



Fresno County Department of Behavioral Health

Alcohol and Drug Strategic Prevention Plan

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Acknowledgements

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Chapter 1. Introduction

The Fresno County Department of Behavioral Health (DBH) is responsible for the planning, development, and administration of a countywide substance use disorder (SUD) prevention and treatment system. The department does this by: (a) funding and coordinating prevention programs that serve diverse communities, (b) strengthening the collaboration between a wide variety of partners to facilitate the delivery of complimentary services and reduce duplication, (c) providing information about and referrals to SUD services, (d) evaluating the outcomes of the prevention programs to determine effectiveness, and (e) developing a Strategic Prevention Plan (SPP) to guide prevention efforts.

In 2019, the County decided to implement an integrated system of care for adolescents by eliminating the silos that have historically divided prevention, early-intervention and treatment services. This SPP is part the County's holistic approach to providing SUD services for youth ages 10 through 21 in Fresno County. Following is the Fresno County DBH Vision, Mission, Goals and Guiding Principles of Care that guide the development and implementation of substance use disorder prevention activities.

Vision

Health and well-being for our community.

Mission

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Goals

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

Guiding Principles of Care Delivery

The Department of Behavioral Health's 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

1. Timely Access & Integrated Services

- Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
- Barriers to access and treatment are identified and addressed
- Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

2. Strengths-Based

- Positive change occurs within the context of genuine trusting relationships
- Individuals, families, and communities are resourceful and resilient in the way they solve problems
- Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Person-driven and Family-driven

- Self-determination and self-direction are the foundations for recovery
- Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- Providers contribute clinical expertise, provide options, and support individuals and families in informed decision-making, developing goals and objectives, and identifying pathways to recovery
- Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Inclusive of Natural Supports

- The person served identifies and defines family and other natural supports to be included in care
- Individuals and families speak for themselves
- Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
- Providers assist individuals and families in developing and utilizing natural supports

5. Clinical Significance and Evidence-Based Practices (EBP)

- Services are effective, resulting in a noticeable change in daily life that is measurable
- Clinical practice is informed by best available research evidence, best clinical expertise, and client values and preferences
- Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

6. Culturally Responsive

- Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
- Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
- Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Trauma-informed and Trauma-responsive

- The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
- Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
- Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Co-occurring Capable

- Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
- Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Stages of Change, Motivation, and Harm Reduction

- Interventions are motivation-based and adapted to the client's stage of change
- Progression through stages of change are supported through positive working relationships and alliances that are motivating
- Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach
- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

10. Continuous Quality Improvement and Outcomes-Driven

- Individual and program outcomes are collected and evaluated for quality and efficacy
- Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

- The rights of all people are respected
- Behavioral health is recognized as integral to individual and community well-being
- Promotion of health and wellness is interwoven throughout all aspects of Department of Behavioral Health services

- Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
- Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
- The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

Fresno County Profile

Fresno County is situated in California's Central Valley and is bordered to the west by a coast range and to the east by the Sierra Nevada mountain range. Near Fresno County are Yosemite and Sequoia National Parks. Neighboring counties include King, Tulare, Inyo, Mono, Madera, Merced, San Benito, and Monterey. The western and central portion of the County are part of the San Joaquin Valley, which is one of the world's most productive agricultural regions.ⁱ

Figure 1. Fresno County, California



The County of Fresno is geographically the 10th largest county in the State of California, encompassing 6,000 square miles.ⁱⁱ The County contains 15 incorporated cities, 28 census-designated places, and seven unincorporated communities. The City of Fresno is the county seat and is the fifth most populous city in the State of California.ⁱⁱⁱ

According to the California Department of Finance, in 2018 Fresno County had 1,007,252 residents. Between 2010 and 2018, the County population grew by 8%, outpacing the population growth rate of California (see Table 1). Although Fresno County's overall population has grown, between 2010 and 2018 the City of Coalinga was the only incorporated city that experienced a population decline.

Over half (53%) of the County's residents live in the City of Fresno (see Table 1 below). Clovis is the next largest city in County with 11% percent of the population. The remaining incorporated cities have 3% or less of the County population.

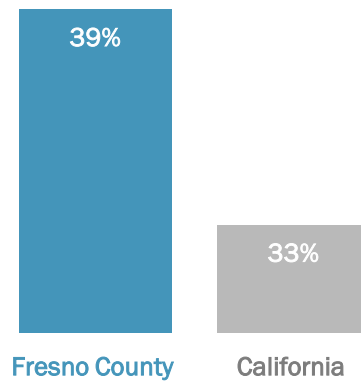
Table 1. Population Shares of Fresno County by Jurisdiction

Jurisdiction	Total Population		% Change (2010-2018)	% of County (2018)
	2010	2018		
Fresno	494,665	531,580	7%	52.7%
Clovis	95,631	113,895	19%	11.3%
Reedley	24,194	26,556	10%	2.6%
Sanger	24,270	26,489	9%	2.6%
Selma	23,219	24,932	7%	2.5%
Coalinga	18,087	17,120	-5%	1.7%
Parlier	14,494	15,917	10%	1.6%
Kerman	13,544	15,096	11%	1.5%
Mendota	11,014	12,255	11%	1.2%
Kingsburg	11,382	12,253	8%	1.2%
Orange Cove	9,078	9,924	9%	0.9%
Firebaugh	7,549	8,078	7%	0.8%
Huron	6,754	7,289	8%	0.7%
Fowler	5,570	6,520	17%	0.6%
San Joaquin	4,001	4,200	5%	0.4%
Unincorporated	166,998	175,148	5%	17.3%
Fresno County Total	930,450	1,007,252	8%	100.0%
California	37,253,956	39,740,508	7%	N/A

Age of Residents

Fresno County has a relatively young population. The median age of Fresno County residents is 31.8 years compared to 36.1 years for the State of California. Approximately 39% of Fresno County residents are under the age of 25^{iv}, whereas 33% of California’s population is under the age of 25 (Figure 2).

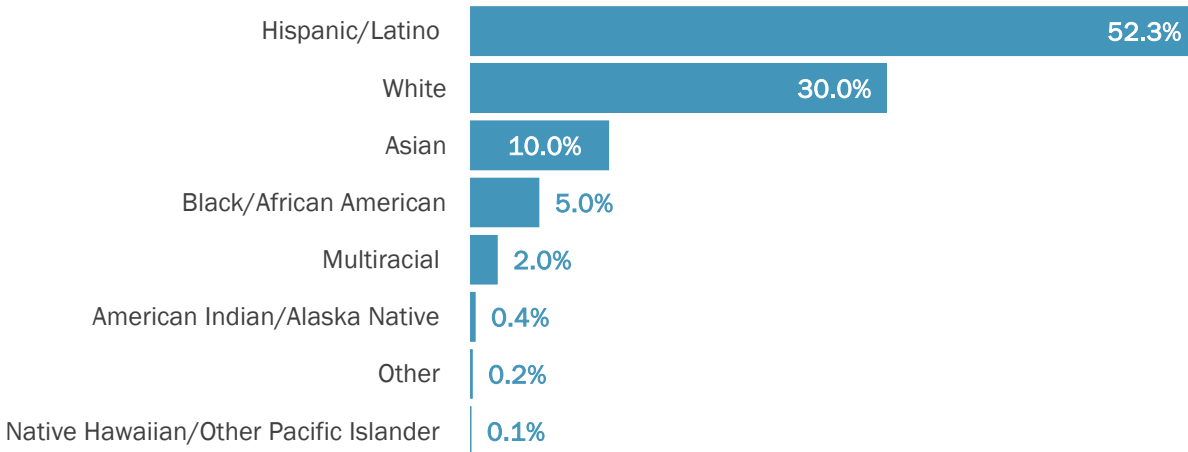
Figure 2. Percent of Fresno County Residents Under the Age of 25 & State Comparison (2017)



Racial Diversity

Fresno County is a racially diverse region. In 2017, 70% of the residents were people of color, compared to 62% for the State of California. Figure 3 illustrates the racial composition of the county.

Figure 3. Race of Fresno County Residents (2017)

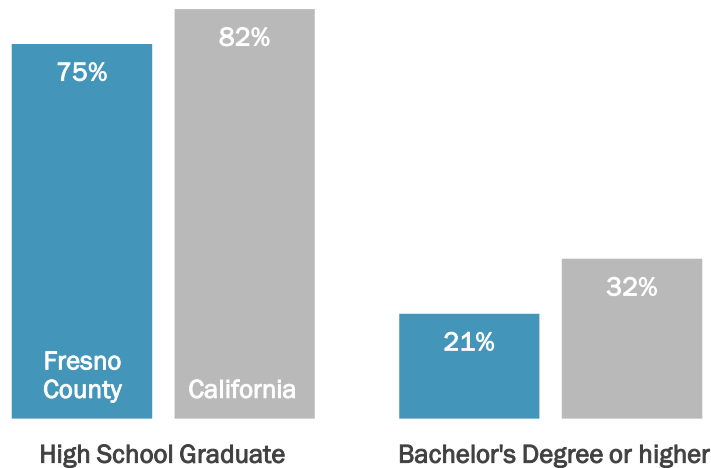


Additionally, almost half (44%) of Fresno County residents over the age of five, speak a language other than English at home. Of those, the largest percentage (34%) speak Spanish, followed by Asian languages (6%).^v

Educational Attainment & Income

Educational levels for Fresno County residents are lower than those of the State (Figure 4). Only 21% of Fresno County residents 25 years of age or older have a bachelor’s degree or higher, whereas 32% of California residents have a degree in higher education.^{vi}

Figure 4. Educational Attainment in Fresno County & State Comparison (2017)

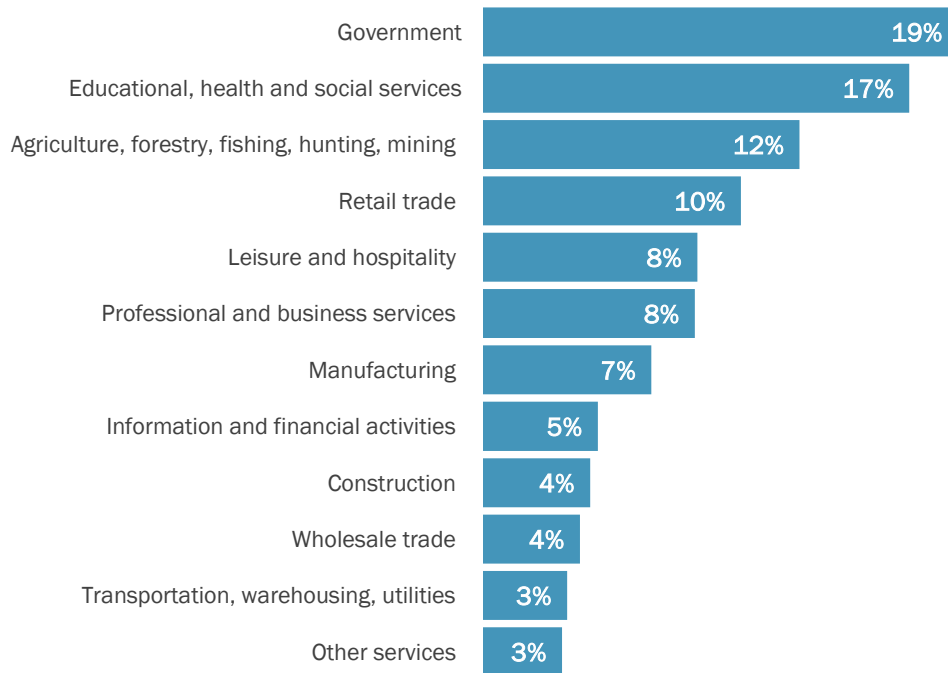


Fresno County has a larger percentage of people living in poverty, and lower median household income compared to the State of California. Of the 58 counties in California, Fresno County has the second highest percentage of people living in poverty.^{vii} The percent of people living in poverty in Fresno is 25%, compared to 15% for the State of California. The median household income in Fresno County is \$48,730, compared to \$67,169 for the State.

Employment

Although the dollar value of Fresno County agricultural crops was approximately \$7 billion dollars in 2017^{viii}, agriculture is not the largest employment industry in the County. Federal, state and local government is the top employer in the County, followed by education and health care services. Figure 5 below displays the percentage of employed residents for each industry.^{ix}

Figure 5. Employment in Fresno County by Industry (2017)



Furthermore, Fresno County has a higher unemployment rate than the State of California. In March 2019, the unemployment rate for Fresno County was 9.4%, whereas the rate for California was 4.3%.^x

While drug use and addiction have no single cause, risk factors for drug and alcohol use include poverty and low educational attainment. The low-educational attainment, and high poverty and unemployment rates prevalent in Fresno County necessitate the provision of prevention programs to mitigate the risks inherent in the community. Fresno County’s population is relatively young and growing, which increases the demand for prevention programs. However, while two-thirds of Fresno County’s residents reside in Fresno and Clovis, the remaining third are dispersed throughout the County. The County may be challenged by providing prevention programs and activities in rural areas that do not reach a large majority of the population but are nonetheless needed to provide an integrated system of care. Lastly, the

cultural diversity of the county will require that prevention programs are provided in a culturally relevant way that takes into consideration the language needs of the residents and different social norms and attitudes about drug and alcohol use. Prevention programs cannot be a “one size fits all” approach. However, the racial diversity of the County is a strength and resource to be tapped. Folks from different cultures and races have distinct worldviews shaped by history and personal experience that will yield diverse suggestions for how to prevent substance use in Fresno County. Combining the input from racially diverse stakeholders, community members and County staff will result in a holistic, sustainable and culturally competent approach to prevention services.

Prior SPP

In 2016, Fresno County’s Department of Behavioral Health, Substance Use Disorder (SUD) Services funded prevention efforts to address goals identified in the 2015 Fresno County Strategic Prevention Plan. The three goals are as follows:

Goal 1: Raise awareness of adults and youth about the consequences of substance use, including alcohol and marijuana as gateway drugs.

Goal 2: Reduce access to alcohol, marijuana, and prescription or over-the-counter drugs among youth under the age of 25.

Goal 3: Retain and augment alternative programming through school-based and community projects that engage youth in primary prevention education and activities.

Two organizations – the California Health Collaborative and Youth Leadership Institute - received four-year grants to implement prevention projects throughout the County, to educate residents about substance use, raise awareness about the negative effects that substance use has on youth and the community, and redefine social norms related to substance use. Prevention strategies included education, community-based outreach, environmental processes, and information dissemination. Since 2015, there have been several accomplishments and outcomes for all three goals, which are as follows:

Marijuana Prevention

- The Selma High School Friday Night Live Chapter worked with policy makers from the City of Selma to pass a Smoke-free Public Places and Recreational Areas Policy, which includes a ban on electronic smoking devices.
- The Reedley Youth Performing Above the High (iPATH) Coalition successfully encouraged the City of Reedley to include electronic smoking devices in their no-smoking ordinance.
- Established a PATH Advisory Board with representation from 27 agencies and organizations who developed of a strategic action plan.
- Created a Spanish television public service announcement geared toward parents and revised the parent resource guide.
- Fifty-three (53) different events were held to educate the community about the harmful effects of marijuana and impacts of marijuana legalization.

Alcohol Prevention

- The percentage of high school age youth receiving educational services about the consequences of alcohol use increased by 15%.
- The percentage of high school age youth reporting access to alcohol via adults decreased by 18%.
- Fourteen (14) Friday Night Live and Club Live chapters were established and/or maintained throughout the County.
- A Youth Development Coalition was established with the active participation of 17 youth serving organizations.
- Friday Night Live Chapters implemented 22 community action projects.
- Reached 1.6 million adults in the central valley with education about a social host ordinance.

Prescription Drug Prevention

- The percentage of high school age youth who reported misusing prescription and/or over-the-counter drugs decreased by 23%.
- The number of high school age youth receiving educational services about the consequences of prescription and over-the-counter drug misuse increased by 33%.
- Seventy-six (76) community events were held, reaching over 9,600 residents.
- Collected 1.452 pounds of prescription drugs thereby reducing access.

While Fresno County DBH has achieved several accomplishments and outcomes over the past four years, there have been challenges with the provision of prevention programs and activities that are important considerations when planning the integrated system of care for the next five years.

First, the providers who are contracted to provide prevention programming faced obstacles when trying to expand programs throughout Fresno County. For example, the Youth Leadership Institute wanted to establish a Friday Night Live Chapter at one of the schools in an underserved area of the County. However, the school administrators in that area were hesitant to form a partnership, which led to a gap in prevention education. School districts are an important partner in reaching and engaging youth. The County will strategize how best to establish relationships with school districts that will lead to expansion of programs, especially in areas of the County that are underserved.

Secondly, the California Health Collaborative wanted to expand the prescription drug drop box program to two Fresno County cities. Although the jurisdictions wanted a drug drop box, they did not have the funding or staffing to maintain the program, therefore limiting the expansion of the program. The capacity challenges of the smaller cities in Fresno County will require County staff to either identify funding to assist cities with limited financial capital to partner on prevention programs, or to identify new partners with the capacity and resources necessary to leverage County funding.

Lastly, most of the school districts in Fresno County do not administer the California Healthy Kids Survey, which limited the County's ability to track some prevention success and outcomes. To mitigate this challenge, the County developed the *Fresno County Student Insight Survey* to collect trend data from 8th, 9th and 11th grade students about substance use behaviors and attitudes. Due to resource challenges, the surveys are only administered at schools where prevention programs are provided. However, the prevention providers who administer the surveys were unable to survey students at several schools due

to staff and administrator turnover, which required the providers to begin the survey administration approval process again in three different school districts. Data is necessary to track to program outcomes and future prevention efforts will focus on strengthening the data partnership with applicable school districts.

Plan Approach

Fresno County Behavioral Health will use this plan to implement programs aimed at preventing youth substance use to increase the health and well-being of youth and families in Fresno County. The development and layout of this plan was guided by the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (Figure 6). The framework outlines a prevention planning process grounded in data-driven decision making. The framework includes five step and two guiding principles, as outlined in Table 2.

Table 2. Strategic Prevention Framework: Guiding Principles & Steps

Guiding Principles	
Sustainability	Building an adaptive and effective system that achieves and maintains desired long-term results
Cultural Competence	Effectively communicating with and engaging people from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds in prevention planning, implementation and evaluation
Steps	
Assessment	Identifying local prevention needs based on data pertaining to the substance abuse problems and related behaviors; risk and protective factors and the capacity; resources and readiness for prevention
Capacity Building	Building and mobilizing local resources and readiness to address prevention needs
Planning	Develop goals, objectives, and outline evidence-based strategies and programs to meet prevention needs
Implementation	Implement the prevention plan
Evaluation	Monitor program implementation and outcomes for effectiveness and sustainability and use the information to improve the prevention continuum

Chapter 2. Assessment

In 2019, Fresno County Department of Behavioral Health launched a comprehensive assessment process to: (1) inform the Strategic Prevention Plan, (2) strengthen relationships with existing prevention stakeholders, and (3) begin building relationships with new stakeholders to bolster prevention efforts. To that end, the stakeholders were involved with the assessment process through a series of workshops and a stakeholder survey.

The SPP assessment focused on obtaining data for youth ages 10 through 21 because the Fresno County Strategic Prevention Plan is part of DBH's mission to develop a full continuum of care for substance use disorder services that integrates prevention, early intervention and treatment services for this population.

With the assistance of an evaluation consultant, LPC Consulting Associates, Inc. (LPC), DBH staff completed an assessment process that included a review of secondary data from the California Office of Statewide Health Planning and Development; non-fatal hospitalizations derived from Inpatient Discharge Data and Emergency Department Data; the California Department of Health Care Services, California Outcomes Measurement System or CalOMS treatment data; and California Department of Education suspension and expulsion data. The assessment also included the collection of primary data through a community survey, stakeholder workshops, focus groups and the Fresno County Student Insight Survey, all of which are described in more detail below.

Stakeholder Survey. DBH developed a survey (see appendix) to solicit a broad range of perspectives from community stakeholders to inform plan development. DBH worked with LPC and Steve Kaplan Consulting to develop the survey questions. The survey included 24 questions related to SUD contributing factors and the capacity of the current SUD system (e.g., strengths and gaps). The survey sample included organizations that provide services to, and interact with, Fresno County youth and their families. DBH staff emailed a link to the online survey in February 2019 to a purposive sample of 418 stakeholders and received 234 responses, for a 56% response rate. The survey was voluntary, which can introduce self-selection bias into the sample. However, DBH solicited input from a diverse array of stakeholders, and sought input through other data collection methods to mitigate skewed survey results.

Stakeholder Workshop. DBH staff partnered with LPC to conduct two workshops to engage stakeholders in the development of the SPP. Workshop attendees included community-based organizations, city government agencies, school district administrators, prevention providers, health care professionals, and youth. The workshops were held at Fresno County's Health and Wellness Center because it provided the space and parking necessary to accommodate many stakeholders. At the first workshop held in April 2019, 19 stakeholders identified the substance that they believed should be the priority for Fresno County prevention programs and the contributing factors for each substance.

The second workshop in June 2019 built on the information obtained from the first workshop. The 16 stakeholders in attendance prioritized the risk and protective factors for the priority substances identified in the first workshop based on each factor's importance and changeability. Participants then identified the strategies that they believed would mitigate the prioritized risk factors and enhance the prioritized protective factors and operationalized how they would implement the identified strategies. The

workshop also included an assessment of the county's readiness to implement prevention programming for the priority substances identified during the first workshop.

Focus Groups. DBH staff partnered with the evaluation consultant to conduct focus groups with Fresno County residents. To avoid a solely "top down" approach, DBH engaged residents to create a community relevant plan. The consultant networked through community-based organizations (CBO) to recruit focus group participants who represent the racial diversity of Fresno County residents. Two youth (19 total participants) and two adult (16 total participants) focus groups were conducted in June 2019, and the participants were African American/Black, Hispanic/Latino, Asian and Caucasian. The focus groups were held at FIRM, Inc.; Neighborhood Industries; and Fresno Barrios Unidos, which are CBOs that are familiar to community members and recognized as providing safe and culturally responsive space for Southeast Asians, African American/Black, Hispanic/Latino and young people. Providing residents with a welcoming space and convenient location to gather is one element of establishing the trust necessary to facilitate honest and in-depth discussions. The focus group questions pertained to substance use perceptions; the issues that contribute to substance use or abuse; the substances that should be a priority for the Strategic Prevention Plan; the role of adults, parents, and youth in drug and alcohol prevention; and the prevention strategies and programs that participants believed would be best received and supported by residents. While the data obtained through the focus groups is not "statistically" representative of all Fresno County residents, obtaining the detailed information necessary to craft strategies and programs that resonate with youth and adults is an advantage.

Fresno County Student Insight Survey. This standardized countywide survey collects trend data from all 8th, 9th, and 11th grade students in schools receiving prevention services (see appendix). The survey is administered as part of the Fresno County alcohol and drug prevention evaluation. The survey was developed for the evaluation because many of the school districts in Fresno County do not administer the California Healthy Kids Survey, which is often the source of data for substance use behaviors and attitudes among youth. To develop the questionnaire, the evaluation consultant worked with the prevention providers and Fresno County DBH staff and used questions from existing validated survey tools. The final four-page survey includes 20 questions related to substance use behaviors and attitudes to track change over time.

To select the survey sample, the evaluator works with the providers to identify schools where they were implementing recurring services and assigned each provider a list of schools to survey based on this information. In total, 5,897 surveys collected from 16 schools were included in the 2016/17 sample (a 57% response rate based on student enrollment) and 6,473 surveys from 16 schools were included in the 2017/18 sample for (a 61% response rate). It is important to note that for SPP purposes, the surveys are administered at schools where prevention programs are being provided. Although a control group is not established as part of the evaluation, and therefore data is not available to compare alcohol and drug use between students who receive prevention programs versus those who do not, one would expect the percentage of students using drugs or alcohol and the students' perceptions of use to be slightly different at schools with and without prevention programs.

Data Sources and Findings

The following data from the Fresno County Student Insight Survey, focus groups, stakeholder workshops, stakeholder survey and secondary sources, illustrate the nature, extent and type of SUD problems in Fresno County, and the corresponding consequences. This data is a foundation for developing targeted prevention strategies.

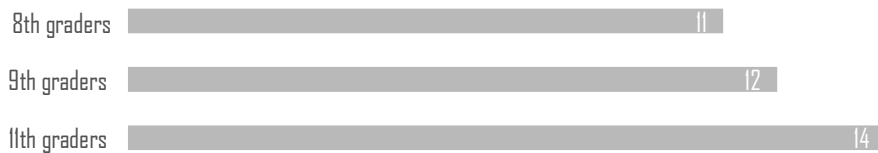
Fresno County Student Insight Survey

Self-report data collected from youth through the Fresno County Student Insight Survey about: (1) frequency of use, (2) average age of first-time use, (3) ease of access to, and (4) perceptions about alcohol and drug use or misuse, are measures of the degree and magnitude of substance issues in Fresno County. Below is a summary of data collected for the 2016/17 and 2017/18 academic years.

Alcohol

Some Fresno County youth reported consuming alcohol for the first time at age 8. However, the average age when youth reported first drinking alcohol remained unchanged between the academic years. The average age of first-time alcohol use is between the age of 11 and 14, and varies by a student’s grade in school, as depicted in the below figure.

Figure 6. Average Age of First-Time Alcohol Use



The percentage of youth who report using alcohol in their “lifetime” or in the “past 30 days” is trending down. However, for both academic years, the percentage of students who report using alcohol doubled between the 8th and 11th grades (see figures 7 & 8). Additionally, while the percentage of 11th graders who reported using alcohol in their “lifetime” or during the “past 30 days” decreased by five percentage points from the 2016/17 to the 2017/18 academic year, the percentage of 8th and 9th graders reporting lifetime or past 30 days use of alcohol decreased by only one or two percent.

Figure 7. Alcohol use in Lifetime

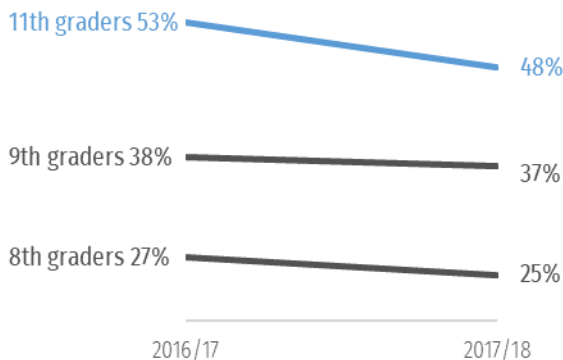


Figure 8. Alcohol use in the past 30 Days

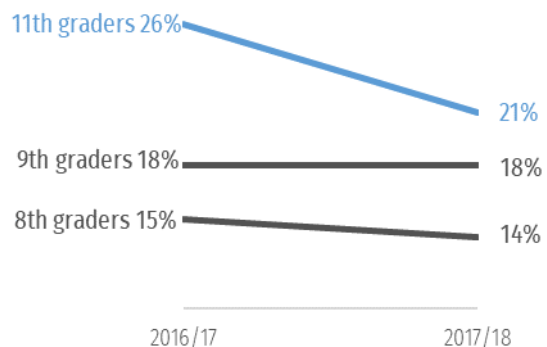
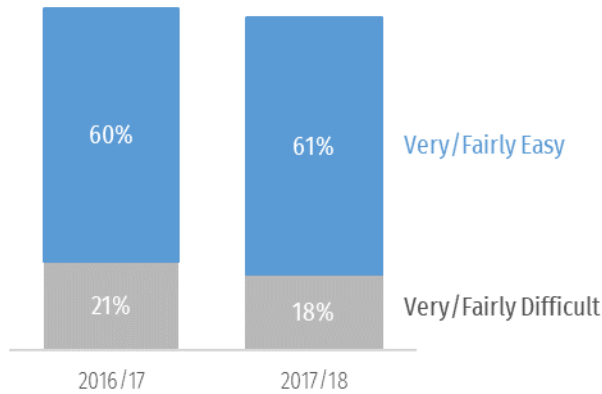


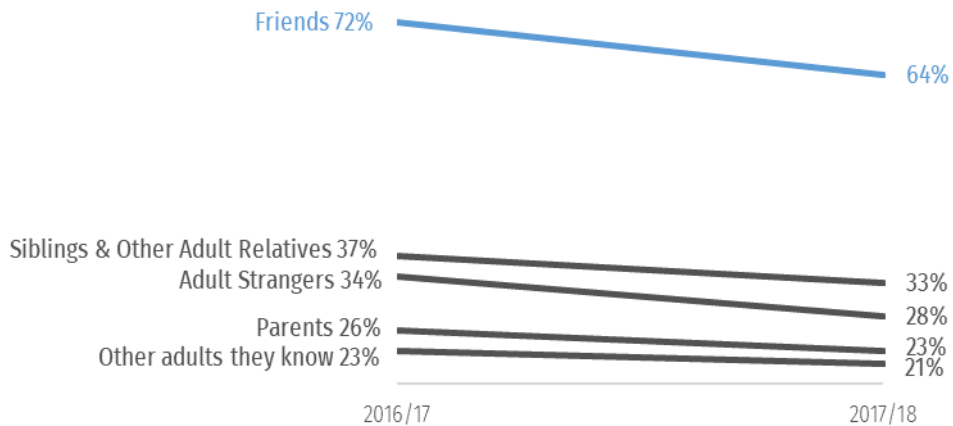
Figure 9 illustrates that perceptions about the ease of accessing alcohol remained relatively unchanged over the two-year timeframe. The largest percentage of youth, or two-thirds, reported that alcohol is “very” or “fairly easy” for someone their age to get, and between 18% to 21% reported that alcohol is “very” or “fairly difficult” to get. The remaining 18% to 21% “did not know” if it was easy or difficult to access alcohol.

Figure 9. Ease of Accessing Alcohol



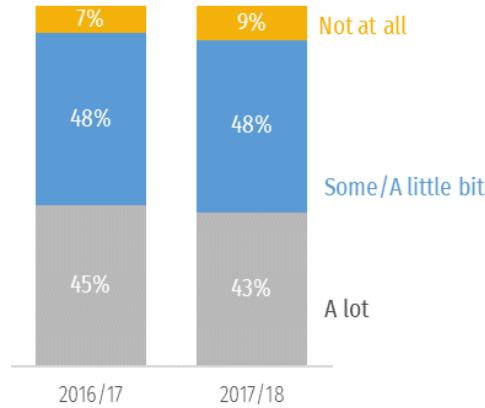
How youth access alcohol is an important consideration when planning prevention programs. While youth reported getting alcohol from adults, the largest percentage of youth reported getting alcohol from their friends. For both years, the percentage of youth who reported getting alcohol from friends, is double or triple the percentage who reported acquiring alcohol from an adult (see figure 10).

Figure 10. Who Youth Get Alcohol from



Youth’s perceptions about how much people risk harming themselves physically or in other ways when they drink alcohol trended in a slightly undesirable direction from one year to the next (see figure 11 on the following page). There was a slight increase in the percentage of youth who reported there is “no risk” in people harming themselves when they drink, compared to a slight decrease in the percentage who report “a lot” of risk of harm associated with drinking alcohol.

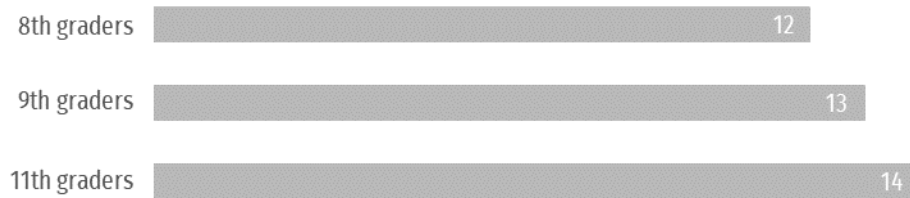
Figure 11. Harm in Drinking Alcohol



Marijuana

Although some Fresno County youth reported trying marijuana for the first time as young as the age of 8, the average age of first-time use for the 2016/17 and the 2017/18 academic years, remained unchanged for 8th, 9th and 11th graders. For 8th grade survey respondents, the average age reported for first trying marijuana is 12 years of age, as depicted in figure 12.

Figure 12. Average Age of First-Time Marijuana Use



The percentage of 9th grade students who reported using marijuana in their lifetime or in the past 30 days increased from 2016/17 to 2017/18, whereas the percentage of 11th grade students who reported using marijuana decreased. The trends for 8th grade students were mixed, in that the percentage who reported lifetime use decreased by one percent and 30 days use remained static.

Figure 13. Marijuana use in Lifetime

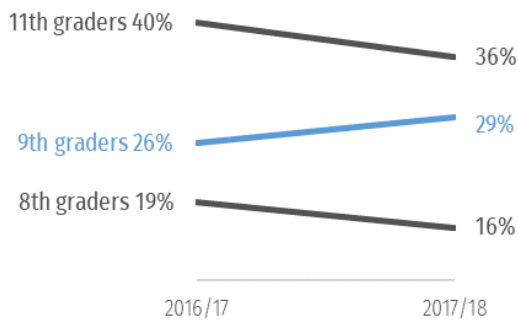
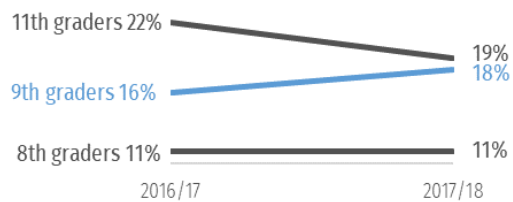


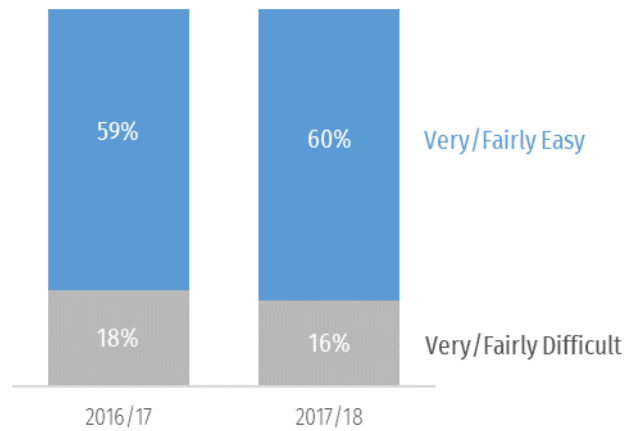
Figure 14. Marijuana use in the past 30 Days



While the percentage of 11th graders who reported using marijuana decreased, approximately two in five 11th grade youth surveyed have tried marijuana in their lifetime (see figures 13 and 14). Additionally, for both lifetime and 30 days use in each academic year, the percentage of students who reported using marijuana increased from the 8th to the 11th grade.

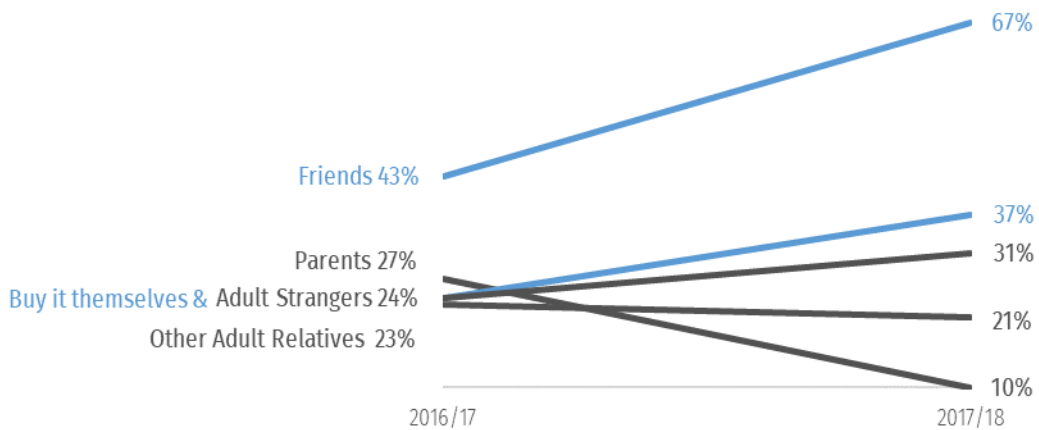
The largest percentage, or two-thirds of youth, reported that it is “very” or “fairly easy” for someone their age to get marijuana, whereas 16% to 18% of youth surveyed reported it is “very” or “fairly difficult.”

Figure 15. Ease of Accessing Marijuana



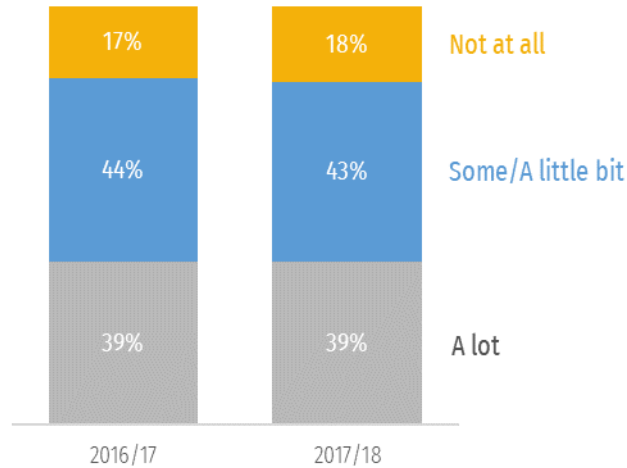
For both academic years, the largest percentage of youth reported that they get marijuana from their friends. Although youth in both years reported acquiring marijuana from their parents, the percentage of youth who reported parents as an access point decreased. The data also illustrates that from the 2016/17 to the 2017/18 academic year, youth are increasingly acquiring marijuana through friends or buying it themselves, and to some extent relying less on adults.

Figure 16. Who Youth Get Marijuana From



The youths’ perceptions about the harm or risk associated with marijuana use was relatively unchanged from one year to the next, with the largest percentage of youth attributing “low risk” of harm to marijuana use. Two-thirds of youth surveyed believe that people do not risk harming themselves “at all” or “some” or “a little bit” when they use marijuana.

Figure 17. Harm in Using Marijuana



Prescription Drugs

Youth self-report misusing prescription drugs (Rx) as early as age 11. For both the 2016/17 and the 2017/18 academic years, the average age when 8th and 9th grade students first misused prescription drugs remained unchanged (see figure 18). In juxtaposition, the average age when 11th grade students reported misusing prescription drugs decreased from 14 to 13 years of age.

Figure 18. Average Age of First Time Rx Drug Misuse



Overall, self-reported Rx drug misuse decreased from the 2016/17 to the 2017/18 academic year. The percentage of 11th and 8th grade youth who reported misusing Rx drugs during their lifetime or in the past 30 days decreased, as did the percentage of 9th grade students who reported misusing drugs during their lifetime. The percentage of 9th grade students who misused Rx drugs in the past 30 days remained steady at 4%.

Figure 19. Rx Misuse Lifetime

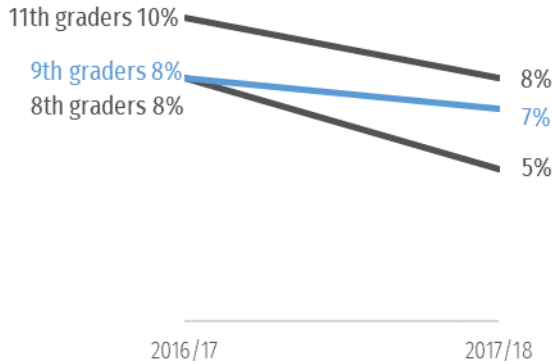
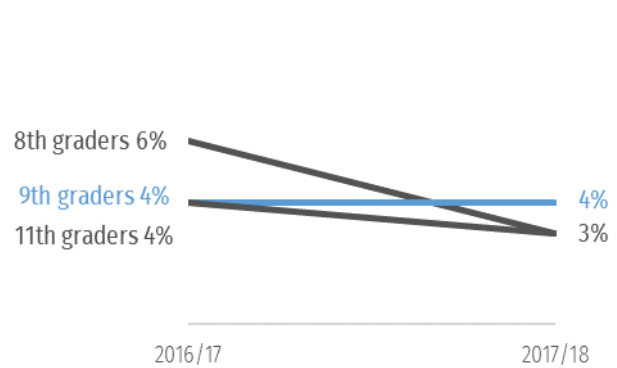
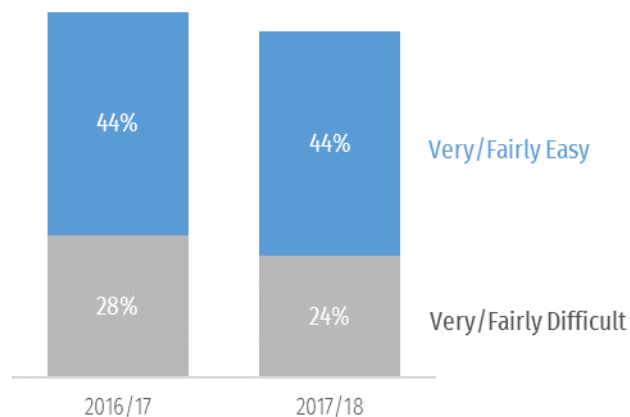


Figure 20. Rx Misuse Past 30 Days



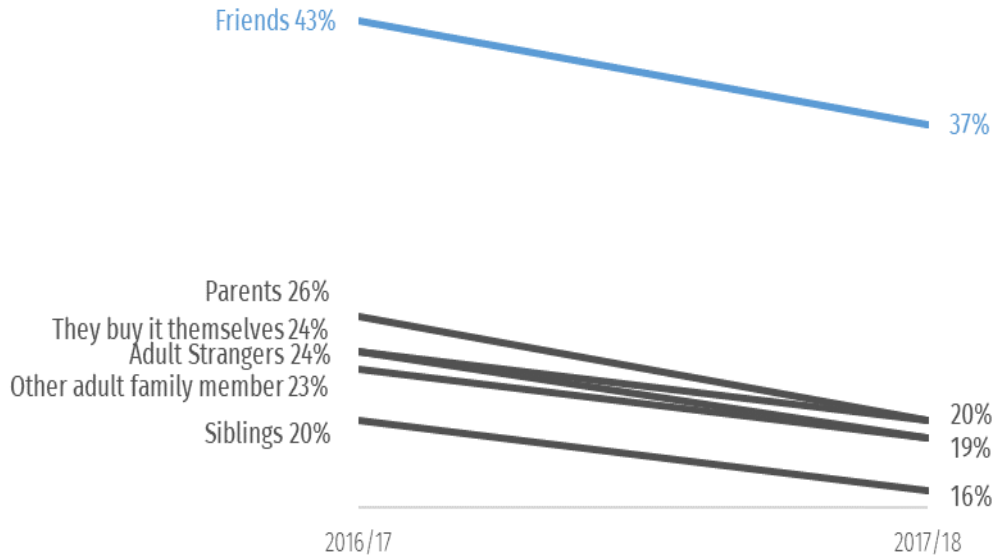
For both academic years (see figure 21), the largest percentage of students reported that it is “very” or “fairly” easy for someone their age to get Rx drugs. Additionally, the percentage of students reporting that it is “very” or “fairly” difficult to get Rx drugs decreased. The percentage of students who reported they do not know how easy or difficult it is to access Rx drugs increased from 28% in the 2016/17 academic year to 32% in the 2017/18 academic year.

Figure 21. Access to Rx Drugs



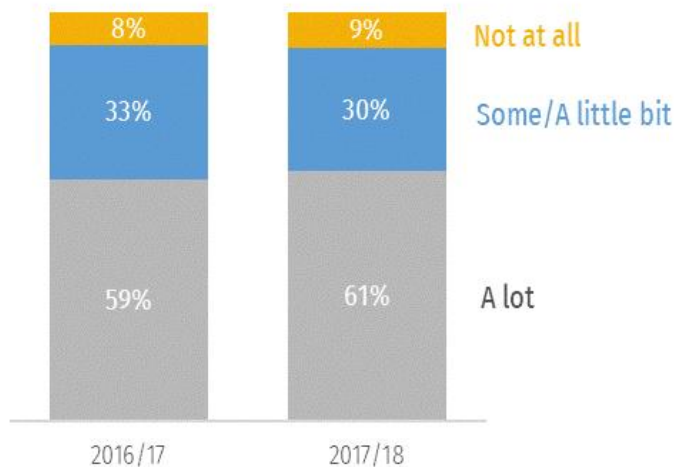
Like alcohol and marijuana, the largest percentage of youth reported getting Rx drugs from their friends. The second source from which youth acquire Rx drugs is their parents. Youth are also networking through family members and adult strangers for access to Rx drugs, see the below figure.

Figure 22. Who Youth Get Rx Drugs From



Overall youths' opinions remained relatively unchanged about the risk affiliated with Rx drug use, with most of the youth, or two-thirds, believing that there is "a lot" of risk of people harming themselves if they misuse Rx drugs. Less than 10% of youth believe that there is no risk of harm when misusing Rx drugs.

Figure 23. Harm in Rx Drug Misuse



Focus Groups

All four focus groups believed there is a need for substance use prevention services in Fresno County. Three of the four focus groups identified alcohol, marijuana and prescription drugs as priority areas for the SPP. Two focus groups classified methamphetamine as a priority for prevention programs, and one focus group believed Heroin should be a prevention focus. Table 3 illustrates the substances that each focus group believed should be priority areas for the SPP.

Table 3. Priority Areas for SPP by Focus Group Session

	Alcohol	Marijuana	Prescription Drugs	Methamphetamine	Heroin
Youth 1	X	X	X		
Youth 2			X	X	X
Adult 1	X	X	X	X	
Adult 2	X	X			

The focus group participants believe that alcohol should be a priority area because alcohol is “easily accessible” and because the use and abuse of alcohol is a growing problem among young people. The participants believe that most youth using alcohol are not addicted but are susceptible to becoming addicted.

Marijuana was identified as a priority area because “it is the most popular drug with youth.” The participants believe that more youth are turning to marijuana than drinking. Both youth and adult focus group participants talked about youth using marijuana in various forms (edibles, vaping, wax pens), and expressed a concern about marijuana being laced with other drugs that are highly addictive. Most of the focus group participants believe that marijuana addiction is an issue with Fresno County youth.

The ‘Youth 2’ focus group (see table 3) did not believe that alcohol and marijuana should be priority areas and made a distinction between “hard” and “not-so-hard” drugs. The youth were more concerned about the ill effects of youth using “hard drugs” (i.e., methamphetamine, cocaine, heroin and opioids), and believe their peers are more likely to become addicted to those substances. Furthermore, some of the youth believed that marijuana is “ok” because it helps ease anxiety and depression.

The three focus groups that classified prescription drugs as a priority area did so because of the “ease of access.” However, some focus group participants qualified that Rx drugs are easy for high to middle-income white youth to acquire because of their financial resources and access to mental health services and health care.

Two focus groups classified methamphetamine as a priority area because of the drug’s addictive nature, and the perception of a growing epidemic among older youth and adults in Fresno County.

Access, Age and Frequency of Use

Overwhelmingly, youth and adults believe that youth can easily access alcohol and marijuana. Participants discussed youth getting alcohol and drugs from their friends, parents, siblings or adult family members.

The focus group participants have a perception that youth are drinking alcohol at an early age and that by the time young people reach their teen years, they drink alcohol “often.” Youth focus group participants noted that some youth drink “every day” or “three to four times per week.” Youth drink at social gatherings, friends’ houses, at school, or family celebrations.

Like alcohol, focus group participants believe that youth are increasingly trying drugs at a younger age. The adult focus group participants discussed how youth have detailed knowledge of drugs and the effects of use, indicating that their knowledge is personally acquired or learned through friends that use drugs. Youth focus group participants noted that a lot of youth are using marijuana at school; either by smoking in their cars, consuming edibles or using dab/wax pens.

Stakeholder Workshops

At the first stakeholder workshop, attendees identified substances of concern and then voted on which substances to prioritize in the SPP (see table 4).

Table 4. Substance Prioritization Exercise Outcome

Substances Identified	Number of Votes
Marijuana	17
Alcohol	13
Prescription Drugs	3
Methamphetamine	2

When participants were asked “why” they voted for a substance, they discussed the availability of marijuana in many forms and the growing popularity of vaping and wax. Stakeholders also noted that there has been a shift in cultural norms around marijuana that condones use, particularly after legalization, and that prevention programs are needed to navigate shifting youth perceptions. There was also discussion that marijuana and alcohol are most often the “starting point” for individuals who use other drugs such as methamphetamine and heroin. The participants who voted for prescription drugs as a priority focus of the SPP did so because there is a history of youth in Fresno County using prescription drugs. There was agreement that methamphetamine use in Fresno County is growing, but that the extent of the issue is not known.

Stakeholder Survey

The stakeholder survey included three questions about substance use patterns in Fresno County. The first question was open-ended, and asked survey respondents to identify the three substance abuse issues among Fresno County youth. The top three substance abuse issues, and the percentage of those surveyed who identified the issue as a priority, are as follows:

- Marijuana (21%)
- Alcohol (18%)
- Environmental / Parental (11%)

The environmental/parental category is comprised of issues that could be categorized as risk factors, such as social acceptance or peer pressure, zero tolerance policies in school that result in suspension and expulsion of students of color for minor infractions, lack of activities for youth, parents lacking education about substance use and misuse, and youth whose parents use drugs.

A second survey question included a list of substances and asked the respondents – if applicable - to identify the primary and secondary drug of choice of their clients. The results support other data that show alcohol and marijuana as the primary substances of choice for youth. The below table lists the percent of respondents who identified a substance as their clients’ primary or secondary drug of choice.

Table 5. Clients’ Primary Drug of Choice

Substance	Percent
Marijuana	94%
Alcohol	88%
Methamphetamine	61%
Opioids	55%
Cocaine	52%
Heroin	48%
Other	16%

The third question pertained to survey respondents’ perceptions of whether substance use among youth in Fresno County has increased, decreased or remained static over the past three years. Most respondents or 80% believed that substance use has increased, followed by those who believed substance use is the same as three years ago (13%), and those who believed substance use has decreased (7%).

California Department of Education

Table 6 includes data from the California Department of Education, DataQuest system and shows the total number of students suspended and expelled for illicit drugs or alcohol, and the percent of the total number of suspensions and expulsions that were related to illicit drugs or alcohol, by grade, over a four-year timeframe. The table illustrates that the number of students suspended or expelled for illicit drugs or alcohol, as percentage of the total number of suspension and expulsions for all offenses, increased over the four-year timeframe for all grades.

Table 6. Suspensions for Illicit Drugs and Alcohol

Year	4 th – 6 th Grade		7 th – 8 th Grade		9 th – 12 th Grade	
	# suspended/expelled	% of total suspension/expulsions	# suspended/expelled	% of total suspension/expulsions	# suspended/expelled	% of total suspension/expulsions
2014/15	84	2.1%	597	7.6%	1,286	17.3%
2015/16	64	1.5%	497	7.0%	1,143	15.7%
2016/17	93	2.0%	480	7.1%	1,219	18.2%
2017/18	135	2.8%	588	9.5%	1,462	22.6%

As to be expected, the number of students who are suspended or expelled for alcohol or illicit drugs increased from elementary school to high school. However, it is alarming that even a small percentage of elementary school students are being disciplined for illicit drugs and alcohol.

California Office of Statewide Health Planning and Development

The number of emergency department visits and hospitalizations related, or due to, the use of alcohol or drugs provides an understanding about the consequences or negative impacts of consumption. Tables 7 and 8 illustrate non-fatal hospitalizations and emergency department visits for youth ages 10 through 21 of all races, for any diagnostic mention, for the years 2010 and 2014. The data was obtained from the California Department of Public Health, Safe and Active Communities Branch, online data system EpiCenter. While the total number of hospitalizations and emergency department visits represent a very small percentage of the total population of youth ages 12 through 20 in Fresno County, the data shows that the number of non-fatal hospitalizations and emergency department visits – both in number and as a percent of the total population - decreased over the four-year timeframe for alcohol, but increased for marijuana.

Table 7. Non-fatal Hospitalizations

	2010		2014		% Change
	Number Hospitalized	% of Population	Number Hospitalized	% of Population	
Marijuana	329	.23%	394	.27%	17%
Alcohol	185	.12%	130	.08%	- 33%

Table 8. Non-fatal Emergency Department Visits

	2010		2014		% Change
	Number ER Visits	% of Population	Number ER Visits	% of Population	
Marijuana	249	.17%	404	.27%	58%
Alcohol	849	.59%	645	.44%	- 25%

California State Department of Health Care Services

Data from the California State Department of Health Care Services, California Outcomes Measurement System or CalOMS is a measure of youth consumption of alcohol and drugs, and the consequences of substance use. Tables 9 and 10, and figure 24 contain CalOMS data collected over a four-year timeframe from Fresno County youth ages 10 through 21. The tables detail the number of young people who received county or state-contracted treatment services, the youths’ primary drug of choice when entering treatment, and the age at which youth tried their primary drug of choice for the first time.

The annual number of youth age 10 through 21 who received treatment services over the four-year timeframe remained relatively unchanged, with a total of 9,388 receiving services between 2014/15 and 2017/18, see table 9 below.

Table 9. Number of Youth Receiving County or State-Contracted Treatment Services

	2014/15	2015/16	2016/17	2017/18	Total
# of Individuals	2,245	2,432	2,414	2,297	9,388

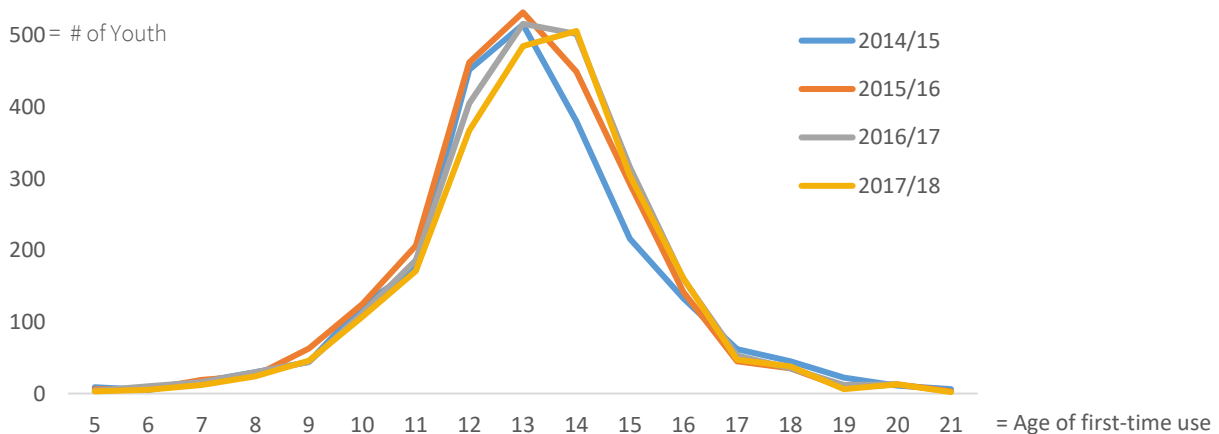
For each of the four years, the primary drug of choice for most of the youth who received treatment was marijuana, followed by alcohol and methamphetamine. Table 10 below combines the data from all four years to create an aggregate analysis of the primary drug of choice for youth. As the table illustrates, 70% identified marijuana as their primary drug of choice, followed by 20% who preferred alcohol, and 6% who selected methamphetamine. The remaining 4% is comprised of all other identified substances and includes heroin, opiates or synthetics, Oxycodone, hallucinogens, sedatives, inhalants, etc.

Table 10. Primary Drug of Choice

Substance	Percent
Marijuana	70%
Alcohol	20%
Methamphetamine	6%
All Other Drugs	4%

Figure 24 depicts the age when youth tried their primary drug of choice for the first time. The graph shows that most youth reported trying drugs for the first time between the ages of 12 and 14. However, some youth reported trying their primary drug of choice for the first time as young as age 5 and 6.

Figure 24. Average of First time Use for Primary Drug of Choice



Data Summary

Data from the Fresno County Student Insight Survey and CalOMS show that most youth are trying substances for the first time in middle school between the ages of 12 and 14. However, some youth are using, and even being suspended or expelled for alcohol or illicit drugs, in elementary school. This data echoes a sentiment relayed by focus group participants and stakeholder workshop attendees that youth are using drugs for the first time before they enter high school and that prevention programs need to begin in elementary and middle school before most youth decide to try drugs or alcohol for the first time.

Data from the Fresno County Student Insight and Stakeholder Surveys, and CalOMS illustrates that alcohol and marijuana are the primary substances of choice for youth who choose to use. While the Stakeholder Survey and CalOMS data show that methamphetamine is a drug of choice for youth, the focus group and stakeholder workshop participants identified prescription drugs as a priority over methamphetamine. There was a general perception that methamphetamine use has recently begun to increase, that the extent of the problem is not known, and that youth escalate to methamphetamine after using marijuana, alcohol and/or prescription drugs.

The youth who participated in the focus groups, and the youth who completed the Fresno County Student Insight survey reported that it is easy to access alcohol, marijuana and prescription drugs. Most youth acquire alcohol and drugs from their friends. Youth are accessing substances through adults, but whether that adult is a parent, relative, or stranger depends on the substance.

Unfortunately, most youth attribute little to no harm to alcohol and marijuana use. Low perceptions of harm can spur substance use and sometimes lead to negative consequences. Although the numbers are relatively small in relation to the total population, Fresno County youth ages 10 through 21 are being suspended and expelled, or going to the ER and/or being hospitalized for drug and alcohol use.

Finally, when asked ‘what substances should the SPP prioritize for prevention planning,’ input received through the focus groups, stakeholder survey, and stakeholder workshops coalesced around marijuana and alcohol, and to some extent around prescription drugs and methamphetamine.

Table 11. Resident and Stakeholder Identified SPP Priority Areas

	Focus Groups	Stakeholder Survey	Stakeholder Workshops
Alcohol	X	X	X
Marijuana	X	X	X
Prescription Drugs	X		X
Methamphetamine	X		
Environmental		X	

Priority Areas, Problem Statements and Contributing Factors

Fresno County prevention efforts for the next five years will focus on the three areas that the data revealed are the most problematic, which are as follows:

- Alcohol
- Marijuana
- Prescription Drugs

While prescription drugs and methamphetamine were both identified as problem areas, there is very little data about methamphetamine use, and a consensus among residents and stakeholders that more needs to be known about the extent and magnitude of methamphetamine use in Fresno County before it can be prioritized for prevention planning.

Risk and Protective Factors

Risk factors increase the chance that a problem will occur, and protective factors reduce the likelihood of the problem occurring. The identification of risk and protective factors prevalent in Fresno County provides a focus for prevention efforts that minimize the risk factors and strengthen the protective factors correlated with substance use. The prioritization of the identified risk and protective factors based on: (1) how significant a factor is in reducing the problem (*i.e., importance*), or the (2) resources available to address the factor and create change in a realistic timeframe (*i.e., changeability*) is a step toward developing targeted prevention strategies.

County DBH staff sought input from the prevention providers, stakeholders and community residents to develop a list of risk and protective factors associated with substance use and prevention in Fresno County. DBH's prioritization of those factors began with targeted input solicited from stakeholders and prevention providers who reviewed the list of risk and protective factors developed for each priority area, and then determined if each factor was either "low" or "high" for both "importance" and "changeability." For each priority area, the stakeholders and prevention providers then ranked (with one being the highest priority) the factors deemed as "high" for both "importance" and "changeability". The resulting prioritization was compared with the input obtained from the focus groups.

Focus group participants identified "ease of access" as the biggest contributor or risk factor to substance use in Fresno County and believed that education and alternative based strategies would have the most impact on preventing youth from using. DBH found that the focus group input aligned with the prioritization completed by the stakeholder and prevention providers. DBH completed the risk and protective factor prioritization for each of three priority areas by making minor changes to the ranking based on the ability or likelihood of addressing the factors through the provision of prevention services. The resulting prioritization is focused on strengthening the community's assets, or the protective factors, through prevention programs. Tables 12 through 14 illustrate the identified risk and protective factors for each priority area, and how the factors were prioritized through the ranking process.

Table 12. Alcohol, Prioritized Risk and Protective Factors

Priority Area: Alcohol	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Risk Factors					
Low cost of alcohol		X	X		
Proximity/number of liquor stores		X	X		
Alcohol marketing targets youth (e.g., flavors, packaging colors, advertising at events)		X	X		
Youth experience mental health issues from trauma or stress		X	X		
Underage drinking is culturally accepted or a “perceived rite of passage “		X	X		
Parents illustrate no/low perception of harm		X	X		
Parents/adults provide alcohol to youth		X		X	2
Past/current substance use by family members	X		X		
Youth are not aware of youth serving programs offered in the county		X		X	
Barriers to engagement		X	X		
Youth provide alcohol to their friends		X		X	1
Protective Factors					
Decrease alcohol advertising to youth		X	X		
Educate parents about the dangers of underage drinking and driving, and the laws about providing/selling alcohol to minors		X		X	
Youth education about underage drinking		X		X	
Increase public education about the harms/risks of underage drinking		X		X	
Parental education about positive parenting/family management and positive parental involvement		X		X	
Increase youth awareness about youth-oriented programs and activities		X		X	
Educate youth about life skills, positive coping skills and positive decision making to deter youth use		X		X	
Provide mental health services and resiliency supports		X		X	
Provide mentoring programs for youth		X		X	
Educate school staff and parents about ways to discipline youth that do not include prohibiting youth from participating in the programs and activities they need for support		X	X		

Table 13. Marijuana, Prioritized Risk and Protective Factors

Priority Area: Marijuana	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Risk Factors					
Use is acceptable		X	X		
Norms encourage use		X		X	3
Marijuana is readily available		X	X		
Youth have no/low perception of harm		X		X	1
Lack of positive activities for youth		X		X	4
Lack of positive mentors for youth		X		X	5
Limited resources for youth programs		X	X		
Past/current use by family members		X	X		
Lack of parenting or parent/family supervision		X	X		
Youth experience mental health issues from trauma or stress		X	X		
Youth provide marijuana to their friends		X		X	2
Protective Factors					
Increase public awareness about the harms/risks of marijuana use		X		X	
Provide positive activities for youth		X		X	
Educate youth about the harms of marijuana use		X		X	
Parental education about positive parenting/family management and positive parental environment		X		X	
Educate youth about life skills, positive coping skills and positive decision making to deter youth use		X		X	
Provide mentoring programs for youth		X		X	
Provide mental health services and resiliency supports		X		X	

Table 14. Prescription Drugs, Prioritized Risk and Protective Factors

Priority Area: Prescription Drugs	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Risk Factors					
Past/current use by family member(s)		X	X		
Youth experience mental health issues from trauma or stress		X	X		
Parent use increases youth access		X	X		
Peer pressure		X	X		
Supply of prevention services does not meet demand		X		X	
Marijuana norms create a lax attitude toward, and encourage use of other drugs		X	X		
Youth curiosity leads to use		X		X	2
Youth provide prescription drugs to their friends		X		X	1
Protective Factors					
Provide positive and prosocial activities (e.g. sports, music) for youth		X		X	
Parental education about positive parenting/family management and positive parental involvement		X		X	
Provide mentoring programs for youth		X		X	
Provide youth and parent education about prescription drug use		X		X	
Current laws regarding prescription drugs need to be enforced and/or pass new laws to prevent misuse and abuse	X		X		

Problem Statements

The below problem statements are informed by the risk and protective factor identification and prioritization, provide a broad summary of the issue Fresno County needs to address for each priority area through prevention programs.

Priority Area: Alcohol

Problem statement: Youth acquire alcohol through their friends and adult relatives, which socially and culturally embeds alcohol use in Fresno County thereby normalizing underage drinking.

Priority Area: Marijuana (Wax, Pen, Vape, Spice, Synthetic THC)

Problem statement: Among youth in Fresno County, marijuana is the overarching drug of choice and is driven by low perceptions of harm, and accessibility.

Priority Area: Prescription drugs

Problem statement: Youth curiosity, coupled with ease of access through friends and adults leads to prescription drug misuse by youth.

Capacity Assessment

In addition to understanding the community conditions (i.e., risk and protective factors) that influence substance use in Fresno County, a strategic plan must also consider the strengths and weaknesses of the resources available for prevention efforts. The following section is an assessment of the fiscal, human, organizational and community resources available in the county, and the community's readiness to address the three priority areas. This information when considered collectively, provides direction for strengthening the capacity of the Fresno County prevention system.

Current Capacity

Below is a summary of the DBH staff resources devoted to prevention efforts, and brief descriptions of the DBH funded prevention services and programs, the prevention-oriented coalitions, and DBH prevention partners.

County Staff

Fresno County DBH has three staff who work on prevention, in addition to other county duties. The portion of time that those three staff allocate toward SUD prevention is 100% funded by SABG. At a minimum, a 0.5 FTE is divided between the three positions described below.

The **Division Manager** provides oversight for all SUD treatment and prevention contracts for Fresno County DBH.

The **Senior Staff Analyst** supervises and reviews the work of the Staff Analyst who is assigned to monitor the prevention contracts.

The **Staff Analyst** assists in the development of the SPP, monitors the contracted providers for contract and regulatory compliance, tracks entries in Primary Prevention SUD Data Service (PPSDS), processes invoices, provides technical assistance, conducts site reviews, and participates in prevention focused community events as needed.

County Providers and Programs

The Fresno County prevention initiative is comprised of three distinct programs operated by two community-based organizations – the California Health Collaborative (CHC) and the Youth Leadership Institute (YLI) - who are SABG funded. A brief description of each program is as follows:

Friday Night Live (FNL) is implemented by the Youth Leadership Institute (YLI) and uses a youth driven approach to reduce alcohol use among youth and young adults by establishing and maintaining (1) FNL chapters in high schools and colleges, (2) Club Live chapters in middle schools, and (3) FNL Kids chapters to reach elementary aged children. The YLI supports these chapters to develop and implement community action projects to prevent underage drinking. Through these campaigns, YLI educates youth and the community about the consequences of alcohol, to increase the average age of first-time alcohol use by two years, and to reduce access to alcohol provided by adults.

The California Health Collaborative implements **Performing Above the High (PATH)**, a comprehensive, age-appropriate prevention approach to addressing the issue of marijuana use via education, community-based collaboration, information dissemination, and environmental strategies. Specifically, PATH works with young people, parents, and law enforcement to implement evidence-based programs and activities that educate youth and adults about the negative effects of marijuana in order to increase the average age of first-time marijuana use by two years, and reduce marijuana use among youth by 5%.

The California Health Collaborative uses the **Lock It Up Project (LIUP)** to address the issue of prescription drug abuse among teens and young adults, using strategies that include various forms of prevention education, community-based outreach, environmental processes, and information dissemination. LIUP is designed to increase awareness of the risks and consequences associated with the misuse of prescription drugs by educating youth, young adults, parents, pharmacies, and medical professionals about the issue. LIUP aims to reduce the lifetime use of prescription drugs among youth by 5%.

County Coalitions and Groups

Fresno County DBH staff participate in three coalitions/groups to advance and inform primary prevention programs. Follows is a brief description of each coalition/group:

The **Adult Ally Council** is comprised of stakeholders and experts who support the establishment and/or maintenance of Friday Night Live and Club Live chapters and Reducing Alcohol Access to Youth campaigns. The council consists of 10 adult and 7 youth members.

The **PATH Advisory Board** educates, and partners with the community in support of marijuana prevention efforts. Advisory Board members consist of local agencies, organizations and businesses

who are interested in bolstering marijuana prevention in Fresno County and who bring subject matter expertise.

The **Lock It Up Project Coalition** serves in an advisory capacity and supports efforts to incorporate prescription drug abuse prevention activities within existing services in Fresno County. The coalition is comprised of 27 different agencies and organizations with expertise and connections to support the development and improvement of LIU project efforts.

County Partners

Fresno County DBH initiated a strategic planning process that will articulate the direction for services to youth at risk of, or actively using alcohol and/or drugs for the next five years. The plan will encapsulate the full continuum of prevention, early intervention, treatment and recovery supports. DBH conducted a stakeholder workshop to solicit stakeholder feedback to improve and build upon the current SUD youth system of care. The following stakeholders were engaged through this process and have become partners in the building of the continuum of care for youth living in Fresno County.

Advisory Group to DBH / BOS	Fresno Police Department
Bitwise Industries	Fresno State Health Center
Boys/Girls Club	Fresno State Police Department
Boys and Men of color	Jakara Movement
California Health Collaborative	Kings View Behavioral Health
Californians for Justice	Mental Health Systems
Champions for Change	Parlier Unified School District
Clinica Sierra Vista	Prodigy Healthcare Inc.
City of Clovis	Promesa Behavioral Health
Clovis Police Department	Reedley College
Clovis Unified School District	Reedley Police Department
EOC Sanctuary	Sanger Unified School District
Every Neighborhood Partnership	The Fresno Center
Family Health Center Network	The kNOw Youth Media
Fresno Building Healthy Communities	Tobacco Prevention Program
EOC Sanctuary	Transitions Children's Services
Fresno County Superintendent of Schools	Turning Point
Fresno County Courts	University of California, Fresno
Department of Public Health, Fresno County	Uplift Family Services
Fresno City College	Valley Children's Healthcare
Fresno County Superior Court	Valley Health Team
Fresno County Probation	Youth Leadership Institute
Fresno New Connections	

Workforce Development

Technical assistance is provided during DBH's annual site review of the prevention providers, at the request of the prevention provider(s) or may occur in response to the evaluation of the prevention programs conducted by the evaluation consultant. During the annual site reviews, personnel files are reviewed to ensure that the prevention provider staff meet the minimum qualifications included in the Request for Proposals (RFP) process.

Resource and Community Readiness

Assessing the resources available throughout Fresno County illuminates what resources are available, and if those resources are sufficient for implementing prevention programs for the three priority areas. The assessment also produces an awareness of areas where the county may need to work with partners to strengthen and leverage additional resources. Table 15 illustrates the results of the community, fiscal, human, and organizational resource readiness assessment. The plus signs (+) indicate sufficient resources and the negative signs (-) indicates areas without sufficient resources.

Table 15. Resource Readiness Assessment

Resource Areas		Priority Areas		
		Alcohol	Marijuana	Prescription drugs
Community Resources	Community awareness	+	-	-
	Specialized knowledge about prevention activity research, theory, and practice	+	+	+
	Practical experience	+	+	+
	Political/policy knowledge	-	+	+
Fiscal Resources	Funding	-	-	-
	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 activity research, theory, and practice	-	+	+

The community's readiness to address an issue is also an important consideration when planning prevention programs. While the county may have a plethora of resources at their disposal, community residents, stakeholders and community leaders must believe there is an issue that needs to be addressed to commit those resources toward prevention efforts. DBH sought input from stakeholders about the "community's" readiness to address each priority area. The below summaries synthesize the outcome of the resource and community readiness assessment for each priority area.

Alcohol Readiness Stage: *Urban = 7, Institutionalization/stabilization / Rural = 4, Preplanning.*

Fresno County residents understand the harmful effects of drinking alcohol, but youth continue to acquire alcohol through their peers and adults. While there is agreement that alcohol should be a priority area in the SPP, there is less agreement about which prevention strategies to implement. Prevention providers, stakeholders and community residents support alternative and education strategies. However, prevention providers expressed support for environmental strategies, whereas community residents do not support strategies centered on legal and regulatory initiatives, as they are perceived as "further criminalizing" their community.

Additionally, there are gaps in the current prevention system. Prevention programs are predominately provided in the urban areas of the county, such as the City of Fresno, as providers choose to use the resources available to focus on areas of the county where they will reach the most people. However, in those same urban areas some races and ethnicities are less engaged in prevention programs due to cultural beliefs around the use of alcohol, language barriers, and the need to develop culturally responsive outreach strategies. Rural areas of the county receive fewer services due to the funding available to support prevention strategies and community leaders' lack of buy-in for prevention programs. For example, in one area of the county, a school district was hesitant to form a partnership that could have expanded prevention programming to a rural and underserved area of the county.

While the prevention providers have practical experience from years of implementing education, alternative activity, and information dissemination strategies, there is a need for community-based process strategies to: (1) educate community leaders, elected officials and community residents about prevention programs and available strategies; (2) recruit agency partners to build and implement collaborative efforts; and (3) leverage additional financial resources to fund prevention programs. Funding is needed to support professional development for prevention providers to acquire specialized knowledge, to implement large scale programs for a greater impact, and to use technology (e.g., blogs, YouTube, social media) to develop awareness and education campaigns.

Marijuana Readiness Stage: *6, Initiation*

Data shows that marijuana is a drug of choice for Fresno County youth, and educators are alarmed by the increasing numbers of youth who use alternative forms of marijuana at school. The social acceptance of marijuana use is increasing, as more folks perceive marijuana as medicinal and harmless, and legalization has only served to exacerbate the issue.

While stakeholders and community residents support prevention efforts, many are unaware of the prevention programs being provided in Fresno County and/or do not know about the various prevention strategies available. Most of the marijuana prevention programs are provided in the urban areas of the

county, where providers can reach many youth and adults. There is agreement that marijuana prevention programs should be expanded throughout the county, but funding limits prevention providers from staffing up to expand the reach of programming.

Prescription Drugs Readiness Stage: 5, Preparation

There is agreement that prescription drugs are an issue in the community, however, the level of readiness to address the issue is geographically disparate. Some areas of the county have leaders that support prevention programs, while others are less inclined to support and fund prevention efforts. Prescription drug programs are also hampered by a lack of funding to support expansion. For example, two cities were interested in installing a prescription drug drop box but chose to not install a box because of limited funding and staffing to maintain the program, which restricted the expansion of prescription drug prevention programs in Fresno County. A lack of funding also impacts the ability of prevention providers to educate the community about the programs being provided. Through the assessment process, it was revealed that stakeholders are generally unaware of the prevention programs provided by the county, and a few are unaware that prescription drugs continue to plague parts of the county.

Resource and Community Readiness Assessment Summary

The resource readiness assessment revealed that for all three priority areas there are resource challenges that dampen efforts to: (1) educate the community residents and stakeholders about the prevention programs being provided, and (2) expand prevention programs to the rural areas of Fresno County. There was a consensus that the supply of prevention programs does not meet the demand. However, the assessment also revealed that the county has a lot of existing resources that can be leveraged to strengthen the challenges identified. DBH has funded prevention programs for three priority areas for years, and through those efforts the providers and their community partners have gained specialized knowledge and practical experience while building the Fresno County prevention system. For DBH staff, this knowledge and experience has translated to a commitment to implement a continuous system of care for youth that weaves together the prevention, early-intervention and treatment system. Collaboration will be a foundation of this new system that will most likely result in building the existing resources and provide an opportunity to acquire additional resources through leveraging community, fiscal, human and organizational resources.

The community readiness assessment revealed varying levels of commitment to prevention efforts on the part of community leaders in some portions of the county. While leaders may believe substance use is an issue, their level of commitment to providing funding to support those services is lacking. The assessment also uncovered the need to educate folks not directly involved with prevention programs about the substance issues in Fresno County and the prevention strategies available to resolve differences in opinion about the best path forward. While prevention providers support environmental strategies, community residents expressed concern about policy approaches to substance prevention. One area of agreement was the need to educate youth about substance use and life skills, and to provide alternative activities to engage youth.

Capacity Challenges

Community and resource challenges create gaps in the prevention system that weaken the capacity and ultimately the impact of that system. Table 16 illustrates overarching challenges which can be used to guide capacity-building activities.

Table 16. Community and Resource Challenges

	Alcohol	Marijuana	Prescription Drugs
Community Readiness	Stage 7 & 4: The community recognizes there is an issue, but there is a need for community leaders in rural areas to support prevention programs.	Stage 6: The community recognizes there is an issue and are ready to expand prevention programs throughout the county to combat legalization and a growing perception that marijuana is not harmful.	Stage 5: The level of awareness about prescription drug use varies. The community needs more education about which communities are impacted by prescription drugs and how.
Community Resources	Youth are acquiring alcohol from their peers and adults. While there is agreement on the effectiveness of education and alternative strategies, stakeholders and the community do not agree that environmental strategies are effective.	Youth have a low-perception of harm and easy access to marijuana. This is coupled with social norms that increasingly encourage use for “medicinal” or “therapeutic” reasons.	Youth provide prescription drugs to their friends and the level of awareness about prescription drug use varies throughout the county.
Fiscal Resources	There is not enough funding to advertise the prevention programs being provided.	There is not enough funding to advertise the harmful effects of using marijuana or to advertise the prevention programs being provided.	There is not enough funding to educate stakeholders about the programs being provided.
Human Resources	Fresno County needs to engage more volunteers, stakeholders and community leaders in prevention efforts to build collaborative support and leverage additional financial resources.	n/a (<i>no negatives in Table 2.3 Resource Readiness Assessment</i>)	n/a (<i>no negatives in Table 2.3 Resource Readiness Assessment</i>)
Organizational Resources	More funding is needed to expand prevention programming, and for prevention providers to acquire specialized knowledge and technological resources to build on the current prevention programs.	More funding is needed to expand prevention programs throughout the county.	More funding is needed to expand prevention programs throughout the county.

Cultural Competence and Sustainability

Engaging partners is part of DBH’s strategy for building the youth continuum of care and ingraining sustainability and cultural competence into the SPP. Sustainability is partially achieved by creating buy-in to the SPP. Buy-in results from engaging a wide variety of folks in the development of the SPP to ensure the plan is culturally relevant and reflective of what the community is experiencing. DBH solicited the input of stakeholders, community residents and prevention providers to inform the assessment through a stakeholder survey, two stakeholder workshops, four focus groups with community residents, and consultations with prevention providers.

Soliciting input began with having stakeholders and prevention providers review the data and resulting analysis to: (1) provide a feedback loop, (2) strengthen existing relationships and, (3) build new relationships with organizations that have a vested interest in youth substance use prevention. Stakeholders, community residents and prevention providers were consulted about the SPP priority areas, risk and protective factors present in Fresno County, and the strengths and gaps of the current system. Table 17 clarifies who DBH engaged in each phase of the assessment to ensure the plan is culturally relevant and the plan is sustainable.

Table 17. Integrating Input into the Assessment of the SPP

Assessment Section	Methods			
	Stakeholder Survey	Stakeholder Workshops	Focus Groups	Prevention Providers Consultation
Data Assessment		X		X
Risk & Protective Factors		X	X	X
Priority Areas	X	X	X	X
Resource Readiness				X
Community Readiness		X		X
Capacity Challenges	X	X	X	X

DBH followed up with stakeholders after the first stakeholder workshop to build partnerships by encouraging their continued involvement in the development of the SPP. At the third and final stakeholder workshop, DBH staff informed attendees of a Steering Committee the County is forming to oversee the continuum of care for youth in Fresno County. Partners invested and interested in the development and implementation of prevention, early-intervention and treatment services were encouraged to become a member of the committee. Additionally, the County intentionally engaged community partners with needs assessment skills, who understand the value in the collection of data to identify community needs that in turn shapes the programs developed to meet those needs. The County strategically used the SPP development process to engage stakeholders and development partnerships to support prevention program coordination, implementation and monitoring, thereby increasing the sustainability of prevention services in Fresno County.

Chapter 3. Capacity Building

DBH has a capacity-building plan to mitigate the challenges and gaps identified in Chapter two of this SPP. While DBH currently has a list of community partners accumulated from many years of prevention work, DBH will actively seek to add partners to the list of resources that will contribute to the prevention efforts in Fresno County. Stakeholders and DBH are aware of the challenges and the needs of SUD prevention and are committed to work together to support these efforts. DBH will support SUD prevention training conducted for community stakeholders through local coalitions and will continue working with these stakeholders in identifying community resources and operational strategies to address gaps identified during the stakeholder process. The goal is to collaborate and build a network for SUD prevention efforts. DBH will also evaluate additional alternative funding sources that will support SUD prevention efforts such as possible leveraging of MHSA Prevention and Early Intervention funds. Tables 18 through 20 below outline DBH’s capacity building plan,

Table 18. Alcohol Capacity Building Plan

Priority Area: Alcohol	
Community Readiness Stage: Urban = 7, Institutionalization/stabilization Rural = 4, Preplanning	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources	
1. Fresno County DBH will identify additional stakeholders to support SUD primary prevention (see existing stakeholder list SPP Ch. 2, page 32).	Years 1-5
2. Educate stakeholders and community members about how to advocate with policy makers regarding alcohol related issues in the community.	Years 1-2
3. Increase education to adults and minors about the legal ramifications and other consequences involved in providing alcohol to minors.	Years 1-5
4. Recruit new stakeholders and community members to join existing SUD focused collaboratives to increase collaboration and political leverage.	Years 1-3
Organizational Resources	
1. Fresno County DBH will leverage its relationship with the Fresno County Superintendent of Schools to increase SUD Primary Prevention Providers access to schools for the purpose of conducting prevention activities and administering the Fresno County Student Insight Survey.	Years 1-5
2. Fresno County DBH will allocate funding to implement the DBH marketing plan to support SUD prevention efforts. Efforts will be driven by the amount of funding available.	Years 1-2
Human Resources	
1. DBH staff will increase community collaboration by supporting SUD Primary Prevention Providers outreach activities.	Years 1-3
2. DBH will recruit community volunteers to increase the capacity of SUD activities. Volunteers may assist with stakeholder and community member recruitment or educating stakeholders and community members about the DBH funded SUD programs and activities to increase the awareness of resources.	Years 1-2

Fiscal Resources	1. Fresno County DBH will research the possible uses of MHSA funding and other resources to leverage and increase available funding for SUD prevention program expansion.	Years 1-5
	2. Funding for necessary equipment and technology will be made available through the SUD Primary Prevention Provider contract budgeting process.	Years 1-3

Table 19. Marijuana Capacity Building Plan

Priority Area: Marijuana	
Community Readiness Stage: 6, Initiation	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources	
1. Fresno County DBH will identify additional stakeholders to support SUD primary prevention (see exiting stakeholder list SPP Ch. 2, page 32).	Years 1-5
2. Educate adult and youth community members, stakeholders and policy makers on the effects and associated harms of marijuana use.	Years 1-5
3. Educate youth and adult community members, stakeholders and policy makers on available prevention resources for marijuana.	Years 1-2
4. Increase the public’s knowledge about its ability to advocate with local elected officials and city/county government regarding marijuana policies.	Years 1-2
Organizational Resources	
1. Fresno County DBH will leverage its relationship with the Fresno County Superintendent of Schools to increase SUD Primary Prevention Providers access to schools for the purpose of conducting prevention activities and administering the Fresno County Student Insight Survey.	Years 1-5
2. Fresno County DBH will allocate funding to implement the DBH marketing plan to support SUD prevention efforts. Efforts will be driven by the amount of funding available.	Years 1-2
Human Resources	
n/a (no negatives in Table 2.3 Resource Readiness Assessment)	
Fiscal Resources	
1. Fresno County DBH will research the possible uses of MHSA funding and other resources to leverage and increase available funding for SUD prevention program expansion.	Years 1-5
2. Funding for necessary equipment and technology will be made available through the SUD Primary Prevention Provider contract budgeting process.	Years 1-3

Table 20. Prescription Drug Capacity Building Plan

Priority Area: Prescription Drugs	
Community Readiness Stage: 5, Preparation	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources	
1. Fresno County DBH will identify additional stakeholders to support SUD primary prevention (see existing stakeholder list SPP Ch. 2, page 32).	Years 1-5
2. Educate community members about the harmful effects of prescription drug abuse.	Years 1-5
3. Educate the community members about the risk factors associated with development of prescription drug abuse.	Years 1-5
4. Increase collaborative efforts with other prescription drug abuse/misuse prevention efforts in Fresno and surrounding counties for greater community impact.	Years 1-5
Organizational Resources	
1. Fresno County DBH will leverage its relationship with the Fresno County Superintendent of Schools to increase SUD Primary Prevention Providers access to schools for the purpose of conducting prevention activities and administering the Fresno County Student Insight Survey.	Years 1-5
2. Fresno County DBH will allocate funding to implement the DBH marketing plan to support SUD prevention efforts. Efforts will be driven by the amount of funding available.	Years 1-2
Human Resources n/a (no negatives in Table 2.3 Resource Readiness Assessment)	
Fiscal Resources	
1. Fresno County DBH will research the possible uses of MHSA funding and other resources to leverage and increase available funding for SUD prevention program expansion.	Years 1-5
2. Funding for necessary equipment and technology will be made available through the SUD Primary Prevention Provider contract budgeting process.	Years 1-3

Cultural Competence and Sustainability

DBH utilized the stakeholder process to assess the resources available throughout Fresno County. To ensure sustainability of SUD prevention efforts in Fresno County, DBH will focus on building capacity utilizing the specific strategies, listed in the tables above over the next five years. DBH will conduct SUD prevention media campaigns to create public awareness and elicit support from the community. DBH will identify and add additional stakeholders that will act as supports to SUD prevention efforts. DHB will leverage its relationship with the Fresno County Superintendent of Schools to expand the reach of SUD prevention work and encourage collaboration through the growth of prevention focused coalitions. DBH will work with its contracted SUD prevention providers to increase volunteer pools that will assist with campaigns and other prevention work. DBH will also research ways to leverage additional funding to support and expand SUD prevention

DBH is committed to providing culturally responsive services and welcomed involvement from all cultures within Fresno County during the stakeholder process. As part of the stakeholder process, local CBOs with familiarity of the diversity in Fresno County conducted community focus groups. Two youth focus groups (19 participants) and two adult focus groups (16 participants) were conducted in June 2019,

and the participants were African American/Black, Hispanic/Latino, Asian and Caucasian. DBH is committed to providing culturally responsive services and wanted to hear from groups that have been historically underrepresented but reflect Fresno County's diversity and comprise significant portions of its population. Within the focus groups, DBH's intention was to create an atmosphere whereby individuals would feel comfortable sharing and discussing how their culture influences substance use norms. In December 2018, Fresno County DBH completed its Cultural Competency Plan *Delivered with Humility*. Within the plan, county staff and contracted providers will be required to complete selected Core Cultural Competency Trainings within six (6) months of hire date and/or contract execution and trainings must be repeated every five (5) years. For county staff and contracted provider staff that conduct direct services, a minimum of one training will be required every fiscal year and may involve advanced training. In addition to cultural competency training, providers are required to submit an annual Culturally and Linguistically Appropriate Standards (CLAS) self-assessment. These standards are designed to be threaded throughout agency policies and practices. CLAS standard six (6) requires that individuals are informed verbally and in writing at no cost to the individual of the availability of language assistance services clearly and in their preferred language. Fresno County DBH monitors each plan to ensure that contracted providers are complying with CLAS.

Developing a capacity building plan to mitigate the SUD program challenges and gaps identified by community members and stakeholder during the assessment phase of the SPP will build the capacity of the system and increase stakeholder and community member buy-in of the system, thereby increasing the long-term sustainability of the system. The capacity-building plan includes efforts to train and engage stakeholder and community members, and the development of consolidated list of SUD programs to increase awareness of the available resources.

Chapter 4. Planning

Planning increases the effectiveness of substance use prevention services by aligning DBH staff, provider and stakeholder efforts toward shared goals, and establishing measurable outcomes to assess the progress in attaining those goals. Planning also includes the selection of strategies to accomplish the stated outcomes and goals. Table 21 below includes the high-ranked risk and protective factors for each priority area identified through the SPP assessment (see tables 12 - 14 in Chapter 2), and the strategies most likely to reduce the risk factors and increase the presence of protective factors.

Table 21. Data-Based CSAP Strategies

Priority Area	Risk Factor	Protective Factor	Strategy
Alcohol	1. Youth provide alcohol to their friends. (individual, peer)	Educate youth about life skills, and positive coping skills and decision making to deter youth use. (1)	Education
	2. Parents/adults provide alcohol to youth. (family, community)	Youth education about underage drinking. (1)	Community-based Process
		Provide mentoring programs for youth. (1)	Information Dissemination
		Provide mental health services and resiliency supports. (1)	Alternatives
		Increase public education about the harms/risks of underage drinking. (1,2)	
		Educate parents about the dangers of underage drinking and driving, and the laws about providing/selling alcohol to minors. (2)	
		Parental education about positive parenting/family management and positive parental involvement. (2)	

Priority Area	Risk Factor	Protective Factor	Strategy
Marijuana	<p>1. Youth have no/low perception of harm. (individual)</p> <p>2. Youth provide marijuana to their friends. (individual, peer)</p> <p>3. Norms encourage use (peer, community)</p> <p>4. Lack of positive activities for youth (individual, community)</p> <p>5. Lack of positive mentors for youth (individual, family)</p>	<p>Increase public awareness about the harms/risks of marijuana use. (1, 2,3)</p> <p>Educate youth about the harms of marijuana use. (1, 2, 3)</p> <p>Parental education about positive parenting/family management and positive parental environment. (3)</p> <p>Educate youth about life skills, positive coping skills and positive decision making to deter youth use. (3)</p> <p>Provide positive activities for youth. (4)</p> <p>Provide mental health services and resiliency supports. (5)</p> <p>Provide mentoring programs for youth. (5)</p>	<p>Information Dissemination</p> <p>Problem Identification and Referral</p> <p>Education</p> <p>Alternatives</p> <p>Community-Based Process</p>
Rx Drugs	<p>1. Youth provide prescription drugs to their friends. (individual, peer)</p> <p>2. Youth curiosity leads to use (individual, peer)</p>	<p>Provide mentoring programs for youth (1)</p> <p>Provide youth and parent education about prescription drug use. (1)</p> <p>Provide positive and prosocial activities (e.g. sports, music) for youth. (2)</p> <p>Parental education about positive parenting/family management and positive parental involvement (2)</p>	<p>Education</p> <p>Community-Based Process</p> <p>Environmental</p> <p>Alternatives</p>

Rationale for Selected Prevention Strategies

DBH sought input from adult and youth community residents, stakeholders and prevention providers about the strategies they believed would be the best fit for Fresno County substance use prevention programs. The stakeholder, community residents, and prevention providers reflected on the high-ranked risk and protective factors to identify the strategies that would produce positive outcomes. While prevention providers supported environmental strategies that focus on legal and regulatory initiatives, community residents expressed concern about policy approaches to substance use prevention. There was agreement about the need to (1) educate youth about life skills, (2) educate youth and parents about the harmful effects of alcohol and marijuana use, and (3) provide alcohol-free and marijuana-free pro-social events and/or mentoring programs for youth, to curtail the ease of access, and the use of alcohol and marijuana. Based on this input, ‘education’ and ‘alternatives’ are included as strategies for all three priority areas. While ‘environmental’ is included as a strategy for prescription drugs, the intent is not a policy-oriented approach, but an approach aimed at maintaining and expanding the prescription drug drop box program.

The stakeholders, prevention providers and community residents also identified the need to inform adults and youth about the consequences and harmful impacts of providing youth with alcohol and/or marijuana, and to inform county stakeholders about the prevention programs available in Fresno County. As a result, ‘information dissemination’ is included as a strategy for both marijuana and alcohol to reduce the risk factors affiliated with youth accessing alcohol and marijuana from friends, and to increase awareness of prevention programs. Lastly, ‘community-based process’ was included as a strategy in recognition that collaborations are an effective means of sharing information, identifying new and promising practices, monitoring progress toward achieving prevention outcomes and goals, and possibly leveraging resources to strengthen and expand prevention programming. The strategies listed in table 21 above have the support of stakeholders and community members involved in the planning process. DBH has the resources and relationships with organizations necessary to implement the identified strategies. Additionally, DBH has also considered how positive outcomes of the strategies could be maintained over time, and the feasibility of collecting data to analyze the impact of the interventions.

Logic Models

The Logic Models (tables 22 through 24 below) build on the strategies outlined in this chapter, and the high-ranked risk and protective factors identified through the SPP assessment. The logic models provide the framework for developing a substance use prevention services implementation plan. Each table contains a problem statement; contributing factors; a goal or the desired long-term outcome of prevention efforts; and short and intermediate outcomes to assess the progress made toward meeting the goal.

Table 22. Alcohol Logic Model

Priority Area: Alcohol Problem Statement: Youth acquire alcohol through their friends and adult relatives, which socially and culturally embeds alcohol use in Fresno County thereby normalizing underage drinking. Contributing Factors: 1) Youth provide alcohol to their friends. 2) Parents/adults provide alcohol to youth. Goal (Behavioral Change): Decrease youth access to alcohol.					
Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
By 2026, the percentage of youth who report alcohol is easy to access will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Community-based Process Information Dissemination Education	<p>By 2022 form a coalition comprised of youth serving organizations, county/city government, law enforcement, education and youth to support the development and implementation of countywide alcohol prevention services</p> <p>By 2023 Implement a countywide media campaign to educate youth and adults on the consequences of providing alcohol to youth and underage drinking</p> <p>By 2024, provide a minimum of 48 presentations (16 annually) for parents about positive parental involvement, the harms/risks of underage drinking and legal consequences of providing alcohol to minors.</p>	By 2025, the percentage of youth who believe alcohol is easy to access will decrease by 1% as measured by the Fresno County Student Insight survey.	By 2026, the percentage of youth who believe alcohol is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.	<p>Fresno County Student Insight Survey</p> <p>Interviews with coalition chair(s)</p> <p>Alcohol prevention Activity Log</p> <p>Document review of media campaign materials</p> <p>Coalition Meeting Records</p>

<p>By 2026, the percentage of youth who disapprove of underage drinking will increase by 3% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.</p>	<p>Education Information Dissemination Alternatives</p>	<p>By 2022, receive buy-in (in the form of a written agreement) from schools to host youth education programs.</p> <p>By 2022, recruit 300 youth from schools with high rates of alcohol use per the Fresno County Student Insight Survey or California Healthy Kids Survey, to participate in education programs that include curriculum about positive coping and decision-making skills</p> <p>By 2023 implement a youth-led, countywide social norms education campaign geared toward youth</p> <p>By 2024, recruit a total of 200 youth to participate in leadership/empowerment building/prosocial activities and/or mentoring programs</p>	<p>By 2025, the percentage of youth who disapprove of underage drinking will have increased by 2% as measured by the Fresno County Student Insight Survey</p> <p>By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.</p>	<p>By 2026, the percentage of youth who disapprove of underage drinking will have increased by 3% as measured by the Fresno County Student Insight Survey.</p>	<p>Fresno County Student Insight Survey</p> <p>Interviews with prevention providers</p> <p>Alcohol prevention Activity Log</p> <p>Youth education post-test with a retrospective pre-test</p> <p>Document review of social norms campaign materials</p>
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Table 23. Marijuana Logic Model

<p>Priority Area: Marijuana</p> <p>Problem Statement: Among youth in Fresno County, marijuana is the overarching drug of choice and is driven by low perceptions of harm, and accessibility.</p> <p>Contributing Factors: 1) Youth provide marijuana to their friends. 2) Youth have no/low perception of harm. 3) Norms encourage use. 4) Lack of positive activities for youth. 5) Lack of positive mentors for youth.</p> <p>Goal (Behavioral Change): Decrease youth access to marijuana.</p>					
Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
<p>By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.</p>	<p>Information Dissemination</p> <p>Education</p> <p>Community-Based process</p>	<p>By 2022, form a coalition comprised of youth serving organizations, county/city government, law enforcement, county public health, health care providers, education and youth to support countywide marijuana prevention services.</p> <p>By 2023, Implement a countywide media campaign to educate youth and adults about legal consequences of providing marijuana to minors.</p> <p>By 2024, provide a minimum of 48 presentations (16 annually) for parents/adults about the legal consequences of providing marijuana to minors.</p> <p>By 2024, provide a minimum of 90 presentation (30 annually) for youth about legal consequences of providing marijuana to minors.</p>	<p>By 2025, the percentage of youth who report marijuana is easy to access will have decreased by 1% as measured by the Fresno County Student Insight Survey.</p>	<p>By 2026, the percentage of youth who report marijuana is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.</p>	<p>Fresno County Student Insight Survey</p> <p>Education Activity Tracking log</p> <p>Coalition Meeting Records</p> <p>Interview(s) with coalition chair(s)</p> <p>Document review of media campaign materials</p>

<p>By 2026, the percentage of youth who believe marijuana is harmful will increase by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.</p>	<p>Education Information Dissemination</p>	<p>By 2022, receive buy-in (in the form of a written agreement) from schools to host youth education programs.</p> <p>By 2023, recruit 600 youth from schools with high rates of marijuana use per the Fresno County Student Insight Survey or California Healthy Kids Survey to participate in education programs.</p> <p>By 2023, implement a youth-led, countywide social norms education campaign about the health impacts of marijuana geared toward adults and youth.</p> <p>By 2024, on an annual basis, provide a minimum of 16 presentations for parents/adults about the health impacts of marijuana use.</p>	<p>By 2025, the percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the Fresno County Student Insight Survey</p>	<p>By 2026, the percentage of youth who believe marijuana is harmful will have increased by 2% as measured by the Fresno County Student Insight Survey.</p>	<p>Fresno County Student Insight Survey</p> <p>Marijuana Prevention Activity Log</p> <p>Interviews with prevention providers</p> <p>Document review of social norm campaign materials</p>
<p>By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.</p>	<p>Education Information Dissemination</p>	<p>By 2022, receive buy-in from schools (in the form of a written agreement) to host youth education programs.</p> <p>By 2023, recruit 65 youth from two schools to participate in a marijuana prevention education program that includes curriculum about positive coping, and decision-making skills.</p> <p>By 2023, implement a youth-led, countywide social norms education campaign about the health impacts of marijuana geared toward adults and youth.</p>	<p>By 2025, 70% of youth surveyed will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.</p> <p>By 2025, 70% parents/guardians will increase their knowledge about</p>	<p>By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will have increased by 2% as measured by the Fresno County Student Insight Survey.</p>	<p>Fresno County Student Insight Survey</p> <p>Parent education pre/post-test</p> <p>Youth education post-test with a retrospective pre-test</p> <p>Document review of social norm campaign materials</p>

		By 2024, 40 parents/guardians will participate in education programs annually.	providing a positive parental environment and the harmful consequences of youth marijuana use as measured by a post-program survey.		
By 2026, 10% more youth will participate in alternative activities compared to baseline data collected in FY 2020/21, as measured by marijuana prevention activity log.	Alternatives	By 2021, calculate the number of youth reached through marijuana prevention alternative activities between 2015 and 2020 to establish a baseline.	By 2024, the number of youth who participated in alternative activities will increase by 5% as measured by marijuana prevention activity log.	By 2026, 10% more youth will have participated in alternative activities as measured by marijuana prevention activity log	Marijuana prevention activity log Attendance/ sign in log for youth alternative activities
By 2025, 80% of youth will report that the mentoring they are receiving has helped them to feel good about themselves and increased their social competence, as measured by a mentoring program survey.	Alternatives Problem Identification and Referral	By 2022, develop a mentoring program framework By 2023, establish a pilot program that can serve 8 to 10 youth. By 2023, recruit 8 to 10 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use	By 2024, 50% of youth will report an increased negative attitude toward marijuana use as measured by a mentoring program survey.	By 2025, 80% of youth will have reported that the mentoring they received helped them to feel good about themselves and increased their social competence as measured by a mentoring program survey.	Youth mentor program survey Mentoring activity log

Table 24. Prescription Drug Logic Model

Priority Area: Prescription Drugs (Rx) Problem Statement: Youth curiosity, coupled with ease of access through friends and adults leads to prescription drug misuse by youth. Contributing Factors: 1) Youth provide prescription drugs to their friends. 2) Youth curiosity leads to use. Goal (Behavioral Change): Decrease youth access to prescription drugs					
Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
<p>By 2026, the percentage of youth who report prescription drugs is easy to access will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.</p>	<p>Community-Based Process</p> <p>Environmental</p> <p>Information dissemination</p>	<p>By 2022, establish and maintain a countywide coalition comprised of 15 different agencies/partners to work on prescription drug prevention strategies and the procurement of resources to support the prescription drug drop box program.</p> <p>By 2023, implement a countywide education campaign about prescription drug drop boxes in Fresno County and the consequences of prescription drug use and providing prescription drugs to others.</p> <p>By 2024, provide a minimum of 48 presentations (16 annually) for parents/adults about prescription drug use by youth and the proper disposal and storage of Rx drugs.</p>	<p>By 2025, establish two additional prescription drug drop boxes in Fresno County.</p> <p>By 2025, the pounds of Rx drugs collected through the drop box program will increase as compared to the baseline pounds of Rx drugs collected through the drop box program in 2020.</p> <p>By 2025, the percentage of youth who report that medications are locked up in their home will increase by 10% as compared to baseline percentage in 2020 as measured by the Fresno County Student Insight Survey.</p>	<p>By 2026, the percentage of youth who believe prescription drugs are easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.</p>	<p>Fresno County Student Insight Survey</p> <p>Meeting records</p> <p>Rx Prevention Activity Log</p> <p>Interviews</p>

<p>By 2026, the percentage of youth misusing prescription drugs in the past 30 days will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.</p>	<p>Alternatives Education</p>	<p>By 2022, receive buy-in (in the form of a written agreement) from schools to host youth education programs.</p> <p>By 2024, recruit a minimum of 300 youth from schools with high rates of Rx use per the Fresno County Student Insight Survey or California Healthy Kids Survey, to participate in education programs that include curriculum about positive coping and decision-making skills</p> <p>By 2024, recruit a total of 70 youth to participate in leadership/empowerment building/prosocial activities and/or mentoring programs</p>	<p>By 2025, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 1% as measured by the Fresno County Student Insight Survey.</p> <p>By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.</p>	<p>By 2026, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 2% as measured by the Fresno County Student Insight Survey.</p>	<p>Fresno County Student Insight Survey</p> <p>Rx Prevention Activity Log</p> <p>Interviews</p> <p>Post with a retrospective pre-test</p>
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Planning Process

In addition to seeking input from stakeholders and prevention providers, DBH engaged community members in the planning process through four focus groups. The focus group participants reflected the age and racial diversity of Fresno County residents. The community members were asked about the issues that contribute to substance use or abuse; the substances that should be a priority for the SPP; the role of adults, parents, and youth in drug and alcohol prevention; and what type of prevention programs they believed would be best received and supported by residents (see focus group questions in the appendix). DBH staff cross-walked the information solicited from community members with the CSAP strategies to pinpoint the corresponding intervention. DBH staff then compared the focus group interventions with the stakeholder identified strategies and found there was mostly agreement regarding the interventions selected to mitigate risk factors and strengthen the protective factors. When talking with community members, cultural relevance was not mentioned as a factor for determining the appropriateness of a strategy. However, cultural norms that encourage underage drinking were identified as a factor that encourages alcohol use by youth, therefore necessitating the provision of education to adults and youth from different cultures about the dangers of underage drinking. Cultural relevance as it pertains to substance use prevention in Fresno County should be a factor when selecting providers; in that, providers should have experience with implementing culturally relevant outreach strategies and programs to ensure participation of Fresno County's diverse population in substance use prevention programs and activities.

Cultural Competence and Sustainability

DBH integrated cultural competence (referred to as culturally responsive in Fresno or cultural humility) and sustainability through the planning process to ensure the creation of a plan that stakeholders and community members' support, is actionable, and leads to positive outcomes. As a measure of sustainability, DBH engaged stakeholders through two stakeholder workshops, and a stakeholder survey, and community members through focus groups, in the selection of strategies. The strategies informed the selection of goals and short, intermediate and long-term outcomes for each priority area. Goals contribute to the sustainability of the plan by ensuring the alignment of DBH staff, provider and stakeholder efforts toward a common long-term outcome, rather than having disparate activities that may ultimately fail due to a lack of capacity or resources. The measurable outcomes reinforce sustainability by providing a means to assess progress toward attaining the stated goals. With measurement comes reflection and the ability to course correct and maintain momentum instead of having the interventions stall due to unforeseen challenges.

Cultural competence informed the methodology for intentionally engaging racially diverse community members, and specifically youth who are the target population of the SPP, in the planning process. Community members relayed that they did not support policy approaches to prevention efforts due to historic community conditions but supported strategies that are asset-based or build on the knowledge and skills of residents. This chapter reflects that input while also moving forward with strategies that build on the current prevention efforts. The consideration of cultural competency and sustainability will lead to the development of a plan that reflects the needs of the community and provides concrete direction for the contracted prevention providers.

Chapter 5. Implementation

Implementation Plan

Fresno County developed the Implementation Plan based on the scope of work submitted by the provider selected during the RFP process, as described later in this chapter. Portions of the submission that did not align with the logic models were modified by County staff in collaboration with the contracted SPP consultant. The following implementation plan (Tables 25 to 28) details the major tasks required to carry out the strategies identified in each of the logic models.

Table 25. Implementation Plan for Underage Drinking

Coalition/Advisory Board (UNDERAGE DRINKING)			
Goal(s):	Decrease youth access to alcohol.		
Objective(s):	By 2026, the percentage of youth who believe alcohol is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who believe alcohol is easy to access will decrease by 1% as measured by the Fresno County Student Insight survey.		
IOM Category(ies): Universal	Population(s): Youth, Adults, Other Professionals		
Major Tasks	Timeline	Responsible Party	Strategy
Form an advisory board to support the development and implementation of countywide alcohol prevention services.	Jul 2021 - June 2022	Prevention Provider	CBP
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly	Prevention Provider	CBP
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly	Prevention Provider	CBP
Form a coalition to share youth development best practices and engage youth in community, school-based wellness and county prevention efforts.	Jul 2021 - June 2022	Prevention Provider	CBP
Convene coalition quarterly to discuss implementation of prevention campaigns.	Quarterly	Prevention Provider	CBP
Administer annual Advisory Board/Coalition Surveys.	Annually (May/June)	Prevention Provider, Evaluator	CBP

School-Based Youth Education Programs (UNDERAGE DRINKING)	
Goal(s):	Decrease youth access to alcohol.
Objective(s):	By 2026, the percentage of youth who disapprove of underage drinking will have increased by 3% as measured by the Fresno County Student Insight Survey.
Intermediate Outcome(s):	By 2025, the percentage of youth who disapprove of underage drinking will have increased by 2% as measured by the Fresno County Student Insight Survey. By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.
IOM Category(ies): Universal	Population(s): Youth, Young Adults

Major Tasks	Timeline	Responsible Party	Strategy
Outreach to and establish buy-in (written MOU) from schools that agree to host youth education programs.	Jul 2021 - June 2022	Prevention Provider	CBP
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Jul 2021 - June 2022	Prevention Provider	CBP
Partner with local youth organizations and school staff to identify and recruit a diverse group of youth participants.	Ongoing	Prevention Provider	CBP
Recruit 300 youth from schools with high rates of alcohol use to participate in education programs that include curriculum about positive coping and decision-making skills.	Annually	Prevention Provider	CBP
Implement training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually	Prevention Provider	ED
Administer the Fresno County Student Insights Survey (FCSIS) with youth at target schools (or use CHKS data).	Annually	Prevention Provider, Evaluator	CBP
Administer Youth Participant Survey.	Annually	Prevention Provider, Evaluator	CBP

Prosocial Youth Activities (UNDERAGE DRINKING)			
Goal(s):	Decrease youth access to alcohol.		
Objective(s):	By 2026, the percentage of youth who disapprove of underage drinking will have increased by 3% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who disapprove of underage drinking will have increased by 2% as measured by the Fresno County Student Insight Survey. By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.		
IOM Category(ies): Universal	Population(s): Youth, Young Adults		
Major Tasks	Timeline	Responsible Party	Strategy
Identify and formalize partnerships to provide workshops and educational training at countywide youth events.	Annually	Prevention Provider	CBP
Develop and distribute marketing materials that appeal to potential student participants throughout Fresno County schools.	Annually	Prevention Provider	CBP
Recruit at least 200 youth to participate in countywide youth events for leadership, empowerment building, and prosocial activities.	Annually (3 per year)	Prevention Provider	CBP
Train youth to co-facilitate educational workshops at the events.	Annually	Prevention Provider	ED
Engage youth to produce and disseminate a product that highlights storytelling and SUD prevention through the lens of impacted youth.	Annually (1 per year)	Prevention Provider	ID
Administer Youth Participant Survey.	Annually	Prevention Provider, Evaluator	CBP

Parent and Community Education (UNDERAGE DRINKING)			
Goal(s):	Decrease youth access to alcohol.		
Objective(s):	By 2026, the percentage of youth who believe alcohol is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who believe alcohol is easy to access will decrease by 1% as measured by the Fresno County Student Insight survey.		
IOM Category(ies):	Universal	Population(s): Parents, Other Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop and update educational materials to inform parents about underage drinking issues and their responsibility as parents/adults.	Annually	Prevention Provider	CBP
Identify and attend parent group meetings to distribute educational materials.	Ongoing	Prevention Provider	ID
Implement 48 educational presentations and/or town halls for parents about positive parental involvement, the harms/risks of underage drinking and legal consequences of providing alcohol to minors.	Annually (16 per year)	Prevention Provider	ED

Countywide Media Campaign (UNDERAGE DRINKING)			
Goal(s):	Decrease youth access to alcohol.		
Objective(s):	By 2026, the percentage of youth who believe alcohol is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who believe alcohol is easy to access will decrease by 1% as measured by the Fresno County Student Insight survey.		
IOM Category(ies):	Universal	Population(s): Youth, Young Adults, Parents, Other Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop 4 countywide youth-led media campaigns to educate youth and adults on consequences of providing alcohol to youth and underage drinking.	Annually (1 per year)	Prevention Provider	CBP
Implement countywide youth-led media campaigns that will provide education on healthy behaviors, positive parental involvement, and educate decision makers on the harm/risks of underage drinking.	Annually (1 per year)	Prevention Provider	ID
Develop educational materials and media to present to parents, community members, and stakeholders.	Annually	Prevention Provider	CBP
Identify and attend community events and resource fairs to distribute educational materials and messages.	Annually	Prevention Provider	ID

Youth-Led Social Norms Campaign (UNDERAGE DRINKING)			
Goal(s):	Decrease youth access to alcohol.		
Objective(s):	By 2026, the percentage of youth who disapprove of underage drinking will have increased by 3% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who disapprove of underage drinking will have increased by 2% as measured by the Fresno County Student Insight Survey.		
IOM Category(ies): Universal		Population(s): Youth, Young Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing alcohol to youth and underage drinking.	Annually (1 per year)	Prevention Provider	CBP
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about alcohol use among youth.	Annually (1 per year)	Prevention Provider	ID
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually	Prevention Provider	ED
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually	Prevention Provider	CBP

Table 26. Implementation Plan for Marijuana

Coalition/Advisory Board (MARIJUANA)			
Goal(s):	Decrease youth access to marijuana.		
Objective(s):	By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who report marijuana is easy to access will have decreased by 1% as measured by the Fresno County Student Insight Survey.		
IOM Category(ies): Universal		Population(s): Youth, Adults, Other Professionals	
Major Tasks	Timeline	Responsible Party	Strategy
Form an advisory board to support the development and implementation of countywide marijuana prevention services.	Jul 2021 - June 2022	Prevention Provider	CBP
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly	Prevention Provider	CBP
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly	Prevention Provider	CBP
Form a coalition to share youth development best practices and engage youth in community, school-based wellness and county prevention efforts.	Jul 2021 - June 2022	Prevention Provider	CBP
Convene coalition quarterly to discuss implementation of prevention campaigns.	Quarterly	Prevention Provider	CBP
Administer annual Advisory Board/Coalition Surveys.	Annually (May/June)	Prevention Provider, Evaluator	CBP

School-Based Youth Education Programs (MARIJUANA)			
Goal(s):	Decrease youth access to marijuana.		
Objective(s):	By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% as measured by the Fresno County Student Insight Survey. By 2026, the percentage of youth who believe marijuana is harmful will increase by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who report marijuana is easy to access will have decreased by 1% as measured by the Fresno County Student Insight Survey. By 2025, the percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the Fresno County Student Insight Survey		
IOM Category(ies): Universal	Population(s): Youth, Young Adults		
Major Tasks	Timeline	Responsible Party	Strategy
Outreach to and establish buy-in (written MOU) from schools that agree to host youth education programs.	Jul 2021 - June 2022	Prevention Provider	CBP
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Jul 2021 - June 2022	Prevention Provider	CBP
Partner with local youth organizations and school staff to identify and recruit a diverse group of youth participants.	Ongoing	Prevention Provider	CBP
Recruit 600 youth from schools with high rates of marijuana use to participate in education programs.	Annually	Prevention Provider	CBP
Develop and implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually	Prevention Provider	ED
Provide a minimum of 90 one-time youth developed and youth lead presentations for youth about the legal consequences of providing marijuana to minors.	Annually (30 per year)	Prevention Provider	ALT
Administer the FCSIS with youth at target schools (or use CHKS data) to collect evaluation data.	Annually (Apr/May)	Prevention Provider, Evaluator	CPB
Administer Youth Participant Survey.	Annually	Prevention Provider, Evaluator	CBP

Youth Mentoring Program (MARIJUANA)	
Goal(s):	Decrease youth access to marijuana.
Objective(s):	By 2025, 80% of youth will have reported that the mentoring they received helped them to feel good about themselves and increased their social competence as measured by a mentoring program survey. By 2026, 10% more youth will have participated in alternative activities as measured by marijuana prevention activity log
Intermediate Outcome(s):	By 2024, 50% of youth will report an increased negative attitude toward marijuana use as measured by a mentoring program survey. By 2024, the number of youth who participated in alternative activities will increase by 5% as measured by marijuana prevention activity log.

IOM Category(ies): Selective		Population(s): Youth, Young Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop a mentoring program framework and curriculum that outlines goals and intended outcomes, as well as the frequency, format, assignment guidelines for meetings between mentors and mentees.	Jul 2021 - June 2022	Prevention Provider	CBP
Train mentors and establish a pilot mentoring program that can serve at least 8 youth.	Jul 2021 - June 2022	Prevention Provider	ED
Recruit at least 8 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use.	Annually (Jul 2022 - June 2025)	Prevention Provider	PIDR
Implement the mentoring program framework.	Annually (Jul 2022 - June 2025)	Prevention Provider	ED
Administer Mentoring Program Survey.	Annually (May/June)	Prevention Provider, Evaluator	CBP

Parent and Community Education (MARIJUANA)

Goal(s):	Decrease youth access to marijuana.		
Objective(s):	<p>By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% as measured by the Fresno County Student Insight Survey.</p> <p>By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% as measured by the Fresno County Student Insight Survey.</p> <p>By 2026, the percentage of youth who believe marijuana is harmful will have increased by 2% as measured by the Fresno County Student Insight Survey.</p>		
Intermediate Outcome(s):	<p>By 2025, the percentage of youth who report marijuana is easy to access will have decreased by 1% as measured by the Fresno County Student Insight Survey.</p> <p>By 2025, 70% parents/guardians will increase their knowledge about providing a positive parental environment and the harmful consequences of youth marijuana use as measured by a post-program survey.</p> <p>By 2025, the percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the Fresno County Student Insight Survey</p>		
IOM Category(ies): Universal		Population(s): Parents, Other Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop and update educational materials to inform parents about marijuana issues and their responsibility as parents/adults.	Annually	Prevention Provider	CBP
Identify and attend parent group meetings to distribute educational materials.	Ongoing	Prevention Provider	ID
Provide 48 educational presentations for parents/adults about the health impacts of marijuana use and legal consequences of providing marijuana to minors.	16 per year (Jul 2021 - June 2024)	Prevention Provider	ED
Administer Parent Survey.	Ongoing (after each presentation)	Prevention Provider, Evaluator	CBP

Countywide Media Campaign (MARIJUANA)			
Goal(s):	Decrease youth access to marijuana.		
Objective(s):	By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth who report marijuana is easy to access will have decreased by 1% as measured by the Fresno County Student Insight Survey.		
IOM Category(ies): Universal		Population(s): Youth, Young Adults, Parents, Other Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop educational materials and media to present to parents, community members, and stakeholders.	Annually	Prevention Provider	CBP
Identify and attend community events and resource fairs to distribute educational materials and messages.	Annually	Prevention Provider	ID
Implement 3 countywide youth-led media campaigns to educate youth and adults on consequences of providing marijuana to youth and marijuana use.	Annually (1 per year)	Prevention Provider	ID
Produce a youth podcast series that highlights storytelling through the lens of youth in Fresno County.	Annually	Prevention Provider	ID
Distribute podcast online via social media and website.	Annually	Prevention Provider	CBP

Youth-Led Social Norms Campaign (MARIJUANA)			
Goal(s):	Decrease youth access to marijuana.		
Objective(s):	By 2026, the percentage of youth who believe marijuana is harmful will increase by 2% as measured by the Fresno County Student Insight Survey. By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% as measured by the Fresno County Student Insight Survey. By 2026, 10% more youth will have participated in alternative activities as measured by marijuana prevention activity log		
Intermediate Outcome(s):	By 2025, the percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the Fresno County Student Insight Survey. By 2024, the number of youth who participated in alternative activities will increase by 5% as measured by marijuana prevention activity log.		
IOM Category(ies): Universal		Population(s): Youth, Young Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing marijuana to youth and marijuana.	Annually (1 per year)	Prevention Provider	CBP
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about marijuana use among youth.	Annually (1 per year)	Prevention Provider	ID

Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually	Prevention Provider	ED
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually	Prevention Provider	ID

Table 27. Implementation Plan for Prescription Drugs

Coalition/Advisory Board (Rx DRUGS)			
Goal(s):	Decrease youth access to prescription drugs		
Objective(s):	By 2026, the percentage of youth who believe prescription drugs are easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, establish two additional prescription drug drop boxes in Fresno County. By 2025, the pounds of Rx drugs collected through the drop box program will increase as compared to the baseline pounds of Rx drugs collected through the drop box program in 2020.		
IOM Category(ies): Selective		Population(s): Youth, Adults, Other Professionals	
Major Tasks	Timeline	Responsible Party	Strategy
Form an advisory board to support the development and implementation of countywide Rx prevention services and procurement of resources to support the Rx drop box program.	Jul 2021 - June 2022	Prevention Provider	CBP
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly	Prevention Provider	CBP
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly	Prevention Provider	CBP
Administer Advisory Board Survey	Annually (May/June)	Prevention Provider, Evaluator	CBP

School-Based Youth Education Programs (Rx DRUGS)			
Goal(s):	Decrease youth access to prescription drugs		
Objective(s):	By 2026, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 1% as measured by the Fresno County Student Insight Survey. By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.		
IOM Category(ies): Universal		Population(s): Youth, Young Adults	
Major Tasks	Timeline	Responsible Party	Strategy
Outreach to and establish buy-in (written MOU) from schools that agree to host youth education programs.	Jul 2021 - June 2022	Prevention provider or subcontractor	CBP
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Jul 2021 - June 2022	Prevention provider or subcontractor	CBP

Partner with local youth organizations and school staff to identify and recruit a diverse group of youth participants.	Ongoing	Prevention provider or subcontractor	CBP
Recruit at least 300 youth to participate in education programs that include curriculum about positive coping and decision-making skills.	Jul 2021 – June 2024	Prevention provider or subcontractor	CBP
Implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually	Prevention provider or subcontractor	ED
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually	Prevention provider or subcontractor	CBP
Administer Youth Participant Survey.	Annually	Prevention Provider, Evaluator	CBP

Prosocial Activities for Youth (Rx DRUGS)			
Goal(s):	Decrease youth access to prescription drugs		
Objective(s):	By 2026, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 1% as measured by the Fresno County Student Insight Survey. By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.		
IOM Category(ies): Universal	Population(s): Youth, Young Adults		
Major Tasks	Timeline	Responsible Party	Strategy
Identify and formalize partnerships to provide workshops and educational training at events.	Annually	Prevention Provider	CBP
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Annually	Prevention Provider	CBP
Attempt to engage 300 youth to participate in countywide youth events for leadership, empowerment building, and prosocial activities.	Annually (3 per year)	Prevention Provider	ALT
Train youth to co-facilitate educational workshops at the events.	Annually	Prevention Provider	ED
Administer Youth Participant Survey.	Annually	Prevention Provider, Evaluator	CBP

Parent and Community Education (Rx DRUGS)	
Goal(s):	Decrease youth access to prescription drugs
Objective(s):	By 2026, the percentage of youth who believe prescription drugs are easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.
Intermediate Outcome(s):	By 2025, the percentage of youth who report that medications are locked up in their home will increase by 10% as compared to baseline percentage in 2020 as measured by the Fresno County Student Insight Survey.
IOM Category(ies): Universal	Population(s): Parents, Other Adults

Major Tasks	Timeline	Responsible Party	Strategy
Develop and regularly update educational materials to inform parents about Rx issues and their responsibility as parents/adults.	Annually	Prevention Provider	CBP
Identify and attend parent group meetings to distribute educational materials.	Ongoing	Prevention Provider	ID
Implement 48 educational presentations and/or town halls for parents/adults about youth Rx use issues and the proper disposal and storage of Rx drugs.	Annually (16 per year)	Prevention Provider	ED

Countywide Education Campaign (Rx Drugs)			
Goal(s):	Decrease youth access to prescription drugs		
Objective(s):	By 2026, the percentage of youth who believe prescription drugs are easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the pounds of Rx drugs collected through the drop box program will increase as compared to the baseline pounds of Rx drugs collected through the drop box program in 2020. By 2025, the percentage of youth who report that medications are locked up in their home will increase by 10% as compared to baseline percentage in 2020 as measured by the Fresno County Student Insight Survey.		
IOM Category(ies): Universal	Population(s): Youth, Young Adults, Parents, Other Adults		
Major Tasks	Timeline	Responsible Party	Strategy
Develop educational materials and media on Rx drop boxes in Fresno County and the consequences of Rx drug use and providing Rx drugs to others.	Annually	Prevention Provider	CBP
Identify and attend community events and resource fairs to distribute educational materials and messages.	Annually	Prevention Provider	ID
Implement youth-led media campaigns to educate youth and adults on Rx drug use by youth and the proper storage and disposal of Rx.	Annually (1per year)	Prevention Provider	ID

Youth-Led Social Norms Campaign (Rx Drugs)			
Goal(s):	Decrease youth access to prescription drugs		
Objective(s):	By 2026, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 1% as measured by the Fresno County Student Insight Survey.		
IOM Category(ies): Universal	Population(s): Youth, Young Adults		
Major Tasks	Timeline	Responsible Party	Strategy
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing Rx to youth and Rx use.	Annually (1 per year)	Prevention Provider	CBP

Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about Rx use among youth.	Annually (1 per year)	Prevention Provider	ID
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually	Prevention Provider	ED
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually	Prevention Provider	ID

Rx Drop Box Program (Rx DRUGS)			
Goal(s):	Decrease youth access to prescription drugs		
Objective(s):	By 2026, the percentage of youth who believe prescription drugs are easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.		
Intermediate Outcome(s):	By 2025, the pounds of Rx drugs collected through the drop box program will increase as compared to the baseline pounds of Rx drugs collected through the drop box program in 2020.		
IOM Category(ies): Universal	Population(s): Youth, Young Adults, Parents, Other Adults		
Major Tasks	Timeline	Responsible Party	Strategy
Engage advisory board to procure resources to support Rx drop box program.	Ongoing	Prevention Provider	CBP
Establish 2 additional prescription drug drop boxes in Fresno County.	Jul 2021 - June 2025	Prevention Provider	ENV
Collect data on pounds of Rx drugs collected through the drop box program.	Quarterly	Prevention Provider	ENV

Table 28. Implementation Plan for Friday Night Live/Club Live

Friday Night Live (FNL)/Club Live (CL)	
Goal(s):	Decrease youth access to alcohol, marijuana, and prescription drugs.
Objective(s):	1. Sustain and expand partnerships for positive and healthy youth development that engage <u>high school</u> age youth as active leaders and resources in their communities. 2. Sustain and expand partnerships for positive and healthy youth development that engage <u>elementary and middle school</u> age youth as active leaders and resources in their communities.
Intermediate Outcome(s):	80% of participating youth will report positive changes in leadership skills, confidence in their ability to participate in campaign development, and understanding of environmental approaches to prevention in the Youth Development Survey. At least 75% of adult allies who receive training services will report increased skills, knowledge, and confidence in supporting youth leadership in prevention activities in the Adult Ally Survey.
IOM Category(ies): Universal	Population(s): Youth, Young Adults

Major Tasks	Timeline	Responsible Party	Strategy
Outreach to and establish buy-in (written MOU) from schools that agree to host youth education programs.	Jul 2021 - June 2022	Prevention Provider	CBP
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Jul 2021 - June 2022	Prevention Provider	CBP
Partner with local youth organizations and school staff to identify and recruit a diverse group of youth participants.	Ongoing	Prevention Provider	CBP
Implement 14 community based or school based FNL/CL chapters comprised of at least 15 youth leaders and an adult ally to take action around prevention issues.	Annually	Prevention Provider	ALT
Train youth and adult advisors utilizing the FNL Roadmap curriculum.	Annually	Prevention Provider	ED
Implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually	Prevention Provider	ED
Provide concrete assistance and guidance to chapter youth and their adult allies by offering a set of tools and resources for adult allies and youth.	Ongoing	Prevention Provider	ED
Facilitate connections and relationships between chapter youth through social media, social events, and trainings.	Ongoing	Prevention Provider	CBP
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually	Prevention Provider, Evaluator	CBP
Administer Youth Development Survey.	Annually (May/June)	Prevention Provider, Evaluator	CBP
Administer Adult Ally Survey.	Annually (May/June)	Prevention Provider, Evaluator	CBP

Implementation Plan Summary

To fully and effectively respond to the needs identified in the community assessment and the outcomes outlined in the SPP logic models, DBH will negotiate a comprehensive and adaptable service implementation plan with the selected provider. The comprehensive plan will be guided by an integrated services model, engage community partners and stakeholders, and focus on the individual, family, school, and community. The SUD prevention services provided to youth and young adults in Fresno County will be based on environmental and community factors, developmental factors, and leadership skill and resiliency development.

The overarching goal of SUD prevention in Fresno County is to reduce risk factors in the community that contribute to substance use and strengthen protective factors that delay the early use of the three substances of concern for youth and young adults (alcohol, marijuana, and prescription drugs). To accomplish this, Fresno County and its contracted provider will take a community-wide approach to

prevention. By using one experienced SUD prevention provider organization, Fresno County believes that services and activities will be conducted more efficiently and that prevention efforts can be tailored to meet the needs of youth in specific geographical areas within the county relating to the three priority substances. All three programs proposed by the selected provider will focus on reducing youth access to the identified substances. Campaigns will incorporate activities consistent with accepted CSAP strategy definitions and in accordance with the CSAP strategies assigned to objectives in each priority area within the logic models. As a means of effectively conducting SUD prevention services in Fresno County, DBH selected a provider that favors:

1. programs that are more holistic than many direct service youth programs that fail to address the systemic challenges facing many communities,
2. a strong commitment to a youth-centered approach, meaning that youth learning is authentic, relevant, and experiential, and
3. supporting youth in finding, using, and amplifying their voices to effect change.

Provider Selection

Historically, Fresno County has opted to outsource SUD prevention services to experienced community service providers. Due to the past success of using this model, Fresno County decided to outsource SUD prevention services for the FY 2021-2026 SPP cycle. SUD prevention providers were selected using a competitive bidding process. In prior SPP cycles, Fresno County contracted with more than one SUD prevention provider, dividing the priority areas and associated responsibilities. For the FY 2021-2026 SPP cycle, through the competitive bidding process Fresno County selected one provider to administer all SUD prevention services. During the planning phase of the SPP, the target population (youth and young adults ages 10-20), priority areas (alcohol, marijuana, prescription drugs, and FNL/CL), problem statements, contributing factors, goals, objectives, CSAP strategies, as well as short-term, intermediate, and long-term outcomes were selected utilizing information gathered during the assessment phase. This included analysis of Fresno County SUD-related data, input from local stakeholders, and focus groups with youth and parents. This information was used to create the logic model included in the Planning Chapter of this SPP.

The SUD Prevention RFP was released to registered organizations in mid-December 2020 and was followed by a bidder's conference in early January 2021. Because Fresno County's SPP was not complete prior to the bidding process, only the logic model was included as an attachment to the RFP for potential bidders to review. Following the bidder's conference, an RFP addendum was released to registered organizations and the RFP closed in late January 2021. Three local organizations submitted bids. A local RFP review panel was established that consisted of four (4) Fresno County employees from three separate Fresno County departments as well as one (1) local stakeholder. Panel members were provided with a copy of the RFP and the submitted proposals and were given approximately two (2) weeks to review responses. Following the review, at the RFP review panel meeting in early February, YLI was selected for funding.

New Providers, Programs, and Services

For the last two SPP cycles, Fresno County has focused on the priority areas of alcohol, marijuana, and prescription drugs. During the assessment phase for this SPP, data indicated that stakeholders chose to

continue to the focus on these same three substances. For this SPP cycle, stakeholders identified an increase in marijuana use among youth, so a greater number of objectives for marijuana were included in this SPP than in prior years. In addition, assessment findings showed that stakeholders were unsupportive of environmental prevention strategies in all but one priority area. CSAP strategies were selected that the community believed would assist in achieving the long-term objectives for each priority substance.

Through the RFP process, a SUD prevention provider was selected to conduct services and activities for all three of the priority areas. The provider selected has provided prevention services in the past to Fresno County under the previous SPP.

Utilizing a youth development framework, the provider will build the leadership capacity of and partner with appropriate school-based organizations to lead alcohol, marijuana, and prescription drug prevention campaigns utilizing the CSAP strategies assigned to each priority area in the logic model. Together, provider staff and youth will coordinate efforts to support the education of peers, parents, and caregivers, and identify the specific CSAP strategies to address alcohol, marijuana, and prescription drugs accessibility, and perceptions of harm and disapproval that are relevant to their own schools, neighborhoods, and communities.

For all programs, provider staff and youth will work with the County and the contracted evaluator to administer surveys. Survey data will be used to develop educational presentations on youth access and knowledge and beliefs around harm of alcohol, marijuana, and prescription drugs for parents, caregivers, and community stakeholders. Youth participants will develop materials and identify communication channels to conduct additional parent and caregiver outreach. Youth-Adult Partnership and capacity building training opportunities will be offered to parent groups and adult allies who indicate interest in partnering on the implementation of the various campaigns.

To monitor impact and refine campaigns and project process, an Advisory Council of stakeholders, experts, and youth will be established to oversee and support the implementation of campaigns and activities of each program. Annually, the prevention provider will invest in program staff development at each site to build capacity on best practices for meaningful engagement of youth and adult allies in the community to support the continual participation and retention of youth each year.

Provider Contributions to the SPP

Fresno County developed the implementation plan based on the scope of work submitted by the provider selected during the RFP process. Portions of the submission that did not align with the logic model were modified by County staff in collaboration with the contracted SPP consultant.

Cultural Competence

Fresno County is an ethnically and culturally diverse community. Diversity is a community strength but requires that all members of the community be represented equitably. As such, Fresno County DBH strives to reduce/eliminate behavioral health disparities by improving access to culturally and linguistically appropriate services for individuals living with mental health, substance use, or co-occurring disorders (Cultural Humility Committee | County of Fresno). To ensure that all members of the community have a voice and that equity for all community members is pursued in a meaningful way, DBH created a

Cultural Humility Committee consisting of Fresno County staff, community service providers, and community stakeholders. The committee published the "Culturally Responsive Plan Delivered with Humility" in FY 2018/19, and the plan is updated annually. In part, the committee is responsible for developing surveys that are administered to DBH-contracted providers on an annual basis. The surveys collect data to ensure compliance with the "Culturally Responsive Plan Delivered with Humility" and to ensure staff receives training on cultural humility. Provider and stakeholder involvement and feedback, as well as data collected from surveys, assists DBH in assessing community needs related to culturally responsive services and service delivery for all modalities of service. In addition, every DBH provider is required to submit an annual Culturally and Linguistically Appropriate Services (CLAS) Plan that is reviewed by the DBH Diversity Services Coordinator to ensure compliance with CLAS standards. As it pertains to SUD prevention, beginning in the assessment phase of the SPP, DBH identified the major ethnic and cultural cross-sections of the community. In the planning chapter, it states,

"DBH solicited the input of stakeholders, community residents, and prevention providers to inform the assessment through a stakeholder survey, two stakeholder workshops, four focus groups with community residents, and consultations with prevention providers. Soliciting input began with having stakeholders and prevention providers review the data and resulting analysis to (1) provide a feedback loop, (2) strengthen existing relationships and, (3) build new relationships with organizations that have a vested interest in youth substance use prevention. Stakeholders, community residents, and prevention providers were consulted about the SPP priority areas, risk and protective factors present in Fresno County, and the strengths and gaps of the current system." (FY 2021-2026 SPP Planning Chapter, page 54)

Input from local stakeholders during the planning phase of the SPP guided the development of the SPP logic model, which was included in the SUD Prevention RFP. In their RFP responses, bidders were required to demonstrate that their "staff is knowledgeable about the cultures and communities in which they work and sensitive to and aware of multicultural issues" (RFP 21-0210). While none of the bidders identified a specific target population other than youth and young adults ages 10-20, the chosen provider has demonstrated knowledge of underserved communities within Fresno County, as well as their focus on the utilization of SUD prevention in these communities to reduce health inequities in the community at large.

In addition to provider and stakeholder input and survey data collected by DBH in support of culturally appropriate services and service delivery, Fresno County, the selected provider, and the prevention program evaluator will periodically evaluate demographic and activity data to ensure that prevention efforts are reaching the segments of the community most in need and in a culturally appropriate manner.

Sustainability

Fresno County understands that preventing Substance Use Disorders in a community is accomplished incrementally over time. Incremental change requires focused, steady, and sustained efforts toward specific goals and objectives with measures of short-term, intermediate, and long-term outcomes while at the same time remaining adaptable to changes that may take place in community settings. Future SUD prevention efforts must build on past efforts but embrace innovative solutions and continue to build a network of collaborative relationships with committed stakeholders who represent the interests of the

entire community. Fresno County is committed to the continued development of sustainable SUD prevention efforts in the community and selected an experienced SUD prevention partner who understands SUD prevention, the community, and the importance of sustainability that is supported through relationship building and cross-sector collaboration.

The provider selected during the RFP process has developed strong and extensive relationships through many years of conducting SUD prevention services in Fresno County. This experience will assist in cross-sector collaboration with schools, SUD treatment providers, local law enforcement agencies, other County Departments, and local community-based organization that have an interest in reducing the negative effects of substance use in Fresno County. During this SPP cycle, the selected provider will expand collaborative relationships with community organizations, coordinate SUD prevention services in collaboration with relevant stakeholders, and assist other community-based organizations in their efforts to achieve the common goals of reducing SUD in Fresno County.

To strengthen the sustainability of SUD prevention efforts in the community, Fresno County will leverage existing resources and community partnerships to create avenues and opportunity for expanded SUD prevention activities that align with the goals, objectives, and short, intermediate, and long-term outcomes for each priority area that were selected during the planning phase of the SPP. Fresno County will further support the selected provider through regular participation in advisory councils and coalition meetings, and will assist in identifying new community partners who can contribute to achieving community SUD prevention goals.

In addition to strengthening and building new partnerships that are unified toward common goals, promoting sustainability requires regular monitoring to ensure that services continue to meet the community's needs. As stated in the planning chapter, measurable outcomes reinforce sustainability by providing a means to assess progress toward attaining the stated goals. With measurement comes reflection and the ability to course-correct and maintain momentum even if some interventions stall due to unforeseen challenges.

As a means of reinforcing sustainability by monitoring progress toward goals and objectives, Fresno County, the selected provider, and the prevention program evaluator will work collaboratively to collect relevant data annually using a standardized survey tool such as the Fresno County Student Insight Survey or California Healthy Kids Survey. Fresno County staff and the selected provider will also provide the prevention program evaluator with requested data quarterly from a variety of different sources which may include:

- Coalition Meeting records
- Prevention Activity Logs
- Interviews (prevention providers/chairs)
- Documentation review of campaign materials
- Attendance/sign-in logs for youth alternative activities
- Mentoring program surveys
- PPSDS data

Data submitted to the prevention program evaluator will be reviewed followed by submission of SUD prevention quarterly reports to Fresno County as well as a final annual SUD prevention report that details progress or lack of progress toward goals and objectives. Also, Fresno County staff will utilize the SUD Prevention Provider Monitoring Tool to conduct an annual audit to ensure compliance with regulations and the scope of work in the local agreement. Table 29 below describes the role of Fresno County DBH in SUD prevention service oversight of the implementation plan for each priority area.

Table 29. Fresno County DBH Oversight Plan

Major Tasks	Timeline	Responsible Party	Strategy	IOM
Provide local TTA and coordinate TTA with DHCS	As needed	Fresno County DBH	CBP	UD
Attend statewide prevention calls	Monthly	Fresno County DBH	CBP	UI
Attend County Prevention Roundtables	Monthly	Fresno County DBH	CBP	UI
Coordinate and host Fresno County prevention provider meetings	Monthly	Fresno County DBH	CBP	UI
Attend prevention coalition and adult ally council Meetings	Monthly	Fresno County DBH	CBP	UI
Review PPSDS data	Quarterly	Fresno County DBH	CBP	UI
Review evaluator dashboard data	Quarterly	Fresno County DBH	CBP	UI
Conduct annual provider audit and submit report to DHCS	Annually	Fresno County DBH	CBP	UI
Review annual evaluation report	Annually	Fresno County DBH	CBP	UI
Coordinate and host stakeholder meetings for SPP development for the next cycle	FY 2024-2025	Fresno County DBH	CBP	UI

Chapter 6. Evaluation

Evaluation Plan

Fresno County is committed to the ongoing evaluation of the SUD Prevention Program described in this Strategic Prevention Plan (SPP). As with prevention services, the County has historically opted to contract with an external evaluator to provide program evaluation services. Due to the previous success with this model, evaluation services for the 2021-2016 SPP cycle will be procured through either a Request for Proposals (RFP) or a suspension of competition. In the case of a suspension of competition, Fresno County will suspend the bidding process due to the identification of a uniquely qualified vendor to provide the evaluation services. If an RFP process is employed, the competitive bidding process will occur similarly to that used for the selection of the prevention provider. An RFP will be released to registered organizations, followed by a bidder's conference. A local RFP review panel will be established and given approximately two (2) weeks to review responses. Following the review, a single evaluation consultant will be selected for funding.

By and large, the evaluation will center on the activities described in the SPP Implementation Plan (Tables 25 - 28) and measure the outcomes and objectives listed in the SPP Logic Models (Tables 22 - 24). The evaluation will include both process and outcome components that address each prevention activity and the comprehensive countywide program, and will incorporate a combination of quantitative and qualitative data collection strategies to describe implementation and measure impact. Table 29 below displays the overarching research questions that will guide the development and implementation of the evaluation. These broad questions will facilitate the framing of process and outcome evaluation data collection and analysis and help define sources for both quantitative and qualitative data.

Table 29. Evaluation Research Questions

Questions	Process	Outcome
What prevention activities are implemented across the County, where are they implemented, and what is their reach?	X	
Who are the participants/recipients of the prevention activities? What are their demographic characteristics?	X	
What were the successes, challenges, and lessons learned associated with implementing prevention services?	X	
How has the target population's SUD knowledge, attitudes, beliefs, and behaviors changed due to the prevention activities?		X
To what extent did the prevention activities achieve the objectives listed in the County's SPP?		X

The tables on the following pages present a summary of the Evaluation Plan by short-term outcomes (Table 30), intermediate outcomes (Table 31), and long-term outcomes (Table 32). For each outcome, the evaluation plan includes the associated performance measures, data collection methods, tools or data sources, responsible parties, and timeframe of completion. This plan will provide a framework for tracking and reporting all project outcomes, and is based on a thorough review and understanding of the Planning and Implementation Chapters contained in this SPP.

Table 30. Evaluation Plan for Short-Term Outcomes (A = Alcohol, M = Marijuana, P = Prescription Drugs)

Short -Term Outcome	Indicator/Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
Receive buy-in (in the form of a written agreement) from schools to host youth education programs (AMP)	Completed written agreement	Document review	Copy of written agreement	Provider Staff Evaluator	2021/22
Form a coalition comprised of youth-serving organizations, local government, law enforcement, education, and youth to support the development/implementation of prevention services (AM) Establish and maintain a countywide coalition composed of 15 different agencies/partners to work on Rx prevention strategies and the procurement of resources to support the Rx box program (P)	# of meetings # of participants	Document review Observation	Meeting minutes Meeting notes	Provider Staff Evaluator	Formed by 2021/22 Measured annually (2021-2026)
Recruit a total of 1,200 youth from schools with high substance use rates per the FCSIS or CHKS, to participate in education programs that include curriculum about positive coping and decision-making skills (A: 300, M: 600, P: 300)	# of youth participating in prevention programming by location	Tracking Log	Activity Tracking Log PPSDS	Provider Staff Evaluator County staff	Measured annually (2021-2026)
Implement a youth-led, countywide social norms education campaign geared toward youth (AM)	Description and reach of countywide social norms campaign	Tracking Log Focus groups Document review	Activity Tracking Log Social Media Analytics Campaign photos/materials Provider Staff Focus Group Protocol PPSDS	Provider Staff Evaluator County staff	Implemented by 2022/23 Measured annually (2022-2026)
Implement a countywide media campaign to educate youth and adults on the consequences of providing alcohol/marijuana to youth and underage drinking/marijuana use (AM) Implement a countywide education campaign about Rx drop boxes in Fresno County and the consequences of Rx use and providing Rx to others (P)	Description and reach of countywide media campaign	Tracking Log Focus groups Document review	Activity Tracking Log Social Media Analytics Campaign photos/materials Provider Staff Focus Group Protocol PPSDS	Provider Staff Evaluator County staff	Implemented by 2022/23 Measured annually (2022-2026)

Short -Term Outcome	Indicator/Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
Recruit a total of 335 youth to participate in leadership/empowerment building/prosocial activities or mentoring programs (A: 200, M: 65, P: 70)	# of youth participating in youth development events # of youth participating in the Mentoring Program by location	Tracking Log	Activity Tracking Log PPSDS	Provider Staff Evaluator County staff	Measured annually (2021-2026)
Provide 144 presentations (48 annually) for parents about positive parental involvement, the harms/risks of alcohol/marijuana/Rx and legal consequences of providing to minors (A: 48, M: 48, P: 48)	# of parents participating in presentations by location	Tracking Log	Activity Tracking Log PPSDS	Provider Staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)
Calculate the number of youth reached through marijuana prevention alternative activities between 2015 and 2020 to establish a baseline (M)	# of youth reached through marijuana prevention activities between 2015 and 2020	Document review	2015-2020 Data Dashboards	Evaluator	2021/22
Develop a mentoring program framework (M)	Completed program framework	Document review	Copy of Mentoring Program Framework	Provider staff Evaluator	2021/22
Establish a pilot mentoring program that can serve 8 to 10 youth (M)	# of mentors recruited and trained	Focus groups	Provider Staff Focus Group Protocol	Provider staff Evaluator	2022/23
Recruit 8 to 10 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use (M)	# of youth mentees recruited	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Recruited by 2022/23 Measured annually (2022-2026)
Provide a minimum of 90 presentation (30 annually) for youth about legal consequences of providing marijuana to minors (M)	# of youth presentations	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)
On an annual basis, provide a minimum of 16 presentations for parents/adults about the health impacts of marijuana use (M)	# of parent presentations	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)
40 parents/guardians participate in education programs annually (M)	# of parents participating in marijuana education programs	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)

Table 31. Intermediate Outcomes Evaluation Plan (A = Alcohol, M = Marijuana, P = Prescription Drugs)

Intermediate Outcome	Indicator/ Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
The percentage of youth who believe alcohol/marijuana is easy to access will decrease by 1% as measured by the FCSIS (AM)	% of youth who believe alcohol/marijuana is easy to access	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The percentage of youth who disapprove of underage drinking will increase by 2% as measured by the FCSIS (A)	% of youth who disapprove of underage drinking	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
70% of youth will increase their knowledge about positive coping and decision-making skills as measured by a posttest with a retrospective pre-test (AMP)	% of youth with increased knowledge and skills	Surveys	Youth Development Survey Mentoring Program Survey	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
50% of youth will report an increased negative attitude toward marijuana use as measured by a mentoring program survey (M)	% of youth with increased negative attitude toward marijuana	Survey	Mentoring Program Survey	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2023/24)
The number of youth who participate in alternative activities will increase by 5% as measured by a prevention activity log (M)	# of youth participating in alternative activities by location	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Measured annually (baseline 2021/22; end goal 2023/24)
The percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the FCSIS (M)	% of youth who have knowledge of health impacts of marijuana	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
70% parents/guardians will increase their knowledge about providing a positive parental environment and the harmful consequences of youth marijuana use as measured by a post-program survey (M)	% of parents who increase their knowledge about parenting and marijuana	Survey	Parent Survey	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The percentage of youth misusing prescription drugs in the past 30 days will decrease by 1% as measured by the FCSIS (P)	% of youth reporting 30 day use of prescription drugs	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
Establish two additional prescription drug drop boxes in Fresno County (P)	# of drop boxes established by location	Focus groups	Provider Staff Focus Group Protocol	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The pounds of Rx drugs collected through the drop box program will increase as compared to pounds of Rx drugs collected in 2020 (P)	# of pounds of Rx collected by drop box location	Tracking Log	Drop Box Tracking Log	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The percentage of youth who report medications are locked up in their home will increase by 10% compared to 2021/22 as measured by the FCSIS (P)	% of youth reporting prescription drugs are locked up in their home	Survey	FCSIS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)

Table 32. Long-Term Outcomes Evaluation Plan (A = Alcohol, M = Marijuana, P = Prescription Drugs)

Long-Term Outcome	Indicator/ Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
The percentage of youth who believe alcohol/marijuana/prescription drugs are easy to access will have decreased by 2% as measured by the FCSIS (AMP)	% of youth who believe alcohol/marijuana/prescription drugs are easy to access	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
The percentage of youth who disapprove of underage drinking will increase by 3% as measured by the FCSIS (A)	% of youth who disapprove of underage drinking	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
The percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% as measured by the FCSIS (M)	% of youth who believe friends and parents disapprove of using marijuana	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
The percentage of youth who believe marijuana is harmful will increase by 2% as measured by the FCSIS (M)	% of youth who believe marijuana is harmful	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
10% more youth will participate in alternative activities as measured by marijuana prevention activity log (M)	# of youth participating in alternative activities by location	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Measured annually (baseline 2020/21; end goal 2025/26)
80% of youth will report the mentoring they received helped them to feel good about themselves and increased their social competence as measured by a mentoring program survey (M)	% of youth who report the mentoring helped them	Survey	Mentoring Program Survey	Provider staff Evaluator	Measured annually (2021-2026)
The percentage of youth misusing prescription drugs in the past 30 days will decrease by 2% as measured by the FCSIS (P)	% of youth misusing prescription drugs in past 30 days	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)

Evaluation Plan Summary

The evaluation of Fresno County's SUD Prevention Program will include both process and outcome components that address each prevention activity and the comprehensive countywide program. The process and outcome evaluation will be guided by the objectives stated in the SPP logic models and incorporate a combination of quantitative and qualitative data collection strategies to describe implementation and measure impact. The process evaluation will seek to document and describe the range of prevention services delivered, and the outcome evaluation will measure changes in participant knowledge, attitudes, and behaviors using activity-specific surveys as well as a standardized survey (the Fresno County Student Insight Survey and/or the California Healthy Kids Survey) that collects data from students in schools that receive recurring prevention programming. The evaluator will ensure that the evaluation data collected is meaningful, shared, and useful to advance program implementation and inform decision making and accountability.

Data Collection Methods & Data Sources

Once an external evaluator is selected, they will work closely with the County and the prevention provider to discuss the nuances of the Implementation Plan in order to refine the evaluation activities and develop an infrastructure for data collection. At minimum, the evaluation will include each of the following data collection components:

Fresno County Student Insight Survey. To measure intermediate and long-term program outcomes, the prevention provider will administer the Fresno County Student Insights Survey (FCSIS). The FCSIS is a five-page standardized survey that was developed and implemented during the previous SPP evaluation (2015-2020). The tool, created by the evaluator in collaboration with prevention providers, serves as a means to collect SUD-related attitude, knowledge and behavior data since many large school districts in Fresno County no longer administer the California Healthy Kids Survey (CHKS). At the time of this SPP, there is not a county-level measure for youth substance use attitudes, knowledge, and behaviors (the most recent Fresno County CHKS report is from 2009-11). However, if and when school districts resume participation in the CHKS, the evaluation will utilize this data in place of the FCSIS.

To update the FCSIS questionnaire for the current SPP, the evaluation contractor will work with the prevention provider and County staff to include new survey questions and/or modify questions to align with the data needed to measure the outcomes stated in the 2021-2026 SPP logic models. The survey will be pilot-tested with a small sample of youth before administration to ensure questions are appropriate and comprehensible for a diverse youth population. The survey will be translated into Spanish and any other language deemed necessary to reach youth in Fresno County.

Annually, the prevention provider will administer the FCSIS to students in the schools they serve, with baseline data collected in FY 2021/22 and yearly comparison data collected through the final fiscal year (FY 2025/26). The same school sites will be surveyed each year to monitor changes in youth attitudes and behavior related to Fresno County's prevention efforts over time.

Participant Surveys. The outcome evaluation will also include several activity-specific survey tools to measure the immediate impact of prevention programming on the knowledge and attitudes of youth

and parent participants. The evaluator will work with the provider to design the following survey tools for in-person and/or online administration.

- *Youth Development Survey*: administered annually to youth participating in recurring prevention activities, such as FNL/CL, to measure changes in knowledge and skills related to advocacy and healthy decision making.
- *Mentoring Program Survey*: administered to youth mentoring program participants at the conclusion of the program to measure outcomes related to life skills, positive coping, and decision-making skills.
- *Parent Survey*: administered to parents participating in educational presentations or parent groups to measure changes in SUD knowledge, assess overall satisfaction with content, and obtain feedback to improve the services.

Tracking Tools. As part of the process evaluation, the provider will use tracking tools to document all their prevention activities and services. The following two tracking tools will be developed by the evaluator in collaboration with provider staff:

- *Activity Tracking Log*: will track the number, type, and location of activities, such as advisory/coalition meetings, educational presentations, and outreach activities, as well as the number of youth and parents/adult participants. Data collection will occur regularly as logs are completed by provider staff at each activity. Process data from the Activity Tracking Log will be entered in PPSDS by the prevention provider on a quarterly basis.
- *Drop Box Tracking Log*: will track the pounds of prescription drugs collected by each drop box site. Quarterly, provider staff will obtain data from the law enforcement agencies maintaining drop boxes in Fresno County and enter the data into the tracking log.

Observations. To collect qualitative information about implementation progress, the evaluator will attend and observe provider Advisory Board or Coalition meetings, prevention-related meetings hosted by the County, as well as other provider activities (such as town halls or youth summits) during each fiscal year. This will help the evaluator provide an accurate description of prevention services in evaluation reports, and allow the evaluator to build and maintain relationships with provider and County staff throughout the five-year project.

Document Review. The evaluator will obtain materials and/or photos from the provider to complete a document review of specific prevention activities such as social norms campaigns, media campaigns, advisory board or coalition meetings, and developed programmatic frameworks. This process data will contribute to an understanding of how activities are implemented so as to measure short-term process outcomes and will provide examples of prevention campaign materials for inclusion in the annual evaluation reports.

Focus Groups. Lastly, the evaluation team will conduct biannual focus groups with prevention provider staff. One focus group will be conducted mid-year to document successes and challenges to date and discuss any needed changes to the evaluation or the data collection process. A second focus group will be conducted at the conclusion of the fiscal year in order for the evaluator to gain a deeper understanding of project activities and to gather final reflections including lessons learned and next steps. The focus group protocol designed by the evaluator will elicit input related to: (1)

observations about emerging alcohol and drug use trends or behaviors; (2) identification of implementation successes, challenges, and needs; (3) how youth and young adults are responding to prevention services; and (4) lessons learned about implementing prevention programs. This qualitative data will address research questions that are not solely answered by quantitative data and enrich the evaluation with descriptive details and stories. Focus group responses will offer context for the evaluation findings and provide the basis for telling the story of prevention efforts.

Data Analysis

The provider will enter implementation data collected via the Activity Tracking Log into the Primary Prevention SUD Data Service (PPSDS) online database managed by the California Department of Health Care Services. At the end of each fiscal quarter, County staff will run PPSDS data reports and submit the reports to the evaluator for analysis and inclusion in a quarterly data dashboard. The dashboards will provide a status report of the prevention provider's quarterly progress on implementation objectives. This process will assist County, provider, and evaluation staff with monitoring progress throughout the project term, and will provide an added degree of data quality control.

Outcome data analysis will occur annually, and center on the performance measures identified in the goals and objectives in the SPP logic models. Analysis will include frequency distributions for each question contained in the FCSIS and the participant surveys, including demographic questions. A comparison analysis of FCSIS data will track youth attitudes and behaviors over time in order to determine if and when program outcomes were achieved. Final analysis performed at the end of the grant term (FY 2025/26) will also incorporate statistical analysis methods, such as significance testing. FCSIS data from the first year (FY 2021/22) of the funding cycle will be used as the baseline for measuring change throughout the five-year project term.

Reporting

Evaluation reporting will take two forms: quarterly data dashboards and annual written evaluation reports.

Quarterly Data Dashboards. The data dashboards will display provider data from tracking logs and PPSDS to document progress on the implementation plan and process goals by substance (alcohol, marijuana, and prescription drugs), and will be shared with the prevention provider and the County on a quarterly basis. The dashboards will establish an ongoing feedback loop between the provider and the evaluator on the status of activities, promote data reporting accuracy, and alert all parties to data collection or data entry issues as they occur.

Annual Evaluation Report. The annual written evaluation report will include results from all process and outcome data collected for each fiscal year. LPC will present the evaluation findings in the context of progress toward the goals and objectives outlined in the SPP, including successes, challenges, and recommendations generated by evaluation findings. The results of the evaluation may also inform any needed revisions to the implementation plan. LPC will submit report drafts to key provider staff and County staff for review and feedback before finalizing each evaluation report.

Roles & Responsibilities

The County staff, provider staff, and the evaluator will all play an important role in a successful evaluation of the SUD Prevention Program. The primary roles and responsibilities for conducting the evaluation are as follows:

Evaluator. As mentioned, the evaluator will be responsible for establishing the evaluation approach, developing data collection tools, conducting observations of program activities, holding focus groups with provider staff, analyzing collected evaluation data, developing quarterly data dashboards, and writing the annual evaluation report.

Prevention Provider. The prevention provider will be responsible for collaborating with the evaluator on data collection tool development, maintaining all tracking logs, administering FCSIS and other participant surveys, and working with the evaluator to submit data and coordinate biannual staff focus groups. The provider will also be responsible for entering all process data in PPSDS on a quarterly basis.

Fresno County DBH. County staff will be responsible for printing copies of the FCSIS, translating the updated FCSIS into Spanish, and pulling PPSDS data to share with the evaluator every quarter. County staff will also conduct an annual site visit to meet with provider staff and review progress to date. The County will convene quarterly meetings between County staff, provider staff, and the evaluator to discuss evaluation and data collection issues and plan for upcoming evaluation tasks.

Timeframe

In general, data collection will occur on an ongoing basis. Activity Tracking Logs will be completed daily or weekly, while activity-specific participant surveys will be administered at the conclusion of prevention events or at the end of each project year for participants in recurring activities. Focus groups with provider staff will be conducted every six months, and the FCSIS will be conducted once each school year. All process data will be entered and analyzed quarterly for inclusion in data dashboards by priority substance, while outcome data from participant surveys and the FCSIS showing progress toward the SPP objectives will be analyzed annually and presented in an annual evaluation report.

Dissemination Plan

It is imperative that evaluation results are disseminated broadly in the community to inform others of progress, provide data that can be used by other entities to improve or enhance services for youth in Fresno County, and educate the public with up-to-date information about youth attitudes and behaviors related to substance use. The plan for disseminating evaluation results is summarized in Table 33 and describes how the County and the prevention provider will share the evaluation data and findings with various stakeholders throughout the course of the project.

First, the County will share the full written Annual Evaluation Report with the Department of Health Care Services (DHCS), Fresno County administrators, the Fresno County Behavioral Health Board, SUD treatment providers within the County, and with the general public. Each completed evaluation report will be posted on the County website, and County staff will publicize the annual report via email and social media posts. A graphic executive summary of the report will be prepared by the evaluator and posted on the County website as well, for members of the public who would like a shorter and more easily

digestible document to review. In addition, the provider will share the Annual Evaluation Report and/or graphic executive summary with members of their Advisory Board and/or Coalition.

Quarterly, the external evaluator will prepare a Data Dashboard for each priority substance, detailing the reach of the prevention programs and progress toward the short, intermediate, and long-term project outcomes. These dashboards will be shared four times each year by distributing copies to provider Advisory Board and/or Coalition members and presenting the data highlights at each quarterly meeting.

Finally, youth survey data (from the FCSIS and/or CHKS) collected and analyzed for the evaluation will be shared with a variety of stakeholders and the general public on an ongoing basis. The provider will create educational social media posts using the evaluation data and tailor the information to different groups such as community-based organizations, parents, youth, and the general public. In addition, provider staff will use the survey results when developing the content of one-time educational presentations for youth and parents, and when developing PSAs and prevention campaigns that will reach youth, parents, and the Fresno County public.

We understand that disseminating evaluation results should not be a one-size-fits-all approach. The County, the evaluation consultant, and the prevention provider will ensure that survey results and other evaluation findings will be shared in accordance with what is appropriate for each audience. For instance, while County administrators will receive the full written Annual Evaluation Report, the oral presentation to the BHB will summarize the evaluation findings and recommendations so as to generate discussion and provide an opportunity for the evaluator and/or the prevention provider to answer questions. In addition, the quarterly data dashboards that will be shared with Advisory Board members will show only an overall snapshot of provider progress as opposed to in-depth details about each activity. Lastly, information disseminated to youth, parents, and the general public will be communicated in a more digestible format via social media posts, public service announcements (PSAs), and oral presentations at town hall meetings.

Table 33. Dissemination Plan for Evaluation Results

Audience	Evaluation Report/ Executive Summary	Presentations/ Town Halls	Fact Sheets/ Infographics	Social Media Posts	PSAs & Campaigns
Department of Health Care Services (DHCS)	County – Annually (Nov/Dec)				
Fresno County Behavior Health Dept. Administrators	County – Annually (Nov/Dec)				
Behavioral Health Board (BHB)	County – Annually (Nov/Dec)	Annual Presentation to BHB (Dec/Jan)			
SUD Treatment Providers	County – Annually (Nov/Dec)				
Provider Advisory Board/Coalition Members	Provider – Annually (Nov/Dec)	Provider – Quarterly Presentation (Oct, Jan, Apr, Jul)	Provider – Quarterly Data Dashboards (Oct, Jan, Apr, Jul)		
Community-Based Organizations		Provider – Town halls/educational presentations (ongoing)		Provider (ongoing)	
Students/Youth		Provider – Town halls/educational presentations (ongoing)		Provider (ongoing)	Provider – Survey data used in campaigns (ongoing)
Parents		Provider – Town halls/educational presentations (ongoing)		Provider (ongoing)	Provider – Survey data used in campaigns (ongoing)
General Public	County – Posted on on website annually (Nov/Dec)	Provider – Town halls/educational presentations (ongoing)		Provider (ongoing) County (annually)	Provider – Survey data used in campaigns (ongoing)

Cultural Competence and Sustainability

The evaluation of the SUD Prevention Program will be culturally responsive to the focus population of youth and young adults ages 10 to 20. The selected prevention provider will be considered the expert on Fresno County youth, and the evaluation consultant will work in collaboration with provider staff to ensure data collection protocols and tools are appropriate for the diversity of young people in Fresno County. To this end, the evaluator will ask the provider to engage a small but diverse number of youth to pilot test the draft surveys prior to data collection in order to gather feedback and revise aspects of the tools to make them more youth-appropriate.

Because of the diverse racial and ethnic demographic makeup of Fresno County, the FCSIS and participant surveys will be offered in English, Spanish, and other languages deemed necessary to reach youth and parents. The evaluator and the prevention provider will be sensitive to the cultural differences of the groups they are collecting evaluation data from and disseminating evaluation findings to, taking into account the language and mode of information dissemination (such as radio, social media, or websites) and culturally specific channels (such as Spanish-speaking radio or television).

The annual analysis of FCSIS data will include examining SUD-related knowledge, attitude, and behavior measures across racial/ethnic groups and by gender to determine if there are any significant racial or gender disparities in outcomes. It will be important to highlight these findings in the evaluation report and communicate them to the County and the provider in case a shift in programming is needed to address these disparities or if additional cultural competency for certain prevention or evaluation activities is required.

At the onset of the grant term, the evaluator will engage stakeholders in the evaluation planning process in order to generate buy-in and promote sustainability of the evaluation activities. For example, the evaluator will collaborate with the prevention provider and County staff to develop data collection tools, train provider staff to collect survey data, and create an ongoing feedback loop by sharing regular data summaries. Youth and young adults will also be included in the evaluation and data collection processes when possible. For example, youth may help with survey administration as well as reviewing evaluation data and helping interpret or elaborate on quantitative survey findings.

To further support the sustainability of the evaluation and the initiative as a whole, the evaluator will generate recommendations based on the evaluation findings and include those recommendations in the Annual Evaluation Report. County staff and the prevention provider will have the opportunity to comment and provide feedback on the recommendations to ensure they accurately reflect their thoughts and experiences. The evaluation findings and recommendations will be used to determine if program implementation is on track and/or if there are any modifications needed to reach certain populations or address emerging trends. For instance, changes in policy, laws, and trending drug use can impact local SUD issues and will need to be addressed in order to sustain effective prevention programming. The recommendations will also be shared with DHCS, Fresno County DBH administrators, the Fresno County BHB, and the provider Advisory Board. This reporting process will allow the County, the provider, and stakeholders to use the findings for program planning and improvement to support the sustainability of Fresno County's SUD prevention efforts.

Finally, it is important for the evaluator and provider to remain flexible, making changes or modifications to the evaluation and/or the prevention programming throughout the grant term to address challenges and barriers or to take advantage of new opportunities as they arise. The evaluator will monitor changes to the implementation plan by attending provider and County-led meetings and by holding focus groups with provider staff every six months to keep abreast of activities. Through these same methods, the evaluation will document best practices for SUD prevention experienced by the provider, so as to lift up successful strategies and thus promote the sustainability of the work. Sustainability of the prevention efforts will be partly dependent upon the County, evaluator, and provider's ability to respond appropriately to the successes and challenges encountered over the five-year SPP cycle.

Sources

ⁱ <https://www.epa.gov/sanjoaquinvalley>. Retrieved May 2019.

ⁱⁱ State of California, Department of Finance, *E-1 Population Estimates for Cities, Counties and the State with Annual Percent Change — January 1, 2017 and 2018*. Sacramento, California, May 2018.

ⁱⁱⁱ *ibid*

^{iv} Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

^v *ibid*

^{vi} *ibid*

^{vii} *ibid*

^{viii} County of Fresno, Department of Agriculture. 2017 Fresno County Annual Crop & Livestock Report.

^{ix} Fresno County Association of Governments. Building the RTP: Putting the Pieces Together. 2018 Regional Transportation Plan and Sustainable Communities Strategy.

^x State of California. Employment Development Department. Fresno Metropolitan Statistical Area (Fresno County). April 2019.