



SUBSTANCE USE DISORDER
Strategic Prevention Plan

JULY 2021 - JUNE 2026



Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment



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County Introduction

County Profile

Sacramento County is located in the northern part of California’s Central Valley and borders eight other counties. The Board of Supervisors is the governing body of the County with five members representing one of five County districts. Sacramento County is the eighth (8th) largest county in the State of California with a population of 1,546,000. The County spans 964 square miles with an average of 1,458 persons per square-mile.

The five most populous areas of the County include Sacramento (466,488), Elk Grove (153,015), Arden-Arcade (92,186), Citrus Heights (83,301), and Folsom (72,203). The County is rich with urban, suburban, and rural communities with pockets of affluence and pockets of poverty with some located right next to one another (e.g., the Arden-Arcade). Transportation systems throughout the region include public bus and light rail systems, an international and executive airport, The Port of West Sacramento, and four major highway corridors.

As home of the California State Capitol, the Farm-to-Fork Capital of America, the Sacramento River Delta, 15,000 acres of regional parks, and historical sites and museums, Sacramento County offers fun and adventure for tourists as well as locals.

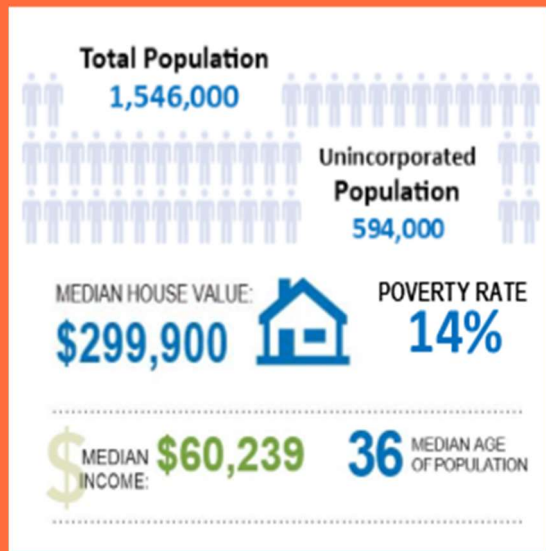
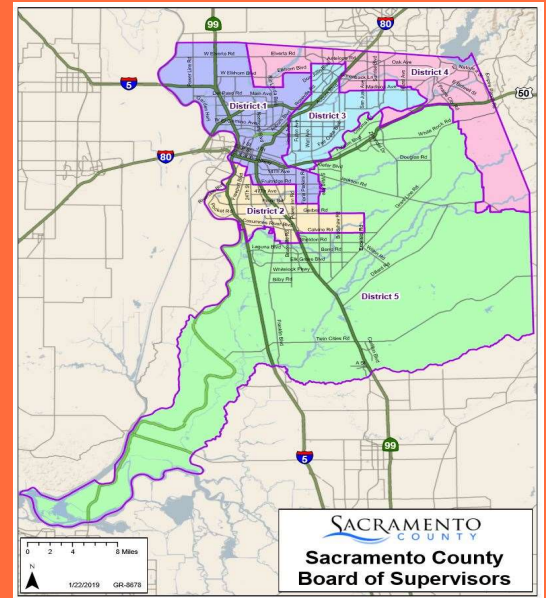
Demographics: According to the July 1, 2019 U.S. Census Bureau population estimates, it is estimated that 30% of the population include children, youth, and young adults (18 years and younger), 55.9% of adults (19-64 years), and 14.1% of older adults (65 years+). The median age is 36 years. There are slightly more females (51.1%) than males (49.9%).

Race and Hispanic Origin	Percentage
Black or African American alone	10.9%
American Indian and Alaska Native alone	1.5%
Asian alone	17.0%
Native Hawaiian and Other Pacific Islander alone	1.3%
Hispanic or Latino (includes persons reporting only one race)	23.6%
White alone, not Hispanic or Latino	43.8%
Two or More Races	6.5%

Source: U.S. Census Bureau (July 1, 2019)

BOARD OF SUPERVISORS

- Phil Serna, District 1
- Patrick Kennedy, District 2
- Rich Desmond, District 3
- Sue Frost, District 4
- Don Nottoli, District 5



Source: Sacramento Year in Review

As the table above illustrates, Sacramento County is ethnically and culturally diverse. The Wilton Rancheria Tribe is the only Federally Recognized Tribe in Sacramento County. Sacramento County is also home to many immigrants and refugee communities with 20.4% of the population being comprised of foreign born persons. Of persons 5+ years of age, 32.4% speak a language other than English at home. Threshold languages for Sacramento County are Arabic, Cantonese (spoken)/Chinese traditional (written), Farsi, Hmong, Spanish, Russian, and Vietnamese.

Employment: Government remains a major employer, with federal, state, and local offices in the region. The State Capitol houses the executive and legislative branches of the California government. Other large employment sectors include education, information technology, health services, leisure and hospitality, and transportation. According to the Sacramento County 2018-19 Year in Review, the median income of the population is \$60,239.

Education: According to the July 1, 2019 U.S. Census Bureau data, educational achievements of the Sacramento County population include 87.4% of persons 25+ years of age have graduated high school and 30.4% have a Bachelor’s degree (or higher). Sacramento County has 13 public school districts (K-Grade 12) and 19 major colleges and universities. The California Department of Education reports that 249,540 students (K-Grade 12) were enrolled for the 2019-20 academic school year in Sacramento County. There are over 108,000 students enrolled in college, annually.

Annual College Enrollments	
American River College	33,616
Cosumnes River College	14,483
Sacramento City College	20,032
Folsom Lake College	8,742
Sacramento State University	31,000+

Commitment to Substance Use Disorder Prevention

Sacramento County Substance Use Prevention and Treatment (SUPT) Services unit facilitates the provision of services across the spectrum of the various substances, such as alcohol, cannabis/marijuana, methamphetamines, and opiates/opioids. [The terms “cannabis” and “marijuana” will be used interchangeably throughout the Strategic Prevention Plan.] SUPT Services contracts with nearly two dozen community-based providers for the provision of substance use disorder treatment services to Sacramento County beneficiaries. SUPT Services currently convenes both the Sacramento County Methamphetamine Coalition and the Sacramento County Opioid Coalition to save lives and to reduce the use of these substances and the impact of use in the County of Sacramento. More details about these two coalitions can be found on page 26 of this Strategic Prevention Plan. Additionally, Sacramento County also ran a Let’s Talk Meth Campaign and a Fentanyl Campaign as well as created literature/handouts and held forums to raise awareness, educate the community, and reduce stigma. The focus of the Strategic Prevention Plan is to prevent the use of substances by youth. Therefore, this Strategic Prevention Plan is not comprehensive of all of substance use disorder services provided to the community. As will be demonstrated later in this Strategic Prevention Plan [e.g., on page 11 as well as data within the 2017-2019 California Healthy Kids Survey (CHKS)], young people are primarily using cannabis/marijuana and drinking alcohol.

Sacramento County SUPT Services administers Substance Abuse Prevention and Treatment Block Grant (SABG) funds (Prevention set-aside and Friday Night Live/Club Live). SABG Prevention set-aside and SABG Friday Night Live/Club Live are items/allocations delineated by the California Department of Health Care Services (DHCS) in

the revenue agreement between the state and Sacramento County. These funds are used to plan, implement, and evaluate activities that prevent substance use disorders among Sacramento County residents. SUPT, prevention providers, and other stakeholders are committed to providing prevention services to meet the unique and diverse needs of our community. These efforts are guided by the following mission, vision, and values.

Sacramento County Division of Behavioral Health Services	
Mission	Vision
To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.	We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.
Values	
<ul style="list-style-type: none"> Respect, Compassion, Integrity Client and/or Family Driven Service System Equal Access for Diverse Populations Culturally Competent, Adaptive, Responsive and Meaningful Prevention and Early Intervention Full Community Integration and Collaboration 	<ul style="list-style-type: none"> Coordinated Near Home and in Natural Settings Strength-Based Integrated and Evidence-Based Practices Innovative and Outcome-Driven Practices and Systems Wellness, Recovery, and Resilience Focus
Sacramento County Substance Use Prevention and Treatment Services	
Mission	
To promote a healthy community free of the harmful consequences associated with problem alcohol and drug use by providing access to a comprehensive continuum of services, while remaining responsive to, and reflective of, the diversity among individuals, families, and communities.	

Prior Strategic Prevention Plan Overview

The July 2014 – June 2019 Sacramento County Strategic Prevention Plan (SPP) focused on reducing and eliminating underage drinking as a significant number of Sacramento County youth reported they started to use alcohol at an early age, were drinking heavily, and consuming alcohol on a regular basis. Every SPP also includes at least one logic model, which “depicts the relationship between [a] program’s activities and its intended effects” (Center for Disease Control and Prevention). The 2014 – 2019 SPP included the following Logic Models: Logic Model #1 – Alcohol Too Early, Logic Model #2 – Too Much Alcohol, Logic Model #3 – Alcohol Too Often, and Logic Model #4 – Capacity Building and Sustainability. To allow for a competitive selection process and a smooth transition for service providers, the SPP was extended to 2021, which was approved by the California Department of Health Care Services. To augment the efforts of the SPP, the County applied for and was awarded two grants: Alcohol and Substance Abuse Project (ASAP) and ASAP 2.0. These funds were used to support reducing the use of cannabis by youth and educating youth and families of the negative effects of cannabis use. During the course of the updated 2014-2021 SPP, SUPT, in partnership with contracted prevention providers, is proud to report the following achievements:

Achievements:

✓ **Successfully Conducted Competitive Selection Processes for Prevention Services**

During the implementation of the 2014-2021 SPP, the County conducted three competitive bid and selection processes: 1) for the development of a prevention coalition; 2) to provide prevention services to families; and 3) to provide prevention services to youth. The following agencies were awarded contracts: Omni Youth Programs, Inc., PRO Youth and Families, Inc., Public Health Institute, and Sacramento County Office of Education. A combination of information dissemination, education, community-based process, and environmental strategies are used to provide primary prevention activities and services. Additionally, the Sacramento County Office of Education implemented alternative activities in the provision of Friday Night Live/Friday Night Live Mentoring/Club Live services.

✓ **Successfully Implemented Prevention Services for Youth**

- **Omni Youth Programs:** Annually certified 12 new groups of teens and their adult supervisors from schools, non-profit organizations, law enforcement and community groups throughout Sacramento County to facilitate the 6-session *Teens In Action Model Program* who then deliver the model program to 150 middle- and high-school aged youth. The program helps youth successfully avoid using alcohol and drugs and avoid the resulting personal, legal, health and social consequences. Additionally, on an annual basis, 150 youth and youth advocates, teachers and supervisors received “Community Education for Drug-Free Youth” presentations, video viewings, and youth conference workshops that build skills for effective peer and family communication, refusal skills, and the motivation to stay or become drug free. An additional 2,000 youth are reached annually through community events, health fairs, speaking engagements, newsletters, blogs, videos, and social media platforms with educational messaging.
- **PRO Youth and Families, Inc.:** *Leadership & Advocacy Project* serves six school sites offering *Life Skills Training* prevention education to 25 students per site with a goal of 150 students, annually.
- **Public Health Institute:** *Youth Engaged in Action (YEA)* program conducts outreach and information dissemination to over 200 youth as well as providing eight *YEA Train the Trainer* workshops at community sites for youth to gain in-depth knowledge related to alcohol prevention topics.
- **Sacramento County Office of Education:** *Friday Night Live, Club Live, and Friday Night Live Mentoring Programs:* Serves at least 22,000 participants and 1,000 active chapter leaders/members, annually. These clubs are taught at 56 school sites across Sacramento County.



✓ **Successfully Implemented Prevention Services for Families**

- **Omni Youth Programs:** Annually certified 12-15 non-profit organizations, parent leaders, faith groups, and counselors from schools and community groups to facilitate the *Family Matters* in-home family program and *Active Parenting of Teens* 6-session Model Programs. Both programs strengthen families, build meaningful and productive parent-teen communication, enhance parenting skills, and develop youth drug resistance skills. Facilitators then deliver the program up to 150 parents and families in Sacramento County. Additionally, each year, 250 parents and teachers receive “Community Education for Drug-Free Youth” presentations and video viewings that provide drug prevention education and builds community capacity to prevent early youth Alcohol and Other Drugs (AOD) use. An additional 1,200 individuals are reached annually through community events, health fairs, speaking engagements, newsletters, blogs, videos, and social media platforms with educational messaging.
- **Public Health Institute:** *Families & Communities Together (Families ACT)* program conducts eight *Families ACT Train the Trainer* prevention education workshops for 15 – 20 parents, caregivers, and other interested adults per session (total of 120 – 160 individuals) to gain in-depth knowledge about alcohol prevention topics.

✓ **Successfully Operationalized Prevention Coalition**

To create community action to prevent youth substance use, the County in collaboration with the Sacramento County Office of Education (SCOE), operationalized the Sacramento County Coalition for Youth (SCCY). SCOE organizes other County contracted prevention providers, along with recruiting broadly to engage community partners and stakeholders to form the coalition, mobilizing community cohesion around this issue. The primary and exclusive focus of the SCCY is to prevent and reduce substance use by youth.



✓ **Successfully Developed Future Forward Marijuana Prevention Curriculum**

The SCCY developed an 8 lesson curriculum to educate 6th graders on the dangers of marijuana/cannabis use among youth, and guided them in designing a campaign encouraging their peers not to use.

✓ **Successfully Implemented Two Prevention Campaigns**

“Talk. They Hear You.” Campaign

The goal of the “Talk. They Hear You.” campaign is to reduce underage drinking and substance use among youths under the age of 21 by providing parents and caregivers with information and resources they need to address alcohol and other drug use with their children early. The following tools and resources for parents are available on the website below.

- A Parent’s Survival Guide to Adolescent Alcohol Use
- How To Tell If Your Child Is Drinking
- Why have the conversation?
- Create a Family Agreement Plan
- Tips for Starting the Conversation

“Future Forward” Youth Marijuana Prevention Campaign

Youth input through focus groups, SCCY partners, and a local public relations firm led to the creation of the “Future Forward” Campaign. The focus of the campaign is on both youth and parents. The goal is to educate the Sacramento community, offer information and resources, and provide an opportunity to get involved in creating change to protect young people from increased accessibility to marijuana/cannabis in our community.

Campaign Accomplishments

- 2019 Youth Summit and 2020 Virtual Youth Summit
- Marijuana Summit, April 2018: 95 participants
- Future Forward Summit, June 2018; 90 student participants
- Three community screenings and discussion of "Chronic State ~ How Marijuana Normalization Impacts Communities."
- Ten community screenings and discussion of, "The Other Side of Cannabis ~ Negative Effects of Marijuana on Youth."
- Six Town Hall Meetings: 507 community members received information on the impact of cannabis use.
- Culturally Diverse Public Service Announcements: television, eight local radio stations, and 20 movie theaters on 84 screens.
- Campaign advertised at: four kiosks in Arden Fair Mall, 70 buses, 45 bus stops, 12 light rail trains, summer NBA league games, thirty-three high schools advertised the campaign on all event tickets totalling 500,000, and billboards throughout communities in Sacramento County.

Keep asking. Keep talking.



Sacramento County is initiating a campaign to reduce underage drinking by providing information & resources to parents/caregivers to start addressing the issue of alcohol use with their children early and often.

Talking Tips for Parents...

1. Talk often—build strong trust
2. Have shorter, more frequent conversations
3. Remember as they become teens, the conversation needs to change
4. Listen! Conversations go both ways
5. Remember, kids watch what you do along with what you say

Talk. They Hear You.
sacramentoccy.org



✓ **Successfully Implemented Virtual Prevention Services**

In response to COVID-19 social distancing protocols, our four prevention providers successfully transitioned in-person prevention services to virtual platforms. Although in-person services would be the preferred method of service delivery, we have found an increase in participation by youth, parents, and families. Many have expressed that virtual attendance reduces the transportation barrier to services. We’ve also found that because youth enjoy virtual interactions, they are more likely to participate.

✓ **Successfully Achieved 2014-2021 SPP Logic Model #1-3 Goals**

As a result of the above accomplishments, Sacramento County is proud to report the achievement of the goals for the 2014-2021 SPP Logic Models #1-3 as reflected in the table below.

2014-2021 Logic Model 1	GOAL: Reduce the number of youth initiating alcohol use by the age of 15 by 5% over the duration of the SPP measured by the percentage of 7th and 9th grade youth reporting when surveyed.	
	Baseline Percentages California Healthy Kids Survey 2009 – 2011	Outcomes California Healthy Kids Survey 2017-2019
	7 th Graders: 27% 9 th Graders: 43%	7 th Graders: 10% 9 th Graders: 21%
2014-2021 Logic Model 2	GOAL: Reduce the percentage of youth in the 9th and 11th grades who report engaging in binge drinking 1 or more times in the last 30 days by 5% during the duration of the SPP.	
	Baseline Percentages California Healthy Kids Survey 2009 – 2011	Outcomes California Healthy Kids Survey 2017-2019
	9 th Graders: 13% 11 th Graders: 18%	9 th Graders: 4% 11 th Graders: 10%
2014-2021 Logic Model 3	GOAL: Reduce the percentage of youth in 9th and 11th grades by 5% , who report drinking 3 or more days within the last 30 days.	
	Baseline Percentages California Healthy Kids Survey 2009 – 2011	Outcomes California Healthy Kids Survey 2017-2019
	9 th Graders: 18% 11 th Graders: 25%	9 th Graders: 2% 11 th Graders: 6%

Lessons Learned

At the beginning of the prior SPP, the County had 10 prevention providers, which proved to be challenging in providing County administrative oversight and maintaining strong communication and working relationships. Later in implementation, the County transitioned from 10 prevention providers to four. This change provided ease of County administrative oversight, improved communication, and fostered the development of a strong, cohesive working relationship among the four prevention providers. Additionally, the development of the Sacramento County Coalition for Youth has resulted in engaging youth, families, schools, neighborhoods, and communities reflective of the cultural, racial, ethnic, linguistic, and lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) diversity in Sacramento County to prevent youth substance use.

During the implementation of the 2014-2021 SPP, the County Prevention Coordinator retired, which resulted in a large learning curve for the staff that assumed these responsibilities. We have resolved this issue by having a

County Prevention Coordinator and a County Program Planner designated to collaborate in writing and implementing this SPP.

Although Sacramento County met the goals of Logic Models #1-3, there were challenges in measuring the individual objectives within all four models to support the overarching goals. For example, some of the objectives were to be measured using the questions asked in the California Healthy Kids Survey; however, the objectives did not align with the questions asked in the survey. Therefore, outcomes for those objectives could not be measured. Additionally, Logic Model #4 (below) did not include a baseline percentage to allow us to measure an outcome.

2014-2021 Logic Model 4	GOAL: This goal encompasses building upon the capacity of prevention providers to increase the number of partners, the level of collaboration, and availability of prevention services and resources by developing high quality, evidence-based and culturally competent services. Leveraging current resources to incorporate long-term sustainability of increased service capacity addressing prevention is a key component.	
	Baseline Percentages Not identified.	Outcome There were no baseline percentages identified when this logic model was developed; therefore, this goal cannot be measured. However, as explained in the <i>Achievements</i> section of this plan, there have been many successes that indicate an increase in the number of partners and level of collaborations that have contributed to high-quality, sustainable prevention services for our community.

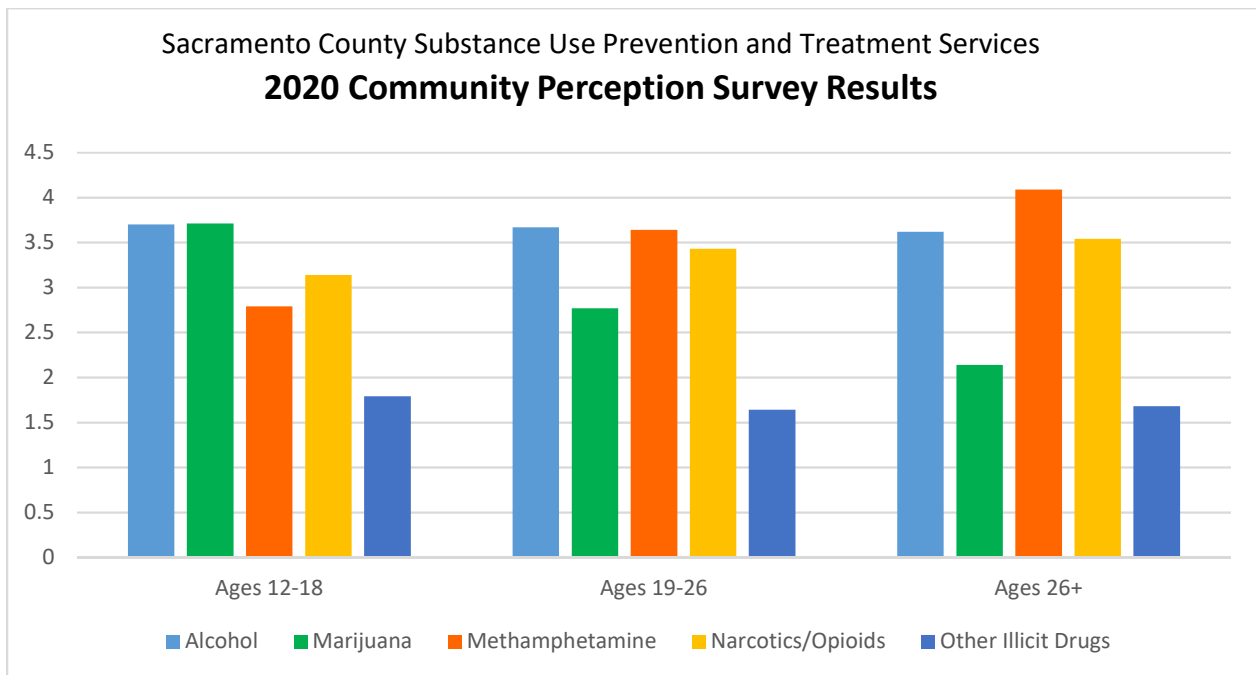
In developing this SPP, goals and objectives for Logic Models will be correctly aligned with existing survey questions and/or surveys will be developed to foster ease in collecting data and measuring outcomes. A more structured, standardized approach in gathering and reporting outcomes is needed. For example, routine reporting schedules for measuring outcomes throughout the duration of the SPP and communicating outcomes to prevention providers and stakeholders. This will foster an understanding of what we have accomplished and/or possible changes needed to meet goals and objectives. This will be addressed during the development of this SPP.

The County found the collaborative working relationships/partnerships developed among our network of prevention providers, youth, families, and other stakeholders/community members to be extremely valuable and instrumental in the implementation of the SPP. The County will continue to foster these partnerships for the development and implementation of this SPP. Additionally, in response to the positive participation rates of virtual prevention services, this service model may be considered as part of this SPP, post-COVID-19 Pandemic.

County Assessment

Sacramento County conducted an assessment of substance use trends, factors that contribute to use, and the consequences of use. The assessment was conducted using quantitative and qualitative data from Sacramento County Substance Use Prevention and Treatment (SUPT) Services, Sacramento Public Health, Sacramento County Criminal Justice System, Sacramento County Department of Child, Family, and Adult Services, and other state and local sources, as well as town hall meetings, focus groups, key informant interviews, and community surveys.

In the Fall of 2020, an anonymous electronic Community Perception Survey was sent to 846 County Division staff, SUPT contracted providers, prevention professionals, and community-based organizations representing a broad cross-section of stakeholder groups: healthcare; law enforcement and first responders; criminal justice; social services; public health; and elected officials. The Community Perception Survey asked participants to rank substances from least to most concern for three different age ranges.



Across all age ranges, the top four substances of most concern were alcohol, marijuana, methamphetamines, and opioids. As the perception of harm decreases for marijuana with increasing age-ranges, the perception of harm increases for methamphetamines and narcotics/opioids. To further enhance our assessment, SUPT reviewed substance use consumption.

Findings - Substance Use Consumption

SUPT provides substance use disorder (SUD) treatment services to Medi-Cal beneficiaries. In Fiscal Year 2019-20, SUPT provided treatment services to 11,336 unduplicated clients/beneficiaries. The tables below include the percentage of each primary drug of choice for beneficiaries who received treatment services in Fiscal Year 2018-19 and the ethnicity of those served Fiscal Years 2016-2019.

Primary Drug of Choice FY 2018-19	0-17 Years	18+ Years
Marijuana	86%	11%
Alcohol	9%	28%
Benzodiazepine (Klonopin/Xanax)	3%	1%
Methamphetamine	2%	38%
Heroin	0%	13%
Opiates (Oxy/Norco/Hydrocodone/Vicodin/Morphine/Percocet/Fentanyl)	0%	3%
Cocaine	0%	4%
Other	0%	2%

Note: Excludes clients served through Opioid (Narcotic) Treatment Programs

Treatment Admission Demographics by Fiscal Year			
Ethnicity	Fiscal Year 2016-17	Fiscal Year 2017-18	Fiscal Year 2018-2019
African American/Black	16.4%	18.1%	16.8%
American Indian/Alaskan Native	2.1%	2.2%	2.3%
Asian Pacific Islander	3.3%	3.2%	3.3%
Hispanic	21.6%	21.8%	21.9%
Multi-racial	4.6%	4.4%	3.4%
Other	13.7%	14.6%	14.3%
White	59.9%	57.5%	59.9%

Source: California Outcomes Measurements System (CalOMS)



Alcohol Use Disorder as a primary diagnosis accounted for 15% of treatment services provided through SUPT in Fiscal Year 2019-20. In Sacramento County over 629,469 people ages 12 and older reported current alcohol use, which is approximately **41% of the population** of Sacramento County.

The table below summarizes alcohol use by students in 7th, 9th, and 11th grade in Sacramento County. Data reflect students in higher grades consume and binge alcohol more so than their younger peers.

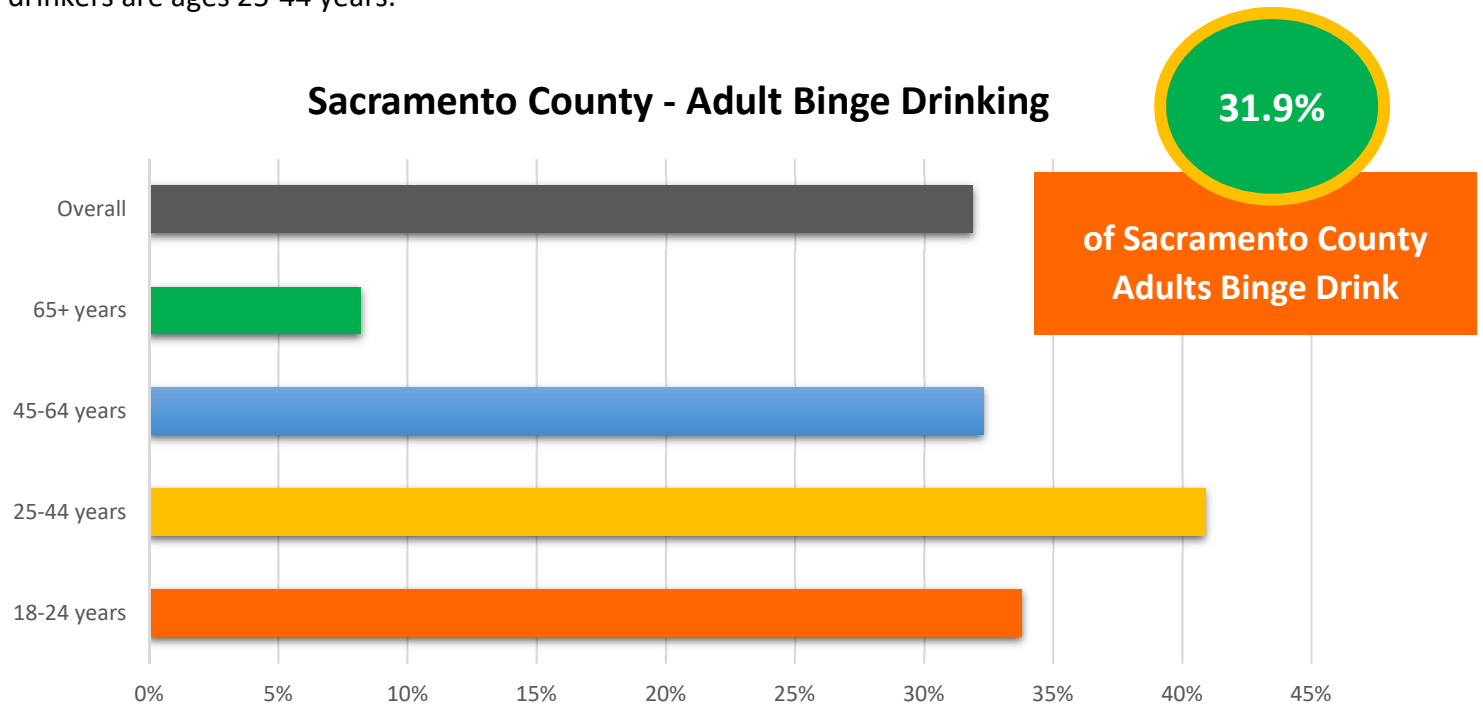
CALIFORNIA HEALTHY KIDS SURVEY 2017-19: Alcohol	Grade 7 N = 16,393	Grade 9 N = 14,643	Grade 11 N = 12,299
Percent of students who have consumed alcohol in their lifetime.	10%	21%	37%
Percent of students who have consumed alcohol four or more times in their lifetime.	2%	8%	21%
Percent of students who have consumed one or more alcoholic beverages in the past 30 days.	4%	9%	17%
Percent of students who have engaged in binge drinking (5 or more drinks in a row) in the past 30 days.	1%	4%	9%

In the 2018 College Prescription Drug Study through California State University, Sacramento (CSUS), college-age students also misuse alcohol with prescription medications:

- 16%** misuse alcohol with **pain medications**.
- 10%** misuse alcohol with **sedatives**.
- 10%** misuse alcohol with **stimulants**.



As the chart below illustrates, 31.9% of adults engage in binge drinking. The highest percentage of binge drinkers are ages 25-44 years.



Source: *Be Healthy Sacramento, 2017*

<http://www.behealthysacramento.org/indicators/index/view?indicatorId=62&localeId=271>



Cannabis Use Disorders as a primary diagnosis accounted for 11% of treatment services provided through Sacramento County SUPT in Fiscal Year 2019-20. In the reporting years of 2016-18, it was estimated that nearly 238,000 people ages 12 and older used cannabis in the past year in Sacramento County, representing **18.6% of the population**.

In 2016, voters in California passed Proposition 64 (Prop 64), the “Adult Use of Marijuana Act”. Prop 64 legalized the recreational use of cannabis. Retail sales began in January 2018. The legalization and retail sales of recreational use of cannabis are still relatively new; harmful youth impacts are just emerging.

According to the Sacramento County Grand Jury Final Report 2018-2019, cannabis potency has more than tripled since the 1980s. More specifically, within “Changes in Cannabis Potency over the Last Two Decades (1995-2014) – Analysis of Current Data in the United States”, results show, “Overall, the potency of illicit cannabis plant material has consistently risen over time since 1995 from approximately 4% in 1995 to approximately 12% in 2014.” Access to this and even more potent cannabis and cannabis products has increased

with more inconspicuous means of consumption, such as through vaping and edibles. The health concerns for youth and their developing brains continue to be studied, but potential adverse ramifications to youth health are high and an area of concern.

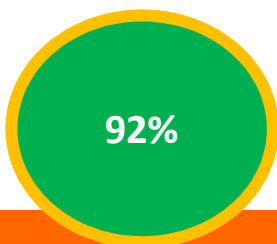
The 2018-2019 Sacramento County Grand Jury investigated Sacramento County’s response to the legalization of cannabis with respect to youth and youth services. The Grand Jury found that usage trends and anecdotal reports indicated that cannabis use among youth had increased. Their investigation also found that, although many prevention programs and partnerships had been developed as of the report, additional needs for youth services continued to be identified. As a result, the Grand Jury recommended a unified county-wide approach to address the safety and health of Sacramento County youth, including increased focus on partnering, funding, and the development of educational programs that would benefit all youth and their families throughout Sacramento County.

The table below summarizes marijuana/cannabis use by students in 7th, 9th, and 11th grade in Sacramento County. Data show that older students have used, vaped, and consumed marijuana at higher rates than their younger peers.

CALIFORNIA HEALTHY KIDS SURVEY 2017-19: Marijuana	Grade 7 N = 16,393	Grade 9 N = 14,643	Grade 11 N = 12,299
Percent of students who have used marijuana in their lifetime.	6%	18%	31%
Percent of students who have smoked marijuana 4 or more times in their lifetime.	2%	8%	18%
Percent of students who have used marijuana 4 or more times in their lifetime by e-cigarette or vaping.	1%	5%	11%
Percent of students who have ate or drank marijuana products 4 or more times in their lifetime.	1%	4%	9%

2018 College Prescription Drug Study – CSUS

<http://sacopioidcoalition.org/meeting-presentations/#2019>



92% of CSUS Students use Marijuana in Place of Prescription Drugs

Illicit Drugs Used in Place of Prescription Drug Misuse

Marijuana	92%	Methamphetamine	11%
Hallucinogens	40%	Inhalants	6%
MDMA	38%	Heroin	2%
Cocaine	32%		

Findings - Contributing Factors

Mental Health Issues as a Contributing Factor

The American Addiction Centers explain that there are many reasons that people turn to substances, from social pressures, to a desire to feel a certain way, to curiosity. People may also use alcohol or other drugs because of a desire to escape reality, relieve stress, forget a trauma, ease physical or emotional discomfort, or try to reduce symptoms of a behavioral health disorder.

According to the Centers for Disease Control and Prevention, Adverse Childhood Experiences (ACEs), potentially traumatic events such as violence, abuse, and neglect that occur in childhood are linked to substance use. It is estimated that **46% of children under age 18—have had at least one ACE, and more than 20% have had at least two** while 61% of adults have at least one ACE and 16% have four or more types of ACEs. SAMHSA stresses the importance of prevention programs that address helping youth recognize and cope with stressors of abuse, household dysfunction, and other adverse experiences.

The term self-medicating is used when alcohol and/or other drugs are abused to mask symptoms of a mental health issue. Based on Sacramento County SUPT data, this appears to be true. **Over half** of Medi-Cal beneficiaries assessed by SUPT for SUD treatment services have been diagnosed with a mental health disorder. Additionally, between July and December 2019, 9% of the clients screened by the Sacramento County Mobile Crisis Support Team had an identified substance use diagnosis.

The Child Mind Institute explains that when teenagers are struggling with emotional problems, they often turn to alcohol or other drug use to help them manage painful or difficult feelings. Sacramento County students report the following emotional problems on the 2017-2019 California Health Kids Survey:

CALIFORNIA HEALTHY KIDS SURVEY 2017-19: Mental Health	Grade 7 N = 16,393	Grade 9 N = 14,643	Grade 11 N = 12,299
Percent of students who have experienced harassment or bullying.	39%	34%	29%
Percent of students who have had mean rumors or lies spread about them.	41%	32%	30%
Percent of students who experience chronic sadness/hopelessness.	28%	33%	37%
Percent of students who have considered suicide.	18%	18%	20%

As illustrated above, childhood can be a challenging time for California youth. All age groups in the table above have experienced situations that are detrimental to their mental health and provide possible triggers to experience with illicit drug use. Entering adulthood can also be an emotional time with many ups and downs, new responsibilities, and changes. Young adults coping with this new stage of life may be experiencing mental health issues and turn to alcohol and/or drugs to self-medicate. For example, Sacramento State college students reported the following reasons for misuse/abuse of substances, in particular, of prescription medications:

Why Probation Clients Use Drugs

“Numbs the pain.”

“Lets me feel good.”

“Escape life.”

“Keeps me awake at night so I don’t get robbed.”

“Keeps me up so I don’t get sexually assaulted.”

“Makes the voices go away.”

“Calms my mind.”

Reported by the Office of the Public Defender

Top 5 Reasons CSUS Students Misuse Prescription Medications

Pain Medication		Sedatives		Stimulants	
Percentage	Reason	Percentage	Reason	Percentage	Reason
54%	Relieve pain	58%	Sleep	83%	Help study/improve grades
41%	Get high	46%	Relieve anxiety	30%	Enhance social interactions
37%	Sleep	28%	Feel better	27%	See what it feels like
37%	Relieve anxiety	26%	Get high	20%	Get high
33%	Feel better	22%	See what it feels like	20%	Likes how it feels

Source: 2018 College Prescription Drug Study – CSUS

Prevalence & Access as Contributing Factors

According to the Central Valley California High Intensity Drug Trafficking Area Program, Sacramento County is a high intensity drug trafficking region. The County has a highly developed transportation infrastructure that allows drug trafficking organizations to smuggle drugs, making it a hub for transporting drugs. As such, drugs are readily available throughout Sacramento County.

Access to cannabis in Sacramento County has increased as result of the enactment of California Proposition 64. Prop 64 also permits adults 21 years of age and over to possess and grow specified amounts of marijuana for recreational use. The City of Sacramento, which is contained within Sacramento County boundaries, allows residential cultivation of up to six indoor plants - whether for medical or recreational purposes. The beginning of retail sales in January 2018 has also increased access to cannabis. Additionally, the introduction of home delivery services has made access to cannabis extremely easy. Cannabis is also affordable at \$9-\$20 per gram. The City of Sacramento and the City of Isleton, which is also located within Sacramento County, have issued business-operating permits (BOPs) for outdoor cannabis cultivation and dispensaries, including both storefront and delivery-only BOPs. Cannabis delivery has not been banned anywhere in Sacramento County [see also *California Code of Regulations, Title 16 Professional and Vocational Regulations, Division 42 Bureau of Cannabis Control, Chapter 3 Retailers, §5416(d)*].

Furthermore, there are now more inconspicuous means of consuming cannabis such as vaping and edibles. There is more marijuana/cannabis marketing and social media content that appeals to youth and young adults. In the 2020 Youth Supplement Survey of Club Live and Friday Night Live programs, 50% of respondents reported that cannabis is easier to get now that it is legal, and the majority of respondents reported that it is easier to use in secret.

Marketing That Appeals To Youth

New Balance “420” Sk8 Shoes



THC Gum and Candy





Joints That Look Like Crayons



Easy to Use Marijuana in Secret—Vaping Products



Vaping cell phone



Vaping bracelets



Vaping sweatshirt



Vaping markers



Vaping watch

Prevalence & Access as Contributing Factors (continued)

Off-sales liquor licenses permit the sale of alcoholic beverages only in sealed containers for consumption off the premises where the alcohol was sold (*i.e.*, super markets, grocery stores, and convenience stores). Each County in California is allotted a specific number of off-sale licenses, identified by census tract and determined based on population. When the authorized licenses are exhausted in a census tract, the California Department of Alcoholic Beverage Control (ABC) will conclude that a new application for a liquor license would result in over-concentration, and is required by state law to deny the application for license. *However, if the applicant can demonstrate that the public would benefit from the presence of an additional alcohol sales outlet and obtain a Letter of Public Convenience and Necessity from the Board of Supervisors, ABC will issue a license.*

The Sacramento County Office of Planning and Environmental Review conducted an analysis to see which of the County's census tracts were over-concentrated with off-sales liquor licenses. As of July 2019, nearly 20% of census tracts exceeded the regulated number of authorized licenses. This analysis does *not* include census areas in the City of Sacramento.

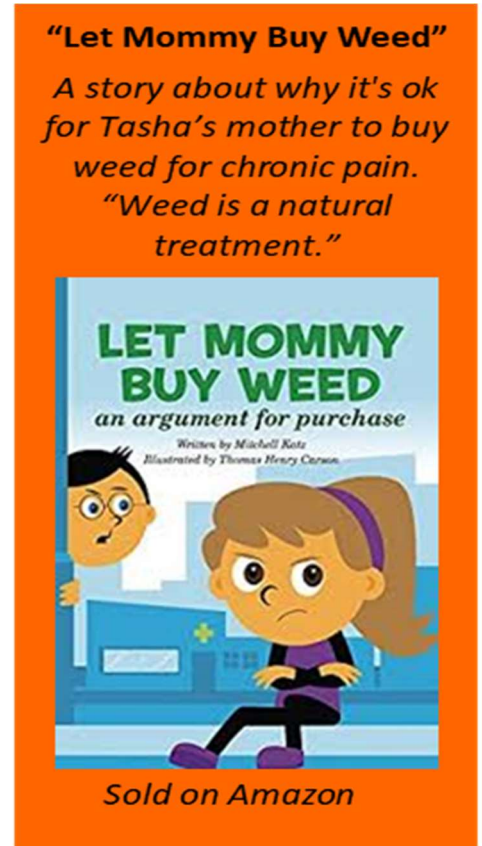
Healthy Stores for a Healthy Community reports the following substance use-related products frequently sold in the community such as liquor stores, convenience stores, small markets, supermarkets, and discount stores (e.g., Walmart):

- Alcoholic beverages/products: 73.8%
- Vaping products: 69.4%
- Pod mods: 61.7%
- Other vaping products: 60.1%
- Blunt wraps: 65%
- Hookah: 10.4%

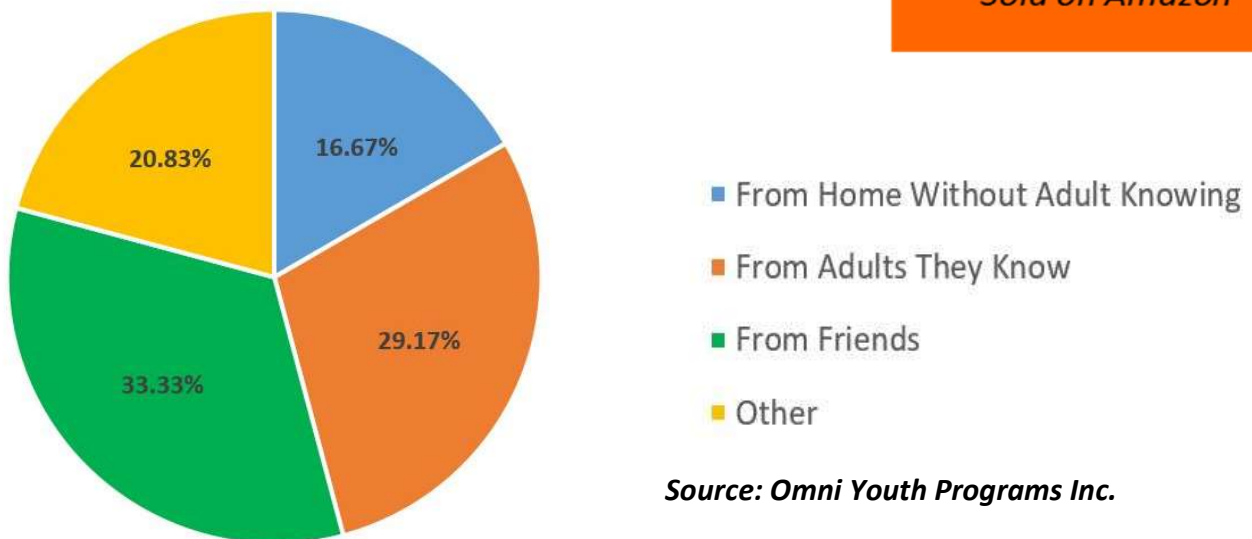


Listening Circles: How are Youth and Young Adults Accessing Alcohol/Drugs?

Sacramento County contracted prevention providers conduct Listening Circles to hear what youth and young adults have to say about alcohol and drugs. Listening Circle participants explained that young people access alcohol and marijuana on school campuses from peers and from family members (parents and siblings) and other adults. Sometimes teens sit outside liquor stores and pay adults to buy it for them, encourage adults to buy for them by paying them extra money to do so. Underage youth can easily purchase from liquor stores using fake IDs and their parent’s credit cards. Additionally, teens can easily grab alcohol and other substances in the home of parents who use. Youth who attend college parties can also easily access alcohol and marijuana through their “toxic friends” who are over the age of 21 years and can make purchases legally. In essence, “toxic friends” are individuals the youth has befriended who negatively affect the youth’s wellbeing. Purchasing from people selling on the streets was also noted as another means of access.



Where Are Youth Getting Alcohol?



Source: Omni Youth Programs Inc.

Prevalence & Access as Contributing Factors (continued)

Furthermore, Comprehensive Opiate Recovery Experience better known as C.O.R.E. Medical Clinic, a local contracted opioid treatment provider, explains that their clients are accessing prescriptions from families and friends, from for-profit physicians and dentists, and from hospital emergency department visits.

Influence, Perception, and Acceptability of Use

Youth ambassadors of the Sacramento County Coalition for Youth (SCCY), Sacramento Ambassadors for Change (SAC), explained that companies market to youth by lowering prices of alcohol, marijuana, and other products so youth/young adults can afford to make purchases as well as getting them addicted early and creating lifelong customers.

SCCY SAC (youth ambassadors) also stress the importance of parental influence by explaining that kids are like mirrors. If they see their parents using, kids will reflect that behavior.



Listening Circles: Youth and Young Adults Influence and Perception

Participants of *Listening Circle* sessions explain that within the youth community, the pressure is high for kids to fit in and “be cool and mature.” Youth see their peers, parents, and favorite idols (TV, movies, music videos) using alcohol and other drugs, so they think, “It’s cool and all right to use.”

Teens use at parties and say things like, “It’s not a big deal. Marijuana isn’t addicting or harmful. It’s used to help with stress. It’s okay to use marijuana because it’s used for medical reasons.” Teens not using then feel the pressure to use. Additionally, youth also feel that alcohol use is acceptable since alcohol is in almost every household and parents often do not lock up their liquor; when parents are gone, it is easy for teens to get to it.

Youth say, “Advertisement is big!” Teens explain that they are seeing at least one billboard on their way to school advertising \$0.01 for pre-rolled marijuana as well as marijuana delivery services. Marijuana products are advertised and available in many forms (blunt, baked goods, drinks, candy, etc.), and some people may think it’s “just candy.” Additionally, youth are targeted by liquor stores that are located close to schools.

As illustrated in the table below, younger students in Sacramento County find it more difficult to obtain alcohol and marijuana/cannabis. As students age, it becomes easier for them to obtain alcohol and marijuana/cannabis. Older students seem to perceive alcohol and marijuana/cannabis as more harmful than younger students do.

CALIFORNIA HEALTHY KIDS SURVEY 2017-19: Alcohol	Grade 7 N = 16,393	Grade 9 N = 14,643	Grade 11 N = 12,299
Percent of students who perceive it as “very easy” to obtain alcohol.	12%	27%	39%
Percent of student who perceive no harm in drinking occasionally.	26%	19%	16%
Percent of students who perceive no harm in consuming 5 or more alcoholic drinks once or twice per week	24%	16%	12%
CALIFORNIA HEALTHY KIDS SURVEY 2017-19: Marijuana	Grade 7 N = 16,393	Grade 9 N = 14,643	Grade 11 N = 12,299
Percent of students who perceive it as “very easy” to obtain marijuana.	10%	30%	45%
Percent of students who perceive no harm in using marijuana occasionally.	25%	21%	23%
Percent of students who perceive no harm is using marijuana daily.	25%	18%	18%

Furthermore, C.O.R.E. Medical Clinic reports that the Millennial generation gravitates to oxycodone (of the opioids) and believes prescription medications are safe.

Why Are Youth Using Alcohol?

- | | |
|--|---|
| <ul style="list-style-type: none"> • Boredom • Curiosity • “It’s COOL!” • Social Media Influencers | <ul style="list-style-type: none"> • To Fit In/Peer Pressure • No Parental Oversight • Stressed Home Life • Feeling Sad/Depressed |
|--|---|

Source: Omni Youth Programs, Inc.

Consequences

The U.S. Surgeon General (2016) reports that substance use can have a wide-range of consequences:

Immediate, direct consequences: Substance misuse can have immediate, direct health consequences of the user ranging from effects on heart rate, regulation of body temperature, psychotic episodes, overdose, and even death. *Good Day Sacramento*, a locally aired television show, reported that an increasing number of youth on school campuses across Sacramento County, who are under the influence of marijuana, are requiring medical attention for overuse and “scromiting,” a term used to describe people screaming and vomiting at the same time.

Consequences related to risky behaviors that often accompany alcohol and drug misuse: Alcohol and drug misuse can impair judgment and lead to risky behaviors such as driving under the influence. According to the California Office of Traffic Safety, in 2017, alcohol-involved crashes in Sacramento County resulted in 1,283 injuries or deaths. More specifically, there were 1,231 persons injured in alcohol-involved crashes (10% of total persons injured in traffic accidents), and there were 52 persons killed in alcohol-involved crashes (30% of total persons killed in traffic accidents). During that same year, youth under the age of 21 years who were driving under the influence caused crashes that resulted in 57 injuries or deaths while adults, ages 21-34 years, caused crashes that resulted in 435 injuries or deaths.

Driving Under the Influence (DUI) cases are processed at the Gordon D. Schaber Sacramento County Courthouse. Individuals who are convicted of a DUI offense are court-ordered to participate in a DUI program. The table to the right includes the number of Sacramento residents who have enrolled in a court-ordered DUI program through SUPT.

Court-Ordered DUI Program Enrollments - SUPT	
Calendar Year 2019	3,473
Calendar Year 2018	4,650
Calendar Year 2017	2,189
Calendar Year 2016	3,600

Impaired judgment, as a result of substance use, can result in sexual promiscuity that can have negative results. Parents who participated in *Listening Sessions* reported that alcohol use among youth result in engaging in sexual activities too early and compromising/dangerous situations such as sexual assault. Sacramento County Public Health reports that there were 690 unplanned teen pregnancies in 2017, and in September 2019, the Sacramento County Sexual Health Clinic reported positivity rates in Sexually Transmitted Illnesses including 18.8% Syphilis, 4.7% Chlamydia, 3.4% Gonorrhea, and 2.0% HIV.

Longer-term mental health consequences: Long-term substance misuse can effect a user’s mental health.

In the 2018 CSUS study, undergraduate and graduate/professional college students reported the following mental health consequences associated with prescription misuse:

Pain Medications	Sedatives	Stimulants
29% Been depressed	26% Been depressed	57% Positive effects on grades ¹
25% Experienced withdrawals	21% Memory loss	16% Emotional problems ²
23% Emotional problems ²	19% Done something I wish I hadn't	12% Been depressed

Longer-term societal consequences: These can include many direct and indirect effects on communities, the economy, and society as a whole.

Increased Demand on Sacramento County Health and Social Service Systems: Sacramento County Department of Human Assistance (DHA) administers various federal, state, and local government programs designed to provide temporary cash aid, food assistance, and health insurance for eligible low-income Sacramento County residents. Individuals unable to gain and maintain employment result in an increased demand on these programs. DHA reports that substance (in particular, methamphetamine) users are unable to gain/maintain employment as a result of:

- Not able to pass drug tests
- Challenged to present well for interviews when actively using
- Difficulty maintaining a dedicated work schedule and maintain job performance
- Employment barriers are exacerbated by homelessness

Child Welfare: Substance abuse negatively impacts Sacramento County children/youth and puts a greater demand on the child welfare system. Sacramento County Child Protective Services reports that in 2019, 65% of new open cases were substance-related cases. When parents/caregivers struggle with substance abuse, children are often neglected, abused, and subject to traumatic experiences. This makes them more prone to mental and physical illness, as well as developing unhealthy coping mechanisms and future substance abuse. Additionally, as mentioned earlier, children observing caregiver drug use are more likely to experiment with drugs.

“[My addiction] caused a temporary custody issue and I was denied visitation of my beautiful baby girl.”
Lived Experience

Increased Demand on the Sacramento County Criminal Justice Systems: As reported by the Arrestee Drug Abuse Monitoring II Program, in 2013, 83% of arrestees tested positive for at least one drug, and 49.8% tested positive for multiple drugs in Sacramento County. Approximately 130 youth are detained at the Sacramento County Youth Detention Facility at any given time, and approximately 80% of youth involved in the Sacramento County juvenile justice system are using cannabis. The Sacramento County Sheriff’s Department reports an increase in child neglect, violence towards children, other violent crimes, property crimes, and impaired driving as a result of meth use by adults. This report is further corroborated by information shared by Sacramento County Child Protective Services.

“Sitting in a jail cell for my second DUI, I came to terms with the reality that my problem was causing undesirable results.”
Lived Experience

Members of Our Community Not Reaching Their Full Potential: Considerable evidence suggests that students who use marijuana have poorer educational outcomes than their non-substance-using peers, a higher chance of developing dependence using other drugs, and a higher risk of attempting suicide. Parents who participated in Listening Circle sessions reported that alcohol use by youth results in inhibiting the development of youth, educational underachievement, and not fulfilling their potential. Several studies have linked heavy marijuana use to lower income, greater welfare dependence, unemployment, criminal behavior, and lower life satisfaction. Substance use by Sacramento County youth contribute to suspensions and expulsions. The California Department of Education reports the following:

<i>Sacramento County: 2015-2019</i> Suspensions & Expulsions	School Year 2015-16	School Year 2016-17	School Year 2017-18	School Year 2018-19
Alcohol and/or Drug Related Suspensions	1,861	1,906	1,952	2,340
Alcohol and/or Drug Related Expulsions	36	36	53	43

Other Findings

Over the past year, Sacramento County Division of Behavioral Health has conducted Town Hall Meetings, the Sacramento County Alcohol and Drug Advisory Board Annual Retreat, Opioid Use Focus Group, Methamphetamine Use Focus Group, and Community Conversations with the African American, Arabic speaking, Cantonese speaking, Hmong, Lu-Mien, Latinx, Russian speaking, and Vietnamese populations. The valuable input from participants will help guide the development of this Strategic Prevention Plan. Highlights are summarized below:

- Promote “Dry January,” a one-month alcohol-free challenge aimed at young adult and transitional-age youth populations.
- Collaborate with local colleges and universities, such as Greek letter organizations, social clubs, campus/student mental health, and other student bodies.
- Research the Seven Stages of Behavioral Change and the use of influencers for possible implementation.
- Explore and address the stigma among youth that substance use disorder is an “older person” issue.
- Increase Environmental Justice activities, such as consequences for underage sales.
- Expand prevention outreach and media campaigns.
- Continue Prevention and Early Intervention methods that involve families, caregivers, and other adults.
- Identify ways to target prevention methods toward young adult and adult populations.
- Educate community members and family members to assist in their understanding of the underlying causes of mental illness and addiction, which help to increase compassion and decrease stigma about individuals living with mental illness and/or a substance use disorder.
- Provide behavioral health services while individuals are incarcerated in order to help clients to stop selling and using drugs, and help to turn clients’ lives around after longstanding mental illness and substance abuse.
- Advertise warnings to drivers about the danger of driving while under the influence to help drivers to be more conscientious about not driving under the influence.
- Incorporate ongoing education and dialog with parents about substance abuse into behavioral health interventions.
- Tailor behavioral health services that would appeal to youths by incorporating recreational activities (sports, music, art, soccer, etc.) that youth enjoy to keep them away from substance use/abuse.
- Clarify and educate the public on what opioid abuse is and is not and expand the view of why opioid abuse may occur.
- Educate the general public about meth use and use mobile campaigning.
- Bring messaging to the community with consistent, high-visibility advertising.
- Eliminate the perception that opioid use disorders are common in specific racial groups.

Capacity Assessment

The County’s current substance use disorder prevention capacity is as follows:

County Staff: Provide oversight of planning and implementation of prevention services provided by contracted service providers; no direct prevention services are provided by County staff.

County Staff Classification	Full-Time Equivalent (FTE)	FTE for Prevention Services	Funding Sources for Prevention
Health Program Manager	1.0 FTE	.15 FTE	SABG
Supervision of County Prevention Coordinator and oversight of prevention planning and service provisions.			
Program Coordinator	1.0 FTE	.75 FTE	SABG
County Prevention Coordinator: Representative for State and County prevention meetings and community events, develops and implements Strategic Prevention Plan, contract monitoring, review, and approve monthly claims, and prepare Requests for Proposal (RFPs) and Letters of Interest (LOIs), as required.			
Program Planner	1.0 FTE	.25 FTE	In-kind
Provides prevention-related planning; plans for workgroups meetings, develops work plans/deadlines, conducts prevention research, data collection, and composes the written Strategic Prevention Plan.			
Senior Office Assistant	1.0 FTE	.10 FTE	SABG
Provides prevention-related administrative support: staff to Alcohol and Drug Advisory Board, Prevention and Education Committee; and distributes prevention-related communication and materials.			

SABG = Substance Abuse Block Grant

Contracted Providers and Services: The Substance Abuse Block Grant (SABG) Prevention funded organizations contracted with the County include Omni Youth Programs, Inc.; PRO Youth and Families, Inc.; Public Health Institute (Center for Collaborative Planning); and Sacramento County Office of Education. These organizations are responsible for implementing the following services and programs:

Service Provider	Service/Program Description
Omni Youth Programs, Inc.	Community-Based Process via Train the Trainers on <i>Family Matters</i> and <i>Active Parenting of Teens</i> model programs; provide education via “Community Education for Drug-Free Youth” public series (including “Hidden in Plain Sight” interactive display, <i>The Other Side of Cannabis</i> or <i>Chronic State</i> video program with discussion and skill development.
PRO Youth and Families, Inc.	Teaching <i>Life Skills</i> curriculum, which is designed to teach youth to become strong advocates and change agents amongst their peers on school campus and in their communities. These youth then create messaging and deliver social norms presentations to peers and adults.
Public Health Institute	Training program and Advocates [both <i>Families and Communities Together (Families ACT)</i> and <i>Youth Engaged in Action (YEA)</i>] with <i>Families ACT</i> teaching parents and caregivers how to talk with their children and other youth about underage drinking and cannabis use and how to prevent them and with <i>YEA</i> teaching youth how to talk with their peers and families about underage drinking and cannabis use prevention measures.
Sacramento County Office of Education (SCOE)	Friday Night Live, Club Live, Friday Night Live Mentoring, and the Sacramento County Coalition for Youth (SCCY) are prevention services provided through SCOE.

Service Provider	Service/Program Description
	<p>Assessment data is used to provide environmental activities such as media strategies, counter-advertising, social norms messaging/campaigns, retail outlet recognition, enacting a school or community policy, or holiday campaigns. Alternative activities are provided which engage youth in substance-free social and recreational community events and community service activities. Friday Night Live Mentoring pairs a high school student (mentor) with an at-risk middle school student (protégé) in order to share prevention messages, reinforce positive substance-free lifestyle choices, and to help protégés build decision-making and interpersonal skills. The SCCY is guided by an Action Plan and originally focused on the goals of the SPP addressing underage drinking.</p>

Coalitions and Workgroups: Below includes coalitions and workgroups that Sacramento County either participates in and/or leads.

Coalitions/Workgroups	Description
<p>Alcohol and Drug Advisory Board, Prevention and Education Committee <i>(Lead/Participant)</i></p>	<p>Advising and providing recommendations to the Sacramento County Board of Supervisors, the Sacramento County Department of Health Services (DHS), the Sacramento County Alcohol and Drug Administrator, and Substance Use Prevention and Treatment (SUPT) on policies and goals of County SUPT programs, as well as educating and encouraging the public to understand the nature and impact of SUPT programs and evaluating the community’s needs SUPT program needs, services. Responsibilities of the Alcohol and Drug Advisory Board include facilities and special programs. The Prevention and Education Committee, in particular, assists in developing goals/objectives for and reviews the performance of DHS SUPT programs and for County-funded agencies providing community and school-based substance use primary prevention services.</p>
<p>Sacramento County Coalition for Youth (SCCY) <i>(Lead/Participant)</i></p>	<p>This initiative was launched in 2015. In addition to addressing underage drinking, the SCCY was able to utilize excess SABG awarded by the state in 2018 and in 2019 in order to address underage cannabis use. The SCCY collects and disseminates information, identifies training needs and conducts educational sessions to increase prevention knowledge including evidence-based and promising practices for prevention programming, as well as implements environmental prevention approaches to effect population-level change, increase protective factors, and reduce risk factors associated with underage substance use.</p>
<p>Interagency Prevention Advisory Council (IPAC) <i>(Participant)</i></p>	<p>This statewide meeting included a Marijuana Workgroup and a Prescription Drug / Opioid Workgroup. The Interagency Prevention Advisory Council (IPAC) along with the Youth Advisory Group (YAG) was rolled into the DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) starting in July 2019. The BH-SAC group focused more on the Drug Medi-Cal Organized Delivery Waiver. As a result, IPAC’s Marijuana Workgroup and Prescription Drug / Opioid Workgroup were rolled into the Statewide Prevention Coordinators conference call (& quarterly in-person meeting) for the Prevention Coordinators Committee of the County Behavioral Health Directors Association of California (CBHDA), which is listed immediately below.</p>

Coalitions/Workgroups	Description
	<ul style="list-style-type: none"> Statewide Prevention Coordinators conference call: Monthly call, which includes updates throughout the state as well as at the state level of pertinent primary prevention topics. Prevention Coordinators Committee of CBHDA: Quarterly in-person meeting, which consists of updates from California DHCS and typically includes education/training on current and relevant prevention topics.
Substance Use Prevention Provider Meetings <i>(Lead)</i>	Monthly meeting, which includes updates with information shared between the County and the prevention providers. Updates from the County can include what was learned from any statewide calls as well as any follow up from DHS/SUPT leadership, and updates from the agencies primarily focus on what services they are currently rendering and additional projects they may be working on as well as plans for near future service provision.
Sacramento County Opioid Coalition <i>(Lead)</i>	The Sacramento County Opioid Coalition is a collaboration of healthcare professionals, community-based organizations, law enforcement, county agencies, and concerned citizens determined to turn the tide of our local opioid epidemic. The mission of the Coalition is to save lives by preventing overdoses through expanding treatment access, promoting safe disposal, encouraging early intervention, treatment and recovery, enhancing opioid surveillance, and expanding public education and media outreach.
Sacramento County Methamphetamine Coalition <i>(Lead)</i>	The Sacramento County Methamphetamine Coalition is a collaboration of healthcare professionals, community-based organizations, law enforcement, County agencies, and concerned citizens determined to combat the growing local crisis of methamphetamine use and addiction. The goal of the Methamphetamine Coalition is to identify and implement initiatives addressing the methamphetamine use problem and reducing methamphetamine use and its impact in Sacramento County.

SUD Prevention Workforce Development:

Sacramento County SUPT fosters a “learning culture” to advance levels of innovation and enhance staff skills to continuously improve substance use disorder prevention services. This learning culture also supports enhancing prevention workforce development by encouraging County prevention staff, contracted prevention providers, and other prevention stakeholders to participate in conference, trainings, and other prevention forums.

The designated County Prevention Coordinator routinely attends the Statewide County Prevention Coordinators Conference Call, Center for Applied Research Solutions County Prevention Roundtable Sessions, and other State prevention-related meetings. The Prevention Coordinator shares information learned from these forums at weekly SUPT staff meetings, the Alcohol and Drug Advisory Board Prevention Committee meetings, and the monthly Prevention Provider meeting.

In preparation for the development of this SPP, Sacramento County SUPT hosted a “Strategic Prevention Plan Workgroup Kick-off Meeting,” which included guest speaker, Charlie Seltzer, Center for Applied Research Solutions (CARS) Prevention Consultant. Mr. Seltzer provided a presentation that included a Prevention 101/Refresher Training and an Overview of the Strategic Prevention Plan. County staff, prevention providers, and other stakeholders participated.

Other trainings that have supported prevention workforce development include:

Trainings & Conferences	Training Topics and Conference Break-Out Sessions
Baymark Health Services	<ul style="list-style-type: none"> Resilient Sacramento dedicated to prevention and reducing the number of adverse childhood experiences in the greater Sacramento area
California Department of Health Care Services, Substance Use Disorder Statewide Conference	<ul style="list-style-type: none"> S.L.A.M’s Youth Engagement: Reframing the Approach to Prevention Beyond Deliverables Effective Prevention and Treatment Services Beneficial to the LGBTQ Population What We’ve Learned Since Marijuana Was Legalized Reframing Drug Use Stories for Substance Abuse Prevention Engaging Youth to Develop Cannabis Prevention Messaging What Can We Adults Possibly Do To Change Community Norms? Effective Tools to Inform Best Practices in Prevention Merchant Committed to Prevent Underage Drinking The Truth About Marijuana Use How the DMC-ODS Waiver Integrates Prevention: Riverside County Gender Specific Strategies To Prevent Substance Abuse Among Girls And Young Women
California Institute for Behavioral Health Solutions	<p>Adolescent Early Intervention and SUD Treatment Summit</p>
	<ul style="list-style-type: none"> Blue Print for Adolescent Treatment Adolescent Development and Substance Abuse Evidence Based Treatment and Guidelines for Adolescents with SUDs Screening, Brief Intervention, and Referral to Treatment for Adolescents: Lessons Learned and Considerations for California Engaging and Retaining LGBTQ Youth in Culturally Responsive Services Partnering with Mental Health: Building An Integrated Youth System of Care Meeting Youth Where They Are: Cultural Competency and School Settings Cannabis Legalization: Understanding the Policy Landscape, Design Considerations, & Emerging Evidence
	<p>Virtual Trauma Informed Care Training</p>
	<ul style="list-style-type: none"> Trauma Informed Care When Working with Youth and Families <p style="background-color: #FFD700; text-align: center;">Minimized Disruptions in Care: Improving Skills in Behavioral Telehealth</p> <ul style="list-style-type: none"> Ensuring Success in Telehealth Empathic Communication and Engagement in Behavioral Health Effective Telehealth When Working with Communities of Color
California Society of Addiction Medicine	California organization of physicians who specialize in treating addiction provided the “Adolescents, Prevention and Epidemiology” training.
Trainings	Description
CARS/Community Prevention Initiative (CPI)	CPI provides no-cost technical assistance and training in substance use disorder prevention. These online trainings provide the prevention field an opportunity to gain or expand their knowledge in foundational topics, including the Strategic Prevention Framework model. Modules in the Professional Competencies series include:

	<ul style="list-style-type: none"> ▪ Assessment (assessing need, resources and readiness) ▪ Capacity Building (building capacity and community organizing) ▪ Planning (using outcome based logic models and developing strategic plans) ▪ Implementation (implementing evidence-based policies, programs and practices) ▪ Evaluation (monitoring and evaluating for improvement and decision making) ▪ Ethics (understanding and applying ethical principles in decision making)
Listening Circles	Listening Circles are an opportunity for County prevention staff and other prevention professionals to hear and learn from real life substance use experiences of youth/teens/young adults and parents/caregivers.
Omni Youth Programs	<p align="center">The Other Side of Marijuana</p> <ul style="list-style-type: none"> • Newest Research on Marijuana & It’s Unique Effect on the Teen Brain
Prevention Technology Transfer Center Network	<ul style="list-style-type: none"> • The Rise of Methamphetamine and How Implementing a Coordinated Prevention, Treatment, and Law Enforcement Response Can Make a Difference • Selecting and Implementing Evidence-Based Practices to Address Substance Misuse Among Young Adults: SAMHSA’s Resource Guide
Sacramento County Coalition for Youth	<ul style="list-style-type: none"> • Monthly open meetings that County prevention staff, contracted prevention professionals, diverse youth/teens/young adults, parents/caregivers, and community members/stakeholders attend. These meetings include prevention learning opportunities: presentations, prevention PSAs, prevention trainings, etc.

Data Finding Summary

There are many factors that contribute to substance use among Sacramento County residents. The sheer availability of alcohol and other drugs in Sacramento County contribute to substance use which includes:

- High Intensity Drug Trafficking Region – Sacramento County is part of the Central Valley California (CVC) High Intensity Drug Trafficking Areas (HIDTA) program (officially designated in 1999)
- Nearly 20% of census tracts exceeded the regulated number of authorized liquor licenses
- Marijuana dispensaries and online sales are legal and affordable
- Personal growth of medicinal and recreational cannabis plants
- High number of opioid prescriptions issued
- Methamphetamine is produced locally and is affordable

With this availability, it is easy for individuals experiencing unaddressed mental health issues, adverse childhood experiences, or daily stresses to turn to alcohol and/or other drugs. SAMHSA stresses the importance of prevention programs addressing these type of issues to avoid substance use disorders. Sacramento County secondary students (grades 7th, 9th, and 11th) experience harassment, bullying, had lies spread about them, and felt chronic sadness/hopelessness. College-age students report anxiety, wanting to feel better, and help study/improve grades as reasons for misusing prescription drugs.

Additionally, permissibility and perception of harm are contributing factors. There is a social normalization of alcohol and cannabis use in Sacramento County. The legalization of cannabis in 2016 has amplified the social norm of cannabis use. Although older secondary students perceive harm of alcohol use at a higher percentage than younger secondary students, older students use alcohol more frequently and find it easy to access. Thirty four percent (34%) of young adults, ages of 18-24 years, engage in binge drinking. Legalized recreational cannabis use has led to increased youth access with easier ways to use in secret, such as vaping and edibles. Older secondary students perceive harm of marijuana/cannabis use at a higher percentage than younger secondary students; however, older students use marijuana/cannabis more frequently and find it easy to access. In 2017, youth under the age of 21 years who were driving under the influence caused crashes that resulted in 57 injuries or deaths while adults, ages 21-34 years, caused crashes that resulted in 435 injuries or deaths.

Prescription misuse is a problem with harmful consequences. In 2017, there were over 1 million opioid prescriptions written in Sacramento County. Since 2016, there has been a steady increase in the number of opioid overdoses and death among Transition Age Youth [(TAY) ages 15-24 years]. The perception of harm among TAY is low as they believe prescriptions are safe as they are medicine. Additionally, college-age students are also using prescription drugs with alcohol and engaging in marijuana/cannabis use and other illicit drugs. Seventy-four percent (74%) of CSUS students report that they do not lock up their prescription medication and 91% have never taken a workshop about safe medication disposal.

Currently, contracted primary prevention providers are hearing primarily about alcohol and cannabis, but not about opioids. Additionally, the California Healthy Kids Survey (CHKS) data reflects the low percentage of youth affected by this substance. A potential reason why this is a substantial issue for adults, but less so for youth as far as numbers affected is due to the cost (opioids are generally too expensive for youth). As a result, Sacramento County primary prevention efforts will focus on these two priority areas – alcohol and cannabis/marijuana.

Given that Sacramento County is focusing its primary prevention efforts on youth, most weight is given to the CHKS data as far as which substances at what percentages are affecting youth. However, Substance Use Prevention and Treatment (SUPT) Services also looks at treatment data (primary drug of choice for youth and for adults) as well as other implemented surveys. SUPT will monitor trends across the county. If new substance-related problems arise, SUPT will amend our SPP to address the trending substance in the community.

Priority Areas: Risk & Protective Factors

Priority Area	Risk Factors	Protective Factors
Cannabis Use	<ul style="list-style-type: none"> • Cannabis is more prevalent due to legalization of recreational use. • Youth can use cannabis in inconspicuous ways due to alternate delivery methods (vaping devices, edibles). • Perception of harm is low among youth and adults. 	<ul style="list-style-type: none"> • Education about cannabis, cannabis laws, and the effects of cannabis on youth. • Campaign in response to the passing of Prop 64. • Alternate activities that allow for participation in constructive and healthy activities.

Priority Area	Risk Factors	Protective Factors
Underage and Binge Drinking	<ul style="list-style-type: none"> • Drinking alcohol is socially acceptable among adults, leading to youth perception of permissibility. • Alcohol is accessible due to availability in the home and community. • Binge drinking is perceived as normal among college students. 	<ul style="list-style-type: none"> • Community supports prevention for youth. • Campaign to reduce underage drinking. • Youth education for life and social skills.

Prioritizing Risk Factors

Priority Area 1: Cannabis Use	Importance		Changeability		Priority Ranking
	Low	High	Low	High	
Cannabis is more prevalent due to legalization of recreational use.		X	X		3
Youth can use cannabis in inconspicuous ways due to alternate delivery methods (vaping devices, edibles).		X	X		2
Perception of harm is low among youth and adults.		X		X	1

Priority Area 2: Underage and Binge Drinking	Importance		Changeability		Priority Ranking
	Low	High	Low	High	
Drinking alcohol is socially acceptable among adults, leading to youth perception of permissibility.		X	X		3
Alcohol is accessible due to availability in the home and community.		X		X	1
Binge drinking is perceived as normal among college students.		X		X	2

Problem Statements

Priority Area	Problem Statement
#1: Underage Cannabis/Marijuana Use	Legalized recreational cannabis use as well as a low perception of harm among youth and adults, has led to youth consumption at rates of 6% of 7 th graders, 18% of 9 th graders, and 31% of 11 th graders who have ever used this substance as well as cannabis being the drug of choice for 86% of youth age 17 and younger who are in SUD treatment.
#2: Underage and Binge Drinking	The accessibility of alcohol in the home and community and the perception that binge drinking for college students is normal contribute to underage drinking (10% of 7 th graders, 21% of 9 th graders, and 37%

	of 11 th graders) and binge drinking (1% of 7 th graders, 4% of 9 th graders, 9% of 11 th graders, and 34% of adults ages 18 – 24 years) in young adults.
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The use of cannabis/marijuana through inconspicuous means (vaping, edibles) is a concern of Sacramento County. The ability to change the availability of these manufactured cannabis delivery system devices is low, as well. As vaping is a means to use multiple substances, more research and tracking need to be done to determine if it is a risk factor to promote the use of cannabis.

Resource Readiness

Enter (+), (n/a), or (-) to measure resources for each priority area.	Priority Areas	
	1	2
	Cannabis Use	Underage and Binge Drinking
Community Resources		
Community awareness	-	-
Specialized knowledge about Pv research, theory, and practice	-	-
Practical experience	+	+
Political/policy knowledge	+	+
Financial Resources		
Funding	+	-
Equipment: computers, Xerox, etc.	+	+
Promotion and advertising	+	+
Human Resources		
Competent staff	+	+
Training	-	-
Consultant	n/a	n/a
Volunteers	+	+
Stakeholders	+	+
Other agency partners	+	+
Community leaders	+	+
Organizational Resources		
Vision and Mission Statement	+	+
Clear and consistent organizational patterns and policies	+	+
Adequate fiscal resources for implementation	+	+
Technical resources	+	+
Specialized knowledge about Pv research, theory, and practice	+	+

Community & Resources Challenges/Gaps

Priority Areas:	1 Cannabis Use	2 Underage and Binge Drinking
Community Readiness	Community programs and activities are in place.	Community programs and activities are in place.
Community Resources	<p>The co-occurrence of substance use with mental health conditions during adolescence needs more evaluation to inform coordinated prevention efforts.</p> <p>Adults and community professionals need continued education and information about alternate cannabis delivery methods in order to be able to recognize and discourage inconspicuous use by youth.</p>	<p>The co-occurrence of substance use with mental health conditions during adolescence needs more evaluation to inform coordinated prevention efforts.</p> <p>Primary focus has been on underage drinking and needs to include concerns about binge drinking among the young adult population, especially college students.</p>
Financial Resources	n/a (no negatives in Resource Readiness Table)	Current budget capacity needs to be considered when determining expanded outreach efforts
Human Resources	Staff need training to ensure that consistent, factual information is available regarding prevalence and access to youth.	Staff need education on evidence-based practice programming for college-age binge drinking and impacts to community.
Organizational Resources	n/a (no negatives in Resource Readiness Table)	n/a (no negatives in Resource Readiness Table)

Cultural Competence

The provision of culturally and linguistically appropriate substance use disorder prevention services to our communities is a high priority for Sacramento County. SUPT is committed to ensuring equitable services for all racial, ethnic, cultural, linguistic, gender and sexual diverse, and other unserved/underserved/inappropriately served populations and providing meaningful services that engage members of our community. The Division of Behavioral Health (DBH) Cultural Competence and Ethnic Service Program Manager serves as advisor to the Sacramento County Behavioral Health Director/Alcohol and Drug Administrator. In this role, she also serves as lead of the DBH Cultural Competence Committee (CCC), which is comprised of consumers, family members, community members, community-based organizations, and County line staff and management. Committee members represent and are reflective of the diverse LGBTQ, cultural, linguistic, racial and ethnic communities of Sacramento County. The CCC performs advisory functions and oversight of the implementation of the Sacramento County DBH Cultural Competence Plan (CCP). Service equity is guided by the State-approved CCP, which includes pertinent regulations, statutes, and laws as well as the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care. The SUPT Program Planner, member of the

CCC, actively reviews cultural competence issues and consults with the DBH Cultural Competence and Ethnic Services Program Manager as they relate to the overall assessment.

SUPT strives to provide prevention services in the preferred language using bilingual/bicultural staff whenever possible. When bilingual-bicultural staff are not available, our Assisted Access program has trained interpreters on staff who provide services in up to 13 languages. For languages that cannot be accommodated by Assisted Access, County-wide contracted interpreter agencies can provide interpreter services face-to-face or by phone. Interpreters for limited English proficiency individuals as well as deaf and/or hard of hearing individuals are available free of charge. Prevention Services were provided to the following ethnicities during the period of July 1, 2017 – January 31, 2020:

African American Black	American Indian	Asian Pacific Islander	Hispanic Latinx	White	Unknown
582,112	24,518	515,799	999,120	1,124,850	79,977

Source: Primary Prevention SUD Data Service

Prevention providers continue to partner with cultural specific community-based organizations in order to provide tailored services to their communities. For example, Omni Youth Programs, Inc., has provided services to Russian speaking families and Muslim youth.

Sustainability

Throughout the assessment process for this SPP, a variety of prevention professionals and system partners such as Sacramento County Public Health, Sacramento County Criminal Justice System, Sacramento County Child Protective Services, have been instrumental in providing quantitative and qualitative data. As a result, we have identified key informants and leaders from child welfare, healthcare, law enforcement, and social service agencies that we have developed sustainable working relationships, which will support the County’s ability to gather and assess data over the duration of this SPP. Primary Prevention efforts are funded through the Substance Abuse Prevention and Treatment Block Grant (SABG).

CAPACITY BUILDING

This section of the SPP includes a capacity building plan for both of the priorities areas: 1) Cannabis Use and 2) Under-Age and Binge Drinking. Each capacity building plan is a timeline of efforts to address challenges/gaps and build capacity.

SUPT will monitor trends across the county. If new substance-related problems arise, SUPT will build capacity to track and deal with emerging problems.

Capacity Building Plan

Priority Area 1: Cannabis Use	
Community Readiness Stage: Preparation	
Course of Action	Proposed Timeline
Engaging stakeholders/Forming partnerships/Strengthening collaborative groups/ Increasing community awareness/Mobilizing communities	
Community Resources	
Identify existing services that address risk and protective factors for Cannabis Use (risk factors include that cannabis is more prevalent due to legalization of recreational use, youth can use cannabis in inconspicuous ways due to alternate delivery methods (vaping deices, edibles), and perception of harm is low among youth and adults), and protective factors include education about cannabis, cannabis laws, and the effects of cannabis on youth, campaign in response to the passing of Prop. 64, and Alternative Activities that allow for participation in constructive and healthy activities); Network with the agencies providing those services.	Years 1 – 2
Develop a survey to collect data to track the implementation of vaping devices to determine the correlation and/or causation of a changed rate of cannabis/marijuana usage.	Years 1 – 5
Increase education and information to adults about alternative cannabis consumption methods in order to be able to recognize and discourage inconspicuous use by youth.	Years 1 – 5
Increase education to adults and high school students about the ramifications of cannabis use and how prevention research, theory, and practice can assist in decreasing cannabis use in the community.	Years 1 – 5
Evaluate the co-occurrence of substance use with mental health conditions during adolescence to inform coordinated prevention efforts to decrease cannabis use.	Years 1 – 5
Build capacity to train youth and to work on environmental change strategies.	Years 1 – 5

<p>Human Resources</p> <p>Identify gaps in knowledge (e.g., prevalence and access to youth), and secure training via CPI/CARS, CARS consultant, and other professional Continuing Education Units (CEUs) in order to identify and implement the most effective prevention strategy/strategies to assist with decreasing cannabis use.</p>	<p>Years 1 – 3</p>
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Priority Area 2: Under-Age and Binge Drinking

Community Readiness Stage: Initiation – Stabilization

<p>Course of Action</p> <p>Engaging stakeholders/Forming partnerships/Strengthening collaborative groups/ Increasing community awareness/Mobilizing communities</p>	<p>Proposed Timeline</p>
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<p>Community Resources</p> <p>Identify existing services that address risk and protective factors for Under-Age and Binge Drinking (risk factors include that drinking alcohol is socially acceptable among adults, leading to youth perception of permissibility, alcohol is accessible due to availability in the home and community, and binge drinking is perceived as normal among college students, and protective factors include community supports prevention for youth, campaign to reduce underage drinking, and youth education for life and social skills); Network with the agencies providing those services.</p>	<p>Years 1 – 2</p>
<p>Include in focusing efforts on preventing inappropriate alcohol consumption the concerns about binge drinking among the young adult population, especially college students.</p>	<p>Years 2 – 4</p>
<p>Develop a survey to collect data to track binge drinking and factors associated with this behavior among transition age youth (e.g., college students).</p>	<p>Years 1 - 5</p>
<p>Increase education to adults and high school students about the ramifications of under-age and binge drinking and how prevention research, theory, and practice can assist in decreasing under-age and binge drinking in the community.</p>	<p>Years 1 – 5</p>
<p>Evaluate the co-occurrence of substance use with mental health conditions during adolescence to inform coordinated prevention efforts to decrease under-age and binge drinking.</p>	<p>Years 1 – 5</p>

<p>Human Resources</p> <p>Identify gaps in knowledge (e.g., EBP programming for college-age binge drinking and impacts to the community), and secure training via CPI/CARS, CARS consultant, and</p>	<p>Years 1 – 3</p>
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<p>other CEUs in order to identify and implement the most effective prevention strategy/strategies to assist with decreasing both under-age as well as binge drinking.</p>	
<p>Fiscal Resources</p> <p>Consider current budget capacity – SABG funding is finite and is currently being utilized to address inappropriate alcohol consumption (too early, too often, and too much) for under-age youth. This will be considered when determining expanded outreach efforts.</p> <p>Allocation and funding for Under-Age and Binge Drinking will wait until the next Prevention LOI/RFA/RFP.</p>	

Cultural Competency

SUPT and contracted prevention providers are committed to promoting behavioral health equity by delivering services that are culturally responsive and linguistically proficient. SUPT will continue to provide training and technical assistance to prevention providers about the cultural and linguistic appropriateness of their prevention activities. Farsi is a new threshold language for Sacramento County. SUPT plans to work with prevention providers to enhance the cultural understanding and needs of populations who speak Farsi.

Sustainability

The continued development of a knowledgeable workforce and prevention service system is a high priority and a key factor in sustaining built capacity and ensuring positive prevention outcomes. SUPT will request assistance from the Center of Applied Research Solutions to provide trainings through their Community Prevention Initiatives program. SUPT will evaluate data and utilize feedback from prevention providers, stakeholders, and coalitions to address emerging capacity needs.

PLANNING

Planning Process

Partners whose data and input contributed to the logic models and the support of collaborative partner efforts include internal and external stakeholders, members of the Alcohol and Drug Advisory Board’s Prevention and Education Committee, the youth and adult participants of the Sacramento County Coalition for Youth (SCCY).

Protective Factors and CSAP Strategies

Protective Factors and CSAP Strategies for Prioritized Risk Factors

Priority Area	Risk Factor(s)	Protective Factor(s)	Strategy
Underage Cannabis/Marijuana Use	1. Cannabis is more prevalent due to legalization of recreational use for those 21 and over.	<ul style="list-style-type: none"> Youth recognize that they are not in the set of persons for whom recreational marijuana is legal (1) 	Environmental Community-Based Process Education
	2. Perception of harm is low among youth and adults.	<ul style="list-style-type: none"> Perception of harm is high among youth and adults, especially those involved in the SCCY and other prevention provider collaborations in the community (2) 	Information Dissemination Alternative Activities
	3. Youth can use cannabis in inconspicuous ways due to alternate delivery methods (vaping devices, edibles).	<ul style="list-style-type: none"> Alternative activities that allow for participation in constructive and healthy activities (3) 	

Priority Area	Risk Factor(s)	Protective Factor(s)	Strategy
Underage and Binge Drinking	<ol style="list-style-type: none"> 1. Alcohol is accessible due to availability in the home and community. 2. Drinking alcohol is socially acceptable among adults, leading to youth perception of permissibility. 3. Binge drinking is perceived as normal among college students. 	<ul style="list-style-type: none"> • Alcohol is less available in the home and in the community (1) • Change in social norms to alcohol consumption being less socially acceptable (2) • Binge drinking is seen as not the normal among college students (3) 	Community-Based Process Education Information Dissemination Alternative Activities Environmental

Protective Factors and CSAP Strategies Summary

The identified protective factors and Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) strategies will address the prioritized risk factors for both priority areas. Though marijuana/cannabis is more prevalent after the legalization of recreational use by United States citizens 21 years and older, the perception of harm is low, and it can be ingested in surreptitious ways; youth recognize that they are not in the demographic for whom recreational marijuana is legal. The perception of harm is high among youth and adults, especially those involved in the SCCY and other prevention provider collaborations in the community. Alternative activities allow young people to use their energy in responsible ways that is healthier than indulging in substances.

Despite the facts of alcohol being available in the home and in the community, adults drinking alcohol is viewed as socially acceptable, and binge drinking among college students is seen as normal behavior; alcohol is less available in the home and in the community, and changes in social norms will affect the social acceptability of alcohol consumption as well as how the behavior of binge drinking among college students will be viewed.

The communities within Sacramento County supports prevention for youth. Moreover, primary prevention services can be offered online, allowing greater access to both youth and adults who can reach and connect with youth and influence them in a positive manner. Finally, the SCCY has 2 campaigns, *Talk, They Hear You* and *Future Forward*. The campaigns encourage parents to have frequent small talks (even providing prompts and conversation starters) about substances with their children to reduce underage (20 years old and younger) substance use as well as prompt youth to focus on working towards and achieving future goals (which allow no room for cannabis/marijuana).

Logic Models

See next pages (41 – 45) for Logic Models 1 and 2.

Cultural Competency

SUPT staff and varied culturally responsive staff from contracted prevention providers together contributed to the planning chapter. SUPT will continue the exchange with prevention providers about the cultural and linguistic appropriateness of prevention activities and providing training and technical assistance when necessary. The prevention strategies selected originate from the Center for Substance Abuse Prevention (CSAP) and are evidence-based.

Sustainability

Recently, the amount of SABG that was allotted to Prevention from the state was increased to \$1.5 million, which is currently distributed between 4 prevention providers. This funding has allowed prevention providers to continue rendering primary prevention services to the communities within Sacramento County.

Logic Model # 1

<p>Priority Area: Underage Cannabis/Marijuana Use</p> <p>Problem Statement: Legalized recreational cannabis use as well as a low perception of harm among youth and adults, has led to youth consumption at rates of 6% of [n = 16,393] 7th graders, 18% of [n = 14,643] 9th graders, and 31% of [n = 12,299] 11th graders who have used cannabis/marijuana in their lifetime, as well as cannabis being the drug of choice for 86% of [n = 211] youth age 17 and younger, who are in Substance Use Disorder (SUD) treatment.</p> <p>Goal (Behavioral Change): By 2026, there will be a reduction in underage cannabis/marijuana use, as measured by California Healthy Kids Survey (CHKS).</p>					
Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	
By 2026, the number of youth who have used cannabis/marijuana in their lifetime will decrease by 5%, as measured by CHKS.	Information Dissemination Education Community-Based Process Environmental Alternative Activities	By 2022, a developed media campaign that counters messages that cannabis/marijuana is harmless for young people will reach at least 20,000 youth through social media outlets and traditional media outlets.	By 2024, there will be a 3% decline in the number of youth who have ever used cannabis/marijuana.	By 2026, there will be a 5% decline in the number of youth who have ever used cannabis/marijuana, as measured by CHKS.	CHKS to measure percent decline in the number of youth who have used cannabis in their lifetime. Media impressions and engagements for social media.
By 2026, the perception of harm of cannabis/marijuana among youth and adults will increase by 5%, as measured by CHKS.	Information Dissemination Education Community-Based Process Environmental	By 2022, at least 1,000 adults and youth members of the communities within Sacramento County will participate in primary prevention services and will have	By 2024, there will be a 3% increase in the perception of harm among youth and adults.	By 2026, the perception of harm of cannabis/marijuana among adults will have increased by 5%, as measured by Pre-/Post- tests and/or Retrospective surveys.	CHKS Sign-in sheets Pre-/Post-tests Retrospective surveys

Priority Area: Underage Cannabis/Marijuana Use
Problem Statement: Legalized recreational cannabis use as well as a low perception of harm among youth and adults, has led to youth consumption at rates of 6% of [n = 16,393] 7th graders, 18% of [n = 14,643] 9th graders, and 31% of [n = 12,299] 11th graders who have used cannabis/marijuana in their lifetime, as well as cannabis being the drug of choice for 86% of [n = 211] youth age 17 and younger, who are in Substance Use Disorder (SUD) treatment.
Goal (Behavioral Change): By 2026, there will be a reduction in underage cannabis/marijuana use, as measured by California Healthy Kids Survey (CHKS).

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	
	Alternative Activities	received primary prevention education on cannabis/marijuana from a contracted prevention provider.			Media impressions and engagements for social media. Primary Prevention SUD Data Service (PPSDS) to measure number of participants/recipients of prevention education.

Logic Model # 2

Priority Area: Underage and Binge Drinking
Problem Statement: The accessibility of alcohol in the home and community and the perception that binge drinking for college students is normal contribute to underage drinking (10% of 7th graders, 21% of 9th graders, and 37% of 11th graders) and binge drinking (1% of 7th graders, 4% of 9th graders, 9% of 11th graders, and 34% of adults ages 18 – 24 years) in young adults.
Goal (Behavioral Change): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	
By 2026, the number of youth (11 th grade and younger) who engage in underage drinking will decrease by 5%, as measured by CHKS.	Information Dissemination Education Community-Based Process Environmental Alternative Activities	By 2022, at least 750 youth will have received primary prevention education on alcohol from a contracted prevention provider, as measured by PPSDS.	By 2024, there will be a 3% decline in the number of youth who have engaged in underage drinking, as measured by CHKS.	By 2026, there will be a 5% decline in the number of individuals who engage in underage drinking, as measured by CHKS.	PPSDS CHKS Pre-/Post-tests Retrospective surveys Sign-in logs Media impressions and engagements for social media.
By 2026, the accessibility of alcohol in the home will decrease by 5%, as measured by CHKS.	Information Dissemination Education Community-Based Process Environmental	By 2022, at least 250 adults will have received primary prevention education on alcohol from a contracted prevention provider, as	By 2024, at least 25 families will utilize bottle locks and/or lock up liquor cabinets.	By 2026, there will be a 5% decline of accessibility of alcohol in the home, as measured by CHKS.	PPSDS CHKS Pre-/Post-tests Retrospective surveys Sign-in logs

Priority Area: Underage and Binge Drinking
Problem Statement: The accessibility of alcohol in the home and community and the perception that binge drinking for college students is normal contribute to underage drinking (10% of 7th graders, 21% of 9th graders, and 37% of 11th graders) and binge drinking (1% of 7th graders, 4% of 9th graders, 9% of 11th graders, and 34% of adults ages 18 – 24 years) in young adults.
Goal (Behavioral Change): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	
		measured by PPSDS.			Media impressions and engagements for social media.
By 2026, the accessibility of alcohol in the community will decrease by 5%, as measured by CHKS.	Information Dissemination Education Community-Based Process Environmental Alternative Activities	By 2022, at least 25 vendors will participate and receive feedback through surveys [e.g., Responsible Alcohol Merchant Awards (RAMA)] to ensure checking IDs, distancing the location of alcohol from youth-friendly items, and avoiding the provision of alcohol to underage youth.	By 2024, there will be a 3% decline of accessibility of alcohol in the community.	By 2026, there will be a 5% decline of accessibility of alcohol in the community, as measured by CHKS.	CHKS Healthy Stores for a Healthy Community Sign-in sheets Pre-/Post-tests Retrospective surveys Media impressions and engagements for social media.

Priority Area: Underage and Binge Drinking
Problem Statement: The accessibility of alcohol in the home and community and the perception that binge drinking for college students is normal contribute to underage drinking (10% of 7th graders, 21% of 9th graders, and 37% of 11th graders) and binge drinking (1% of 7th graders, 4% of 9th graders, 9% of 11th graders, and 34% of adults ages 18 – 24 years) in young adults.
Goal (Behavioral Change): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	
By 2026, the number of those who engage in binge drinking will decrease by 5%, as measured by data from CHKS, Be Healthy Sacramento, as well as data from local colleges'/universities' surveys.	Information Dissemination Education Community-Based Process Environmental Alternative Activities	By 2022, develop a media campaign that counters messages that binge drinking is normal for college students will reach transition age youth through at least 3 different types of media.	By 2024, the media campaign will reach at least 14,000 transition age youth.	By 2026, there will be a 5% decline in the number of individuals who engage in binge drinking, as measured by CHKS, Be Healthy Sacramento, as well as data from local colleges'/universities' surveys.	CHKS Be Healthy Sacramento Surveys from local colleges/universities. Media impressions and engagements for social media.

IMPLEMENTATION

Sacramento County currently is contracted with four prevention providers and is looking to release a Request for Application (RFA) / Request for Proposal (RFP) in the autumn of 2021 for agencies interested in contracting with Sacramento County DHS/DBHS/SUPT Services to render prevention services starting Fiscal Year (FY) 2022/2023. Though the last Prevention RFA/RFP releases (for prevention services and the prevention coalition) were in 2015, the typical time-frame for releases of RFAs/RFPs is 3 – 5 years.

CSAP Strategies		
Information Dissemination (ID)	Education (ED)	
Environmental (ENV)	Alternative Activities (ALT)	
Problem Identification and Referral (PIDR)	Community-Based Process (CBP)	
IOM Categories		
<u>Universal (U)</u>	<u>Selective (S)</u>	<u>Indicated (I)</u>
Universal Direct (UD)		
Universal Indirect (UI)		

Provider (Sub-Contractor) Selection

Sacramento County administers a competitive bidding process to select prevention subcontractors. For the upcoming RFA/RFP, the Logic Model would be utilized as a source document from which agencies could respond to certain questions about how (using evidence-based practices) they would propose to address contributing risk factors for underage usage of cannabis/marijuana and alcohol as well as binge-drinking alcohol in the TAY (Transition Age Youth) population (generally high school to college). The applying agencies would be requested to outline the major steps they would use to implement their respective program(s). The applications would then be reviewed by a panel of various stakeholders and, in essence, graded. The awardees would have earned a minimum passing score on their application/proposal. Additionally, their contracts would then specify their compliance with periodic meetings with County staff to review progress towards the goals of the Strategic Prevention Plan.

Specific Intervention/Programs for Identified CSAP Strategies	
Strategies	Specific Program/Intervention
Information Dissemination	
Education	
Community-Based Process	
Environmental	Prevention Coalition
Alternative Activities	Friday Night Live (FNL), Club Live (CL), FNL Mentoring

Program/Intervention: Sacramento County Coalition for Youth (SCCY)			
Goal(s): By 2026, there will be a reduction in underage cannabis/marijuana use, as measured by CHKS.			
Objective(s): By 2026, the number of youth who have used cannabis/marijuana in their lifetime will decrease by 5%, as measured by CHKS.			
IOM Category(ies): Universal Indirect		Population(s): Youth; General Population	
Major Tasks	Timeline	Responsible Party	Strategy
1. Continue SCCY activities; build a base of prevention experts invested in continued community prevention activities; hold ongoing, regular meetings; assess community needs/assets; create actions to achieve short- and long-term prevention goals; work together to achieve collective impact.	Ongoing	Sacramento County Coalition for Youth (SCCY)	CBP
2. Promote PSAs of Future Forward campaign; help change attitudes, norms and behaviors of youth and peers related to marijuana use; involve diverse youth in coalition activities; increase family knowledge and awareness of risks and consequences related to youth marijuana use; encourage families to talk about the risks of youth use.	Ongoing	Sacramento County Coalition for Youth (SCCY)	ENV
3. Identify possible causes and possible community interventions to youth marijuana use: build familiarity with local and state laws and policies pertaining to marijuana; build a knowledge of the process required for development and implementation of laws & policies; build stakeholder support; create culturally relevant community-wide campaign and education materials to educate on effectiveness of policies regarding marijuana advertising and/or dispensary staff training.	Ongoing	Sacramento County Coalition for Youth (SCCY)	ENV

Program/Intervention: To be determined			
Goal(s): By 2026, there will be a reduction in underage cannabis/marijuana use, as measured by CHKS.			
Objective(s): By 2026, the perception of harm of cannabis/marijuana among youth and adults will increase by 5%, as measured by CHKS.			
IOM Category(ies): To be determined		Population(s): Youth; General Population	
Major Tasks	Timeline	Responsible Party	Strategy

To be determined			
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Program/Intervention: Friday Night Live (FNL), Club Live (CL), and FNL Mentoring (FNL M)			
Goal(s): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).			
Objective(s): By 2026, the number of youth (11 th grade and younger) who engage in underage drinking will decrease by 5%, as measured by CHKS.			
IOM Category(ies): Universal Direct; Universal Indirect		Population(s): Youth; General Population	
Major Tasks	Timeline	Responsible Party	Strategy
1. Provide FNL & CL chapters on high school and middle school campuses in Sacramento County.	Annually	Sacramento County Office of Education (SCOE)	ALT
2. Provide ongoing opportunities for youth to engage in prevention programming & encourage involvement of peers.	Annually/school year	Sacramento County Office of Education (SCOE)	ID/ALT/ED
3. Utilize youth-led strategies to address/decrease alcohol availability and change community norms that favor underage drinking.	Annually	Sacramento County Office of Education (SCOE)	ENV
4. Increase protective factors for preventing underage drinking, including service disparities and needed cultural supports.	Annually	Sacramento County Office of Education (SCOE)	ALT/ED

Program/Intervention: To be determined			
Goal(s): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).			
Objective(s): By 2026, the accessibility of alcohol in the home will decrease by 5%, as measured by CHKS.			
IOM Category(ies): Universal Direct; Universal Indirect		Population(s): Parents/Families; General Population	
Major Tasks	Timeline	Responsible Party	Strategy
1. Obtain bottle locks to distribute	Annually		CBP/ID

Program/Intervention: To be determined			
Goal(s): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).			
Objective(s): By 2026, the accessibility of alcohol in the community will decrease by 5%, as measured by CHKS.			
IOM Category(ies): Universal Indirect		Population(s): General Population	
Major Tasks	Timeline	Responsible Party	Strategy
1. Conduct surveys (e.g., RAMA, Healthy Stores for a Healthy Community)	Annually		CBP/ENV

Program/Intervention: To be determined			
Goal(s): By 2026, there will be a decline in the number of individuals who engage in underage drinking (as measured by CHKS) and who engage in binge drinking (as measured by both CHKS and college surveys).			
Objective(s): By 2026, the number of those who engage in binge drinking will decrease by 5%, as measured by data from CHKS, Be Healthy Sacramento, as well as local college/university surveys.			
IOM Category(ies): Universal Indirect		Population(s): Transition Age Youth; General Population	
Major Tasks	Timeline	Responsible Party	Strategy
1. Promote “Talk. They Hear You” campaign	Ongoing		CBP/ID
2. Develop a survey intended to be distributed to the colleges and universities within Sacramento County.	Within first two years of SPP; & annual distribution		CBP/ID
3. Develop a media campaign directed at Transition Age Youth (TAY) population that counters messages that binge drinking is normal for college students.	Within first 2 years of SPP		CBP/ID/ENV
4. Test with focus group prior to launch.	Within first 2 years of SPP		CBP/ID
5. Pilot/run in a limited market.	Within first 2 years of SPP		CBP/ID
6. Initiate media campaign.	Within first 2 years of SPP		CBP/ID
7. Promote products of the developed media campaign to at least 3 different types of media.	Within first 2 years of SPP; ongoing		CBP/ID

Provider Contributions to the SPP

As direct service providers, the contracted prevention agencies have a good feel of the pulse of the communities within Sacramento County. They have responded to inquiries regarding their perspectives on community readiness and risks & protective factors which increase or decrease the chances of substance use, as well as quantitative data such as the number of individuals they provide direct services to, the social media data (reach, engagement, etc.), and survey results.

Cultural Competence

Transition Age Youth (TAY) is a population in Sacramento County that may not readily fit into any particular category. Of note, the line of minority to majority age is blurred in this population that has its own set of different cultures within this group of individuals. This provides a bit of a challenge regarding where to place them with regards to services to youth (that can range from the age of 0 – 17, in the traditional sense) or services to adults (which can range from 18 – 108). These are broad ranges in ages and in developmental levels. What would apply to a younger youth would not apply to a TAY individual, and what would make sense to utilize for an older adult would not represent the same for the respective transition age youth.

Within the Sacramento County Coalition for Youth, there are young people still in high school as well as starting out in college who are quite involved in the coalition. They have formed a youth council called Sacramento Ambassadors for Change (SAC). The young members of the SCCY not only live in different parts of our county, but also come from various ethnic and cultural backgrounds. They work in a creative, synergistic way with each other, giving voice to their ideas to the parents and professionals in the coalition and in the community. Sacramento County has the pleasure of interfacing with the transition age youth in the SCCY in getting feedback and potential possibilities in working outside of the usual thought-box.

Sustainability

Sacramento County will be utilizing data from the California Health Kids Survey (CHKS), Primary Prevention SUD Data Service (PPSDS), Healthy Stores for a Healthy Community, Be Healthy Sacramento, and data from providers. The information from providers will include the media impressions, sign-in sheets, results of pre-/post-tests or retrospective surveys. The PPSDS service reports are run each month as invoices are received from each agency. Additionally, PPSDS data is reviewed by both DHCS as well as the county on an alternate quarterly basis. The CHKS surveys are administered in a biannual grouping (resembles a school year), and results are available to the County nearly a year after the grouping is administered. Surveys for Healthy Stores for a Healthy Community were conducted in Spring of 2019 and results made available at a later date. Be Healthy Sacramento has a website with the data available to the public. Additionally, the other data points from providers are typically received on a 6 month to annual basis. Moreover, data that is collected from the implementation of prevention programs/interventions will be analyzed and interpreted. This data will assist Sacramento County in continually adapting to the prevention needs of our community.

The Primary Prevention Substance Use Disorder Data Service (PPSDS) data that will be inputted by providers on a monthly basis will change with this new Strategic Prevention Plan. Even though the RFA/RFP for primary prevention services on which agencies may bid, referenced earlier in this chapter, is on the horizon (Autumn

2021); there are pieces that Sacramento County is interested in continuing: the Sacramento County Coalition for Youth (SCCY) and Friday Night Live (FNL, CL, & FNLM).

Specifically regarding Friday Night Live, Sacramento County Office of Education (SCOE) has access to several schools throughout the districts within Sacramento County. They are currently providing FNL/CL/FNLM to 56 schools within the community. SCOE staff utilizes the Chapter Handbook and Resource Manual (CHARM), a faculty advisor, and leadership and advisor trainings to build capacity as well as encourage youth to be student leaders at meetings and in implementing their respective prevention projects. By continuing to fund FNL, Sacramento County is able to support FNL training the next generation of leaders as well as to assist in preparing the prevention workforce.

EVALUATION

Evaluation of the Strategic Prevention Plan implementation would take place periodically throughout the entirety of the plan as well as at the end of the plan. Evaluation will consist of both process evaluation as well as outcome evaluation.

The results of a process evaluation would show if Sacramento County was able to implement the appropriate interventions/programs utilizing CSAP strategies of Information Dissemination, Education, Community-Based Process, Environmental, and Alternative Activities in reaching at least 20,000 youth through media outlets; educating at least 750 youth and 250 adults in alcohol prevention and at least 1,000 community members in cannabis/marijuana prevention services through a contracted provider; engaging at least 25 vendors to participate and receive feedback through surveys; and developing a media campaign that will be distributed through at least 3 different types of media.

The awardees of the aforementioned Letter of Interest/Request for Proposal/Request for Application will be implementing the interventions/programs to address the contributing factors to achieve the goals of making strides towards solving the problems of substance abuse in the community.

If through these providers, these short-term (process) outcomes were not met in 2022 as determined by the data revealed in the review of the agencies (which would include PPSDS, surveys, sign-in logs, and media impressions/engagements), there would be discussions with the providers and Sacramento County staff (starting with the Prevention Coordinator) about the potential to make adaptations to the program curriculum/implementation or utilization of a different one altogether.

The results of an outcome evaluation would demonstrate if the chosen intervention(s) made a difference (and, if so, by how much, and in what direction?) by addressing the contributing risk and protective factors to reduce and ideally solve the problem of substance abuse in Sacramento County.

The data of the work that the contracted providers render will be inputted into PPSDS. Additionally, providers have an evaluator whom they work with to generate and distribute an annual evaluation report. Moreover, results of the CHKS survey (as they become available) will be reviewed, analyzed, and interpreted. With the services in PPSDS as well as the results of the CHKS survey in hand, Sacramento County will be able to periodically determine if what is being implemented is impacting the population as a whole, which would be reflected in the CHKS survey results over time.

If through the review of the available data, it is determined that the intermediate outcomes of a 3% decline in the number of youth who have ever used cannabis/marijuana; a 3% increase in the perception of harm of cannabis/marijuana among youth and adults; a 3% decline in the number of youth who have engaged in underage drinking; at least 25 families utilizing bottle locks and/or locking up liquor cabinets; a 3% decline of accessibility of alcohol in the community; and a media campaign that counters messages that binge drinking is normal for college students reached at least 14,000 transition age youth were not met in 2024; this allows

Sacramento County another opportunity to alter the course of action in order to meet the long-term outcomes within the Logic Models.

Reporting out on the findings of the information provided will assist with an understanding of what Primary Prevention services can be provided; how it impacts individuals, families, neighborhoods, and the community as a whole; and why it is valuable for stakeholders to continue to support prevention funding and activities.

Evaluation Plan and Dissemination Plan

See pages 54 – 59 for the Evaluation Plan and Dissemination Plan.

Cultural Competency

As a focus population, Sacramento County will recruit TAY individuals reflective of the diversity of the community to be included in any focus groups as well as be the intended audience for any surveys that are developed and distributed to local colleges/universities within the County of Sacramento. The information received from TAY persons will contribute to the understanding of Sacramento County SUPT in determining the effectiveness of prevention efforts on this population with the continued goal of producing better outcomes.

Sustainability

Within Sacramento County, the evaluation process is integrated into all phases of service delivery along with tools that are reviewed and if necessary revised annually. The data collected in this process is compiled annually into a monitoring report. The County compares the monitoring report to its current SPP to identify progress towards goals and assess current service delivery.

Sacramento County SUPT will analyze CHKS data for outcome evaluation every other year when CHKS data is released. Data is collected from retrospective surveys from implemented strategies as each Prevention provider completes a cohort: these surveys will be collected from prevention participants to evaluate effectiveness of prevention efforts. Through evaluations, Sacramento County can make mid-course corrections to update prevention efforts, as necessary.

Sacramento County SUPT Prevention Coordinator reports monthly to the Sacramento County Alcohol and Drug Advisory Board's Prevention and Education Committee and takes recommendations from this entity for quality improvement in providing prevention services. The Alcohol and Drug Advisory Board then can convey to the Sacramento County Board of Supervisors the pulse of the community with regards to the prevention of Substance Use Disorders. Sharing evaluation findings will lend itself to building support in order to sustain and potentially expand effective prevention interventions.

Outcomes	Performance Measures (How will you track change?)	Method of Data Collection	Indicators/Data Source	Roles and Responsibilities	Timeframe
<p>in primary prevention services and will have received primary prevention education on cannabis/marijuana from a contracted prevention provider (by 2022), and ● from this will garner a 3% increase by 2024 and a 5% increase by 2026 in the perception of harm.</p>		<p>Observations during contract monitoring reviews/requests.</p> <p>Social media analytics</p> <p>Service reports</p>	<p>Pre-/Post-tests Retrospective surveys</p> <p>Media impressions and engagements for social media.</p> <p>PPSDS to measure number of participants/recipients of prevention education.</p>	<p>Providers at agencies administer and collect these.</p> <p>Same as above.</p> <p>Each agency has designated staff to enter data into PPSDS. The County Prevention Coordinator reviews this data monthly (for invoices), quarterly (for state reviews), and biannually (2x/year for contract monitoring site visits).</p>	<p>During and after program.</p> <p>Before, during, and after program.</p> <p>During and after program.</p>
<p>● at least 750 youth will have received primary prevention education on alcohol from a contracted prevention provider</p>	<p>Change in consumption in comparison to previous years' data.</p>	<p>Service reports</p> <p>Surveys</p>	<p>Primary Prevention SUD Data Service (PPSDS) CHKS</p>	<p>Same as above</p> <p>Same as above</p>	<p>During and after program.</p> <p>After program.</p>

Outcomes	Performance Measures (How will you track change?)	Method of Data Collection	Indicators/Data Source	Roles and Responsibilities	Timeframe
by 2022, and ● this will garner a 3% decline by 2024 and a 5% decline by 2026 of those who engage in underage drinking.		Observations during contract monitoring. Observations Social media analytics	Pre-/Post-tests Retrospective surveys Sign-in logs Media impressions and engagements for social media.	Providers at agencies administer and collect these. Same as above. Same as above.	During and after program. During and after program. Before, during, and after program.
● at least 250 adults will have received primary prevention education on alcohol from a contracted prevention provider (by 2022), and ● this will garner at least 25 families by 2024 utilizing locks on bottles and/or liquor cabinets as well as ● a 5% decline of accessibility of alcohol in the home by 2026.	Change in accessibility in comparison to previous years' data.	Service reports Surveys Observations during contract monitoring. Observations Social media analytics	PPSDS CHKS Pre-/Post-tests Retrospective surveys Sign-in logs Media impressions and engagements for social media.	Same as above Same as above Providers at agencies administer and collect these. Same as above. Same as above.	During and after program. After program. During and after program. During and after program. Before, during, and after program.
● at least 25 vendors will participate and receive feedback	Change in accessibility in comparison to	Surveys	CHKS	Same as above.	After program.

Outcomes	Performance Measures (How will you track change?)	Method of Data Collection	Indicators/Data Source	Roles and Responsibilities	Timeframe
<p>through surveys (e.g., RAMA) to ensure checking IDs, distancing the location of alcohol from youth-friendly items, and avoiding the provision of alcohol to underage youth (by 2022), and</p> <ul style="list-style-type: none"> • this will garner a 3% decline by 2024 and a 5% decline by 2026 of accessibility of alcohol in the community. 	<p>previous years' data.</p>	<p>Surveys, comparisons to previous data (2013, 2016, 2019).</p> <p>Observations.</p> <p>Observations during contract monitoring.</p> <p>Social media analytics.</p>	<p>Healthy Stores for a Healthy Community</p> <p>Sign-in sheets</p> <p>Pre-/Post-tests</p> <p>Retrospective surveys</p> <p>Media impressions and engagements for social media.</p>	<p>Every three (3) years, data is collected through independent surveys of various types of vendors throughout many areas in the county. This data is compiled and evaluated. The data then is available for public consumption, which the Prevention Coordinator will then access.</p> <p>Same as above.</p> <p>Same as above.</p> <p>Same as above.</p>	<p>Next round would be in 2022, and would look to see when data was available for public consumption.</p> <p>During and after program.</p> <p>During and after program.</p> <p>Before, during, and after program.</p>
<ul style="list-style-type: none"> • develop a media campaign that counters messages 	<p>Change in consumption in comparison to</p>	<p>Surveys</p>	<p>CHKS</p>	<p>Same as above.</p>	<p>After program.</p>

Outcomes	Performance Measures (How will you track change?)	Method of Data Collection	Indicators/Data Source	Roles and Responsibilities	Timeframe
<p>that binge drinking is normal for college students will reach transition age youth through at least 3 different types of media (by 2022), and</p> <ul style="list-style-type: none"> • this will garner a reach to at least 14,000 transition age youth by 2024 and • a 5% decline in the number of individuals who engage in binge drinking by 2026. 	<p>previous years' data.</p>	<p>Surveys, comparisons to previous data.</p> <p>Surveys, comparisons to previous data, if applicable.</p> <p>Social media analytics.</p>	<p>Be Healthy Sacramento</p> <p>Surveys from local colleges/universities.</p> <p>Media impressions and engagements for social media.</p>	<p>Point in time comparisons to goal. Data is available for public consumption, which the prevention coordinator can access.</p> <p>If a comprehensive survey does not exist, will develop survey to distribute to willing college/universities to distribute to their student population.</p> <p>Same as above.</p>	<p>Before, during, and after program.</p> <p>During and after program.</p> <p>Before, during, and after program.</p>

Dissemination Plan

Audience	Abstracts & Briefings	Annual/Eval Reports	Fact Sheets & Infographics	Brochures & Posters	Exhibits	Social Media	Websites	Coalition meeting
Current Funder		At least annually						
New Potential Funder			As available	As available	As available	As available	As available	
Administrator & SUPT Services Unit	As data is analyzed and interpreted.	At least annually						
Alcohol and Drug Advisory Board members	As data is analyzed and interpreted.	At least annually						
Community Groups & Organizations			As available	As available	As available	As available		As available

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- Sacramento County Alcohol and Drug Advisory Board Prevention Committee
- Sacramento County Department of Child, Family, and Adult Services
- Sacramento County Department of Health Services,
 - Division of Behavioral Health,
 - Cultural Competence and Ethnic Services
 - Research, Evaluation, and Performance Outcomes
 - Mental Health Services
 - Division of Public Health
- Sacramento County Probation Department
- Sacramento County Public Defender’s Office
- Sacramento County Substance Use Treatment Providers
- Sacramento County Superior Courts

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