

County of Santa Clara

Strategic Prevention Plan 2019-2024

Behavioral Health Services: Substance Use Prevention



Better Health for All



COUNTY OF SANTA CLARA
Behavioral Health Services

Supporting Wellness and Recovery

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Chapter I: County Introduction

Santa Clara County Substance Use Prevention Services

Vision

Substance Use Prevention Services (SUPS) is committed to its vision of preventing and reducing substance use disorders among youth and adults in Santa Clara County (the County) through age-appropriate, culturally competent and evidence-based programs and services.

Mission

The mission of SUPS is to lead a collaborative community-based prevention planning and implementation process that is empowering for individuals, families and groups. Through the use of evidence-based practices (EBPs), SUPS aims to engage community participation in activities that get results using effective, sustainable prevention strategies across systems of care.

Program Commitments

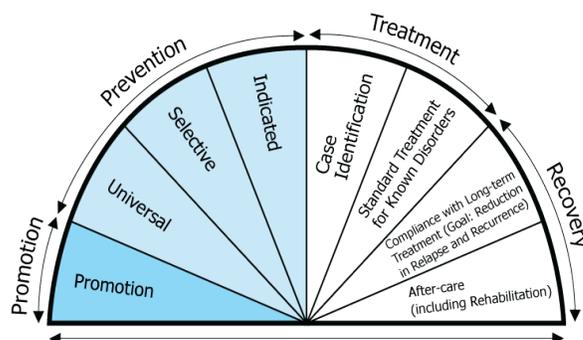
SUPS' core values and commitments involve collaborative program planning and implementation in coordination with stakeholders from diverse backgrounds, perspectives, expertise, and levels of experience. SUPS seek every opportunity to include input from community members to ensure prevention programs and services are sustainable and replicable throughout the County.

SUPS is committed to facilitating the Strategic Planning Framework that: a) assesses community needs and resources; b) builds community capacity; c) implements programs and services through partnership engagements; and e) evaluates outcome-based results.

SUPS is a proactive multifaceted agency with two primary focus areas:

- Reducing risk factors that place individuals, families and communities at risk for substance use disorders (SUDs); and
- Increasing protective factors that strengthen resilience, promote healthy outcomes and help prevent SUDs.

As an essential component of Santa Clara County Behavioral Health Services Department (BHSD), SUPS seeks to promote health and well-being; and plays a critical role in the continuum of care for county residents.



SUPS' goal is to provide primary prevention that aligns with its vision and mission and is designed for individuals who are not diagnosed with a SUD.

Program Values: Diversity, Respect Differences, Promote Cultural Competency

SUPS values diversity. The agency's core values guide the operating philosophies, principles and conduct of staff, partners and community relationships. SUPS program values include:

- Ensure diverse populations most affected by SUDs have a voice in prevention planning.
- Make every effort to outreach to populations across an array of sectors/settings (e.g., homes, schools, faith-based organizations, housing complexes, youth organizations, neighborhoods, businesses and other institutions).
- Promote strategic alliance and collaborative efforts with community stakeholders.
- Acknowledge different beliefs, goals, and assumptions among and between groups and populations.
- Value everyone's capabilities, skills and experiences in the process of establishing consensus around short-term and long-term goals.
- Develop and nurture partnerships that are willing to share risks, resources, responsibilities and rewards while building consensus and trust.
- Be intentional in developing highly detailed plans of action to meet community needs using the Center for Substance Abuse Prevention's (CSAP) strategies, including

environmental, education, information dissemination, alternatives, and community-based process.

Guiding Principles for Developing Prevention Programs and Services

SUPS utilizes the following principles in guiding the planning and implementation of prevention programs and services.

- Prevention is Data Driven: gather data from various sources to guide prevention decisions.
- Prevention is Dynamic: review and analyze community needs and adapt plans to the unique and changing needs of the target community.
- Prevention is Population-based: Appropriate prevention interventions (universal, selective and indicated) are selected that are specific to the target population.
- Prevention is for people of all ages: design prevention for substance use among different populations, such as youth, young adults, pregnant women and older adults.
- Prevention is more successful with a team approach: prevention planning benefits greatly from participation of diverse community partners.

Santa Clara County Profile Demographics



Santa Clara County is the 6th largest county in the State of California. Santa Clara County, California, also known as Silicon Valley, encompasses 1,315 square miles. According to the 2010 Census, the County has a population of 1,781,642 (99% urban; 1% rural). The City of San Jose is the County seat. Santa Clara is the most populous county in the Bay Area region, and one of the most affluent regions in the United States. With a highly diverse and educated workforce, the County has an entrepreneurial spirit with an infrastructure that is leading business innovation in technology. In addition to the unincorporated areas, there are 15 incorporated cities and towns in the County.

Labor Statistics:

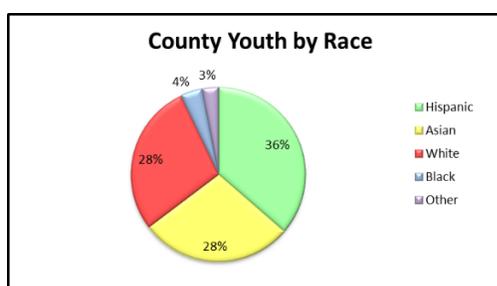
- Labor force: 901,300
- Median age: 36.2
- Median household income: \$85,215
- Per capita income: \$37,599
- Households: 599,235



The county's population is comprised of 35.2% White, 31.7% Asian, 26.9% Hispanic, 2.4% African-American, and 3.8% other ethnicities. The County is operated by the Board of Supervisors and divided into five supervisorial districts. This governing board approves all major

community and financial undertakings to ensure the safety and well-being of the County residents.

The county is one of the wealthiest regions in the nation, yet 13% of the County's families live at or below the federal poverty level (FPL). According to a StepUp Silicon Valley report entitled "Rising Wealth Masks Widening Income Gap in Santa Clara County," income disparities in the County are clear. While Silicon Valley experiences growth in higher wages and salaries, income remains unevenly distributed in certain areas of the County. The pressures of living in Silicon Valley are enormous and may lead some to use of alcohol and other drugs (AOD) to cope with the mounting pressures of life.



Nineteen percent of the County residents are young people ages 10 to 24, of which 36% are Hispanic, 28% are Asian and Pacific Islander, 28% are White non-Hispanic, 4% are African American, and 3% are other ethnicities (U.S. Census Bureau, 2010). With nearly 20% of our population still forming attitudes and habits regarding substance use, our prevention vision, mission and efforts are uniformly aligned with those of community, state and national leaders who see the importance of educating the community on the consequences of substance use and providing prevention services to help reduce the risk for use.

While the County is world-renowned for its creativity, innovation and technology, it is also a region with health and social services gaps, a growing homeless population and a hidden epidemic of drug misuse. County leaders and decision-makers are working on closing the gaps in county systems and responding to the needs of the community. As the demographics of the County have been changing over the past twenty years, so have local policies that ensure the health and safety of all residents.

- County officials created an educational citizenship program to help immigrants fully participate in the economic and social environment.
- The county created a School Linked Services program to deliver health and social services to families.

- The award-winning Children’s Health Initiative (CHI) was launched in 2012 to ensure every child in the County has health insurance.
- Many of the County residents receive their health care at Santa Clara Valley Medical Center, a state-of-the-art facility with many specialty units and neighborhood clinics where residents from the Stanford School of Medicine practice.
- In 2017, the County’s BHSD Substance Use Prevention Services (SUPS) undertook a study, the *2017 Substance Use Assessment*, to collect data on the current state of substance use countywide.

History of Substance Use Prevention Services in Santa Clara County

The County’s SUPS, formerly known as the Department of Alcohol and Drug Services (DADS), first engaged in the strategic planning process in 2002 when key stakeholders convened over a period of several months. Stakeholders included department directors or designees from the District Attorney’s Office, Probation Department, Public Defender’s Office, Department of Mental Health, Department of Public Health, Department of Family and Children’s Services, County Office of Education, community-based organizations and youth and community representatives. Interested parties continued to meet on a regular basis for the next three years. A vision statement was developed by this 2002 stakeholder group: “Innovative Partnerships Strengthening Communities.”

From 2005-2008, DADS Prevention maintained its focus on the ideas formulated by the 2002 stakeholder group. DADS brought together different sectors of the community to develop comprehensive solutions to unique community AOD problems. DADS capitalized on the coalition’s ability to think, act and react in a comprehensive manner. In April 2013, thirteen community-based programs were funded in order to create “Innovative One-Time Primary Prevention” programs throughout the County.

Substance Use Prevention Services in Santa Clara County Today

In 2015, County Mental Health and DADS merged into a singular Behavioral Health Services Department. The name “DADS” was officially retired and changed to Substance Use Treatment Services (SUTS) and Substance Use Prevention Services (SUPS). SUPS is currently headed by the Division Director for Children, Family and Community Services under the Santa Clara County Behavioral Health Services Department. SUPS daily operations are led by a Program Manager with a staff of six full time program analysts. SUPS contracts with six community-based providers to implement primary prevention efforts and services.

The majority of the current contracts have been awarded in the southern portion of Santa Clara County. The southern portion of the County is referred to as “South County” and consists of the

cities of Gilroy, Morgan Hill and an unincorporated area of San Martin. In 2016, the majority of residents in both Gilroy and Morgan Hill were Latino, 56% and 50%, respectively. (Santa Clara County Public Health, 2017) The cities within South County recognized the presence of gang activity and its impact on local crime and substance use. A community call to action established a collaboration that became the South County Youth Task Force (SCYTF), which was formed to address the impact of gangs and youth violence. The SCYTF identified juvenile arrest, truancy, lack of housing, poverty, and drug and alcohol abuse as priority areas. In their effort to reduce violence in their neighborhoods and promote prosocial behavior in their youth, the community-based organizations pursued County resources to provide prevention and intervention services. This has resulted in several of the organizations, which are members of the SCYTF, being awarded SUPS contracts to provide outreach, information dissemination, education and alternative activities within the South County region.

SUPS Achievements

The prior *Strategic Prevention Plan 2014-2019* proved sufficient in addressing initial concerns regarding use, community involvement and service delivery. Since 2015, SUPS embarked on a new journey to bring substance use prevention in the County to a new level of community engagement, prevention workforce development and training, capacity building, innovative program development, and robust evaluation to ensure cultural competence, sustainability of prevention programs and implementation of evidence-based programs. These changes were not implemented to introduce a single program or to address a single issue. They were to expeditiously expand across an array of sectors and adhere to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework to better ensure a continuous and dynamic process of planning and implementation.

In order to advance substance use prevention on this new journey, SUPS organized and developed the following educational and community events to engage community stakeholders in discussion about prevention of substance use disorders:

- Partnered with San Jose City College to develop the first Certificate of Prevention Competency course, which is a 40-hour professional development course for prevention professionals
- Launched the first Certificate of Prevention Competency course provided through the County which is recognized at the State level
- Held a town hall meeting "Let's Talk: Closing the Skills Gap in Alcohol and Drug Use Prevention Services" to engage community members in talking about what the community needs in terms of prevention services and professional skills
- Published the first SUPS *2017 Substance Use Assessment* report

- Published the Certificate of Prevention Competency training manual and toolkit
- Trained 50 community providers on the new Competency Training Manual and toolkit
- Educated 50 community providers on how to use SAMHSA's Strategic Prevention Framework (SPF)
- Received the "2018 Communicator Award," a national award for our Wasted on Weed digital media campaign targeting adolescents
- Launched a digital media campaign, "Marijuana is NOT for pregnancy: It's not worth the risk," and trained over seventy Public Health nurses on the risks of marijuana use during pregnancy
- In September 2017, organized a two-day Marijuana Summit in conjunction with the District Attorney's Office that included nationally recognized speakers and was attended by 400 individuals from across the County and the state
- In 2017, launched "The Hidden Epidemic," a community outreach project specifically for our senior citizen population.

Lessons Learned

The County's previous data assessment prior to the development of the 2015-2019 Strategic Prevention Plan (SPP) highlighted local areas of concern which led the Department to primarily focus on a) underage drinking, b) marijuana use, and c) ecstasy use. The County continues its efforts to address underage drinking as an area of concern. However, the legalization of adult-use marijuana has broadened and expanded the focus on marijuana use and the growing consequences of its impact on communities. Youth perception, accessibility, marketing by dispensaries, and the social normalization of use have impacted how we address youth, young adults and the broadening areas of concern. The presence of the marijuana industry along with the change in how law enforcement addresses youth access each presents its own set of challenges on how to educate and encourage healthier decisions to decrease use and abuse.

A closer review of evaluations from school-based curriculums that measured use and knowledge revealed that high school- aged youth use are frequently using marijuana and suggested they would be better served with intervention and treatment resources. This led to shifting our focus to increase SUPS' services in middle and elementary schools.

In 2016, SUPS submitted an amendment to its SPP for FY2014 – 2019 to include opioid and prescription drug misuse. According to the California Health Care Foundation, opioid-related deaths nationally have seen a 900% increase between 1970 and 2007 and the Centers for Disease Control and Prevention (CDC) has deemed this health care issue an epidemic almost

every year since. The California Health Kids Survey (CHKS) reflects increased levels of prescription drug use in schools in the County over the past four years warranting more focused prevention education efforts targeting youth, parents, communities, and medical and treatment professionals. Data collection efforts by the County's BHSD SUPS involved the administering of a "snapshot" local conditions survey that also provided valuable data to support the need for strategic prevention efforts to address the local use of prescription drugs and other opioid substances by our youth population.

Since 2016, SUPS has participated in the implementation of the Santa Clara County Opioid Prevention Project (SCcOOPp). This is a coalition of health care professionals and other volunteers from a variety of backgrounds whose aim is to promote opioid safety throughout our county for all residents.. SUPS provides support by developing and distributing over-the-counter and other drug education materials and outreach.

The previous focus on youth and young adult use has been expanded due to unmet needs requested by service providers who serve college-aged students, pregnant women and older adults. It was these requests that led SUPS to commission its first comprehensive assessment to gather data on substance use prevalence, access points, and perceptions held by residents across the County and its demographic sectors. The results of this *2017 Substance Use Assessment* help shape the current landscape of substance use prevention services in the County.

Chapter II: Assessment

Data Assessment

Assessment Process

The County conducted community assessments on a regular basis to ensure that activities focus on local needs. Three recent community assessments include a 2013 assessment conducted by Voices United in conjunction with CLEW Associates and Friedner Whitman titled, *Community Perspectives on Alcohol, Marijuana, and Ecstasy in Santa Clara County: A Report on Exploratory Focus Groups and Key Informant Interviews*. In 2016, SUPS staff conducted a local conditions survey and in 2017, a more comprehensive assessment was conducted by Applied Survey Research for the department. Each assessment included multiple sectors and stakeholders.

In addition to the three community assessments, SUPS has conducted a review of substance use trends, patterns and conditions in the County using data from the Public Health Department, County Juvenile Probation Department, Substance Use Treatment Services, and other state and local data sources. A focus group of key stakeholders was held on October 2, 2017, to gather community input on what services are needed in the County, and a town hall meeting was held in November 2017, to discuss workforce needs.

Information was gathered in community assessments and meetings to gain a broader understanding of how substance use is trending in the County from diverse perspectives and look at what services are needed. Using the data collected and implementing SPF, SUPS developed goals and objectives for this five-year SPP aimed at addressing substance use in the County from July 1, 2019, through June 30, 2024.

Data Sources and Findings

Local Conditions Survey 2016

The purpose of the *2016 Local Conditions Survey*, which was finalized June 20, 2016, was to gather insight from youth, parents and other adults to assess thoughts, awareness and attitudes around AOD use. The selected methodology included a total of four data collection tools which included a youth focus group, a youth survey, a parent survey, and sixteen individual key informant interviews. The youth focus group consisted of seven youth between ages 14 and 17. Key informants included the following professionals who have relevant subject matter expertise: two associate principals, a youth worker/community activist, two social workers, a school linked services coordinator, a school counselor, a teacher, a probation officer, a police captain, a school resource officer, a director of counseling, a clinical supervisor, a Marriage Family Therapist (MFT), a journalist, a District Deputy Attorney, and a registered

nurse. The key informant data was synthesized and analyzed using a Microsoft Word thematic table and survey data was entered into a Microsoft Excel database and analyzed.

Key Informant interview results

- Boredom, trauma, gang environment (mentioned only for the East Side of San Jose), home environment, social norms, peer pressure and stress were mentioned as reasons for youth drug use.
- Professional concerns included easy accessibility, especially for alcohol and marijuana, and youth are slipping through the cracks of our society.
- All interviewees mentioned that youth use marijuana during the week and AOD more on the weekends.
- Normalization and legalization of marijuana is very confusing for youth.
- There are higher arrest rates for people of color in South County and on San Jose's East Side.
- All informants mentioned they observed further breakdown of the family and lack of community which may be contributing to youth substance use since 2014.
- Recommendations to address youth use included providing ongoing prevention programs that target families, alternative activities after school, developing more cohesive communities, and treatment for individuals in need of substance use treatment.

Youth focus group results (seven participants ages 14 through 17)

- Youth stated they use due to their home environments, peer pressure, media/music influence and to relax.
- Accessing alcohol and marijuana is easy.
- Parents don't give clear messages about use and some parents are completely unaware of any substance use problems.
- More prevention is needed around prescription drug use.

Youth survey results (163 participants mostly between ages 14 & 18)

- 47% of youth said they were unaware of substance use, followed by 34% who reported use occurs at schools, followed by 22% at parties.

- 40% reported receiving AOD information primarily from the internet, followed by 35% from friends, 31% from teachers and school staff, and 27% from parents (youth were able to note more than one source). 30% of youth reported they would like more information on the consequences of marijuana use.

Parent survey results (35 participants; data inconclusive)

- 51% of parents thought substance use was primarily occurring in neighborhood homes.
- Surveyed parents preferred receiving information via parent workshops, followed by flyers being sent home from school.

The most beneficial information gained from this survey was the similarity between the key informant responses and what youth reported. Ease of access, concerns around marijuana use and a lack of strong family involvement were recurring themes. However, there are multiple limitations, including the use of a single focus group, which resulted in the inability to do cross-group analysis. The surveys were collected via a convenience sample, and thus that data was not generalizable.

Santa Clara County Substance Use Assessment 2017

In preparation for updating the 2017 SPP, the Santa Clara County Prevention Department undertook a county wide assessment of our local conditions which was titled *Santa Clara County Substance Use Assessment 2017*, hereafter referred to as *Assessment 2017*. Conducted by Applied Survey Research, Assessment 2017 consisted of qualitative and quantitative data and analysis. Key informant interviews focus groups and an online survey of County residents over age 18 were conducted.

Key informants included local educators, probation managers, community-based organizations, a medical doctor who specializes in addiction, law enforcement, community mental health workers, a Gang Prevention Task Force manager, and the County Coroner. Participants for both assessments were selected with subject matter expertise who represent a cross-section of county regions and professional fields.

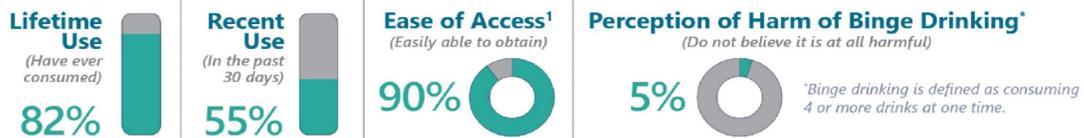
In Spring 2017, as part of *Assessment 2017*, an online survey of County residents 18 years old and older was conducted. Following is the Executive Summary of the data gathered from the 1,015 County respondents:

SANTA CLARA COUNTY 2017 Substance Use Assessment Executive Summary

Behavioral Health Services Prevention Department

The Santa Clara County Behavioral Health Services Prevention Department undertook a study in spring 2017 to understand the current state of substance use countywide. The following results are some key takeaways from the study. The data below are compiled from a Community-Wide Survey with a sample of 1,015 residents age 18 and older, plus 18 key informant interviews and focus groups with youth under 18, providers, and community members.

Alcohol



Marijuana



Prescribed Rx Drugs Used in an Unsanctioned Way



Cocaine



Methamphetamine



¹Selected "Very Easy" or "Fairly Easy"



Ethnic variations in substance use as reported in the online survey:

Ethnic differences exist in the number of substances used across the lifetime:

- Latinos reported the highest average number of lifetime use of substances (4.4)

- Non-Latino Whites reported 3.3 substances
- Asians reported 2.0 substances.

Regional variations in use:

Although West County residents reported the lowest number of substances (2.5) used during their lifetime, the variation across regions were minimal.

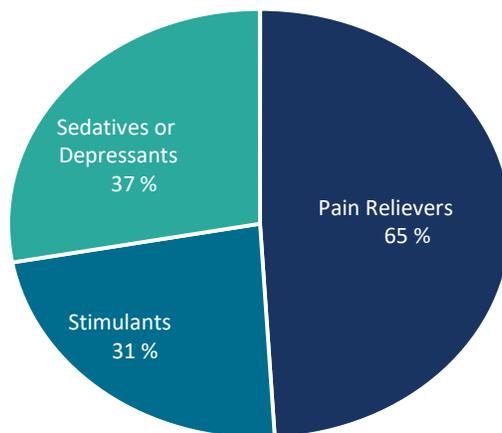
Past 30-day use for adults (over age 18)

- 55% reported alcohol use in the past 30 days
- 20% reported tobacco use
- 14% reported marijuana use
- 5% reported using a prescribed drug in an unsanctioned manner
- 5% reported using a prescription drug without having a prescription.

Prescription drug misuse by adults age 18 and older

- Among adults, 22% reported using prescription drugs in an unsanctioned way. Men were more likely than women to use prescribed drugs and over-the-counter (OTC) medication in an unsanctioned way.

Figure 30. Types of Misused Prescription Drugs (Assessment 2017)



Drug-related arrests

Drug-related arrests in the County declined from 3,575 in 2012 to 1,088 in 2016, as they did across the State. Drug arrests for the State totaled 120,995 in 2012, dropping to 38,988 in 2016.

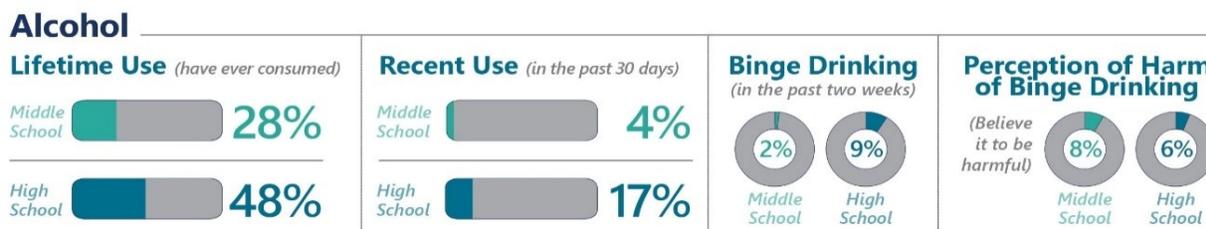
Perception of harm

In *Assessment 2017*, the online respondents indicated a belief that vaping, e-cigarettes, illegal drugs and the misuse of prescribed medications was “very harmful.” However, only half of respondents indicated that consuming four or more alcoholic beverages in one sitting is “very harmful,” and less than one-third reported using marijuana was “very harmful.”

Youth Data (Applied Survey Research utilized Project Cornerstone 2017 data for youth)

- Easy access and social normalization of marijuana poses a risk to youth. 4% of elementary school students reported using marijuana in the past year. Roughly 2% of middle school students and 9% of high school students used marijuana in the past 30 days and do not perceive marijuana use as harmful.
- 2% of middle school students and 4% of high school students reported using a prescription drug that had not been prescribed to them in the past 30 days.
- 10% of California youth reside with an adult who is abusing substances, whereas 5% of County youth reside with an adult who abuses substances.
- 7% of elementary school students reported consuming more than a few sips of alcohol in the past year. Middle and high school student alcohol use is summarized in *Assessment 2017* from Project Cornerstone data as follows:

Youth Alcohol Use in Santa Clara County (*Assessment 2017*)



In summary, the *Assessment 2017* provided data on AOD use rates, attitudes, risks and perceptions about harm among county residents. Some of the key findings of the study indicate the need for a robust substance use prevention and treatment system in the County. Eighty-eight percent of community members who responded to the online survey believed prevention services are needed.

2017 Santa Clara County Probation Department Data

Using the Juvenile Assessment and Intervention System (JAIS), the County Probation Department tracks self-reported substance use for individuals who enter the Probation Department system. In calendar year 2017, 351 male youth under age 18 entered the Probation system and completed the assessment, and 75 females under age 18 entered Probation services and completed the assessment.

JAIS findings on adolescent self-reported substance use:

- 48% of girls and 35% of boys stated that they have friends who frequently use or abuse drugs.
- 25% of girls and 34% percent of boys stated their friends rarely used drugs.
- Although 11% of boys reported no substance use, marijuana was the most widely used substance by boys who use. 5% of boys reported only alcohol use and the remaining 84% reported using marijuana alone or with other substances.
- 7% of girls reported no drug use and of the remaining 93% of girls who reported substance use, 92% of them reported marijuana use.
- 2% of boys reported using heroin in conjunction with marijuana and other drugs. 1% of girls reported using heroin in conjunction with marijuana and other drugs.
- 26% of girls and 23% of boys reported substance use sometimes interferes with their functioning.

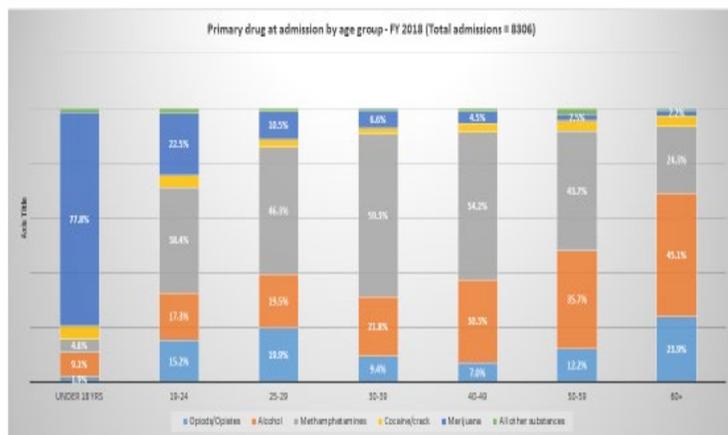
Santa Clara County Treatment Admission Data (July 1, 2017 to June 30, 2018)

Primary drug at admission for 8,306 individuals seen in County Behavioral Health Substance Use Treatment Services programs:

- Marijuana was the primary drug at admission for 77.8 % of youth.
- Marijuana was the primary drug at admission for 22.5% of young adults ages 19 to 24.
- As marijuana use as a primary drug diminished with age, methamphetamine use increased up to age 50.
- After age 50, alcohol increased in use as a primary substance.
- Opioid use fluctuated over the life span, with only 1% of youth reported it as their primary drug, and it increased to 15% for ages 19-24, and increased slightly to 20% for ages 25 to 29, then dropped substantially for ages 30 to 39 to 9%. There was a further

drop for ages 40 to 49 to 7%, followed by an increase to 12% for ages 50 to 59, and almost doubled to 24% for those ages 60 and older.

Primary drug at admission by age group – FY 2018 (Total admissions = 8306)



Although treatment data can be an indicator for consumption patterns, it is also an indicator of the consequences of use. As demonstrated by the following data, the County struggles less than other California counties with opioid use disorder, although the County needs to be proactive in maintaining a strong preventive stance on opioid use. Alcohol use disorder is almost twice as prevalent in our County Medi-Cal programs compared to the average rate of treatment programs elsewhere in the State (21% vs 11.2%). Marijuana use in our programs occurs at a higher frequency than the statewide treatment average. This data is not broken down by age group, ethnicity, or other factors, and yet, is critical for us to look at across all age groups.

Comparative data for Santa Clara County Drug Medi-Cal (DMC) Substance Use Treatment

Calendar Year 2017 Percentage Served by Diagnosis Code

Diagnosis Codes	% Served in Santa Clara County	% Served Statewide
Total	100%	100%
Alcohol Use Disorder	21%	11.2%
Cannabis Use	10%	6.4%
Cocaine Abuse or Dependence	2%	1.7%
Hallucinogen Dependence	0.5%	n/a
Inhalant Abuse	0.0%	n/a
Opioid	29%	58.6%
Other Stimulant Abuse	37.7%	20.3%
Other Psychoactive Substance	0.1%	1.1%
Sedative, Hypnotic Abuse	0.2%	0.3%

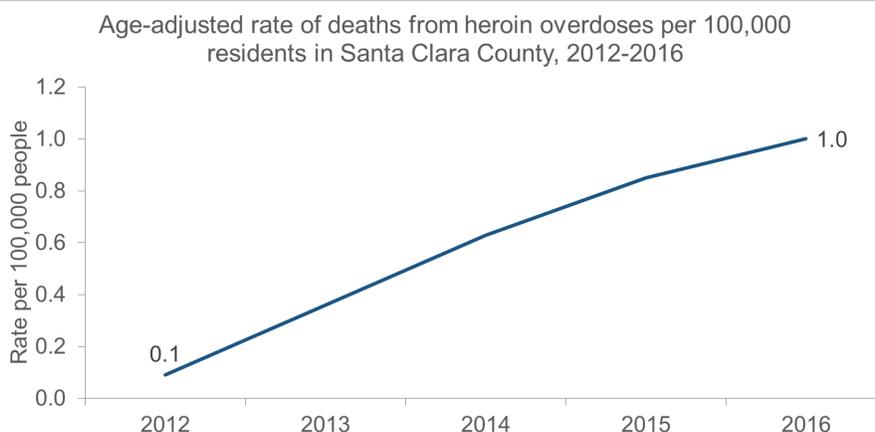
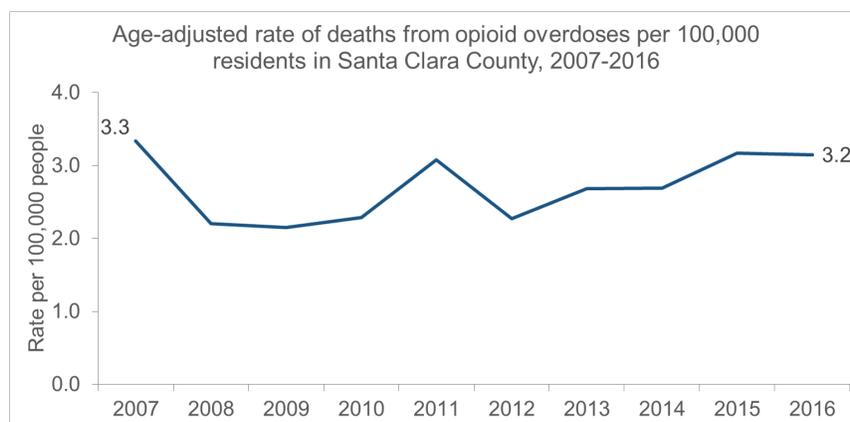
Source: FY18-19 Drug Medi-Cal Organized Delivery System External Quality Review Santa Clara County DMC ODS Report, Behavioral Health Concepts, Emeryville, CA.

Santa Clara County Public Health Department, Opioid Overdoses in Santa Clara County 2017

The objective of the Santa Clara County Opioid Overdose Prevention Project (SCcOOPp), led by the County BHSD Medication-Assisted Treatment Program (MAT), is to reduce and eliminate opioid overdoses in the County. This report on opioid overdoses in the County was compiled by the Public Health Department to help health care providers improve patient safety, improve surveillance efforts to identify hot spots and risk factors and to share data with key stakeholders working on prevention activities. The report includes data from Santa Clara County Office of Medical Examiner-Coroner.

- In 2015, 15,707 individuals in the County have an opioid use disorder. 12,616 had no access to treatment services.
- In 2013-2015, there were 21 deaths in individuals 50 years and over related to drug overdoses.

- In 2017, 70 opioid-related overdose deaths occurred in the County.
- Despite the low and relatively stable rate of opioid-involved deaths, there is an increasing trend in non-prescription drug overdose deaths in the County.
- Heroin overdose deaths have also increased.



Indicators of Alcohol and other Drug Consumption in California Counties: Santa Clara County
(Center for Applied Research Solutions, July 2018)

Binge Drinking Comparative Data

- It is estimated that in 2015, 35% of California adults 18 and older reported binge drinking in the past year, compared to 32% of County adults. County age groups that had rates that were greater than the State average for their age group were ages 35 to 44 and ages 65 and older. All other ages were below the state average, and ages 25 to

34 were significantly less than the state average. 39% of County residents 35 to 44 reported past year binge drinking compared to 50% of the California average.

2017 Town Hall Meeting

To gain input from a diverse group of community members and stakeholders, SUPS conducted a town hall meeting, “Let’s Talk – Closing the Skills Gap in Alcohol and Drug Use Prevention Services,” in November 2017. More than 50 private citizens and community leaders met and provided SUPS with a clearer understanding of expectations from community members. The town hall was hosted by the Vice President of Student Affairs from the San Jose-Evergreen Community College District. The conversation highlighted the community’s interest in partnering with the County to address the needs of a diverse community.

One audience member stated that he believes his county prevention work prepared him to go to Washington, DC to work for the Office of National Drug Policy under the Obama Administration. He stated, “We need prevention professionals who have an understanding of population and individual interventions, risk and protective factors, risk reduction, health promotions, building community assets, and wellness-based intervention.

Data Findings Summary

In summary, the perception of harm among youth is an area of concern in the County as many youth expressed a low level of concern regarding binge drinking and marijuana use. Key informant interviews, the online survey of adults, Project Cornerstone data, and focus group information all portray the perception of harm of binge drinking and marijuana use as low with ready availability of both substances. 14% of adults reported past 30-day use of marijuana, and 9% of high school students reported past 30-day use. 1 in 25 elementary school students has used marijuana in the past year. Consequently, it is important that we address marijuana use, even in elementary schools, and provide parents information about the consequences of youth marijuana use. 17% of high school students reported past 30-day use of alcohol, and more than half of that use was binge drinking: 9% of high school students reported binge drinking in the last two weeks.

Although drug-related arrests in the County declined from 2012 to 2016, AOD use continue to pose a threat to the health and safety of county residents as both adults and youth accept the social normalization of alcohol and marijuana use. Residents are, nonetheless, concerned about the amount of substances available in their community and believe it is important to provide prevention services for adults and youth.

DATA FINDINGS SUMMARY

Prioritizing Risk and Protective Factors

Importance		Changeability		Priority Area
Low	High	Low	High	

Priority Area: Underage Drinking

1

RISK FACTORS

Youth do not believe binge drinking is harmful		X		x	
Youth access from adults and at home.		X		x	

PROTECTIVE FACTORS

Community supports prevention for youth		X		x	
Parent education		X		x	
Peer education for positive and social skills		X		x	

Priority Area: Marijuana Use

2

RISK FACTORS

Youth lack understanding of brain effects		X		X	
Youth and adults do not perceive marijuana use as harmful		X		X	
Marijuana is easily accessed by youth		X		x	

PROTECTIVE FACTORS

Community supports prevention for youth		X		x	
Parent education		X		x	
Peer education for positive and social skills		X		x	

Priority Area: Prescription and Opioid Drug Use

3

RISK FACTORS

Youth are using prescription drugs in an unsanctioned way		X		X	
Adults are using prescription drugs in unsanctioned way		X		X	

PROTECTIVE FACTORS

Community awareness of misuse of prescription drugs		X		X	
Community education on the harms of misuse		X		X	

PRIORITY AREAS, PROBLEM STATEMENTS AND CONTRIBUTING FACTORS

The following priorities in this strategic plan are the targets for primary prevention based on consumption data and contributing factors stated in *Assessment 2017* and the additional data included in this document. The three priority areas listed below have been identified as posing the highest substance use risk to the community.

Priority Area 1: Underage Drinking

Problem Statement 1: Due to the low perception of harm from binge drinking among youth and the ease of youth access, alcohol use is the highest amongst all substance use rates in the County.

Priority Area 2: Marijuana Use

Problem Statement 2: The increased access of marijuana and the low perception of harm by youth and adults has contributed to an increase in youth use.

Priority Area 3: Prescription and Opioid Drug Use

Problem Statement 3: Unsanctioned use of prescription drugs has increased among youth and adults due to a lack of knowledge of safe use.

CAPACITY ASSESSMENT

County Staff

The following County SUPS positions are Substance Abuse Block Grant (SABG) funded: The Program Manager, under the direction of the Division Director, Children, Family and Community Services, oversees the Prevention Department, and supervises Prevention staff consisting of eight Prevention Program Analysts I and II and one Office Specialist III. The position manages all aspects of the SPP are addressed and contracts are adequately monitored to ensure oversight of the scopes of work and contract deliverables. Duties include establishing local community and county partnerships to address primary prevention and overseeing programming to ensure the integrity of service delivery. This is 1.0 FTE is 100% SABG funded.

The Prevention Program Analysts (PPA) I and II, work under the direction of the Program Manager to plan, develop, promote, implement, and evaluate primary prevention programs. PPAs develop and analyze demographic, socio-cultural and other data for evaluating prevention strategies. The community is kept informed of current trends through the work of the PPAs who act as resource specialists in the field of prevention. The analysts consist of five full time PPA II's, one full time PPA I, two temporary part time (.25 FTE) PPA I positions, for a total of 8 SABG- funded positions.

The Office Specialist III, under the direction of the Program Manager, performs a variety of duties. This full-time Staff holds bilingual status and assists visitors and callers.

County Services and Programs

- Outreach services provide substance use prevention materials and toolkits throughout the County. This has included hospitals and medical clinics, libraries, churches, mosques, temples, public and private schools, colleges, community-based organizations, and community health fairs and festivals.
- The Hidden Epidemic community outreach project has been conducting presentations and disseminating information at senior citizen centers, pharmacies, community centers, and funeral homes. The Hidden Epidemic explains the dangers of prescription drug misuse and abuse in our senior citizen population.
- An award-winning digital campaign for marijuana use for youth, Wasted on Weed, has been posted on Facebook, Snapchat and other media outlets. Printed posters, flyers and postcards with messages and a website have also been created to address the impact of marijuana on youth and young adults. The website includes information for youth and parents about the consequences of use.
- A digital campaign for marijuana use during pregnancy, "Why take the risk?" has been promoted on Facebook, Snapchat, and sites visited frequently by women of childbearing age. Printed materials such as posters and postcards have been distributed to agencies providing maternal health services.
- The pregnancy and youth marijuana use media campaigns have also created images and messages for outdoor media outlets, bus panels, bus shelters, and movie theaters.
- A 40-hour Prevention competency course is offered to staff working for community-based organizations and other government agencies such as Social Services, Juvenile Justice, Public Health, and County Office of Education.

- The County BHSD SUPS website includes information for youth, young adults, LGBTQ, and parents along with websites and links to resources for awareness and research purposes.

County Providers

- Asian American Community Involvement (AACI)
 - Coordinates Friday Night Live, a youth leadership development program that consists of 13 chapters in local high schools, middle schools and elementary schools.
 - Offers Project AMPLIFY (Arts and Media Promoting Leadership Initiatives for Youth), an alternative activity program that provides integrated AOD education in media production, storyboarding, scriptwriting and graphic design workshops for youth 11-17 years old.
- Rebekah Children’s Services (RCS)
 - Provides information dissemination, outreach, and Botvin Lifeskills Training in the South San Jose, Gilroy and Morgan Hills regions. Schedules and provides substance use prevention presentations in schools and community sites upon request.
 - The Culinary Academy is an alternative activity vocational arts program that serves youth and young adults from high risk settings. Youth learn hands-on culinary skills from a credentialed, professional chef. AOD education and presentations are integrated into each session.
- Youth Alliance
 - The Youth Empowerment Project consists of alternative activities that provide community education/drug free events that include Late Night Gym, after school support and youth leadership skill building in South County. Youth Alliance also provides support for community activities such as National Night Out and community park events.
- Alum Rock Counseling Center
 - Provides community-based AOD presentations, information dissemination, alternative activities, outreach activities, and evidence-based Botvin Lifeskills Training primarily in middle and elementary schools throughout the County north of Morgan Hill.

- Community Matters
 - Peer to Peer AOD Prevention Program in five high schools teaching youth leaders how to intervene when a peer is discussing substance use.
- Community Solutions
 - Offers cultural programs and 12- week life skills groups at schools to youth and their parents who live within the boundaries of the Gilroy and Morgan Hill Unified School Districts.
 - Provides weekly Late Night Gym programs and supports other community activities such as National Night Out.
 - Coordinates alcohol and drug-free outreach and engagement activities to build rapport with youth.
- Caminar (Family and Children Services of Silicon Valley)
 - Provides integrated AOD education within their Youth Space program located in the Gilroy/Morgan Hill (South County) region. Program activities consist of arts and crafts, games, discussions on LGBTQ history and culture, social events, community service, local hikes, peer support and family workshops. The primary audience is LGBTQ high-school aged youth along with other interested students.

County Coalitions/Groups

- The Keeping Youth Safe Coalition was formed to establish and strengthen collaboration among communities throughout the County and to prevent and/or reduce substance use among youth. SUPS now serves as the lead agency and the coalition includes a partnership with the Public Health Tobacco Coalition to implement a subcommittee focused on marijuana education and advocacy.
- Prevention participates in the Santa Clara County Opioid Overdose Prevention Project (ScCOOPp) by providing education and outreach materials throughout the County specific to prescription and over-the-counter drug misuse.
- The South County Youth Task Force is a collaborative of local government, law enforcement, schools, and community-based organizations that provide positive opportunities for youth and families in South County.
- Prevention works with the Mayor's Gang Prevention Task Force whose overall goal is to assist gang-affiliated youth, the Juvenile Justice system and families who have been

impacted by violence by reducing trauma, building resilience and promoting healing. SUPS supports prevention education service delivery.

- Prevention serve as a member of the Juvenile Justice Race Equity through Prevention Workgroup which addresses disparities in both academic outcomes, entry into juvenile justice system, and race equity among youth of color and low-income youth. SUPS provides input about the impact of substance use on youth.
- Prevention participates on the Maternal Mental Health Collaborative which is a community collaborative focused on postpartum depression/perinatal mood and anxiety disorders. The Collaborative hosts a Perinatal Substance Use Subcommittee in which we participate by providing department trainings, education and digital campaigns for pregnant mothers on substance use.

County Partners

- In conjunction with the County Executive's Office, Prevention is leading and organizing a volunteer mentoring program for the 20,000 County employees to provide mentors for the thirteen County non-profit mentoring agencies.
- Santa Clara County Office of Education (SCCOE)
 - SUPS provides substance use education for the Student Attendance Review Board (SARB) which offers mediation for parents of K-12 students with attendance issues.
 - SUPS serves on the Tobacco Use Prevention Education (TUPE) Program Advisory Committee. The TUPE program includes alcohol, tobacco and other drug curriculums and SUPS provides technical assistance to TUPE staff to support service delivery within the schools on substance use.

Workforce Development

To address the growing need for a well-trained workforce in substance use prevention, SUPS through its initial partnership with San Jose City College (SJCC), developed a workforce initiative to provide primary prevention knowledge and skill building, as well as a pathway to certification as a Prevention Specialist and on-going training. A Prevention Workforce Advisory Committee was formed as part of the initiative.

As an introduction to the basic knowledge and skills needed to provide quality substance use prevention services, SUPS created a five day, 40-hour foundational course of study for prevention practitioners. This series of competency classes was designed to teach the fundamental skills of assessing, planning, implementing and evaluating prevention programs using SPF.

The course is provided by County Prevention staff who have partnered with the State and are authorized to provide the forty-hour competency class in alignment with the State certification program.

This competency course is open to community-based service providers, medical staff, and other city and local county agencies. It is presented as a model to sustain prevention within the community as the County does not have the physical capacity to customize presentations for all service environments. However, appropriate representatives of those agencies can be trained to integrate substance use prevention as part of their service delivery and program planning as demonstrated in the SPF.

Beginning in FY 17/18 all SUPS contract provider staff are required to complete the 40-hour Competency Course to ensure service providers have a solid understanding of the SPF and primary prevention service delivery. Agencies are required to have a signed Code of Ethical Conduct on file for prevention staff who receive SUPS funding for their position.

Resource and Community Readiness

Resource Readiness Assessment

MJ: Marijuana UD: Underage Drinking Rx: Prescription Drugs

Enter (+), (n/a), or (-) to measure resources for each priority area.		Priority Areas		
		MJ	UD	Rx
Community Resources	Community awareness	+	+	+
	Specialized knowledge about Prevention research, theory, and practice	-	+	+
	Practical experience	+	+	+
	Political/policy knowledge	-	+	-
Fiscal Resources	Funding	n/a	n/a	n/a
	Equipment: computers, Xerox, etc.	+	+	+
	Promotion and advertising	+	+	+
Human Resources	Competent staff	+	+	+
	Training	-	-	-
	Consultants	+	+	+
	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	+	+	+
	Technological resources	+	+	+
	Specialized knowledge about Prevention research, theory, and practice	-	+	+

Community Readiness Summary

Key findings from the *Assessment 2017* include:

- 4% of middle school students and 17% of high school students have consumed alcohol in the past 30 days.
- Roughly 2% of middle school students and 9% of high school students used marijuana in the past 30 days.
- Among adults, 22% reported using prescription drugs in an unsanctioned way.
- A majority of community members (88%) believe it is important to have prevention services for youth.

Based on these findings we have determined that the County's top three priorities are alcohol (underage drinking), marijuana and prescription drug use.

Priority Area: Underage Drinking

Level of Readiness: Stage 7- Institutionalization/Stabilization

Once underage drinking was identified as a priority area in the prior 2014 -2019 SPP, a logic model was developed. Goals were created to address the overarching concerns of drinking too often, too much and too early. Strategies were implemented to decrease risk factors and increase protective factors. Coalitions and workgroups throughout the County were provided resources to address underage drinking and expand alcohol-free alternative activities for youth and parent/community education services. SUPS implemented education programs in Spanish and Vietnamese. However, the more publicized use of marijuana and prescription drug and opioid epidemic, these activities decreased. There is a continued concern about drinking on school campuses.

Priority Area: Marijuana

Level of Readiness – Stage 3- Vague Awareness

It is a general feeling within the County that there is a problem locally and something should be done. However, it is not as much about motivation as it is about lack of knowledge and uncertainty of what can be done. The legalization of marijuana, its impact on individuals, communities and political systems is an everchanging concern. The County's *Assessment 2017* report revealed that parents want more information on the signs and symptoms of use.

SUPS and its contracted community-based organizations have verbally noticed an increase in requests and concerns from parents, school staff and medical staff regarding the open use and accessibility of marijuana. Parents and school staff are looking for resources to assist with negative behavior and academic performance while medical staff seek more information on specific health concerns. For example, a neonatologist made a direct request to SUPS for more materials for pregnant mothers because of an increase in pregnant women wanting to use marijuana to ease the symptoms of morning sickness. The doctor was specifically interested in more information about the short and long term affects from marijuana use on mothers and their babies.

The data provides evidence that substances are easily accessible in the County. Many experts in the field perceive marijuana use rates will continue to increase given the passing of Proposition 64, the Adult Use of Marijuana Act. The legalization of recreational adult use impacts the perceptions of use as low-risk, “normalized” use. Therefore, educational campaigns may be the best first line of defense to help inform citizens of the consequences of marijuana use/abuse.

Priority Area: Prescription Drug Misuse and Abuse

Level of Readiness: Stage 6 - Initiation

The data collected within the *Assessment 2017* justified a need for prevention programs. New information and studies are available regularly along with newly released information from the County Emergency Room and the Coroner’s Office regarding overdose and causes of death related to overdoses. Leaders have been supportive resulting in more partnerships being established. Currently, outreach efforts have focused on seniors, ages 50+, based on the data that shows seniors have the highest prescription drug use rate. These efforts will be expanded to include educating adults on prescription drug misuse and abuse. Staff is being trained and evaluation tools are being created to assist with program planning and community response to current outreach strategies to expand outreach throughout all age groups. In order to reach county residents, pharmacies and medical practitioners, including hospitals and clinic personnel, will receive additional information to share with their patients. There has been an increase in request for information regarding youth unsanctioned prescription drug misuse. In response, SUPS expanded The Hidden Epidemic materials to include youth misuse.

Table 2.5: Community and Resource Challenges/Gaps

Priority Areas:	Marijuana	Underage Drinking (UD)	Prescription Drug Misuse and Abuse
Community Readiness	Stage 3: Vague Awareness- Community lacks knowledge and is uncertain of what can be done	Stage 7: Institutionalization/Stabilization- Continued programs and activities are in place	Stage 6: Initiation – Community aware of concerns however, unsure of impact
Community Resources	Adults may be confused by media messages associated with use. It may be difficult for community members to differentiate between evidence-based research and opinion based articles and ads.	Although the primary focus is on marijuana, schools and law enforcement still have concerns about drinking on campus.	Need better promotion of safe prescribing policies and the role of pharmacies in the distribution of opioids. Increase awareness among 55+ population regarding RX misuse
Fiscal Resources	n/a (no negatives in Table 2.3, <i>Resource Readiness Assessment</i>)	n/a (no negatives in <i>Table 2.3 Resource Readiness Assessment</i>)	n/a (no negatives in <i>Table 2.3 Resource Readiness Assessment</i>)
Human Resources	Lack volunteers to serve as advocates in the community and at public policy events to ensure consistent factual information is available to the general public regarding easy access to youth. Staff need consistent training on impact to community	Services providers medical and other staff lack consistent evidence-based training on individual and community impact	Lack of volunteers to promote, and educate adults on safe prescribing and misuse of over the counter drugs. Medical staff lack consistent research and training on addressing substance in primary care setting
Organizational Resources	Vision and mission statements are general with minimal emphasis on marijuana	n/a (no negatives in <i>Table 2.3 Resource Readiness Assessment</i>)	n/a (no negatives in <i>Table 2.3 Resource Readiness Assessment</i>)

Program Sustainability

As part of the assessment process, SUPS engaged a variety of community members and stakeholders in discussions about substance use prevention in the County. Community voices included an array of key stakeholders and leaders from child welfare, school districts, Probation, medical professionals, law enforcement, and social services. Over the next five years, prevention efforts must address specific substance use patterns in this diverse community.

Integration of Cultural Competency

SUPS programs and services adhere to the Culturally and Linguistically Appropriate Services (CLAS) standards. CLAS standards are introduced in the SUPS Competency course for prevention professionals. All County staff and contracted providers are required to attend the County CLAS standards annual course.

SUPS contracts include CLAS provisions for the population being served. Regional and demographic information for Santa Clara County is used by SUPS and contract providers to better understand diversity in the community and tailor prevention efforts to those communities. Prevention information, marketing materials and media campaigns are translated as needed for monolingual individuals and families.

SUPS has determined there are sufficient resources, capacity and readiness to address substance use in the County and will focus prevention programs, services and activities on three key areas:

- a) underage drinking;
- b) marijuana use;
- c) prescription drug misuse and abuse.

Chapter III: Capacity Building

SUPS will continue to research and collect data to analyze trends across the County and stay abreast of new trends and needs. The *Assessment 2017* demonstrated that all areas and demographics of the County are affected and impacted by substance use and data collection will continue in order to identify focus populations of need. By ensuring the County has a competent prevention workforce and a robust marketing and outreach plan, SUPS can better serve individuals and community.

Capacity Building Plan

Priority Area: Underage Drinking	
Community Readiness Stage: 4. Preplanning	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources <ol style="list-style-type: none"> 1. Develop an inventory of community resources within various community-based, public health, educational, and juvenile justice settings to identify potential partners 2. Coordinate town hall meetings for community-based agencies, law enforcement and schools 3. Increase education to adults, middle school, high school, and college aged students about the consequences and legal ramifications of underage drinking 4. Develop and launch digital campaigns to increase awareness of the consequences of underage drinking 	Year 1 Year 2 Year 3 – 5 Year 4 – 5
Organizational Resources N/A (no negatives in Table 2.3, Resource Readiness Assessment)	
Human Resources N/A (no negatives in Table 2.3, Resource Readiness Assessment)	
Fiscal Resources N/A (no negatives in Table 2.3, Resource Readiness Assessment)	

Priority Area: Marijuana	
Community Readiness Stage: 3. Vague	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources <ol style="list-style-type: none"> 1. Develop and implement new prevention education campaigns and training for community members, services providers and medical staff 2. Data and research resources will continue to be included in prevention education and information dissemination materials 3. Expand outreach to college and university campuses 4. Increase number of prevention service professionals trained to provide community-based education 	Years 1 -3 Year 1 Year 1 Years 1-5
Organizational Resources N/A (no negatives in Table 2.3, Resource Readiness Assessment)	
Human Resources <ol style="list-style-type: none"> 1. Recruit and train coalition members on methods of advocacy 2. Provide volunteers with current information and schedule of public and political events 	Years 1-4 Years 1-2
Fiscal Resources N/A (no negatives in Table 2.3, Resource Readiness Assessment)	

Priority Area: Prescription Drug Misuse and Abuse	
Community Readiness Stage: 6. Initiation	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources	
1. Implement, in phases, within the Santa Clara County Opioid Overdose Prevention Project, a campaign to promote safe prescribing policies to the general public. (Phase I- medical/clinical settings, Phase II- Pharmacies, Phase III-general public)	Year 1- 3
2. Expand and modify the current Rx/Opioid Education curriculum, which is for ages 55 and over to address use among adults and youth	Year 2
3. Coordinate a town hall meeting and invite community agencies that serve adults ages 55 and older	Year 3
4. Increase prevention education to adults and youth about the consequences of mixing prescribed and over-the-counter drugs	Year 3-5
Organizational Resources	
N/A (no negatives in Table 2.3, Resource Readiness Assessment)	
Human Resources	Year 4-5
Partner with senior citizen agencies to recruit volunteers to be trained on delivering education workshops on the misuse of over-the-counter drugs	
Fiscal Resources	
N/A (no negatives in Table 2.3, Resource Readiness Assessment)	

Program Sustainability

Developing a skilled and knowledgeable workforce in the discipline of substance use prevention is a central strategy to sustain positive prevention outcomes. In addition to growing the number of prevention professionals in Santa Clara County through workforce development and training, SUPS will continue to provide periodic training, conferences and seminars on critical issues related to substance use. SUPS will also continue to involve community stakeholders in conversations about prevention planning and evaluation at its provider and coalition meetings where information about substance use in the County is shared and feedback is welcome. As part of these provider and coalition meetings, SUPS will continue to seek input from diverse community members. The feedback SUPS obtained from its 2017 town hall meeting was invaluable and served as a tool for taking the pulse of the community and its thoughts about substance use prevention. In addition to provider and coalition meetings, SUPS will sponsor additional town hall meetings in the coming five years. *Assessment 2017* provided SUPS with a road map for what community members would like to see in terms of prevention activities. SUPS will continue to use data and community input to stay abreast of community needs.

Integration of Cultural Competency

SUPS contract monitors provide training and technical assistance to contractors about the cultural and linguistic appropriateness of their prevention activities. SUPS staff is required to attend annual cultural competence training as mandated by the County of Santa Clara. SUPS' 2017 town hall meeting provided the department with valuable feedback from a diverse group of community leaders about ensuring services meet the need of various communities. The County and its contractors are committed to delivering services that are culturally competent.

Chapter IV – Planning

SUPS continues to strengthen its interagency and community-based partnerships. Building collaborations, expanding target populations and serving a variety of diverse communities is best accomplished when accompanied by a plan. SUPS utilizes its assessments and community input to identify risk and protective factors. Through on-going community engagement and feedback from partners and stakeholders, SUPS establishes prevention strategies that are the best fit to address and impact the three priority areas. The SUPS planning process reflects the ideas and input of individuals from a variety of sectors within the community including members of our expanded target populations.

Table 4.2: Data-Based CSAP Strategies

Priority Area	Risk Factor	Protective Factor	Strategy
Underage Drinking	<ol style="list-style-type: none"> Youth do not believe binge drinking is harmful Teens access alcohol from adults 	<p>Educate youth and adults about consequences of underage drinking, binge drinking, and supplying alcohol to minors (1,2)</p> <p>Increase education and alternative community-based activities to increase social and coping skills (1)</p> <p>Social norm media campaign to address youth alcohol access from adults (2)</p>	<p>Information Dissemination</p> <p>Education</p> <p>Alternative Activities</p> <p>Community-Based Process</p> <p>Environmental</p>

Priority Area	Risk Factor	Protective Factor	Strategy
Marijuana	<ol style="list-style-type: none"> Youth do not perceive marijuana as harmful Adults do not perceive marijuana as harmful Marijuana is easily accessed by youth 	<p>Prevention education for youth and adults; around perception of harm (1,2,3)</p> <p>Media campaign to increase awareness of harm (1,2,3)</p> <p>Coalition will educate community on underage marijuana use and availability (1,2,3)</p>	<p>Information Dissemination</p> <p>Education</p> <p>Environmental</p> <p>Community-Based Process</p> <p>Alternative Activities</p>
Prescription Drug Misuse and Abuse	<ol style="list-style-type: none"> Youth are using prescription drugs in an unsanctioned way Adults are using prescription drugs in an unsanctioned way 	<p>Expand the Prescription Drug Prevention Education project to include adults and youth (1,2)</p> <p>Provide information to increase awareness to the medical community on prescription drug misuse and abuse. (1,2)</p> <p>Increase knowledge regarding unsanctioned prescription drug use (1,2)</p>	<p>Education</p> <p>Information Dissemination</p> <p>Environmental</p> <p>Community Based Process</p> <p>Alternative Activities</p>

Underage Drinking Logic Model (2019 – 2024)

PRIORITY AREA: Underage Drinking
PROBLEM STATEMENT: Due to the low perception of harm from binge drinking among youth and the ease of youth access has kept alcohol use the highest amongst all substance use in the County.
CONTRIBUTING FACTORS: Youth do not perceive binge drinking as harmful. Youth access alcohol from adults and at home.
GOAL: Decrease underage drinking

Objectives	Strategies	Indicators	SHORT TERM	INTERMEDIATE	LONG TERM
By 2024, the number of youth that report binge drinking is harmful will increase by 3%, as measured by CHKS.	Information Dissemination	California Healthy Kids Survey (CHKS)	By 2020, develop an AOD prevention campaign on the consequences of underage drinking.	By 2021, educate 100 youth and service providers on prevention strategies that address the harms of underage drinking.	By 2024, percentage of youth reporting perception of harm from binge drinking will have increased by 3%.
By 2024, the number of youth accessing alcohol from adults will decrease by 2% as measured by survey results or Santa Clara County Substance Use Assessment.	Education	Pre-post test	By 2020, recruit 100 parents for workshops on how to talk to your youth about substance use which includes underage drinking	By 2022, youth participating in life skills training will increase their decision making and coping skills with life situations by 3% as measured by pre-post test.	By 2024, alcohol access among youth will have decreased by 2%.
	Alternative Activities	Primary Prevention SUD Data Service (PPSDS)			
	Capacity Building	Santa Clara County Substance Use Assessment	By 2020, expand evidence-based AOD education at 5 additional middle schools and elementary schools.	By 2024, youth accessing life skills trainings will have increased by 3%.	
	Environmental	Survey Results			

Marijuana Use Logic Model (2019 – 2024)

PRIORITY AREA: Marijuana Use

PROBLEM STATEMENT: The increased access of marijuana and the low perception of harm by youth and adults has contributed to an increase in youth use.

CONTRIBUTING FACTORS: Lack of understanding of how marijuana affects the developing brain. Youth and adults do not perceive marijuana as a harmful substance. Marijuana is easy to access.

GOAL: Decrease youth marijuana use

Objectives	Strategies	Indicators	SHORT TERM	INTERMEDIATE	LONG TERM
<p>By 2024, youth perception of harm will increase by 3% as measured by pre-post test or CHKS.</p> <p>By 2024, adults perception of harm for marijuana use will increase by 3% as measured by pre-post test or Santa Clara County Substance Use Assessment.</p> <p>By 2024, the number of underage youth accessing marijuana will decrease by 2% as measured by CHKS and survey results.</p>	<p>Information Dissemination</p> <p>Education</p> <p>Environmental</p> <p>Community-Based</p> <p>Alternative Activities</p>	<p>Pre-post test</p> <p>CHKS</p> <p>PPSDS</p> <p>FNL Survey</p> <p>Santa Clara County Substance Use Assessment</p> <p>JAIS</p> <p>Survey Results</p>	<p>By 2020, recruit 100 parents for workshops on how to talk to your youth about marijuana.</p> <p>By 2020, introduce evidence-based AOD education at 5 additional middle schools and elementary schools.</p> <p>By 2020, increase youth attendance in alternative activities aimed at building positive behavior and healthy coping skills.</p>	<p>By 2021, distribute at least 3000 informational brochures and materials in Spanish, Vietnamese and English regarding marijuana use.</p> <p>By 2021, develop two AOD prevention campaigns.</p> <p>By 2023, youth will have an increased awareness about marijuana use and how it affects brain development by 3%</p>	<p>By 2024, youth perception of harm will have increased by 3%.</p> <p>By 2024, adult perception of harm will have increased by 3%.</p> <p>By 2024, the percentage of youth will have reported that marijuana is easy to access by 2%.</p>

Prescription Drug Misuse and Abuse Logic Model (2019 – 2024)

PRIORITY AREA: Prescription Drug Misuse and Abuse
PROBLEM STATEMENT: Unsanctioned use of prescription drugs has increased among youth and adults due to a lack of knowledge of safe use.
CONTRIBUTING FACTORS: Adults, which includes young adults, adults and older adults, are using prescription drugs in an unsanctioned way. Youth are using prescription drugs in an unsanctioned way.
GOAL: Decrease unsanctioned prescription drug use among youth and adults

Objectives	Strategies	Indicators	SHORT TERM	INTERMEDIATE	LONG TERM
<p>By 2024, decrease unsanctioned youth use of prescription drugs by 2% as measured by Santa Clara County Substance Use Assessment and survey results.</p> <p>By 2024, decrease unsanctioned adult use of prescription drugs by 2% as measured by Santa Clara County Substance Use Assessment and survey results.</p>	<p>Information Dissemination</p> <p>Education</p> <p>Environmental</p> <p>Community-Based</p> <p>Alternative Activities</p>	<p>PPSDS</p> <p>Pre-post test</p> <p>Santa Clara County Substance Use Assessment</p> <p>Survey Results</p>	<p>By 2020, recruit 100 families for workshops that include The Hidden Epidemic and the unsanctioned use of prescription drugs.</p> <p>By 2020, integrate prescription drug misuse information into educational programs currently used in the County.</p>	<p>By 2021, develop one prescription drug misuse prevention campaign that is distributed throughout the County.</p> <p>By 2021, increase public awareness about the effects of unsanctioned use of prescription drugs.</p> <p>By 2022, educate 100 prevention professionals on prevention strategies that address the unsanctioned use of prescription drugs.</p> <p>By 2021, work with interagency partners to disseminate information to medical providers, pharmacies, schools and other public agencies on the consequences of prescription and over the counter drug misuse.</p> <p>By 2024, increase knowledge regarding the unsanctioned use of prescription drugs by 2%.</p>	<p>By 2024, the unsanctioned use of prescription drugs will have decreased by youth by 2%.</p> <p>By 2024, the unsanctioned use of prescription drugs by adult will have decreased by 2%.</p>

Planning Process

Prior to the development of the SPP, SUPS hosted a variety of events which included a town hall and community talk sessions. Also included was facilitating discussions at interagency meetings, coalitions and collaboration meetings. Additionally, each cohort of the Prevention Competency Course was asked to engage in a discussion regarding prevention services, its impact in their specific areas, and areas of need. Another important planning venue included our contract provider meetings where time was designated to discuss prevention questions about SPP development. Representatives from diverse communities were present and participated in discussions. The County's diverse communities and geography was a major consideration, for selecting strategies, and designing culturally competent services.

Program Sustainability

SUPS continues to engage the community in ongoing conversations and be inclusive of their ideas and concerns regarding substance use prevention programs and services in the County. SUPS involves the community and prevention contractors in regular discussions to ensure quality improvement and address substance issues throughout the County. SUPS staff conduct quarterly on-site meetings with contractors, facilitate discussions for service delivery improvements and report observed trends among service recipients. Using the SAMHSA format, SUPS coordinates annual Communities Talk meetings, periodic town hall meetings, and community talk-back sessions to assist with program development to ensure services are realistic, timely and sustainable.

Integration of Cultural Competency

The SUPS 2018 Town Hall Meeting about prevention and workforce development included a suggestion to ensure that SUPS implements outreach effort to various communities needing substance use information. The medical community was identified as an integral element in the fight against prescription and opioid drug misuse. Town Hall participants requested SUPS ensure primary care physicians have accurate information about substance use. Secondly, teenagers were identified as an important population that need ongoing outreach and programs using relative communication modes (Snapchat, Twitter etc.,) for outreach and awareness purposes. SUPS will continue to identify and create new partnerships to ensure unique needs for outreach and information are met.

Chapter V - Implementation

To accomplish prevention goals, the County uses a community-based approach working with contracted providers, community partners, coalitions and cross-system collaborations. To implement specific prevention programs and services, the SUPS will implement five primary strategies to address the prevention of underage drinking, marijuana use and prescription drug misuse:

- Information dissemination – This CSAP strategy will bring awareness to the public about the consequences of substance use, use trends, inform the community about programs and services, and promote health and well-being.
- Education – This CSAP strategy will be used to educate youth and adults which includes college-aged young adults, parents, and older adults in the community about substance use and its consequences. The education strategy uses evidence-based curriculum, relevant on-line trainings, interactive meetings and workshops to increase awareness and encourage healthy behaviors and decisions.
- Community-Based Process – SUPS advocacy work engages community providers, partners, coalitions, and cross-system collaborations. This strategy is designed to address capacity building, local prevention issues, gaps in prevention services, and local policy regarding prevention of substance misuse in the County.
- Alternative Activities– Through this strategy, youth engage in school-based and community-based activities such as media campaign development and messaging projects to address youth substance use. These drug-free activities take place after-school, during summer camp programs, and may occur on campus for college-aged young adults. Youth and young adults in these programs will create, develop, and maintain technology modes (websites, digital ads, podcasts, mobile apps, videos, PSAs, etc.) to impact the perception and use of drugs among youth and young adults.
- Environmental – SUPS’ cross-systems collaboration, workforce development, and media campaigns are the multi-strategy efforts that address community norms, public policies, and perceptions that influence AOD use. We address media advocacy through a digital medium rather than the tradition use of TV, radio and print newspapers to advance our prevention strategies.

Past experiences and the analysis of local quantitative and qualitative data were two of the driving factors used to guide the selection of strategies that would be most effective for preventing substance use issues in the County’s diverse communities. The selected strategies

promote protective factors, have demonstrated cultural and linguistic competence and are sustainable in the local infrastructure.

SUPS provides programs and services for individuals, families and the community. With a specific focus on reducing risk and increasing protective factors, SUPS target populations include youth (elementary and middle school students, high school students) and adults (parents, college aged students and older adults).

Interventions to address underage drinking and marijuana use are specifically selected for middle school and high school students. Specific interventions have been selected to address prescription and opioid drug use and misuse targeting youth, parents and older adults.

Community providers and partners play a key role in advancing substance use prevention in Santa Clara County. Community organizations have been selected through county contracts to execute primary prevention strategies.

Program/Intervention: Botvin’s Lifeskills			
Goal(s): 1) Underage Drinking 2) Marijuana Use 3) Prescription Drug Misuse and Abuse			
Objective(s): (1) Increase the number of youth that report binge drinking is harmful by 3%. Reduce youth accessing alcohol from adults by 2%.			
(2) Increase youth perception of harm by 3% and decreasing underage youth access to marijuana by 2%.			
(3) By 2024, decrease unsanctioned youth use of prescription drugs by 2%.			
IOM Category(ies): Universal, Selective, Indicated		Population(s): Elementary, Middle, and high school students.	
Major Tasks	Timeline	Responsible Party	Strategy
1. Contractor will conduct outreach with partners and key stakeholders	Jul-Sep Annually	ARCC RCS	ID
2. Recruit participants	Jul-Jun Annually	ARCC RCS	ID CBP
3. Implement 56 Botvin’s Lifeskills courses in Santa Clara County	Sept-Jun Annually	ARCC	ED
4. Implement 14 Botvin’s Lifeskills courses in South County	Sept-Jun Annually	RCS	ED
5. Evaluation Report: Pre-post test and annual report analysis	June Annually	ARCC RCS	CBP

Program/Intervention: Community Outreach			
Goal(s): 1) Underage Drinking 2) Marijuana Use 3) Prescription Drug Misuse and Abuse			
Objective(s): (1) Increase the number of adults and youth that report binge drinking is harmful by 3%. Reduce youth accessing alcohol from adults by 2%.			
(2) Increase youth perception of harm by 3%. Increase adult perception of harm by 3%. Decrease underage youth access to marijuana by 2%.			
(3) By 2024, decrease unsanctioned youth use of prescription drugs by 2%. Decrease unsanctioned adult use of prescription drugs by 2%.			
IOM Category(ies): Universal, Selective, Indicated		Population(s): Youth, Adults, and Community	
Major Tasks	Timeline	Responsible Party	Strategy
1. Contractor will conduct outreach with partners and key stakeholders	Jul-Sep Annually	ARCC RCS Youth Alliance Community Solutions County	ID
2. Recruit participants	Jul-Jun Annually	ARCC RCS Youth Alliance Community Solutions County	ID CBP
3. Conduct outreach events and presentations throughout the County a. Red Ribbon Week b. County Office of Education Middle School Conference c. Library Presentations d. A minimum of 140 community presentations	Sept-Jun Annually	ARCC	ID ED
4. Conduct outreach events and presentations throughout the County	Sept-Jun Annually	RCS	ID ED

<p>a. A minimum of 12 community presentations and events in South County</p>			
<p>5. Conduct outreach events and presentations throughout the County</p> <ul style="list-style-type: none"> a. Living Above the Influence b. National Night Out c. Party in the Park d. Summer fun in the Park e. Open Mic 	<p>Sept-Jun Annually</p>	<p>Youth Alliance</p>	<p>ID ED</p>
<p>6. Conduct outreach events and presentations throughout the County</p> <ul style="list-style-type: none"> a. 10 community events 	<p>July-June Annually</p>	<p>Caminar</p>	<p>ID</p>
<p>7. Conduct outreach events and presentations throughout the County</p> <ul style="list-style-type: none"> a. 45 community presentations 	<p>July-June Annually</p>	<p>Community Solutions</p>	<p>ID ED</p>
<p>8. Conduct outreach events and presentations throughout the County</p> <ul style="list-style-type: none"> a. National Prevention Week b. Community Presentations c. Wellness Fairs d. The Hidden Epidemic e. College Collaborative 	<p>Sept-Jun Annually</p>	<p>County</p>	<p>ID ED</p>
<p>9. Disseminate substance use prevention outreach materials at appropriate venues</p>	<p>Ongoing</p>	<p>ARCC RCS Youth Alliance Community Solutions County</p>	<p>ID</p>
<p>10. Evaluation Report: Evaluation summary of all outreach events</p>	<p>June Annually</p>	<p>ARCC RCS Youth Alliance Community Solutions County</p>	<p>CBP</p>

Program/Intervention: Youth Development			
Goal(s): 1) Underage Drinking 2) Marijuana Use 3) Prescription Drug Misuse and Abuse			
Objective(s): (1) Increase the number of adults and youth that report binge drinking is harmful by 3%. Reduce youth accessing alcohol from adults by 2%.			
(2) Increase youth perception of harm by 3%. Increase adult perception of harm by 3%. Decrease underage youth access to marijuana by 2%.			
(3) By 2024, Decrease unsanctioned youth use of prescription drugs by 2%.			
IOM Category(ies): Universal, Selective, Indicated		Population(s): Youth and Community	
Major Tasks	Timeline	Responsible Party	Strategy
1. Contractor will conduct outreach with partners and key stakeholders	Jul-Sep Annually	AACI Youth Alliance Community Solutions RCS	ID
1. Recruit participants	Jul-Jun Annually	AACI Youth Alliance Community Solutions RCS	ID
2. Attend CFNLP	Jul Annually	AACI County	CBP
3. FNL implementation and maintenance for sixteen school site chapters a. 2 Elementary Schools b. 9 Middle Schools c. 5 High Schools	Sept-Jun Annually	AACI	ALT ED
4. FNL Youth Evaluation	Sept-Jun Annually	AACI	CBP
5. Maintain Member in Good Standing (MIGS)	June Annually	AACI	CBP
6. Arts & Media Promoting Youth Leadership Initiatives for Youth (Project AMPLIFY) a. Conduct weekly sessions for youth	July-June Annually	AACI	ALT ED
7. Youth Leadership Development Group	July-June Annually	Youth Alliance	ALT

			ED
8. Youth Leadership Advocacy Group	July-June Annually	Youth Alliance	ALT ED
9. Late Night Gym	July-June Annually	Youth Alliance Community Solutions	ALT ID
10. Youth Enrichment Activities a. Field Trips	July-June Annually	ARCC	ALT ED
11. Culinary Academy Vocational Arts Training Program a. Summer, Fall, Winter, and Spring	July-June Annually	RCS	ALT ED
12. Bi-weekly LGBTQ Youth Space AOD sessions	July-June Annually	Caminar	ALT ED
13. Evaluation Report: Evaluation summary of all outreach events	June Annually	AACI Youth Alliance Community Solutions RCS	CBP

Program/Intervention: Capacity Building			
Goal(s): 1) Underage Drinking 2) Marijuana Use 3) Prescription Drug Abuse and Misuse			
Objective(s): (1) Increase the number of adults and youth that report binge drinking is harmful by 3%. Reduce youth accessing alcohol from adults by 2%.			
(2) Increase youth perception of harm by 3%. Increase adult perception of harm by 3%. Decrease underage youth access to marijuana by 2%.			
(3) By 2024, decrease unsanctioned youth use of prescription drugs by 2%. Decrease unsanctioned adult use of prescription drugs by 2%.			
IOM Category(ies): Universal		Population(s): Youth, Adults, Community, Stakeholders	
Major Tasks	Timeline	Responsible Party	Strategy
1. Workforce Development Substance Use Prevention Competency Course a. Spring and Fall Cohorts	Biannually	County	ED
2. Townhall Meetings	Annually	County	ENV ED
2. College Collaborative a. Monthly meetings	Monthly	County	CBP ID
3. Collaborate across systems to continue prevention efforts	Ongoing	County	ENV
4. Collaborate with Santa Clara County Public Health Department on joint efforts a. Alcohol b. Marijuana c. Prescription Drugs	Ongoing	County	ENV ED ID
5. Collaborate with existing CBOs and coalitions a. Safety Net b. South County United for Health c. South County Youth Task Force d. Juvenile Justice Commission e. Maternal Mental Health f. Marijuana Workgroup g. Tobacco Free Communities Coalition h. South Bay Mentoring Coalition	Ongoing	County	ENV ED ID CBP

i. Santa Clara County Opioid Overdose Prevention Project (SCCOOPP)			
6. Presentation to key stakeholders	Ongoing	County	ENV ED ID
7. Develop and implement digital and print media campaigns <ul style="list-style-type: none"> a. Wasted on Weed b. Marijuana and Pregnancy c. Influencer d. Other 	Ongoing	County	ENV ID
8. Evaluation Report: evaluation summary	June Annually	County	CBP

Subcontractor Selection

SUPS issues Request for Proposals (RFP) focused on information dissemination, education, and alternative activities, community-based process, and environmental strategies. Current and new providers are encouraged to apply. Each RFP has an Evaluation Committee which reviews and scores each proposal and makes recommendations to BHSD leadership. Contract monitoring and technical assistance are provided to each contractor to assist them in meeting their annual work plans, goals, objectives, activities, and budget requirements.

Program Sustainability

As of 2018, contractors are required to complete the SUPS 40-hour Certificate of Prevention Competency course held at the Santa Clara County Behavioral Health Learning Partnership. The Competency course provides participants with SAMHSA's Introduction to Substance Use Prevention 101 and teaches how the SPF is used to design and implement prevention programs and services. This training requirement ensures every participant has introductory knowledge of substance use prevention and how to deliver and sustain services.

The training is open to anyone interested in prevention or providing prevention services. It is marketed to all service providers through partnership listservs. This includes entities not traditionally funded by the County.

The objective is to educate organizations on sound prevention processes and practices, encourage them to provide substance use prevention services within their own organizational structure and adapt service delivery to the cultural needs of their audience, patient(s) or clients. The county continues to provide technical assistance, prevention materials, research, and data to community-based organizations, clinics, shelters, community colleges, etc. This allows the education and information dissemination strategy to impact substance use and expand to sectors that have not been reached. Even without direct prevention funding, organizations will continue to have access to resources through websites, apps and trainings. In the future, the body of knowledge obtained through training will support the sustainable delivery of prevention programs and prevention messaging in the community.

Integration of Cultural Competency

Input from diverse community voices was included in the planning process for this strategic plan. At the 2019 Community Stakeholders Talk Back Session, the following questions were discussed: a) what factors are contributing to substance abuse in Santa Clara County; b) what specific populations are in greatest need of prevention services; c) is SUPS currently reaching populations in greatest need; d) do you believe the County has adequate resources to

implement prevention in high priority areas; and e) who do you believe the County should collaborate with in order to effectively address substance use disorders?

Valuable information from diverse perspectives was received. Strategies were identified that could be adopted to meet the unique needs of specific communities. SUPS will continue to identify strategies and resources to address unmet needs in the community. With a prevention staff that is ethnically and linguistically diverse, SUPS will continue to work with the Santa Clara County Minority Advisory Committee to ensure culturally responsive outreach.

Chapter VI - Evaluation

Evaluation and Data Collection Plan

The evaluation of community-based programs services and activities provides an opportunity for the County to assess, enhance and identify areas of improvement. The primary purpose of our evaluation is to assess the processes and outcomes of specific initiatives and services and to facilitate ongoing management to ensure data driven outcomes. The County uses two approaches to service delivery: external services in which services are contracted and internal services in which SUPS staff provides direct services and project management.

External Services

The County uses an RFP (Request for Proposal) process to award contracts to those organizations that meet the designated criteria to deliver substance use prevention services. The County is responsible for monitoring the service delivery process and the reporting of the outcomes based upon the strategies outlined in their contract or service agreement. The County works with each contractor to ensure data captures, for example, the service delivery process, focus populations, service delivery locations, levels of participation, outreach efforts, and the number of services provided. Each contract provider enters outcome data into the PPSDS system as required by the Department of Health Care Services (DHCS) and is reviewed by the SUPS contract monitor before data is submitted to DHCS.

Contract Providers submit a quarterly report that provides the SUPS monitor with experiential information, participant, staff feedback, and outcome numbers. Quarterly site visits by the SUPS monitor provides the opportunity to discuss program progress, challenges and changes.

The County media contractor develops, implements, tracks media impact via impressions and other key indicators to produce a media summary report.

Annual reports are submitted by each contractor at the end of the fiscal year to summarize program status and annual outcomes. The SUPS monitor creates an annual report that encompasses the final review of each program.

The County also contracts out for an overall assessment of current trends and use rates by conducting an online survey, focus groups, and key informant interviews. SUPS will initiate a county wide substance use assessment every 3 to 5 years.

Internal Services

SUPS staff provides direct services in which several methods and tools are used to collect and analyze data. The evaluation processes are as follows:

- Workforce Development- SUPS Certificate of Prevention Competency Course. Participant increase in knowledge is measured by pre and post- tests. Feedback surveys are collected at the completion of the course and the number of attendees, number of course completions and cohort comparisons are compiled into a report after each course.
- The Hidden Epidemic (older adult opioid education curriculum) service delivery staff gather quantitative data based on the number of materials disseminated, presentations, locations, and number of individuals reached. Qualitative data is also gathered and includes narratives that capture experiences and audience response. A monthly report is submitted that includes this information.
- The County College Campus Collaborative collects data on the number of colleges that participate and their feedback on the resources and support provided.
- Outreach data is collected based on the number of materials disseminated, target audience and response to materials.
- Town Hall & Community Talk Back Meetings include participant data through sign-in sheets and feedback surveys compiled into a summary report.

Other Data Sources

The County also reviews data from other sources that provide local data studies, surveys and research. Most prominent is the California Healthy Kids Survey (CHKS) which is not uniformly distributed every year by Santa Clara County School Districts. This makes it challenging to acquire consistent yearly data. However, the CHKS survey data is reviewed annually by SUPS and compiled into multi-year blocks to gather a better overview of major trends occurring in the County.

The County partners share data for review. This includes working with the Public Health Epidemiologist to include substance use questions in their countywide surveys. Local data from Juvenile Justice and Suicide Prevention is also shared with SUPS to review for any correlation with AOD use.

Data Use

Throughout the evaluation process, SUPS staff stays in direct contact with service providers to discuss outcomes. Staff can then provide support and assistance for program efficacy. Data outcomes and reports are consistently reviewed by staff and management to ensure timely and appropriate modifications are initiated and completed.

Roles and Responsibilities

In summary, SUPS Prevention Analysts are responsible for monitoring the contracts with our local providers. This responsibility includes oversight of data collection for entry into PPSDS and quarterly and annual reports. A SUPS Prevention Analyst is assigned to take the lead on internal data grids that collect data for outreach materials and locations, contractor quarterly and annual reports and summary reports from other internal prevention activities. The Analyst will compile an annual report for management review to ensure outcomes are in alignment with SPP goals.

Dissemination Plan

The table below is the process used to disseminate SUPS annual program outcomes and accomplishments.

Audience	Presentations	Annual/ Evaluation Reports	Fact Sheets	Community Meetings
Current Contract Provider		X (June Annually)	X	X
Santa Clara County Behavioral Health	X	X	X	X
Cross-System Partners	X	X	X	X
Media Website		X	X	

Cultural Competency and Sustainability

Santa Clara County SUPS has fully integrated cultural competency into all aspects of the SPP. We recently conducted a Community Talk Back Session in March 2019 to gather input about substance use prevention needs in the community. SUPS will continue to integrate outside feedback into the prevention service delivery system. Staff and contractors will continue to attend an annual 8-hour cultural competency training.

The evaluation process is integrated into all phases of service delivery along with tools that are reviewed and revised annually. The data collected in this process is compiled annually into a program report. The County compares the program report to its current SPP to identify accomplishments and assess current service delivery.

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