendas and training content decisions. ACBH PPv staff will continue to empower providers to use the county's Welcoming Toolkit to keep cultural competence in service delivery as a foundational value and implementation strategy. ACBH PPv will continue to offer ongoing reminders of and technical assistance for the implementation of mandated CLAS standards.

Sustainability

ACBH PPv staff will promote and host relevant trainings and workshops to educate and train on the CSAP-6 Strategies as they appear in the Scope of Work. ACBH will also empower providers to develop and to facilitate best-practice trainings on scope-related content. PPv Staff will also request that providers utilize a tracking mechanism to accurately collect staff training attendance data.

CHAPTER IV: PLANNING

Data-Based CSAP Strategies

Table 4.2: Data-Based CSAP Strategies (High-ranked risk and protective factors from Table 2.2)

Priority Areas

Priority Area	Risk Factor	Protective Factor	Strategies
Priority #1 Alcohol Youth Use & Binge Drinking	1. Community norms accept/promote use 2. Alcohol is easily obtainable 3. Low perception of harm	● Community norms discourage alcohol use (1,2) ● Perception of harm (1,3) ● Availability of culturally-responsive prevention programming (1,2,3)	1. Environmental, Alternatives for culturally responsive programming 2. Environmental 3. Education
Older Adult Binge & Use	1. Lack of education about interactions between Rx and other substances 2. Social Isolation 3. Stigma and shame	● Community-based support resources (1,2,3) ● Familial, social, recreational, religious affiliations (2,3) ● Involvement in hobbies and pleasurable activities (2)	1. Education, Information Dissemination 2. Alternatives 3. Education, Alternatives
Priority #2 Cannabis Youth Use	1. Community norms accept/promote use 2. Cannabis is easily available and obtainable 3. Low perception of harm	● Availability of culturally-responsive programming (1,2,3) ● Education about health impacts of marijuana(3) ● Socially engaged at school (1,3)	1. Environmental, Alternatives for culturally responsive programming 2. Environmental, Community-based process 3. Education
Older Adult Use and Misuse	1. Lack of education about interactions between Rx and other substances 2. Social Isolation 3. Stigma and shame	● Community-based support resources (1,2,3) ● Familial, social, recreational, religious affiliations (2,3) ● Involvement in hobbies and pleasurable activities (2)	1. Education, Information Dissemination 2. Alternatives 3. Education, Alternatives

Priority #3 Older Adult Prescription Drug Interactions	1. Lack of education about interactions between Rx and other substances 2. Social Isolation 3. Stigma and shame	● Prevention program and other community-based support resources (1,2,3) ● Familial, social, recreational, religious affiliations (2,3) ● Involvement in hobbies and pleasurable activities (2)	1. Education, Information Dissemination, Community-based process 2. Alternatives 3. Education, Alternatives

Priority #1 Alcohol (Youth Use/ Binge Drinking & Older Adult Use) & Priority #2 Cannabis (Underage Youth Use & Older Adult Use and Misuse)

Environmental, Information Dissemination, and Education strategies were chosen in light of ACBH's desire to have a more county-wide impact through joint participation in policy and advocacy development and educational and awareness campaigns. Alternatives Strategy was chosen as an option to provide culturally-responsive activities, at the individual, family and community-based levels. Finally, Community-Based Process was selected to include coalition building and networking among stakeholders within and outside of ACBH.

Priority #3: Older Adult Prescription Drug Interaction

Education, Information Dissemination, and Community-based process strategies were chosen to increase provider's capacity to 1) receive pertinent trainings to fill the knowledge gaps of staff and 2) to transfer knowledge to the older adult community via educational workshops, written materials and web-based content. Alternatives Strategy can assist in reducing social isolation through the creation of safe spaces and activities in which older adults can socialize, learn and discuss PPv and other related information. Community-based Process will help increase the sharing of knowledge and information throughout the ACBH older adult system (Prevention and SUD) and support collaboration.

Logic Model(s)

Priority Area: Alcohol

Problem Statements: Youth: 1) Underage drinking rates are high due to frequent use (past 30-day), increased retail availability, and low perception of harm. Older Adult: 2) Binge drinking (volume) by older adults is increasing due to the lack of education around consumption of alcohol with other substances.

Goal (Behavioral Change): Decrease underage drinking for youth and older adult alcohol consumption.

Objectives	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
By 2024, the number of middle school students reporting past 30-day alcohol use will decrease by 3% as measured by CHKS.	Education Alternatives	By 2020, serve 200 middle school students in community and school-based educational programs. By 2020, provide 20 presentations annually about the dangers and effects of underage drinking.	By 2022, middle school students will increase decision making skills to avoid using alcohol by 3% as measured by pre/post-tests and focus group.	In 2024, the number of middle school students reporting past 30-day alcohol use will have decreased by 3% as measured by CHKS.	CHKS Pre-post test Focus Group National Survey on Drug Use and Health (NSDUH)

By 2024, youth will increase their perception that underage drinking is harmful by 3% as measured by CHKS.	Education	By 2020, serve 200 students in community and school-based educational programs. By 2020, provide 20 presentations annually about the dangers and effects of underage drinking.	By 2022, youth will increase their perception that underage drinking is harmful by 1% as measured by CHKS, pre/post-test, and focus group.	In 2024, youth have increased their perception that underage drinking is harmful by 3% as measured by CHKS, pre/post-test, and focus group.	CHKS Pre/Post test Focus Group
By 2024, reduce retail availability of alcohol to minors by 5% as measured by the Alcohol Beverage Control infractions.	Environmental	By 2021, conduct 10 RBS trainings with identified retail establishments who have underage alcohol infractions. By 2021, develop and implement retailer education programs about the legal ramifications and social/health consequences of underage drinking.	By 2022, retailers will increase their knowledge about the legalities of supplying alcohol to minors by 2% as measured by pre/post-test.	In 2024, retail availability of alcohol to minors will be decreased by 5% as measured by the Alcohol Beverage Control infractions.	Pre/Post test Alcohol Beverage Control Alameda County Sheriff's Department
By 2024, older adults will decrease binge alcohol use by 3% as measured by CHIS.	Information Dissemination Education Alternatives	By 2021, provide 20 presentations annually about the dangers and effects of binge drinking. Use language and culturally-specific	By 2023, older adults will have increased their knowledge about the harmful consequences of excessive binge drinking by 2% as measured by pre/post-	In 2024, older adults will decrease binge alcohol use by 3% as measured by pre/post-test, focus group, and CHIS (CA	CHIS Pre-post test Focus Group

		programming as indicated. By 2021, serve 50 older adults in community-based educational programs or workshops. Use language and culturally-specific programming as indicated. By 2021, provide five annual field trips for social engagement. By 2022, implement three "Friendly Visitor" programs.	test, focus group, and CHIS. By 2023, older adults will have improved their skills in decision-making and judgment regarding the use of alcohol by 2% as measured by pre/post-test and focus group. By 2023, older adult program participants will report feeling less stigmatized and more comfortable about talking with service providers about alcohol use by 2% as measured by pre/post-test and focus group. By 2023, older adult participants will report feeling more socially connected and less isolated by 2% as measured by pre/post-test and focus group.	Health Interview Survey).	

Priority Area: Cannabis

Problem Statements: Youth: 1) Cannabis use rates are high because cannabis is increasingly available (retail), and youth have a low perception of harm.

Older Adult: 2) Cannabis consumption by older adults is increasing due to the lack of education around consumption and medicine safety.

Goal (Behavioral Change): Decrease cannabis use among youth and use and misuse among older adults.

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
By 2024, youth will increase their perception that underage cannabis use is harmful by 3% as measured by CHKS.	Education Environmental Community-Based Process Alternatives	By 2020, serve 200 students in community and school-based educational programs. By 2021, provide 20 presentations annually about the harmful effects of underage cannabis use. By 2022, provide 10 cannabis-related trainings to youth in Alameda County.	By 2023, youth will increase their perception that underage cannabis is harmful by 1% as measured by CHKS and/or pre/post-test.	In 2024, youth will have increased their perception that underage cannabis use is harmful by 3% as measured by CHKS.	CHKS Pre/Post-test Focus group
By 2024, reduce retail availability of cannabis to minors by 3% as measured by CHKS, pre/post-tests and focus groups.	Environmental Community-Based Process	By 2021, create two environmental strategies to counter cannabis marketing/advertising (in proximity to schools and recreation centers) practices that appeal to youth.	By 2023, partner to create or actively support an ordinance in two cities that prohibit cannabis businesses from being within 1,000 feet of schools or recreation Centers.	In 2024, retail availability of cannabis to minors will decrease by 3% as measured by CHKS, pre-post-tests and focus groups.	CHKS Pre/Post-test Focus group
By 2024, older adults will decrease cannabis use in combination with prescription and/or other drugs by 3%	Information Dissemination Education Community-Based Process	By 2020, serve 50 older adults in community-based educational programs or workshops. Use language and culturally-specific	By 2023, older adults will have increased their knowledge about the harmful consequences of cannabis use in	By 2024, older adults will have decreased cannabis use in combination with prescription and/or other	Pre-post tests Focus Group

as measured by pre/post-test.	Alternatives	programming as indicated. By 2020, provide 20 presentations annually about the dangers and effects of cannabis use in combination with prescription and/or other drugs. Use language and culturally-specific programming as indicated. By 2021, provide five annual field trips for social engagement. By 2022, implement three "Friendly Visitor" programs.	combination with prescription and/or other drugs by 2% as measured by pre/post-test and focus group. By 2023, older adults will have improved their skills in decision-making and judgment regarding the use of cannabis by 2% as measured by pre/post-test and focus group. By 2023, older adult program participants will report feeling less stigmatized and more comfortable about talking with service providers and stakeholders about AOD use by 2% as measured by pre/post-test and focus group. By 2023, older adult participants will report feeling more socially connected and less isolated by 2% as measured by pre/post-test and focus group.	drugs by 3% as measured by pre/post-test.	

Priority Area: Prescription Drugs

Problem Statement: Older Adult: 1) Prescription drug consumption by older adults is increasing due to the lack of education around consumption and medicine safety.

Goal (Behavioral Change): Decrease older adult Prescription drug misuse

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	**Intermediate Outcomes**	**Long Term Outcomes**	
By 2024, older adults will decrease prescription drug misuse in combination with alcohol and/or other drugs by 3% as measured by pre/post-test.	Information Dissemination Education Community-Based Process Alternatives	By 2020, serve 50 older adults in community-based educational programs or workshops. Use language and culturally-specific programming as indicated. By 2020, provide 20 presentations annually about the dangers and effects of drinking in combination with prescription and/or other drugs. Use language and culturally-specific programming as indicated. By 2021, provide five annual field trips for social engagement	By 2023, older adults will have increased their knowledge about the harmful consequences of drinking in combination with prescription and/or other drugs by 2% as measured by pre/post-test and focus group. By 2023, older adults will have improved their skills in decision-making and judgment regarding the use of AOD by 2% as measured by pre/post-test and focus group. By 2023, older adult program participants will report feeling less stigmatized and	By 2024, older adults will have decreased prescription drug misuse in combination with alcohol and/or other drugs by 3% as measured by pre/post-test.	Pre-post tests Focus Group

		By 2022, implement three "Friendly Visitor" programs	more comfortable about talking with service providers and stakeholders about AOD use by 2% as measured by pre/post-test and focus group. By 2023, older adult participants will report feeling more socially connected and less isolated by 2% as measured by pre/post-test and focus group.		

Planning Process

ACBH PPv staff collected qualitative data from the ACBH provider focus group and questionnaires (refer to the Assessment Chapter). ACBH PPv staff also incorporated the feedback from various county work groups (refer to the Assessment Chapter). Based on this information, PPv staff determined a need to include Environmental Strategy, particularly for youth services, in the plan.

Alameda County is one of the most diverse counties in the state. ACBH is committed to ensure that PPv services are implemented in full alignment with required CLAS Standards. ACBH intends to increase knowledge among its internal staff as well as commit resources to provide technical assistance to contracted providers on the potential positive impacts of the implementation of environmental strategies on communities of color. Further, the PPv staff will coordinate with contracted provider organizations to ensure that their promotional materials and planned alternative and education activities are presented with appropriate and relevant language and cultural perspectives of target populations (i.e. youth, young adults, older adults, families; English language learners; mono-lingual, etc.).

This SPP did not identify health disparities as a prioritized risk factor. However, ACBH does recognize the existence of significant health disparities in Alameda County. One potential utilization of the environmental strategy will be to reduce the access and availability of AOD in areas within the county where there is an overabundance of highly-visible commercial advertising and promotion, typically in lower-income communities.

Cultural Competence

Existing PPv providers are contractually required to implement CLAS standards which include developing programs that are culturally sensitive and are in alignment with the needs, preferences and norms of the diverse communities they serve. As ACBH makes plans to re-procure youth services, some of the criteria for evaluation will include the experience providers have: conducting culturally relevant needs assessments and implementing and evaluating culturally competent programming; developing promotional materials and welcoming practices

within the program's service delivery environments that reflect language(s) and culture(s) of the communities providers serve; and incorporating staff's diverse experience and wisdom about outreach, engagement and service delivery in program planning, implementation and evaluation. Deliverables and outcomes demonstrating cultural competence will also be embedded in these new contracts.

Finally, current and future service providers must demonstrate cultural competence by implementing mechanisms to collect information from community members prior to program planning, during service delivery, and post-intervention. This data will identify needs and protective factors that programs should address.

PPv staff will continue to connect PPv providers with the ACBH Office of Ethnic Services, which sponsors various CLAS trainings and offers other resources such as organizational development technical assistance, program planning support and networking across provider groups.

Sustainability

PPv internal staff will gather input from stakeholders via biennial (i.e. every other year) focus groups and key informant interviews to identify individuals within and external to the county to serve as leaders and champions in the county's plan implementation. It is the intention that these identified leaders and champions will be connected to local community and school-based organizations, workgroups, and/or coalitions that work to reduce risk factors and increase protective factors around alcohol and cannabis use and prevention.

CHAPTER V – IMPLEMENTATION

ACBH currently contracts with six youth-serving and two older-adult serving providers. ACBH will issue a Request for Proposal in December 2019 to procure new youth services for the fiscal year 2020-2021 and beyond. This implementation plan aligns the new SPP goals and objectives with the current program's implementation for the 2019-2020 program year. The current PPv program features a county-wide geographic reach that delivers youth serving programs primarily in school and community-based environments and older adult services in senior center and residential locations. Most programs follow an evidence-based program standard and all programs are designed and delivered with culturally-responsive content. ACBH has instituted a practice requiring all providers to annually report on the ways in which their programming adheres to CLAS standards.

The prior SPP implemented the following CSAP Strategies: Education, Alternatives, Information Dissemination, and Problem Identification and Referral. Newly procured youth programming will continue to be evidence-based, culturally-responsive, and implemented county-wide. The new RFP will include all of the CSAP Strategies. The Implementation Plan will be updated and adjusted in early fiscal year 2020-2021 to reflect the addition of the newly contracted providers and new services in alignment with the SPP goals and objectives. This update is projected to take place in May-July of 2020.

The first table below represents the implementation plan for Year 1 of this Strategic Plan for services targeting youth. ACBH will re-procure services via competitive request for proposal (RFP) process for youth services as described above.

Program: Alameda County Primary Prevention (PPv) Youth-Serving Programs For FY 19-20, these programs are implemented by the following contracted providers: *New Bridge Foundation; Project Eden (Horizon Services); Uplift Family Services; Native American Health Center; Axis Community Health* and *Filipino Advocates for Justice.* All these programs use evidence based content and similar strategies to serve youth and their families in community- and school-based environments.
Goals: • Decrease underage and binge drinking among youth. • Decrease cannabis use among youth.
Objectives: • By 2024, the number of middle school students reporting past 30-day alcohol use will decrease by 3% as measured by CHKS. • By 2024, youth will increase their perception that underage drinking is harmful by 3% as measured by CHKS. • By 2024, reduce retail availability of alcohol to minors by 5% as measured by Alcohol Beverage Control infractions. • By 2024, reduce availability of cannabis to minors by 3% as measured by CHKS.

IOM Categories: Universal, Selective, Indicated		**Population:** Youth and their Parents, Caregivers and Families	
Major Tasks	**Timelines**	**Responsible Party**	**Strategies**
Implement evidence-based and culturally-relevant youth-serving programming in schools and after-school community-based programs. Use curriculum content to decrease alcohol use and increase perception of harm.	7/1/19-6/30/20	ACBH and Contracted Service Providers	Alternative Activities; Education; Problem ID/Referral; Information Dissemination
Provide training and other staff development activities for internal PPv staff and contracted service providers.	Semi-annually, 2019; 2020	ACBH Operations	
Conduct monitoring via site visits of programs to ensure fulfillment of contract deliverables.	Annually, 2019	ACBH Network Office and Operations	
Prepare internal request and compose scope of work for PPv procurement. Bring internal awareness of procurement plan (as appropriate) to internal stakeholders and workgroups and policy makers. Attend meetings and forums and present on PPv youth-serving program.	July, 19-Nov.19	ACBH Operations	

Program: Alameda County Primary Prevention (PPv) Older Adult-Serving Program

For FY 19/20-23/24, these programs are implemented by the following contracted providers: *Senior Support Program of the Tri-Valley* and *St. Mary's Center.* Both of these programs use evidence based content and similar strategies serving older adults in residential and senior center environments.

Goals:

- Decrease binge drinking among older adults.
- Decrease cannabis use and misuse among older adults.
- Decrease older adult prescription drug misuse.

Objectives:

- By 2024, older adults will decrease binge alcohol use by 3% as measured by CHIS.
- By 2024, older adults will decrease cannabis use in combination with prescription and/or other drugs by 3% as measured by pre/post-test.
- By 2024, older adults will decrease prescription drug use in combination with alcohol and/or other drugs by 3% as measured by pre/post-test.

IOM Categories: Universal, Selective		**Population**: Older Adults	
Major Tasks	**Timelines**	**Responsible Party**	**Strategies**
Implement evidence-based and culturally-relevant older adult-serving programming in residential and senior center environments. Use curriculum content to decrease binge drinking and cannabis use.	7/1/19-6/30/20	ACBH and Contracted Services Providers	Alternative Activities, Education; Information Dissemination
Provide training and other staff development activities for internal PPv staff and contracted service providers.	Semi-annually, 2019; 2020	ACBH Operations	
Conduct monitoring site visits of programs to ensure fulfillment of contract deliverables.	Annually, 2019	ACBH Network Office and Operations	
Bring internal awareness of older adult-serving program to internal stakeholders and policy makers and external stakeholders. Attend meetings and forums and present on PPv older adult-serving program.	Ongoing	ACBH Operations	

This table represents ACBH's implementation plan after the re-procurement of services for youth for Year 2-5.

Program: Alameda County Primary Prevention (PPv) Youth-Serving Programs for FY 20/21 to 23/24 – Contract Providers: TBD post-procurement.			
Goals: • Decrease underage and binge drinking among youth. • Decrease cannabis use among youth.			
Objectives: • By 2024, the number of middle school students reporting past 30-day alcohol use will decrease by 3% as measured by CHKS. • By 2024, youth will increase their perception that underage drinking is harmful by 3% as measured by CHKS. • By 2024, reduce retail availability of alcohol to minors by 5% as measured by Alcohol Beverage Control infractions. • By 2024, reduce availability of cannabis to minors by 3% as measured by CHKS.			
IOM Categories: Universal, Selective, Indicated		**Population:** Youth and their Parents, Caregivers and Families	
Major Tasks	**Timelines**	**Responsible Party**	**Strategies**
Release RFP Scope of Work with specific request for culturally-responsive, evidence-based programming to address the Plan goals as well as a formal bi-annual program evaluation requirement.	January, 2020	ACBH Network Office and Operations	Alternative Activities, Education; Information Dissemination; Community-Based Process; Environmental
Award contracts for annual terms and provide technical assistance for program start up.	July 2020-June 2021	ACBH Network Office and Operations	
Implement evidence-based and culturally-relevant youth serving programming in schools and after-school community-based programs.	By June 30, 2020	ACBH Operations	
Provide training and other staff development activities for internal PPv staff and contracted service providers.	Semi-annually, 2019; 2020	ACBH Operations	

Conduct monitoring via site visits of programs to ensure fulfillment of contract deliverables. Initiate plan for first formal evaluation process. Update SPP Implementation Plan to reflect new system providers.	Annually, 2019 By June, 2021 By June 30, 2020	ACBH Network Office and Operations ACHB Operations ACBH Operations	

Youth (and their parents, caregivers and families)

This population was identified under the scope of work in the prior procurement for services. The current youth providers represent programs which serve youth primarily from Native American, Filipino, African American, Latino, and White backgrounds. Other populations, in smaller numbers, are also served through these programs. The PPv CSAP Strategies currently in use (Alternative Activities, Education, Information Dissemination; Community-Based Process and Problem ID and Referral) feature culturally relevant, Evidence-Based Program standards. In the newly procured scope of services, the selected strategies will be fully aligned with the population's needs as identified in this plan's Needs Assessment section and in fulfillment of the outcomes, also outlined in this plan.

Older Adults

Older Adults are the identified population to be served in PPv under the current year's program. ACBH currently contracts with two senior-serving agencies who have demonstrated their ongoing Mental Health and AOD Prevention expertise and knowledge in serving the county's older adults. This population was identified under the scope of work in the prior procurement for services. The older adult providers successfully pair substance use prevention content with other prevention-related topics (for example; aging in place; memory care; effective communication with healthcare providers; fall prevention; medication disposal) using approaches which are de-stigmatizing, culturally- and linguistically-sensitive and socially relevant. These providers serve a wide variety of populations, including large populations of African American and Asian seniors. In response to South County participants' requests, services in the region are delivered in both Mandarin and Cantonese. The county's older adult prevention services are delivered only in North and South County regions. The existing PPv CSAP Strategies currently in use (Alternative Activities, Education and Information Dissemination) feature culturally relevant, Evidence-Based Program standards. Services to older adults will not be re-procured in this plan. These selected strategies are fully aligned with the population's needs as identified in this plan's Needs Assessment section and in fulfillment of the outcomes, also outlined in this plan. The negotiated contracts for the older adults 2020-2021 programs may reflect revised deliverables to further align service delivery to this plan.

RFP Timeline

Year 1: Concurrent to the release of the RFP for youth, ACBH PPv staff will share the approved SPP with PPv system providers, ACBH executive leadership, operational leads, contracts unit, and county workgroup participants. PPv staff and the ACBH procurement team will compose the scope of work, develop an RFP timeline, create a promotion plan, evaluate proposals, and award contracts.

Year 2-5: Once allocations and awardees are confirmed and approved by the Board of Supervisors, PPv staff will work to facilitate the newly forming youth serving system in coordination with the existing older adult PPv system to provide start up support to new contractors and technical assistance to continuing (if any) contractors around data collection and reporting, evaluation, and organizational development. Staff will implement a quarterly productivity check in system in year 2 of this plan to track deliverables. Staff will also build cross-county partnerships to leverage training and resources.

Cultural Competence & Sustainability

Internal partners will help to develop the RFP scope of work in alignment with the SPP and the county's larger AOD Prevention efforts. Stakeholder input will be integrated via needs assessment activities in Year 1, the results of which will inform the development of the scope of work. The following efforts to build system sustainability will continue and be embedded in the procurement scope of work and ongoing implementation: a wide geographic distribution of programming throughout the county; programs which identify and serve cultural and language-specific populations in alignment with CLAS requirements; separate and distinct evidence-based programming for youth and their families and older adults.

PPv staff will provide ongoing technical assistance to providers to implement SPP goals within their current scopes of work and to assist in fulfilling deliverables as needed in Year 1. As mentioned in the capacity building chapter, ACBH will lead efforts to independently collect needs assessment data from target populations, stakeholders, and community members in 2019 to inform the development of the scope of work for Year 2 and beyond.

Chapter VI - Evaluation

Data Collection & Methodology

Alameda County will conduct a comprehensive evaluation of the SPP's activities and outcomes for 2019-2024. The evaluation will use a mix-method design, utilizing both quantitative (surveys, pre/post-tests) and qualitative (focus groups, key informant interviews, and town hall discussions) data for both process and outcome evaluation. Descriptive statistics will be used to analyze quantitative data and content analysis will be used to assess the qualitative data.

The process evaluation will assess the ways in which contracted service providers are implementing the prevention strategies and overall programming. The evaluation team will monitor the progress of providers using year-end reports, meeting agendas, sign-in sheets, meeting minutes, program promotional materials, and participant surveys when appropriate. This data will be collected annually. Please see the matrix below for details.

The outcome evaluation will assess the achievement of the outcomes related to the priority areas identified in the assessment chapter. The PPv evaluation team will review several sources of data including the CHKS, CHIS, pre/post-tests, focus groups and data collected and generated by prevention providers. The procurement period for youth programs will begin fiscal year 2020-2021. Therefore, the first round of data (for both youth and older adult programs to ensure a synchronized process) will not be available for collection and review until fiscal year 2021-2022. Outcome data will be collected biennially from providers. Tools such as CHKS and CHIS are administered state-wide with their own external timelines. Data from these two tools will be included in the evaluation as it becomes available. Other data collection tools such as pre/post tests and focus groups will be designed by the evaluation team and implemented in collaboration with providers.

Once analyzed, the data will be used to evaluate fulfillment of SPP objectives and achievement of provider contract deliverables and will be used to direct future program planning. The data will also provide feedback to providers and community members as a form of accountability.

PPv programming will be evaluated every two years. The evaluation report will be shared internally and with external partners and stakeholders to demonstrate transparency around program success, effectiveness and system challenges.

Roles and Responsibilities

ACBH PPv staff will work with an evaluator and the PPv Evaluation Team to implement the evaluation plan, assess outcomes achieved, and make recommendations to ACBH around annual provider contract renewal. Responsibilities of the PPv Evaluation Team will include creating data collection protocols and timelines, reviewing agendas, sign-in sheets and data reports from providers, analyzing data from the CHKS, CHIS, NSDUH, Alcohol Beverage Control (ABC), and Alameda County Sheriff's Office (ACSO), creating pre/post assessment tools to assess identified outcomes, collecting all of the pre/post assessments and conducting the focus groups.

In addition, identified outcomes and timelines will be included into contracted deliverables.
Providers will also be responsible for working with PPv staff and the evaluation team to assist in arranging focus groups.

The following matrix describes the specific elements of the evaluation plan.

ACBH Prevention Evaluation Work Plan

Objective: By 2024, the number of middle school students reporting past 30-day alcohol use will decrease by 3% as measured by CHKS.

Objective: By 2024, youth will increase their perception that underage drinking is harmful by 3% as measured by CHKS.

Objective: By 2024, reduce retail availability of alcohol to minors by 5% as measured by the Alcohol Beverage Control infractions.

Proposed Indicators	Data Collection Tools and Strategies	Data Collection Process	Timeline
Alcohol (Youth)			
(Short-term)			
Number of middle school participants served in community and school-based educational programs.	Agendas, sign-in sheets	Providers collect and submit to ACBH PPv Evaluation Team annually.	End of FY 21-22
Number of presentations about the dangers and effects of underage drinking.	Agendas, sign-in sheets		End of FY 21-22
Number of RBS trainings with identified retail establishments who have underage alcohol infractions.	Agendas, sign-in sheets		End of FY 21-22
Implement retailer education programs about the legal ramifications and social/health consequences of underage drinking.	Agendas, sign-in sheets		End of FY 21-22
(Intermediate)			
Number and percent of middle school participants that increase decision making skills to avoid using alcohol by 3%.	Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from participants every other year (biennially).	End of FY 23-24
Number and percent of youth participants that increase their perception that underage drinking is harmful by 1%.	Pre/Post-survey, focus group		End of FY 23-24
Number and percent of retailers that increase their knowledge about the illegalities of supplying alcohol to minors by 2%	Pre/Post-survey, focus group		End of FY 23-24

(Long-term)			
Number and percent of middle school participants reporting past 30-day alcohol use will have decreased by 3%.	CHKS, NSDHU	Providers assist ACBH PPv Evaluation Team to collect data from providers and participants by end of FY 23-24.	End of FY 23-24
Number and percent of youth participants that increase their perception that underage drinking is harmful by 3%.	CHKS, Pre/Post-survey, focus group		End of FY 23-24
Retail availability of alcohol to minors will be decreased by 5%.	Alcohol Beverage Control, ACSO		End of FY 23-24
Alcohol (Older Adult)			
(Short-term)			
Number of presentations about the dangers and effects of binge drinking.	Agendas, sign-in sheets	Providers collect and submit to ACBH PPv Evaluation Team annually.	End of FY 21-22
Number of older adult participants served in community-based educational programs or workshops.	Agendas, sign-in sheets		End of FY 21-22
Number of annual field trips for social engagement.	Agendas, sign-in sheets		End of FY 21-22, FY 23-24
Number of friendly visitor programs implemented.	Agendas, sign-in sheets		End of FY 21-22, FY 23-24
(Intermediate)			
Number and percent of older adult participants that have increased their knowledge about the harmful consequences of excessive binge drinking by 2%.	Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data every other year (biennially).	End of FY 23-24
Number and percent of older adult participants that have improved their skills in decision-making and judgment regarding the use of alcohol by 2%.	Pre/Post-survey, focus group		End of FY 23-24

Number and percent of older adult participants that report feeling more comfortable talking with their healthcare service providers about alcohol use by 2%.	Pre/Post-survey, focus group		End of FY 23-24
Number and percent of older adult participants that report feeling more socially connected and less isolated by 2%.	Pre/Post-survey, focus group		End of FY 23-24
(Long-term)			
Number of older adult participants that decrease binge alcohol use by 3%.	CHIS, Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from providers and participants by end of FY 23-24.	End of FY 23-24

Objective: By 2024, youth will increase their perception that underage cannabis use is harmful by 3% as measured by CHKS.
Objective: By 2024, reduce the retail availability of cannabis to minors by 3% as measured by CHKS, pre/post-test and focus groups.
Objective: By 2024, older adults will decrease cannabis use in combination with prescription and/or other drugs by 3% as measured by pre/post-test.

Proposed Indicators	Data Collection Tools and Strategies	Data Collection Process	Timeline
Cannabis (Youth)			
(Short-term)			
Number of participants served in community and school-based educational programs.	Agendas, sign-in sheets	Providers collect and submit to ACBH PPv Evaluation Team annually.	End of FY 21-22
Number of environmental strategies to counter cannabis marketing/advertising (in proximity to schools and recreation centers) and practices that appeal to youth.	Agendas, sign-in sheets		End of FY 21-22
Number of presentations about the harmful effects of underage cannabis use.	Agendas, sign-in sheets		End of FY 21-22

Number of cannabis-related trainings to youth in Alameda County.	Agendas, sign-in sheets		End of FY 21-22
(Intermediate)			
Number and percent of youth participants that increase their perception that underage cannabis is harmful by 1%.	CHKS, Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from participants every other year (biennially).	End of FY 23-24
Partner to create or actively support an ordinance in two cities that prohibit cannabis businesses from being within 1,000 feet of schools or recreation centers.	Agendas, sign-in sheets		End of FY 23-24
(Long-term)			
Number and percent of youth participants that increase their perception that underage cannabis is harmful by 3%.	CHKS, Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from providers and participants by end of FY 23-24.	End of FY 23-24
Retail availability of cannabis to minors will decrease by 3%.	CHKS, Pre/Post-survey, focus group		End of FY 23-24
Cannabis (Older Adult)			
(Short-term)			
Number of older adult participants served in community-based education programs.	Agendas, sign-in sheets	Providers collect and submit to ACBH PPv Evaluation Team annually.	End of FY 21-22
Number of presentations about the dangers and effects of cannabis use in combination with prescription and/or other drugs.	Agendas, sign-in sheets		End of FY 21-22
Number of annual field trips for social engagement.	Agendas, sign-in sheets		End of FY 21-22, FY 23-24
Number of friendly visitor programs.	Agendas, sign-in sheets		End of FY 21-22, FY 23-24

(Intermediate)			
Number and percent of older adult participants that have increased their knowledge about the harmful consequences of cannabis use in combination with prescription and/or other drugs by 2%.	Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from participants every other year (biennially)	End of FY 23-24
Number and percent of older adult participants that have improved their skills in decision-making and judgment regarding the use of cannabis by 2%.	Pre/Post-survey, focus group		End of FY 23-24
Number and percent of older adult participants that will report feeling more comfortable about talking with their health care service providers about AOD use by 2%.	Pre/Post-survey, focus group		End of FY 23-24
Number and percent of older adult participants report feeling more socially connected and less isolated by 2%.	Pre/Post-survey, focus group		End of FY 23-24
(Long-term)			
Number and percent of older adult participants that decreased cannabis use in combination with prescription and/or other drugs by 3%.	Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from providers and participants by end of FY 23-24.	End of FY 23-24

Objective: By 2024, older adults will decrease prescription drug use in combination with alcohol and/or other drugs by 3% as measured by pre/post-test.

Proposed Indicators	Data Collection Tools and Strategies	Data Collection Process	Timeline
Prescription Drug (Older Adult)			
(Short-term)			
Number of older adult participants served in community-based education programs.	Agendas, sign-in sheets	Providers collect and submit to ACBH PPv Evaluation Team annually.	End of FY 21-22

Number of presentations about the dangers and effects of drinking in combination with prescription and/or other drugs.	Agendas, sign-in sheets		End of FY 21-22
Number of annual field trips for social engagement.	Agendas, sign-in sheets		End of FY 21-22, FY 23-24
Number of friendly visitor programs implemented.	Agendas, sign-in sheets		End of FY 21-22, FY 23-24
(Intermediate)			
Number and percent of older adult participants that have increased their knowledge about the harmful consequences of drinking in combination with prescription and/or other drugs by 2%.	Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from participants every other year (biennially).	End of FY 23-24
Number and percent of older adult participants that have improved their skills in decision-making and judgment regarding the use of AOD by 2%.	Pre/Post-survey, focus group		End of FY 23-24
Number and percent of older adult participants that report feeling more comfortable about talking with their healthcare service providers about AOD use by 2%.	Pre/Post-survey, focus group		End of FY 23-24
Number and percent of older adult participants that report feeling more socially connected and less isolated by 2%.	Pre/Post-survey, focus group		End of FY 23-24
(Long-term)			
Number and percent of older adults that have decreased prescription drug use in combination with alcohol and/or other drugs by 3%.	Pre/Post-survey, focus group	Providers assist ACBH PPv Evaluation Team to collect data from providers and participants by end of FY 23-24.	End of FY 23-24

Reporting Evaluation Results (Dissemination Plan)

At evaluation intervals, the PPv Evaluation Team will compose a report along with a summary of "key findings" to be disseminated to the Alameda County Health Care Services Agency, ACBH and its executive leadership and the Alameda County Board of Supervisors. PPv staff will also distribute the report via internal and external ACBH web postings. PPv staff will share and present key findings with the following stakeholders:

- ACBH PPv Provider Group and SUD Treatment Provider Group;
- Community Members and School Staff/Administrators (including those who participated in focus groups and/or gave feedback);
- Various SUD-related work groups (e.g. Cannabis Human Impacts Subcommittee of Alameda County; Interdepartmental Cannabis Working Group, Cannabis Education for Youth and Adults (CEYAA), Eden Area Alcohol Policy Working Group and various community forums.)

Cultural Competence

PPv staff will involve participants, community members and providers during the data collection process in order to include the voices of youth, families, and older adults. PPv staff will work closely with ACBH's contracting unit to monitor that providers are meeting their contract deliverables, impact and quality measures, and implementing programs adhering to CLAS standards.

Sustainability

PPv staff along with the evaluator will analyze collected data as outlined in this chapter and will use the first evaluation interval to reinforce program quality improvement for future evaluations.

VII: ATTACHMENTS

Attachment A - Focus Group Questions

1. What kinds of specialized knowledge about prevention research, theory or practice do you bring to your work in primary prevention?
2. What kinds of technology do you use in your work?
3. What do you consider to be the strengths of your organization? (Probe, such as mission, leveraging, funding, relationships, growth, training).
4. What are your main barriers or challenges in providing primary prevention services?
5. Who are your organizational partners? How do they help increase your capacity to provide primary prevention services?
6. In what ways does the County support your organization's capacity to serve clients?
7. In an ideal world, what resources would you like the county to provide to support your capacity
8. Over the next 2 to 3 years, what opportunities do you think your organization will face to provide primary prevention services?
9. What challenges to you foresee for the next 2-3 years?
10. What resources would help you to overcome those challenges?
11. Do you have any other comments?

Attachment B: Provider Questionnaires

Youth Serving Providers were asked the following open-ended questions:

- What are some of the substances you see your youth participants currently using most?
- What age groups are currently being most affected?
- What particular issues are members of ethnic groups currently experiencing? Do you notice boys having particular issues different from girls?
- What are some programmatic aspects that you see working best right now?
- What would you need to make your program more effective with the problems you see?
- What cultural-based aspects work best?
- What makes your program effective now?
- What about your parents? What needs to they have? Are there particular issues for parents of color? Middle school versus high school parents?
- Are there regional specific issues that are happening for your students? What are they are what issues are they specific to?
- What is the heart of the work right now?
- Anything else?

Older Adult Serving Providers were asked the following open-ended questions:

- What are some of the primary issues that you are seeing presenting for older adults and use of marijuana, alcohol or prescription drugs (or a combination)?
- Do you have any data to support what you think is happening (studies, reports, your own information collection)?
- What are some of the protective factors that older adults in your communities experience? For example: family, religious affiliation, your program, primary care access, supportive friends).
- What are some of the risk factors that older adults in your community experience? For example: isolation, poor physical health, dislocation from family, alcohol use combined with prescription misuse, etc.)

Attachment C

Findings from ACBH Contracted Provider Focus Group (April 2018)

ACBH efforts to assess the needs and capacity of its Primary Prevention Contracted Services Network included a live focus group in April 2018. In order to ensure the inclusion of multiple voices across the system of care, the County's nine primary prevention contracted providers were invited to participate in the focus group. The focus group was co-planned with PPv staff and administered by Alameda County Health Care Services Agency's Community Assessment, Planning and Evaluation (CAPE) Unit. The focus group was held at ACBH offices and was recorded by a note taker and led by a facilitator (both CAPE staff) who summarized and analyzed the input to identify key themes and recommendations. Eight individuals representing eight community-based providers attended the event. Participants openly discussed their ideas, concerns and guidance for their agencies as a collective prevention system; their organization's protective factors and challenges related to service delivery and their relationship to ACBH as contracted providers. The session focused on discussion in the following key areas: ***Prevention Theories and Practices; Technology Supports; Barriers to Service; Organizational Partners and Desired County Support.***

The responses were analyzed by a PPv staff to isolate recurring themes and specific issues of concern to contracted providers. A summary of themes which emerged from the focus group discussion is summarized as follows:

Prevention Theories and Practices: Connection

The largest recurring theme in this section was the idea of connection. Most of the providers expressed that when delivering services, they are trying to facilitate a connection from client to family and/or a connection to their culture. In order to do that, some of the providers indicated that they use evidence-based models that include family components and/or are culturally responsive. Some of the culture curriculums are about creating a sense of hope and belonging. Family curriculums include concepts such as empowerment, and teaching clients how to think for themselves and make positive choices. Other family service components incorporate approaches like understanding the role that families play in prevention and understanding community resiliency by identifying family and historical traditions.

Technology Supports

Technology is being used in primary prevention practices. Watching instructional videos (mostly on computers/laptops) seems to be most common use of technology to enhance client learning, followed by listening to music to boost brain development. One organization indicated that they use digital storytelling as a tool. Some participants mentioned the use of interactive social media campaigns to and expand community outreach. Other participants discussed wanting to increase the utilization of technology to create more platforms for building soft skills, such as entrepreneurship, or offering internship opportunities.

Barriers to Service

Funding: According to focus group participants, funding is the largest barrier to service. The general agreement is that there is not enough funding. Funding restrictions are rigid and limit the scope, which make it extremely difficult to reach everyone in any community. Participants agree that more funding flexibility and increasing service capacity would allow providers to reach more of the unserved populations.

Stigma: During this discussion, a few comments addressed the issue of stigma. One participant noted the challenges of stigma in the home and in the community. And as many of these providers work to prevent substance use and abuse, another participant expressed the importance of removing the stigma that is associated with drug use.

Independent Services: At the provider level, a participant indicated that it was challenging to work cohesively with schools in order to provide effective services without breaching confidentiality. It seems counselors or administrators occasionally want to know more client information. According to another participant, there are also issues with the lack of connectivity at the county level. Better communication and consistent messaging coming from the top down to the primary prevention providers are much needed. When multiple agencies are not on the same page and offering different messages, it gets confusing for providers. To address this particular issue, participants requested the opportunity or space for more cross-collaboration, where they could meet a few times a year to talk about what their programs are doing, how they are collaborating with others, problems and solutions. Participants also seemed to appreciate having everyone at the table for the focus group and asked if they could have more conversations like these.

Organizational Partners and Desired County Support

The primary prevention providers formed relationships with various organizations in the county to help accommodate the diverse needs of their clients. The following list includes some examples of collaborations:

- West Oakland Public Library provides a space for programs and helps identify families that they see on a regular basis.
- School districts such as OUSD and other community -based organizations (CBO)'s in the community provide art programs to program participants.
- Intertribal Friendship House in Oakland facilitates workshops.
- Providers use culturally specific agencies, recreation centers during the summer time or health centers within the schools.
- Providers also work with county sheriff and police departments to support issues with young people and help schools.
- Other specific programs or organizations that providers have collaborated with include: American Indian Child Resource Center, Youth Uprising, Berkeley Youth Alternatives, Oakland Housing Authority, and the Friendship House in San Francisco.

More Funding: An increase in funding was the largest request made of focus group participants. Multiple providers said they would like to dispense more incentives e.g. stipends, Clipper Cards and other essential resources like backpacks to their clients. One participant said they would like developmental funds in order to provide a continuity of care. This would allow them to provide services to an individual over a number of years.

Trainings: Participants have also requested more training to help boost their capacity e.g. Train the Trainers, Trauma Informed Care, Environmental Prevention. If certain trainings were not free, participants would like the cost to be covered by the county.

Focus and Direction: During the discussion, participants expressed the need for more clarity and direction from ACBH. According to some participants, ACBH has become fragmented. Participants would like to see a more cohesive and collaborative system. They also said that in the beginning, there was clearer guidance in the direction of prevention efforts but that services have moved away from environmental prevention. This is an area where providers would like to refocus their efforts.

Attachment D

Findings from ACBH Contracted Provider Survey, Nov/Dec 2018.

Six of the eight primary prevention contractors serving youth and their families were requested to respond to the questionnaire in November 2018. The two ACBH contracted prevention providers which serve older adults were invited to participate in a separate questionnaire in December 2018. The timing of the questionnaires corresponded with a surge of interests, concerns and uncertainties around emerging anecdotal reports and potential future impacts of cannabis legalization (for adults) on the county's youth and older adult populations.

Regarding youth cannabis use, the questionnaire asked respondents to comment on changes that they noticed within their specific client populations by age groups, gender, ethnicity and geographic region. Further, respondents were asked to describe which aspects of their programs seemed to be meeting emerging needs for youth and what resources might make their programs more able to meet those needs. The survey also asked about successful cultural-based programmatic aspects for youth. Finally, respondents were asked about changing needs of parents across all ethnicities of middle school versus high school students. Only five of the eight contracted providers responded to the survey. One of the remaining two contractors ceased delivering services for the county at the time the questionnaire was distributed. The responding organizations represented a north to south county-wide geographic range.

The questionnaire regarding older adults asked respondents to comment on emerging issues regarding marijuana, alcohol, and prescription drug use and risk and protective factors. Both prevention older adult contracted providers responded to the questionnaire. The responses for both questionnaires were analyzed by an ACBH Primary Prevention staff member to isolate recurring themes and specific issues of concern to contracted providers.

The responses were analyzed by PPv staff to isolate recurring themes and specific issues of concern to contracted providers. A summary of themes which emerged from the survey is as follows:

Youth: Alcohol and Other Drug-Related Issues

- Most widely used substances are alcohol and marijuana
- Impacts appear most widely felt among 14-18 year-old youth
- Risk factors include gang involvement, family and relationship issues, and general life challenges.
- Youth with diagnosed or suspected un- or misdiagnosed depression or other mental health problems are particularly vulnerable.

Youth of Color-Specific Issues

- Black and Latino boys receive harsher consequences around school-based use
- More African American and Latino males are on probation for being under the influence of drugs

Gender-Based Issues

- Girls are more likely to use marijuana in peer groups not combined with other drugs
- Boys are more likely to use marijuana in combination with other drugs, such as alcohol or prescription drugs

- Boys are more likely to engage in risky behaviors: driving under the influence, using and selling on campus.

Current Successful Program Aspects

- Prevention in middle school
- Brief Motivational Interviewing in lieu of school suspension for drug or alcohol use or possession
- Group counseling for youth with early alcohol, tobacco, and other drugs (ATOD) experimentation and use
- Classroom presentations focused on awareness (to facilitate referrals)
- Family case management referrals to community-based organizations
- Culturally-responsive services/bilingual staff
- Engagement with school faculty and administration and campus-based service providers
- Consistency of relationships with youth and their families
- Strong relationships with school sites
- Combined evidence-based practices with other modalities
- Group intervention

Resource Needs

- Increased funding
- Additional school counselors per school site
- School-based restorative practices
- Evidence-based practices
- Ongoing staff training
- More information on cannabis and brain development and the connection between poor cognitive development and poor academic success, poor anger management and mental health challenges
- Strengths-based culturally-responsive programming and services

Parents' Needs

- Unique challenges of parents of color around navigating systems (i.e. probation, law enforcement) and biased school policies and practices; stress and anxiety management; opportunities and spaces to learn about how to support their youth around ATOD use

Region-Specific Issues

- Billboard advertising and prevalence of cannabis dispensaries, especially in Oakland and North and Central County
- Marijuana and alcohol use seem to be more prevalent in less affluent school communities where related issues of community violence and profiling of youth by law enforcement are having greater impacts on youth and their families
- Parents in more affluent communities host parties in their home where ATOD and opioid use is normalized
- The promotion that marijuana use is "ok" for youth is prevalent throughout the county.

Emerging themes from the contracted provider for older adult's questionnaire are summarized as follows:

Alcohol, Marijuana and Prescription Drug-Related Issues

- Lack of medication safety information
- Decreased cognition and medication mishaps
- Medication cessation due to side effects or inability to afford
- Alcohol and medication dependency
- Lack of willingness to change habits despite negative impacts
- Curiosity about medicinal aspects of cannabis and available options

AC Behavioral Health Care Services
Draft Focus Group Questions for Primary Prevention Programs
Scheduled for Friday, October 13 at 2000 Embarcadero Cove from 9:30 to 11:30 am
Draft Agenda

I. Introduction (10 minutes)

A. Thank staff for their participation
B. Explain who we are:
   1. CAPE contracts with BHCSA to assist with data collection and evaluation for Prevention and Early Intervention programs
   2. This focus group will help BHCS to assess the strengths and challenges of our partners who provide SUD primary prevention programs. It is one of several methods that BHCS is using to assess SUD priorities and local capacity to address these priorities. This information will be incorporated into a Strategic Prevention Plan to be submitted to the State Department of Health Care Services.
C. Explain how CAPE will ensure confidentiality in reporting
   1. No names linked to quotes from participants
   2. No identifiers by age, gender, job title etc.
D. Discuss any ground rules or agreements

II. Discussion (70 minutes)

1. What kinds of specialized knowledge about prevention research, theory or practice do you bring to your work in primary prevention?
2. What kinds of technology do you use in your work?
3. What do you consider to be the strengths of your organization? (Probe, such as mission, leveraging, funding, relationships, growth, training).
4. What are your main barriers or challenges in providing primary prevention services?
5. Who are your organizational partners? How do they help increase your capacity to provide primary prevention services?
6. In what ways does the County support your organization's capacity to serve clients?
7. In an ideal world, what resources would you like the county to provide to support your capacity
8. Over the next 2 to 3 years, what opportunities do you think your organization will face to provide primary prevention services?
9. What challenges to you foresee for the next 2-3 years?
10. What resources would help you to overcome those challenges?
11. Do you have any other comments?

III. Wrap-up and Next Steps

A. Thank participants
B. Update them on the Strategic Plan or immediate next steps with BHCS

VIII: Acknowledgments

ACBH Operations is grateful for the commitment, teamwork, mutual support and professionalism of the following staff who dedicated countless hours of planning, research and writing to complete this SPP:

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