2018-2023

Strategic Plan For
Substance Use Disorder Prevention Services

Bridging drug and alcohol prevention
efforts for a safer community.

Santa Cruz County
Community Prevention Partners

THE COUNTY OF SANTA CRUZ · SINE PRAEJUDICIO · 1850 ·

County of Santa Cruz Health Services Agency

Alcohol and Drug Program

Acknowledgements

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Supporting Partners

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CA Institute for Invincible Youth	Health Improvement Partnership Santa Cruz County	RET Partners	University of California Santa Cruz
Community Prevention Partners Santa Cruz County	Santa Cruz County Health Services Agency	S4C Your Future is Our Business	United Way of Santa Cruz County
Encompass Community Services	Pajaro Valley Community Health Trust	Santa Cruz Mountain Naturals	YWCA
Santa Cruz County Friday Night Live Partnership	Pajaro Valley Prevention and Student Assistance	Santa Cruz County Office of Education	Shebreh Kalantari-Johnson Consulting
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I. Introduction and County Profile

The Santa Cruz County Strategic Plan for Substance Use Prevention Services was led by the Santa Cruz County Health Services Agency and other 17 partner agencies that embarked on a nine-month process to develop the new alcohol and drug prevention strategic plan. A detailed description of the strategic plan process is provided in Section IV.

A) Introduction to the Strategic Prevention Framework (SPF). The Strategic Prevention Framework is designed to follow a five-step process through which local governments work to prevent substance use and abuse through a comprehensive approach. The planning process includes the following stages:

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Assessment → Capacity → Planning → Implementation → Evaluation
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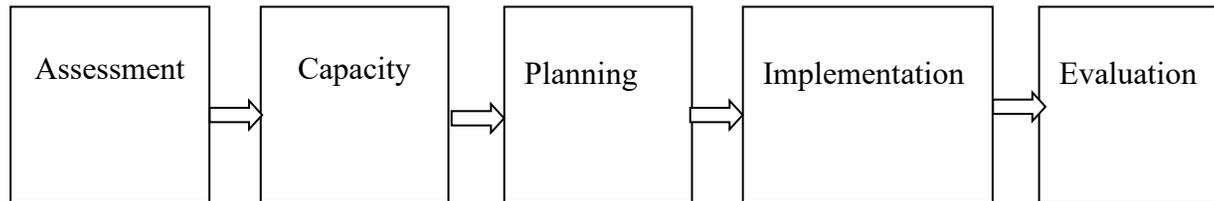
1. **Assessment**- Analysis of problems that cause Alcohol and Other Drug (AOD) use, problems resulting from AOD use, and the population(s) most affected.
2. **Capacity Building**- Analysis of staffing, skills, partnerships, funding, other supports.
3. **Planning-** Analysis of appropriate evidence based programs, practices, and strategies that show measurable outcomes in the reduction of AOD use and its associated problems.
4. **Implementation**- Carrying out the selected programs, practices, and strategies in the planned settings for the selected populations of focus.
5. **Evaluation-** Measuring change in attitudes and or behaviors that lead to the reduction of substance use and or abuse.

The SPF process is implemented by the Santa Cruz County Alcohol and Drug Program (ADP) staff and the Santa Cruz County Community Prevention Partners Coalition (CPP). ADP supports Community Prevention Partners, a prevention coalition under the umbrella of the County Santa Cruz Health Services Agency. CPP includes a wide array of community sectors and representatives who are actively engaged in effective and comprehensive prevention activities that support the implementation of this strategic plan.

Within the SPF framework, the ADP and the coalition utilize the Seven Strategies for Effective Community Change (7SECC) to assess, plan, implement, and evaluate their work. The evidence-based model the coalition implements within the SPF and 7SECC is an Environmental Prevention Strategy called Communities Mobilizing for Change on Alcohol (CMCA), a nationally recognized program that uses a combination of social science, public health and community-organizing strategies to reduce youth access to alcohol by changing community policies and practices. CMCA has been adapted to by Santa Cruz County ADP to address the other priority drug areas.

These two bodies guide the development and implementation of a comprehensive alcohol and other drug prevention plan. Through the SPF process, existing substance use problems, goals to address the problems, and specific objectives are identified. Furthermore, evidence-based strategies are selected to ensure effective responses to the identified priority areas. Measurable outcomes and an evaluation plan are also essential to the plan to assess program effectiveness. The plan is realistic, supportive, culturally competent, and sustainable.

B) Vision, Mission, and Guiding Principles. The ADP facilitates shared planning, resource allocation, community engagement, and outcome-based evaluation of prevention efforts. This is accomplished by preventing or reducing alcohol and other drug (AOD) use, through providing services that

are age-appropriate, culturally competent and research-based. Services focus on reducing contributing factors that place individuals, families, and communities at risk for AOD abuse and on strengthening the resiliency and protective factors that prevent AOD use and misuse.

Table 1: Vision & Mission

Vision Statement	County Alcohol and Drug Program	Prevention Division	Community Prevention Partners
	To provide a healthy and safe community.	Wellbeing of all community members and thriving youth.	Bridging drug and alcohol prevention efforts for a safer community.
Mission Statement	The mission of the Health Services Agency Alcohol and Drug Program is to provide opportunities to the diverse population of Santa Cruz County for the education about, prevention of, intervention into, and recovery from alcohol and other drug related problems. Alcohol and Drug Program services will address the broader community environment as well as individual and family needs to support prevention, intervention and recovery from alcohol and other drug problems. The Alcohol and Drug Program will provide these opportunities through working with partner organizations and community members to plan, implement, administer and evaluate a comprehensive, strengths-based, evidence-based, and culturally responsive County-wide system of contract and County-operated alcohol and other drug program services that is integrated with other needed services, such as mental health, medical care, housing, employment, education, and mutual self-help groups.	(In current Strategic Plan) To provide leadership within a collaborative framework that will empower individuals, families and groups within the community to engage in effective, sustainable prevention strategies across multiple domains. (Agency Mission) The mission of the County Alcohol and Drug Prevention Program is to prevent or reduce alcohol and other drug use among youth and adults by providing an array of age-appropriate, culturally competent, research-based prevention and youth treatment services coordinated with existing prevention efforts in the community. Services focus on reducing the factors that place individuals, families and communities at risk for alcohol and drug abuse and on strengthening the resiliency and protective factors that help prevent it.	Santa Cruz Community Prevention Partners are dedicated to building a diverse community that promotes health and wellbeing, and enhances youth and community safety through sustainable alcohol and drug prevention efforts.

C) County Profile. Santa Cruz County is located on California's central coast; its 440 square miles are bounded by the Monterey Bay and the Santa Cruz Mountains. The northern half of the county is largely suburban, its economy based on tourism and a large commuter population employed in the high-tech industries of the Silicon Valley located inland. The southern half of the county is predominantly agricultural and is centered in and around the city of Watsonville, a regional hub for farming and related commerce.

Communities. Each community presents unique demographic, economic, and cultural characteristics that are significant to shaping effective prevention messages and programs. Among the shared strengths are an informed and politically active citizenry; numerous community-based organizations with an advanced level of networking and collaboration; strong cultural pride and traditions; and a wealth of natural recreation opportunities.

Suburban Communities:

- City of Watsonville
- City of Santa Cruz
- City of Capitola
- City of Scotts Valley
- County unincorporated areas of Aptos, Live Oak, Soquel, Freedom, Rural Communities
- Includes regions of Aptos, Scotts Valley, Soquel, the agricultural area surrounding community of Watsonville and the coastal community of Davenport.

- The northern mountain communities of Felton, Bonny Doon, Ben Lomond, Brookdale, Boulder Creek, and northern regions of Scotts Valley.

Economy & Unemployment. This suburban and rural county has employment based in tourism and agriculture, as well as serving as a commuter base for employees of neighboring Santa Clara County's "Silicon Valley". The southern region of the county is predominantly occupied by locally owned farms, which employ a large number of Hispanic migrant farm workers. Social issues include unusually high rates of unemployment and poverty, especially among families in the Watsonville area. In the northern region, urban and suburban communities depend more heavily on tourism, light manufacturing, and government employment through the University of California Santa Cruz and Cabrillo College. Santa Cruz attracts tourists with our beaches and temperate climate while also attracting a transient and homeless population.

Santa Cruz County's economy has taken a positive turn in recent years and has largely recovered from its peak unemployment rates of the Great Recession. However, the county's current rate of unemployment at 8.7% is still higher than both the statewide unemployment rate of 7.5%, and the nationwide average of 5.3%. Also concerning is the unemployment rate in Watsonville, which is significantly higher at 11.2% (U.S. Bureau of Labor Statistics & *Community Assessment Project, 2015,* Applied Survey Research, Inc.). Finally, the number of employed youth, ages 16-19, has steadily declined over the past five years from 36.8% employed in 2007 down to barely 25% employed in 2013. Research has long showed that youth employment can be a strong protective factor against substance abuse, violence and related behaviors.

The area's combination of high unemployment and poverty led the U. S. Department of Agriculture to designate the city of Watsonville a Federal Rural Enterprise Community in January 1994. The State of California designated the city a State Enterprise Zone in May 1997.

Housing, Poverty & Homelessness. Santa Cruz County is home to 274,146 residents. Affordable housing is of considerable concern in Santa Cruz County, which has consistently ranked among the ten least affordable housing markets in the United States, both for homeowners and renters (*California Housing Affordability Index, 2006,* California Association of Realtors). In the 1st quarter of 2015, the percentage of homes in the county that were affordable to median income families was 22% and the average rent for a two-bedroom house was $1,876 a month (*Community Assessment Project, 2015,* Applied Survey Research, Inc.).

While SCC has middle-class average economic level, poverty is highly concentrated in several regions of the county. Fifteen percent of individuals and 17.2% of children in Santa Cruz County live in poverty (US. Census, 2014). When compared with other cities in California, the city of Santa Cruz has one of the highest per capita rates of homelessness (*Public Safety Citizen Task Force*, 2013, Research). In 2015, on any given night or day, there are more than 1,964 people who are homeless in SCC-0.73% of the county population, versus 564,708 homeless people in the U.S-0.17% of the U.S. population (*U.S. Department of Urban and Housing Development AHAR & Santa Cruz County Homeless Census,* 2015, Applied Survey Research, Inc.). Unaccompanied children and transition aged youth under age 25 accounted for 14% of homeless population in 2015 in SCC (*Santa Cruz County Homeless Census,* 2013, Applied Survey Research, Inc.).

Crime & Gang Prevalence. Crime and community safety is a significant risk factor for substance abuse. The City of Santa Cruz*,* as recently as 2014 with a crime rate ratio of 71:1000, has one of the highest crime rates in California. Drug availability is facilitated by the strong presence of gangs tied to statewide networks. There are 25-30 gangs in SCC (*Santa Cruz County Status on Youth Violence,* 2013, Applied Survey Research, Inc.). Over 31% of gang arrests in SCC in 2013 were among youth ages 12-17 (*Santa Cruz County Gang Task Force,* 2013, Gang Activity Report). Some areas of the county, in particular south county, have a long history of organized gangs, and the accompanying issues of violence and gang-related drug use and drug trafficking. The problem is highly entrenched, with many families now in their third generation of gang affiliation.

Cultural & Linguistics Make Up. Over 33% of the population in Santa Cruz County identifies as Latino/Hispanic, an almost 4% increase between 2008-2014. Almost one third of Hispanic residents speak English "not well" or "not at all" (37.68%). Focus Group and Key Informant Interview data gathered (provided in next section) identified that compared to Caucasians, attitudes towards underage drinking and binge drinking among the Latino/Hispanic population was more lax. Conversely, the Latino/Hispanic population attitudes towards cannabis use, was more conservative compared to Caucasians.

Population. The county has an estimated population of 274,146. The presence of the University of California contributes to a youth-oriented culture, and slightly more than one-quarter of city residents are U.C. students (18,866 out of the total 63,364). In spite of many challenges, Santa Cruz County

has deep strengths and assets. There is a strong sense of community identity, with many local leaders and community members having grown up in this community. The growing Latino population enriches the community through its values, extended family ties, a strong work ethic, and rich cultural, religious and artistic traditions. There is strong political will in Santa Cruz County to strive for change, and community leaders have made a commitment to create a community in which youth can lead healthy and safe lives. Below are charts illustrating County demographics by Population, Gender, Ethnicity and Age.

Table 2: Santa Cruz County Demographic Profile

Total Population	2010	2011	2012	2013	2014	2015
Santa Cruz County	263,054	264,298	266,776	269,419	271,804	274,146
California	37,349,363	37,691,912	38,041,430	38,332,521	38,802,500	39,144,818

Gender Distribution	2010	2011	2012	2013	2014	2015
Female	50.1%	50.1%	50.3%	50.5%	50.2%	50.4%
Male	49.9%	49.9%	49.7%	49.5%	49.8%	49.6%
Santa Cruz County	263,054	264,298	266,776	269,419	271,804	274,146

Age Distribution	2010	2011	2012	2013	2014	2015
Under 5 Years	5.6%	5.7%	5.6%	5.9%	5.5%	5.4%
5-19 Years	21.0%	19.5%	20.1%	19.5%	19.5%	19.2%
20-34 Years	20.9%	23.1%	21.9%	22.5%	22.5%	22.9%
35-64 Years	41.3%	40.2%	40.1%	39.6%	39.1%	38.2%
65 Years and Above	11.1%	11.6%	12.2%	12.5%	13.4%	14.3%
Santa Cruz County	263,054	264,298	266,776	269,419	271,804	274,146

Ethnic Distribution	2010	2011	2012	2013	2014	2015
Asian	4.4%	4.4%	4.0%	4.4%	4.3%	4.4%
Black	0.8%	1.0%	1.0%	0.8%	0.8%	0.8%
Hispanic/Latino	32.2%	32.7%	32.7%	32.9%	33.2%	33.3%
White	59.7%	58.8%	58.7%	58.3%	58.1%	57.6%
Other	0.6%	0.5%	0.7%	0.1%	0.3%	0.4%
Multi-Race	2.3%	2.6%	2.9%	3.4%	3.3%	3.5%
Santa Cruz County	263,054	264,298	266,776	269,419	271,804	274,146

Source: United States Census Bureau. (2016). 2010-2015 American Community Survey 1-year estimates & Community Assessment Project, 2016, Applied Survey Research, Inc.

II. Assessment

A) Assessment Methodology. Santa Cruz County has a notable history of data-driven planning and evaluation of prevention outcomes utilizing various assessment methods. For this Strategic Plan, ADP utilized both existing quantitative and qualitative data. Quantitative data included secondary data from treatment, Sheriff Coroner's Office, law enforcement, juvenile justice, and hospital/emergency room; Santa Cruz County Community Assessment Project Survey (Attachment 1 Link); Seven Challenges Survey (Attachment 2a Link and Attachment 2b Link); the Secure Monitor and Dispose Survey (Attachment 3 Link); and California Health Kids Surveys. Almost all of the surveys were selected as they are reliable and valid instruments proven effective in highlighting consumption, consequences and contributing factors patterns. The Secure Monitor and Dispose Survey has not been research tested but provided the community and coalition with information that is not currently being collected through other sources. Secondary data from county and city sources provided another source of consequences and contributing factors that were not reliant on self-reporting.

Although there was a great deal of quantitative data to review, the county decided to conduct Focus Groups and Key Informant Interviews to obtain qualitative data. The planning group felt that not all sectors were represented in the quantitative data sources and wanted to ensure a thorough process for assessing community needs and challenges around youth substance use.

The ADP planning team developed Focus Group questions and protocols, piloted them internally, and worked with CPP Coalition members and partner agencies to implement. Key Informant Interviews (Attachment 8 Link) were conducted by Coalition Executive Committee members over a period of a month and a half. The participation of Coalition Executive Committee members and partner agencies was essential in reaching a diverse group of respondents that would provide a wide perspective on the substance use challenges and needs in our community.

Click on the word Attachments below to view identified data sources as follows:

Attachment 1 Link	Santa Cruz County Community Assessment Project Survey
Attachment 2a Link	Seven Challenges Pre Survey
Attachment 2b Link	Seven Challenges Post Survey
Attachment 3 Link	Secure Monitor and Dispose Survey
Attachment 4 Link	Focus Group Questions/Protocol
Attachment 5 Link	Focus Group Demographic Questionnaire
Attachment 6 Link	Focus Group Results and Demographics
Attachment 7 Link	Focus Group Summary
Attachment 8 Link	Key Informant Interview Protocol & Questions

Attachment 9 Link	Key Informant Interview Results
Attachment 10 Link	Key Informant Interview Summary
Attachment 11 Link	Data Packet

The Focus Group Questions/Protocol (Attachment 4 Link) and Demographic Questionnaire (Attachment 5 Link) are both included. The complete list of participants are included in the Focus Group Results & Demographics (Attachment 6 Link). A summary of the Focus Groups is included in Attachment 7 Link. The Key Informant Interview Protocol & Questions is in Attachment 8 Link. The complete Key Informant Interview Results are included in Attachment 9 Link. A summary of the Key Informant Interviews are included in Attachment 10 Link.

B) Data Sources & Findings. Quantitative and qualitative data sources were utilized during the Strategic Plan Assessment process. Quantitative data included secondary data (treatment, Santa Cruz County Sheriff Coroner's Office, law enforcement, juvenile justice, and hospital/emergency room); Santa Cruz County Community Assessment Project Survey; Seven Challenges Survey, Secure Monitor and Dispose Survey, and California Healthy Kids Survey. Qualitative data included eleven Key Informant Interviews and eight Focus Groups. The data reviewed by the development team was extensive and took up three meetings. In the first meeting, attendees reviewed a chart developed by staff that provided results on the last set of ADP outcome objectives. Development team members were able to assess where we had made progress and where there was work remaining. This led the group to the second meeting in which current consumption and consequences data (as well as trend data) was reviewed. The attendees broke up into groups and split up the data packet so that there were at least two groups reviewing the consumption data and two groups reviewing the consequences data. In the third meeting, attendees dove deeper into the current risk and protective factors data. A data packet (Attachment 11 Link) was provided to the development team. A summary/ highlights of the data is provided below.

California Healthy Kids Survey Highlights (2013-2015). Primary data regarding prevalence of substance use comes from self-reported behaviors on the California Healthy Kids Survey (CHKS), an instrument developed and distributed by the California Department of Education. All school districts in SCC participate, administering the survey biennially. The primary limitation of this data is that it excludes out of school youth. Given the high dropout rates in key regions of the county, it is likely that these numbers under-report local use rates in comparison with other communities. Some highlights of the data are provided. Santa Cruz County data is from 2014-2015 and State data is from 2013-2015.
Alcohol:
- Past 30 Days: 34% of SCC 11th graders (vs. 29.1% state) reported use of alcohol during the past 30 days compared with California traditional public high school students.
- Past 30 Days: 21% of SCC 11th graders (vs.17.6% state) reported binge drinking in the past 30 days.
- Perception of Harm: 22% of SCC 11th graders (vs. 26% state) rated daily or almost daily alcohol use as extremely harmful.
- Perception of Harm: 43% of SCC 11th graders (vs. 50% state) rated binge drinking once or twice a week as extremely harmful.
- Driving: 19% of 11th graders had driven a car while he/she had been drinking or been in a car driven by a friend who had been drinking (at least one time) (same rate at state 19%).
- Age of Onset: 59% of SCC 11th graders (vs. 43% state) have used by age 17.

- Age of Onset: 40% of SCC 9th graders (vs. 41% state) have used by age 16.
- Age of Onset: 17% of SCC 9th graders (vs. 20% state) have used by age 14.
- Ease of Access: 73% of 11th graders (vs. 68.8% state) stated that alcohol is fairly or very easy to access.
- Self-reported problems related to alcohol:
  - Passing out (14%),
  - Physically hurt or injure self (4%),
  - Unprotected or unwanted sex (4%),
  - Problems with schoolwork (7%),
  - Mental health problems (9%),
  - Getting in trouble with the police (6%).

Cannabis/Marijuana[1]:
- Past 30 Days: 26% of 11th graders (vs. 20.1% state) used marijuana in the past 30 days.
- Perception of Harm: 28% of 11th graders (vs. 38% state) identified daily or almost daily use of marijuana as "extremely harmful".
- Age of onset: 43% of 11th graders (vs. 35% state) have used by age 17.
- Age of onset: 27% of 9th graders (vs. 22% state) have used by age 17.
- Age of onset: 6% of 7th graders (vs. 5.4% state) have used by age 14.
- Ease of Access: 77% of 11th graders (vs. 69% state) stated that alcohol is fairly or very easy to access.

Prescription Drugs:
- Past 30 Days: 7% of 11th graders (vs. 6% state) reported having used prescription pain medication to get "high" or for reasons other than those prescribed in the past 30 days.
- Lifetime Use: 9% of 11th graders (vs 11% state) reported they have used prescription pain killers in their lifetime.

Other/General:
- Early signs of addiction included:
  - Increasing use to get the same effect (12%),
  - Using when alone (12%),
  - Worrying about use/thinking about stopping (12%).
- Substance use is considerably higher among students in alternative education schools:
  - 41% have used alcohol in the last month,
  - 27% have engaged in binge drinking,
  - 46% have used marijuana,

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[1] Santa Cruz County ADP and the CPP Coalition utilize the term cannabis to refer to this substance. However, the term marijuana is also seen in this plan when citing data. Data surveys (i.e. California Healthy Kids Survey) utilize the term marijuana and not cannabis.

o   38% have used prescription medication to get "high" or for reasons other than prescribed.

Community Assessment Project Highlights (2015). A countywide validated survey, the Santa Cruz County Community Assessment Project (CAP), has been in place and implemented by a research firm Applied Survey Research. This anonymous telephone survey is conducted every other year through a random selection of Santa Cruz County residents. Some highlights of the data are provided.
o   19% of adults reported binge drinking in the past 30 days-a 6.1% increase since 2011.
o   10% of these adult survey respondents reported feeling that it was "very" or "somewhat" acceptable for adults to provide alcohol to underage youth in their home.
o   52.5% of adult respondents found it very or somewhat acceptable to use marijuana recreationally or for non-medicinal use-a 3% increase since 2011.
o   Reasons given for this perceived community acceptance include: this is a liberal/tolerant community; many adults use it themselves; marijuana is inherently acceptable and no different from alcohol use; it is important for medical use; and the local history of counter-culture.
o   2.3% of respondents reported using a prescription medication without a prescription-with a slight 0.1% increase since 2011.

Seven Challenges Survey Highlights (2013-2015). The Seven Challenges Program is designed specifically for adolescents with substance use challenges. Its goal is to motivate interpersonal awareness and increase decision-making and systematic logical thinking to support success in implementing the desired changes. The purpose of this Seven Challenges Survey was to collect information on high school students who participated in The Seven Challenges Program regarding their attitudes and behaviors towards alcohol, tobacco, and other drug use (ATOD) and consequences they have experienced as a result of ATOD use. The data in the report utilized represents aggregated data collected during the 2013/14 and 2014/15 school years. The survey report was completed by research Applied Survey Research. Some highlights of the data are provided.

Alcohol Access:
- Friends over 21: 49.3%.
- Parties: 43.4%.
- Home w/o parent knowledge: 16.8%.
- Friends home w/o parent knowledge: 13.9%.
- Steal from store: 17.2%.
- Ask someone to purchase: 9.9%.
- Perception of Peer Disapproval for drinking alcohol nearly every day: 28.4%.
- Perception of Parental Disapproval for drinking alcohol nearly every day: 84.8%.

Cannabis Access:
- Friends: 68.5%.
- Buy it yourself: 52.6%.
- Parties: 27.8%.
- Friends home w/o parent knowledge: 12.2%.
- Grow it: 13%.

- From Dispensary: 8.5%.
- Perception of Peer Disapproval for smoking cannabis: 9.8%.
- Perception of Parental Disapproval for smoking cannabis: 65.5%.

Prescription Drug Access:
- Friends: 58.8%.
- Parties: 30.3%.
- Their own Homes: 32.8%.
- Friends' Homes: 23.1%.
- Perception of Peer Disapproval for using non-prescribed prescription drugs: 57.2%.
- Perception of Parental Disapproval for using non-prescribed prescription drugs: 92.5%.

Secure & Monitor Survey (2014). In 2014, CPP members and ADP staff conducted a Secure Monitor Dispose Survey over a three-month period. Four hundred and twenty-two Santa Cruz County adult community members throughout the county were surveyed. The survey highlighted data that we were not able to capture from other sources. Some highlights include:
- 43% of community respondents dispose of expired or unwanted medications by flushing them, discarding them in the garbage or recycling, or by mixing them with an undesirable substance.
- 69% of respondents store medications in a medicine cabinet or an easy to access location.

Secondary Data Highlights.

a) *SCC Sheriff Coroner's office* (2015) (data source: Coroner's Office annual report):
- Fifty-eight deaths, seven of which were young adults, were attributed to drug overdose.
- Of these 58 deaths, 79% were accidental drug overdoses.
- Prescription drugs had some of the highest rates showing that 73% of the males and 38% of the females had prescription drugs in their system at the time of overdose.
- Opiates were the highest cause of overdose deaths (Prescription drugs 21 deaths; heroin 16 deaths).
- Polypharmacy was a trend seen among 33% of the overdose deaths.
- University of Santa Cruz, California-UCSC- college student, overdosed from edible THC (cited from *Fiore,* 2016, Overview of Acute Drug Related Deaths in Santa Cruz County).
b) *Arrests* (2014) (data source: State of California Department of Justice, Office of Attorney General):
- 38.6% of all AOD related arrests were among 18-29 year olds.
- 5,917 arrests were AOD related.
c) *Hospital/ER* (2014) (data source: California Office of Statewide Health Planning and Development, Inpatient Discharge Data):
- 1,921 Emergency Department Visits were AOD related.
- 5% of AOD related emergency department visits were among 0-17 year olds.

- 13.6% of AOD related emergency department visits were among 18-24 year olds.
- 413 hospitalizations were AOD related.
- 2.7% of AOD related hospitalizations were among 0-17 year olds.
- 2.2% of AOD related hospitalizations were among 18-24 year olds.

d) *Treatment* (FY 2015/2016) (data source: California Outcomes Measurement System—Treatment (CalOMS Tx):
- There were 1,662 treatment admissions in 2015/16. This is a decrease from 2,101 in 2014/15 and 1,851 in 2013/14.
- 27.1% of treatment admissions were for alcohol.
- 72.9% of treatment admissions were for other drugs.
- 12.4% of treatment admissions were among 0-17 year olds.
- 14.5% of treatment admissions were among 18-25 year olds.

e) Santa Cruz County Probation & SCC Sheriff's Office (2012) (data source: Probation and Sheriff's Office):
- 14.9% of all Juvenile Hall bookings are AOD related.
- 45.7% of all jail bookings are AOD related.

Focus Groups (August-September 2016). A total of eight focus groups were conducted in English and Spanish across the county among target groups including: youth, young adults, youth in recovery, adults in recovery, adults who work in the field of recovery, adults in the field of public health, family members of adults in recovery, English speaking parents, and Spanish speaking parents. Highlights are provided:
- There was a strong consensus across all focus groups (FG) that alcohol was the most prevalent substance being used by youth and adults in Santa Cruz County (SCC), followed closely by marijuana.
- All target groups (TG) also unanimously stated that prescription (Rx) drugs are in high use.
- All TGs named heroin as a major consumption drug.
- The most common sentiment across all focus groups was that teens and young adults get alcohol and other drugs (AOD) from strangers (i.e. "Shoulder tapping") and/or dealers on the street.
- All FGs mentioned friends and/or family members as major AOD sources.
- School and college campuses were also frequently mentioned.
- The most commonly cited place youth use is the school/campus.
- All TGs mentioned the home and/or parties as a common place of usage.
- Parks, secluded areas, the levy and the beach were mentioned frequently as common use locations.
- The most frequently mentioned contributing factor for access and availability across all TGs was parents: either they fail to lock up RX drugs, or they fail to discipline/be involved in their children's lives.
- Another strong theme emerging across all TGs was public policy, in the form of medical marijuana legislation and/or lenient drug regulations.
- Greed and economic development at the expense of public health was also listed as a contributing factor.
- The ease of acquiring Rx and over-the-counter drugs was also a contributing factor.
- The number one cultural aspect contributing to use mentioned across all TGs was the marijuana-based culture in SCC.
- Other cultural aspects included a lack of family involvement, role models and positive youth activities, and a college town vibe.

- An overwhelming number of FG respondents across all TGs stated that adult engagement and guidance is essential to youth reaching their full potential.

Key Informant Interviews (August-September 2016). A total of eleven Key Informant (KI) Interviews were conducted. Representatives of the following fields made up the key informants: pharmacists, medical cannabis business owner, university professor, community member in recovery working in the field of homelessness, public health chief, fire chief, sheriff, police chief, staff at Coroner's Office, and County Office of Education alternative education manager. Highlights are provided:

- The top problem mentioned in terms of substance abuse was Marijuana (MJ), followed closely by opioids, heroin, and alcohol. Rx drugs were mentioned twice and MDMA was mentioned once.
- The top 2 problems mentioned in terms of broader issues were easy access to alcohol, Rx and other drugs and a lack of early intervention strategies, including education on the consequences of AOD use.
- There was little consensus between KIs regarding current drug trends. The strongest consensus was found among three respondents who agreed that drug use occurs w/friends and family at parties, homes and on campus. There was also agreement amongst several respondents that Rx drug use is trending.
- The dominant contributing factor regarding the current drug challenges in the community mentioned by KIs was a party/hippie culture in Santa Cruz that is tolerant and accepting of substance use, exacerbated by tourism and a local UC. Another factor mentioned by several KIs was policies and laws that are soft on drug use and that promotes the legal use of MJ. Economic depression was another inciting factor mentioned by two KIs.
- The strongest theme that emerged from KIs regarding contributing to access and availability was that in this current social climate, gangs and other suppliers can easily sell drugs and recruit new dealers.
- Several KIs felt access and availability are on the rise because new social norms have conditioned people to accept substance use instead of working to limit it.
- When asked what Santa Cruz has going for it, the strongest consensus among KIs was that SCC has capable and compassionate people in key positions who are willing to collaborate.

C) Identified Data Gaps. The Strategic Plan Development Team (further described in Section IV Planning) spent several meetings reviewing and discussing the data packet that was provided. The group felt that there were no real limitations in the data and the data packet provided the information needed to select priority areas. There was however three data areas/data points that the group identified as missing: 1. Number of individuals with Medical Cannabis cards or medical recommendations-what is the true number of Santa Cruz County residents needing medical cannabis? Data related to the number of patients needing medicinal cannabis is unavailable. The number of medicinal cannabis cards issued in the county is unrepresentative of the number of individuals who have a medical recommendation. As patients receive cannabis from multiple sources, dispensaries, collectives and self-cultivation we have no current mechanism to gauge the level of need and do not believe this data would inform a different set of strategies. 2. County-wide reports on property damage and violent crime related to drug and alcohol use. Violent crime and property damage related to alcohol and drug use is not uniformly tracked by law enforcement and documented in reports. We are currently working with the Superior Court system to gather data related to all alcohol and drug citations and adjudications which may provide valuable information in the

future[2]. 3. How are the various drugs coming into the county? What are the sources? ADP staff is pursuing these questions through the county narcotics task force.

D) Priority Areas & Corresponding Risk & Protective Factors. A comprehensive compilation of quantitative and qualitative data was utilized among the Strategic Plan Development Team, to determine priority areas for the next five years. The group utilized a comparison of county data in relation to state data and the analysis indicated Santa Cruz County was higher than state average in most areas. The group was asked to respond to a set of questions that would assist in identification of priorities. The questions included:

- *Magnitude –Is there a problem or problems that consistently "pop up" in different data sets?*
- *Location – Where are the problems happening?*
- *Time – How is the problem changing over time?*
- *Severity –What are the consequences/Results that come from the problems?*
- *Changeability – Is the problem amendable to change?*
- *Missing-What data is missing that would help inform this process?*

A summary of these responses is provided in Table 3.

Table 3: Data Assessment Review Responses

	Group1	Group2	Group3	Group4	Group5	Group6
Magnitude	Data around non-traditional schools shows # of alcohol outlets increasing – more availability to access at home. Higher concentration of alcohol outlets than state average.	Adult binge drinking is rising. Upturn in use from 7th-9th-11th. Non-Traditional usage very high locally.	No significant change. Permissive/tolerant culture needs to be addressed. Perception of harm lower than state average.	Alcohol issues and youth DUI is higher than state average. Alcohol has greater social costs 73% & significantly higher ER. Higher than state average.	Youth trading drugs for sex (as a drug). Alcohol bookings 40%-50% upward trend over time. Drug treatment 3x amount of alcohol. Alcohol higher in ER. Drugs lower in ER. Opioids high. Unspecified high. 2009-2015. All rates higher than state average.	Alcohol and cannabis are the most frequently used. Access from home or other personal connections. Santa Cruz County rates are higher than CA State Non-traditional students always have the highest percentage Social acceptance/relaxed "Santa Cruz" culture. All rates higher than state average.
Location	Home, school, community, after-hours events, on and off road.	Unclear, for adults. Parties, school for youth.	Santa Cruz and Watsonville.	Heroin - Santa Cruz. Meth – West Side Santa Cruz.	Alcohol outlets increase.	School campuses; home; remote areas in nature.

[2] Since the Strategic Plan Development Team initially reviewed data in August and September, the county Probation Department released a report by the California Forward Justice System Change Initiative (J-SCI) that does highlight jail bookings that are drug and alcohol related that correlate with property damage or violent crime. The report indicates a large percentage of criminal justice system utilizers as being low-level offenders, with drug and alcohol related crimes, who are briefly cycling through the local justice system, and going back into the community without accessing services. The full report may be available upon request.

	Group1	Group2	Group3	Group4	Group5	Group6
Time	Cannabis use decline & trending down while an increase in dispensaries. Reduction in binge drinking.	Youth consumption is slowly decreasing while adult use is growing.	Possible decrease in arrests, possible increase in hospital visits. Increased ED reported were primarily 18-24. Were also higher than state.	ETOH deaths are decreasing. Ebbs & flows. Arrests are down.	Alcohol deaths by driving following economy. Injury similar except increased in 2011.	Generally, consumption patterns are decreasing!
Severity	School attendance, academic performance, job loss, law enforcement issues, social acceptance, entrepreneurial approach.	Difficult to see how SCC fares compared to state data due to collection/aggregation questions. However our local use is too high for the "legacy" we want to leave.	Could be a change in law enforcement procedures so individuals are being taken to the ER more often. It is possible that people are more medically acute.	Rising unprotected/unwanted sex concerning. AOD - interferes with employment. Seven Challenges didn't reduce aggression (self/others). Unspecified/mix & cannabis highest hospitalization in terms of drugs.	Seven Challenges effective for MJ, but sex, stimulants on rise, need treatment modality. Juveniles have lower booking rates. County higher than state for death rate. Males fluctuate, females flat.	Personally driving or driving with a friend who has been drinking; hospitalization; blacking out or not remembering.
Changeability	Yes.	Most youth usage is decreasing so hopefully it continues to be amendable to change.	Yes. Using continued efforts.	What is the system to keep youth out of the system? Youth and Transition Aged Youth low on overdose deaths, the older the population the higher the death rate. Have treatment for heroin, but not meth/club drugs. Under age		The trends have shown shifts, so that would seem to indicate changeability.

	Group1	Group2	Group3	Group4	Group5	Group6
				cannabis is higher than other drugs.		
Missing	Further clarification of what "NT" means (I.S., homeschool, charters, continuation, etc.).	N.T. State data. Medical MJ ID data NOT good stat to use. Get Cannabis Industry to get demographic data for us.	Reports on property damage related to drug and alcohol use. Reports on violent crime related to drug and alcohol use.		What are the sources for different drugs coming into the county? Black market? Super high proportions ER visits/hospitalized.	Adult use patterns.

The group was asked to reflect on the data reviewed, the responses to the above questions, and to think about the following question as they selected their top four priority areas: *Which problem areas do we need to address in order to leave the legacy we want for our children and community?* Members were then provided four stickers and asked to select their top four drug areas. The drug areas that emerged were: **alcohol, cannabis, prescription drugs, heroin.** The Development Group then completed an assessment on risk and protective factors for each priority area. These assessments are inserted below (pgs. 17-21):

Table 4: Risk & Protective Factors

Priority Area: Alcohol	
Risk Factors	**Protective Factors**
There is availability and access of alcohol to youth by merchants. There is availability and access of alcohol to youth by adults.	- Strategies Limiting Merchant access by youth including Responsible Alcohol Merchant Awards, Compliance Checks, Shoulder Tap Operations. - Strategies Limiting Social access by youth including Social Host Ordinance enforcement, and Lock It Up Talk It Up parent and youth education campaign.
Youth have a low perception of harm regarding binge drinking.	-Social norming strategies illustrating the harms of binge drinking by youth. -Seven Challenges early intervention.
Young people believe that it is easy to access alcohol from friends, family and stores.	-CPP been working on alcohol as a coalition for decades and have solid expertise and experience. - County success in developing and passing ordinance to impact alcohol use (social host ordinance).

Priority Area: **Alcohol**	
Risk Factors	**Protective Factors**
Some adults that think providing alcohol to minors is ok.	-Over half of communities in Santa Cruz County however feel concern about alcohol use in their neighborhoods across all regions which provides for motivation/leverage for change.
High school students are not connected to school and do not believe they engage in meaningful activities.	-Extensive opportunities for youth engagement and youth development programs. -211 free guide for community services. -Free or low cost community opportunities such as Volunteer Center, Friday Night Live, Boys and Girls Club, YW/YMCA, Recreation Programs and church programs. -School Climate Accountability Plans. -Metrics for school connectedness.
There is a higher alcohol outlet ratio in Santa Cruz County than in the State.	-CUP and DAO in City of Santa Cruz. -CPP working on alcohol as a coalition for decades and have solid expertise and experience. - CPP success in developing and educating for passage of ordinance to impact alcohol use (social host ordinance).
Social Host Alcohol Ordinances are not enforced.	-Have gained reputation among decision makers as experts in the area of alcohol abuse and prevention. -Have strong partnerships with Law Enforcement across jurisdictions

Priority area: **Cannabis**	
Risk Factors	**Protective Factors**
There is availability and access of cannabis to youth by friends and families.	-Dispensary Track and Trace policies. -Lock it Up Talk it Up Campaign among families and parents.
There is an increase in youth use between middle school and high school.	-Youth development programs. -Seven Challenges Early Intervention.

Priority area: **Cannabis**	
Risk Factors	**Protective Factors**
Youth have a low perception of harm regarding cannabis use.	-Seven Challenges early intervention. -Social Norming campaign.
High school students are not connected to school and do not believe they engage in meaningful activities.	-Extensive opportunities for youth engagement and youth development programs. -211 free guide for community services. -Free or low cost community opportunities such as Volunteer Center, Friday Night Live, Boys and Girls Club, YW/YMCA, Recreation Programs and church programs. -School Climate Accountability Plans. -Metrics for school connectedness.
Lack of regulations have increased illegal grow operations.	Strong regulations around cultivation are being developed and adopted in the county.
Some decision makers favor permissive regulations and large grow sites.	-CPP working on cannabis as a coalition and have solid expertise and experience. - CPP success in developing and educating for passage of ordinances for dispensing and cultivation. -Prevention/Public health has gained trust and reputation among some decision makers and local leaders.
There is a cannabis-based culture in SCC that contributes to a positive social norm and low perception of harm, which promote use.	-CPP working on cannabis as a coalition and have solid expertise and experience. - CPP success in developing and educating for passage of ordinances for dispensing and cultivation.
Lack of public policy on medical and recreational marijuana and/or lenient drug regulations.	-CPP working on cannabis as a coalition and have solid expertise and experience. - CPP success in developing and educating for passage of ordinances for dispensing and cultivation. -Strong partnerships have been formed with members of the Cannabis industry. There is an openness to work collectively.

Priority Area: Prescription Drugs

Risk Factors	Protective Factors
Youth access Prescription drugs from friends, family, parents.	-Lock It Up Talk It Up Secure, Monitor and Dispose Campaign. -Prescription Drug disposal stations. -Extended Producer Responsibility Ordinance to mandate take back of pills by industry.
Some young people purchase prescription drugs off the streets.	-Tighter regulations around prescribing practices.
Polypharmacy is a trend seen in overdose deaths in 2014.	-Emergency Room policy of no opioid prescriptions issued.

Priority Area: Opioids

Risk Factors	Protective Factors
Opiates were the highest cause of overdose deaths 2015.	-Safe Rx Coalition Safe Prescribe Guidelines. -Medical Assisted Treatment Options. -Naloxone Program.
Opioid abuse has increased in the last five years in Santa Cruz county.	-Syringe services early intervention available. -Safe Rx Coalition Safe Prescribe Guidelines. -Medical Assisted Treatment Options. -Naloxone Program.
Heroin use has increased in the last five years in Santa Cruz County.	-Seven Challenges early intervention. -Social Norming campaign.

E) Priority Areas & Problem Statements. Based on the information gathered through the risk and protective factors charts, the following problem statements were developed for each priority area:

- **Alcohol**: Youth and young adults binge drink at a rate that is preventing their thriving and wellbeing.
- **Cannabis**: Youth and young adults use cannabis at a rate that is preventing their thriving and wellbeing.
- **Prescription Drugs/Opioids[3]**: Youth and young adults misuse prescription and opioids drugs at a rate that is preventing their thriving and wellbeing.

F) Current Capacity.

County Staff: Provided is a list of staff positions appointed to substance abuse prevention in the county and including a brief description of their primary duties.

- Associate Human Service Analyst, 1FTE: This position acts as the Prevention Program Manager who is responsible for the development, management, coordination and evaluation of all prevention services including contracts and budget.
- Program Coordinator, 1 FTE: Primary responsibilities include the development, management, and coordination of the CPP coalition initiatives and implementation of the strategies identified in the strategic plan.
- 2 Heath Program Specialist, 1 FTE: Coordination and implementation of Friday Night Live Program and activities to support strategic plan strategies.
- 5 Student Workers, .25FTE: Direct service delivery of Friday Night Live Programs and activities supporting the strategic plan deliverables.

County Programs: Below is a list of the programs the county administers and a brief description of the program and the population(s) served.

- Santa Cruz County Friday Night Live Partnership - Youth development program engaging youth, ages 12-20, in partnership with adults to assess, identify, develop, implement and evaluate projects to address ATOD use in the school or community.
- Community Prevention Partners Community coalition in partnership with United Way of Santa Cruz county. This group serves the full community, both youth and adults through four initiatives: Alcohol, Cannabis, Prescription Drugs and Substance Use Disorder Social Norming Campaign.
- The Seven Challenges - Substances use disorder assessment and early intervention services for youth and young adults age 11-25.

County Providers: Below is a list of the organizations the county funds with the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Primary Prevention Set-Aside dollars and a brief description of what the organization does and/or the programs that the organization implements.

- United Way of Santa Cruz County- Supports the assessment, planning, coordination, implementation and evaluation of Community Prevention Partners coalition environmental prevention strategies to decrease access and availability of substances, and shifting community norms and policies. Programs include the Alcohol and Cannabis initiatives, Substance Use Disorder initiative, community organizing and all policy work of the coalition.

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[3] NOTE: Heroin was originally a separate problem statement but through our work with our strategy team we found this priority area to be duplicative when approaching prevention strategies and therefore merged it with Prescription Drugs. This is why some of the following tables will include Heroin as a separate priority area.

- Pajaro Valley Prevention and Student Assistance - Supports the implementation of the Alcohol and Cannabis initiatives through community organizing and support of policy development and stakeholder education.
- California Institute for Invincible Youth - School based youth development project building protective factors on school campuses to enhance school climate and build resiliency.
- Applied Survey Research - Evaluation of strategic plan goals and objectives and grant funded projects, including data collection, analysis and information dissemination to the community and stakeholder.

County Coalitions/Groups: Below is a list of the coalitions the county either leads or participates with and a brief description of the purpose of the coalitions.
- Community Prevention Partners Coalition (Lead)- A countywide prevention coalition consisting of over 100 members and 50 organizations, focused on decreasing substance use access and availability through policy to increase the wellbeing of the community.
- Tobacco Coalition (Participant) - Reducing access and availability of tobacco products to youth and promoting smoke free community venues through policy solutions.
- Youth Violence Prevention Task Force (Participant) - Lead by the Criminal Justice Council this cross section of community members is addressing the root causes of youth violence, increasing information sharing, enhancing youth opportunities, and strengthening and mobilizing our community.
- Opioid Safety Coalition (Participant) - To reduce opioid related deaths in Santa Cruz county through strategies to that decrease prescriber access, increase naloxone distribution, medical assisted treatment and increase dialogue on alternative pain management and the dangers of opioids.
- Syringe Services Program Coalition (Participant) - A coalition of public health, community members and law enforcement focused on safe access to syringes, proper disposal, naloxone training and Medical Assisted Treatment education.
- University of California, Santa Cruz Community Partners Coalition (Participant) - Joint prevention efforts between the county and the university to address substance use, increase early intervention and student safety.
  Community Assessment Project Collaborative (Participant) - Analysis of community issues related to the social determinants of health and prioritization of goals and strategies.
  Student Emergency Response Program (Participant) - A coalition of mental health providers, school administration, county service providers that provides crisis support to youth at school and in the community after a community crisis, youth suicide or death.

County Partners: Table 5 (pgs.23-25) below is a list of collaborative partners and the partnerships' involvement with prevention efforts.

Table 5: County Partners

Partner Organizations	Initiative/Involvement
Alcohol and Drug Commission	CPP Executive Committee, Cannabis, Rx, Active Members
Applied Survey Research	Data Collection and analysis for Rx, Cannabis, Alcohol
California Highway Patrol	Alcohol, Data and Implementation Support

Partner Organizations	Initiative/Involvement
Cannabis Industry	Cannabis, Active Members
Central CA Alliance for Health	Rx, Substance Use Disorder, Active Members
Community Action Board	Alcohol, Cannabis, Active Member
Costco Pharmacist	Rx Champion
County Children's Mental Health	Rx, Active Members
County Mental Health Services	Rx, Substance Use Disorder, Cannabis, Active Members
County Office of Education	CPP Executive, Rx, Active Members
County Probation	CPP Executive, Active Member
County Public Health	CPP Executive Committee, Alcohol, Rx Initiative Active Members
County Public Works	Rx, Active Members
County Sheriff Department	Alcohol, Active Members
Dignity Health Medical Group	Rx, Active Members
Dominican Hospital	Rx, Substance Use Disorder, Active Members
Encompass Community Services	Alcohol, Substance Use Disorder, Active Members
Friday Night Live Youth	Alcohol, Cannabis, Rx, Active Members
Health Improvement Partnership	CPP Executive, Rx, Substance Use Disorder, Active Members
Horsnyder Pharmacy	Rx, Active Member
Janus of Santa Cruz County	Rx, Substance Use Disorder, Active Members
Kalantari-Johnson Associates	CPP Executive, Alcohol, Cannabis, Policy, Active Members
KION Television	Substance Use Disorder, Active Member
League of Women's Voters	Substance Use Disorder, Active Member
Pain Clinic of Monterey Bay	Rx, Active Members
Pajaro Valley Health Trust	Alcohol, Active Members
Pajaro Valley Prevention & Student Assistance	CPP Executive, Alcohol, Cannabis, Substance Use Disorder, Active Members
Pajaro Valley Unified School District	Alcohol, Cannabis Active Members
Palo Alto Medical Foundation	Rx, Substance Use Disorder Active Members
Planned Parenthood	Rx, Active Members
Physicians Medical Group	Rx, Active Members
RET Partners	CPP Executive Committee, Substance Use Disorder, Active Member

Partner Organizations	Initiative/Involvement
Santa Cruz City Schools	Champion
Santa Cruz Community Health Centers	Rx, Active Member
Santa Cruz Neighbors	CPP Executive, Rx, Cannabis, Active Member
Sobriety Works	Substance Use Disorder, Active Member
Superior Courts	Alcohol, Active Members
Sutter Health Hospital	Rx, Active Members
The Alliance	Rx, Active Members
UCSC Police Department	Alcohol, Cannabis, Rx, Active Member
United Way Santa Cruz County	CPP Executive, Alcohol, Cannabis, Substance Use Disorder, Policy, Active Members
University of Santa Cruz	CPP Executive, Alcohol, Rx, Cannabis, Substance Use Disorder, Active Members
Watsonville Police Department	Alcohol, Cannabis Active Members
Your Future Is Our Business	Cannabis, Active Member
Watsonville Community Hospital	Rx, Active Member
YWCA Watsonville	Alcohol, Active Members

Community Member Partners	Initiative/Involvement
Aimee Mangan, Community Member	Rx, Active Member
Alejandro Torres, UCSC Student	Substance Use Disorder, Active Member
Ana Negrete, Parent	Alcohol, Cannabis, Active Member
Ana Cristina Carpio, Parent	Alcohol, Cannabis, Active Member
Andrea Camacho	Alcohol, Active Member
Brad De Haven, Parent	Rx, Champion
Denise Ellerick, Parent	Rx, Active Member
Gail Pellerin, Parent	Cannabis, Active Member
Jim Mosher, Community Member	Alcohol, Cannabis, Policy Champion
Jasime Seratto, Youth	Alcohol, Active Member
Jen O'Brien Rojo, Parent	Rx, Active Member
Lee Denton, Community Member	Rx, Substance Use Disorder, Active Member
Maria Christina Negrete, Grandparent	Alcohol, Cannabis, Active Member

Community Member Partners	Initiative/Involvement
Mark Stanford, Community Member	Cannabis, Rx, Champion
Megan Joseph, Community Member	Policy Champion
Michael Carbalo, Community Member	Cannabis, Substance Use Disorder, Active Member
Nicholas Baldridge, Parent	Rx, Champion
Violet Cunningham, Community Member	Rx, Active Member

Workforce Development: Capacity building is integrated into the development process of all initiative planning and conducted as part of regular meetings or as a specific training. Training needs are assessed through provider monitoring and a capacity assessment of CPP members. Annual technical assistance is provided to all partners and members in the following areas: Understanding of Environmental Prevention Practices, Policy Development, Logic Modeling, Trauma Informed Care, Strategic Planning, Drug Use Recognition, Seven Challenges, Seven Strategies for Effective Community Change, and Communities Mobilizing for Change on Alcohol. Technical assistance is requested through Center for Applied Research Solutions for capacity building needs that cannot be met through local resources. CPP is extremely fortunate to have several nationally recognized experts who generously assist with capacity building including, Dr. Christina Borbley with expertise in planning, evaluation, and systems change; Mr. Jim Mosher, Alcohol and Cannabis Policy Specialist; Dr. Mark Stanford, Neuroscience expert; Brenda Armstrong, Communities Mobilizing for Change on Alcohol certified trainer; and Megan Joseph, MA, Leadership for Community Transformation.

G) Capacity Assessment. The Development Team completed a capacity assessment to evaluate resources and readiness for each identified priority area. Table 6 (pgs.26-34) illustrates the results of the capacity assessment.

Table 6: Capacity Assessment
Evaluation Key: ✓ = sufficient capacity; + = exceeds capacity; - = insufficient capacity

Priority Area: Alcohol			
Resources	Resource Gaps	Readiness	Capacity
Fiscal Resources			

Priority Area: **Alcohol**			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
DFC Grant, SAPT Funds.	Promotion & Advertising of ordinances, Law Enforcement Compliance Checks, Alcohol License Fee.	Stage 6-7 Initiation Institutionalization /Stabilization	Funding, Equipment: computers, Xerox, etc. √
Human Resources			
CPP Members, Watsonville Police, Sheriff Department; Stakeholders; Community Leaders, Board of Supervisors, Pajaro Valley Health Trust, Pajaro Valley Prevention and Student Assistance, Janus, Encompass, Superior Courts, Friday Night Live.	Active Promotores, Community Members, Merchants. South County/North County differences: Cultural, social, language barrier. Parent/youth education about dangers of alcohol use.	Stage 6-7 Watsonville with existing policies Initiation/Institutionalization /Stabilization Stage 4 Preplanning	Competent staff, Volunteers √ Training, consultants, stakeholders, other agency partners, community leaders +
Organizational Resources			
Champions, Local policy experts, CMCA experts.	Watsonville: City Manager, Planning Departments County.	Stage 7-8 Institutionalization/ Stabilization & Confirmation/ Expansion	Vision and mission statement √

Priority Area: **Alcohol**			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Environmental Strategies – CMCA and CADCA Seven Strategies, CMCA/Project CURB - 16 Year History.	Consistent Enforcement, Alcohol Specific Data Collection, Access & Community buy-in for locked alcohol storage.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Clear and consistent organizational patterns and policies √
UCSC–Alc. EDU, UCSC SHOP; UCSC PD Watsonville Event.	Institutionalization of Safer University Model Strategies, UCSC/City of SC Enforcement Partnership, Cabrillo.	Stage 6-7 Initiation Institutionalization /Stabilization	Adequate fiscal resources for implementation √
United Way, Health Services Agency, Janus, Encompass, CHP, Superior Courts, Law Enforcement, Friday Night Live, Sobering Center, DUI Programs.	Media, Religious Institutions, Schools, Cultural awareness and barriers.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Technological resources √
Community Resources			
CMCA Expertise, Consultant, UW & County Policy Experts, City of Santa Cruz Model, Community Awareness Binge Drinking.	Knowledge of local Social Host Ordinance and lack of enforcement in some jurisdictions, Law Enforcement preference to use criminal vs. civil citations.	Stage 6-7 Initiation Institutionalization /Stabilization	Community awareness √ Practical experience, Specialized knowledge about prevention research, theory and practice Political/policy knowledge √

Priority Area: Cannabis			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Fiscal Resources			
DFC Grant, SAPT.	Better prevention access to County general funds, Cannabis Tax Dollars.	Stage 3 Vague Awareness	Funding √
Industry, Cannabis Licensing Official.	County Administrator's Office, Prop 64, State legislature.		Equipment: Computers, Xerox, etc. √
Human Resources			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Experts are available for training & consultation.	Stigma, creates a barrier between industry experts and prevention community, neighbors too intimidated to speak out.	Stage 2 Denial	Competent staff, volunteers, other agency partners, community leaders √
CPP Members, Staff, training, consultants, stakeholders, agency partners, community leaders, cannabis industry.	Collaboration between county departments – CAO, Sheriff, Health Services, Human services, DA (DVIS).	Stage 6 Initiation	Training, consultants -
Ability to access support and resources directly from cannabis industry (eg: prevention & cannabis policy group).	Enforcement of cannabis promotion and advertising, Prevention messages and advertising, neighborhood engagement and reporting of illegal activities.	Stage 1 Community Tolerance/No Knowledge	Stakeholders +

Priority Area: Cannabis			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Organizational Resources			
Elected Officials, Cannabis Industry Groups, CPP, United Way, Pajaro Valley Prevention and Student Assistance, County Cannabis Department.	Enforcement Policies: Fed funding for enforcement, paralleled enforcement w/what is happening w/alcohol (RAMA/Lee law), mobile dispensing policy not enforced.	Stage 3 Vague awareness	Vision and mission statement √
Champions, Local policy experts, CMCA experts.	Watsonville: City Manager, Planning Departments, County.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Clear and consistent organizational patterns and policies √
Environmental Strategies: CMCA and CADCA Seven Strategies, CMCA/Project CURB - 16 Year History.	Consistent Enforcement, Alcohol Specific Data Collection, Access & Community buy-in for Lock It Up work.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/ Expansion	Adequate fiscal resources for implementation √
UCSC – Alcohol EDU, Student Health Outreach and Promotion, College Education Campaigns, UCSC Police.	Institutionalization of Safer University Model Strategies, UCSC/City of Santa Cruz Enforcement Partnership, Cabrillo College.	Stage 6-7 Initiation Institutionalization /Stabilization	Technological resources √
United Way, Health Services Agency, Janus, Encompass, CHP, Superior Courts, Law Enforcement, Friday Night Live; Campaigns &	Media, Religious Institutions, Schools.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Competent staff, volunteers, other agency partners, community leaders √

Priority Area: Cannabis			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Policies from experienced states.			
Community Resources			
CPP, Local experts, cannabis industry, CPP, United Way, neighbors, C4 Committee members.	Policy for manufacturing, and distribution, lack of understanding of state and local law and intersections, no effective models.	Stage 6-7 Initiation Institutionalization /Stabilization	Community awareness, practical experience √ Specialized knowledge about prevention research, theory and practice + Political/policy knowledge +

Priority Area: Prescription Drugs			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Fiscal Resources			
Safe Rx SCC Community Health Care Foundation Grant (Exp. June 2017).	Prevention, secondary prevention and early intervention; school based education and services.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Funding √
DFC Grant.	Funds for promotion & Advertising & translation into other languages.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Equipment: Computers, Xerox, etc. √
Alliance Capacity Grants.	North County/South County difference: social, cultural, language barrier.	Stage 6 Initiation	Promotion and advertising -
Equipment	Systems alignment, data collection and reporting systems, identification of	Stage 5 Preparation	

Priority Area: Prescription Drugs			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
(link to HMIS single database system connection?).	available resources from different agencies, outdated equipment and electronic services.		
Human Resources			
CPP Members, Staff, training, consultants, stakeholders, agency partners, community leaders & volunteers.	Media, youth and religious sector involvement.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Competent staff, training, consultants, volunteers $\sqrt{}$
	Cultural spokesperson.		Stakeholders, other agency partners, community leaders +
Organizational Resources			
County partners, providers, and community members identified on pages 23-27.	School Districts/County Office of Education, Religious Institutions, Media.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Vision and mission statement, clear and consistent organizational patterns and policies, adequate fiscal resources for implementation, technology resources $\sqrt{}$
Community Resources			
Safe Rx SCC.	Medical Providers, Treatment staff (#of direct service providers).	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Community awareness, practical experience $\sqrt{}$

Priority Area: **Prescription Drugs**			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Community Prevention Partners Coalition.	Schools, Promotores, Community Members, Mental Health Services.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Specialized knowledge about prevention research, theory and practice +
City and County Public Works/Water Departments.	Publicity and Promotion and aligned messages.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Political/policy knowledge +
Law Enforcement Agencies.	Publicity and Promotion and aligned messages.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	

Priority Area: **Heroin**			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Fiscal Resources			
Safe Rx SCC Community Health Care Foundation Grant (Exp. June 2017).	Treatment services for community, #of direct service providers and beds.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Funding $\sqrt{}$
DFC Grant, EPR Ordinance, Public Works funding.	Funds for promotion & Advertising. Ongoing naloxone funding. Promotion for Talk It Up	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Equipment: Computers, Xerox, etc. $\sqrt{}$

Priority Area: Heroin			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
	Lock It Up Education – up to date curriculum & training to adequately inform.		
Syringe Services Program.	Community support and advocacy, Data gathering specific to heroin use in schools/community.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Promotion and advertising -
Equipment.	Systems alignment, data collection and reporting systems, identification of available resources from different agencies, outdated equipment and electronic services.	Stage 5 Preparation	Equipment: Computers, Xerox, etc. √
Human Resources			
CPP Members, Staff, training, consultants, stakeholders.	Prescribers: Dentists, surgeons, doctors.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Competent staff, training, consultants, volunteers √

Priority Area: Heroin			
Resources	**Resource Gaps**	**Readiness**	**Capacity**
Agency partners, community leaders, medical providers, doctors, hospitals & volunteers.	Staff training could be improved. Law Enforcement engagement. More education for people involved. Division of influence/responsibility of stakeholders/ community members.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Stakeholders, other agency partners, community leaders +
Organizational Resources			
Health Improvement Partnership, United Way, Health Services Agency, Janus, Law Enforcement Agencies, Medical Institutions, Hospitals, California Alliance, Public Health Agency, UCSC.	Media, Religious Institutions, City agencies.	Stage 7-8 Institutionalization/ Stabilization and Confirmation/Expansion	Vision and mission statement, clear and consistent organizational patterns and policies, adequate fiscal resources for implementation, technology resources √
Community Resources			
Health Improvement Partnership, Health Services Agency, Janus, Law Enforcement Agencies, Medical Institutions, Hospitals, California Alliance, UCSC, Coroner's Office.	Community Awareness and education, perception of harm, prescriber practices to limit access, medical provider and patient knowledge.	Stage 6 Initiation	Community awareness, practical experience √ Specialized knowledge about prevention research, theory and practice + Political/policy knowledge +

Based on the assessment activity, the alcohol priority area is showing mostly stages 6-8 in community readiness levels and indication that the area is 'meeting' (√) most resource needs. There are some gaps however in sustainable funding resources for law enforcement strategies/activities, lack of enforcement, lack of knowledge in existing alcohol related ordinances, active and engaged community members, and cultural/linguistic barriers. There is however enough readiness and resources to continue to move this priority area forward.

The cannabis priority area is showing both spectrums of community readiness. While there is organizational readiness including experts in the prevention and cannabis advocacy fields (indicating stage 7/8 readiness), there is low readiness (1-3) and resource capacity around effective partnerships, effective community engagement, and fiscal impact of legalization of recreation cannabis. The community however-including cannabis advocates, neighborhood groups, public health and prevention have indicated a strong desire to work collectively to address this substance area.

The prescription drug and heroin priority areas are showing stage 7/8 readiness in most areas as well as 'meeting' (√) or 'exceeding (+) most resource needs. Political will and stakeholder engagement is strong indicating that this priority area has the capacity to continue to move forward.

Some common gaps across priority areas included: Systems alignment, data collection and reporting systems, identification of available resources from different agencies, and outdated equipment and electronic services. A more thorough description of gaps and courses of action to mitigate these gaps will be provided in the next section (Section II-A).

H) Sustainability. The development of the strategic plan process has allowed for engagement of partners and stakeholders previously not involved with prevention efforts. Key staff from County Mental Health and Public Health, including Chief of Psychiatry, and Public Health Officer have contributed to the strategic plan assessment activities, lending their voice and expertise through key informant interviews, focus groups and data analysis. Each of these stakeholders now understand their essential roles in implementation of the strategic prevention plan. Inclusion of medical professionals, pharmacists, community advocates, and champions has created partnership and joint funding opportunities and has led to identification and sharing of resources. Additionally, members of the cannabis industry have added qualitative data knowledge towards difficult yet important questions regarding cannabis. Finally, nationally recognized data experts have joined the Strategic Plan Development Team and provide a vital internal resource for current and future data gathering and assessment efforts.

I) Cultural Competence.

County Plan. The County of Santa Cruz has established cultural competency standards and county policy utilizing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to ensure that the provision of quality and equitable services are reflected in all areas of Mental Health and Substance Abuse Services, including prevention. Policies include: Linguistically Appropriate Services; Service Access for Visually or Hearing Impaired; Contract Requirements; Outreach to MediCal beneficiaries; and Availability of Culturally Competent Staff. The policy requires county departments to address the following domains: organizational management/staffing, evaluation, data and information systems, and service delivery. The full plan may be found at:
http://www.jdaihelpdesk.org/santacruz/GEN%20Santa%20Cruz%20CA%20Cultural%20Competence%20Standards.pdf.

Policies are reviewed annually, updated regularly, monitored for implementation with fidelity and integrity, and measured annually through a separate Quality Improvement division. Program policies and administrative practices reflect the cultural, ethnic, gender expression and linguistic

diversity of all populations served. The Santa Cruz County Mental Health and Substance Abuse Services cultural competency plan was last updated in 2016.

Within this plan, there are requirements for staffing that reflect the demographic make-up of the county and the consumer populations to be served. Within the data and evaluation domains, it is required that organizations collect and analyze data to inform decisions and to demonstrate progress toward successful implementation of the Cultural Competency plan. Finally, an outside evaluator is called for to conduct evaluation of the Cultural Competency plan.

Data. Our community has access to sub-population data including LGBTQ youth, homeless youth, and ethnic minorities, among others. Access to this level of sub-population data allows for deeper analysis of existing disparities. For example, how may being a part of certain sub-populations increase or decrease equity and opportunities to thrive. These analyses will support our community in developing appropriate and effective implementation strategies.

Strategic Plan Team. The Strategic Plan Development Team recognized the need to continue to engage a broad spectrum of individuals including those with diverse demographics (gender, ethnicity, race, age) and those with lived experience of substance use disorder-in order to better understand needs and identify appropriate strategies. In the past, we have accomplished this through targeted focus groups, key informant interviews, one-on-ones, town hall meetings, and development of a speaker's bureau. These efforts helped capture lived experience and foster relationships to insure inclusion in various initiative committees and leadership bodies (i.e. Coalition Executive Committee). A gap that the group identified was the lack of culturally relevant risk and protective factor data readily available. The group discussed and identified potential community partners that could assist us in addressing this gap.   Finally, the team discussed the importance of integrating the 'human element' of the data and asking ourselves these questions: *'What is the story behind the data? Are we communicating that story clearly to the community? Do we have an understanding of these stories as we move into planning and implementation?'* The team discussed integrating these types of questions into our assessment plans to ensure culturally competent strategies go beyond policy requirements and are truly reflective of our communities' diverse needs.

III. Capacity Building

A) Capacity Building Plan. Building on the capacity assessment work from previous meetings, the Strategic Plan Development Team developed a Capacity Building Plan for each of the four priority areas. The four key elements: 1) Engage Stakeholders; 2) Strengthen collaborative groups; 3) Increase community awareness; 4) Mobilize communities; were discussed as work groups reviewed capacity building gaps for each priority area. The group was asked to identify *HOW* we can implement these four key elements to specifically address gaps; and WHAT partners/leaders or champions were needed to assist. A summary for each priority area is provided below, as well as the detailed Capacity Building Plan Charts (pgs. 40-49).

Alcohol
1. Gap: Fiscal Gap-Alcohol license fee.
2. Course of Action:
   o Engage Stakeholders-One on Ones with city managers, chiefs of police and city council to advocate for license fee.
   o Strengthen Collaborative Groups-attending other collaborative group meetings such as Tobacco Coalition or Regional Diabetes Collaborative to describe the links/relationships/alignment between topics, approaches, and goals.

- o Community Awareness-Presentations to Santa Cruz Neighbors; Friday Night Live outreach at schools.
- o Mobilize-Town hall call to action.

3. Leaders/Champions/Partners: LE champions, City Managers, Council Champion, Planning Commission Champion.

Cannabis

1. Gap: Community Gap-Lack of understanding of state and local laws and intersections.
2. Course of Action:

- o Engage Stakeholders- Meet early on with new Mayor; Continue to attend cannabis Industry groups; engage health professionals as a new partner (to cannabis); authentically engage youth in the conversation.
- o Strengthen Collaborative Groups-Aside from inviting college groups to coalition meetings, attend their on-campus AOD prevention efforts; Go to Health Improvement Partnership events/meetings to integrate cannabis work as we have done with prescription drugs.
- o Community Awareness-Work with stakeholders and evaluators to develop and implement a public health assessment; share the public health assessment widely with the community.
- o Mobilize-Create spaces and opportunities for community members and stakeholders to discuss the cannabis issue. Get elected officials to come out into the community.

3. Leaders/Champions/Partners: City council; Board of Supervisors; Law enforcement; Business leaders; Medical cannabis industry; College/University groups; Health Improvement Partnership; YOUTH.

Prescription Drugs

1. Gap: Community Gap-Lack of knowledge among medical providers and their staff of the issues.
2. Course of Action:
- o Engage Stakeholders-Connect the problem to mental health care-engage new partners such as National Alliance for the Mentally Ill or Faith based groups.
- o Strengthen Collaborative Groups-Engage with provider groups differently by incorporating new partners (above).
- o Community Awareness-Provide a summit that outlines the problem and best practice strategies for medical providers.
- o Mobilize-Work with mental health advocacy groups and student led groups to help mobilize.

3. Leaders/Champions/Partners: NAMI; Faith based groups; Student led groups; Medical providers.

Heroin

1. Gap: Human Gap-Lack of knowledge among Prescribers (Dentists, surgeons, doctors) regarding the link between opioid prescription and heroin addiction.
2. Course of Action:
- o Engage Stakeholders-Work with new leaders that are invested in this work to help engage prescribers.
- o Strengthen Collaborative Groups- Maintain Opioid Coalition and coordination with medical providers and other key stakeholders.
- o Community Awareness- Begin early-with students-work with Cabrillo Allied Health group-these are courses that train in the health field (dentists, nurses etc.).

o Mobilize- Doctors, dentists and surgeons to reach fellow prescribers to decrease amount of opioids provided to patients, utilize CURES and use alternative pain management methodologies.

3. Leaders/Champions/Partners: Cabrillo Allied Health Group, Safe Rx Opioid Coalition.

The county's capacity building efforts would be enhanced by the active engagement of law enforcement, probation, faith based community and judicial system engagement.

The county has effective contractual and volunteer prevention systems established. The county has three contractual providers of prevention services which are housed in fiscally and structurally sound organizations that can support the work long term. Through the Drug Free Community grant program, the county created volunteer initiative work groups which are utilized to assess, analyze, plan, implement and evaluate prevention strategies and efforts. This model is over 100 individuals and 50 organizations strong. Strategic linkages and partnerships with other prevention providers including the Safe Rx Opioid Coalition, Go for Health! Tobacco Coalition, Regional Diabetes Collaborative, Violence Prevention Task Force, Project Thrive, and others, ensures consolidation of resources, alliance of efforts and shared capacity building.

B) Training Plan. The Development Team engaged in a discussion regarding what trainings and technical assistance is needed to ensure capacity building. Some common themes that arose during discussions included: 1. Evidence based and/or promising practice trainings (including Mental Health First Aide, Trauma Informed Care, Environmental Prevention Strategies) for coalition members, service providers, stakeholders and the larger community. 2. Specified trainings for service providers (all of the previously stated and Harm Reduction, Crisis Response) 3. Specified trainings for coalition members including trainings around effective communication and messaging (with the public and stakeholders) and community mobilizing/organizing. Additionally, the team discussed a need for technical assistance in developing a process to build a peer support system model for parents and youth (i.e. help schools create a space for this). Finally, the team identified technical assistance need for the coalition to develop an internal process to respond in a timely manner to community crisis around AOD tragic incidents.

A draft proposed training and technical assistance chart is provided in *table 7* (pgs. 38-39) below.

Table 7: Training and TA Table

Training/TA Topic	Target Audience(s)	Proposed Timeline (within next 5 years-2018-2023)	Lead Agency/Group
Community Mobilization/Organizing	Coalition members & staff; Service providers; Stakeholders; Community members; Youth.	2018 and 2020	ADP, UW, CPI
Environmental Prevention Strategies	Coalition members & staff; Service providers; Stakeholders; Community members; Youth.	Annually	ADP, CFNLP, PVPSA

Training/TA Topic	Target Audience(s)	Proposed Timeline (within next 5 years-2018-2023)	Lead Agency/Group
Trauma Informed Care	Coalition members & staff; Service providers; Schools; Justice System; Law Enforcement.	Annually	Children's Mental Health, Project Thrive, ADP contractor
Mental Health First Aide	Coalition members & staff; Service providers, Law Enforcement, Schools.	2018, 2019	MHSAS
Communication & Messaging	Coalition members & staff; Service providers; Community members; Youth.	2018, 2021	Consultants, KION Television, ADP, UW
Harm Reduction	Coalition members & staff; Service providers; Community members; UCSC.	2019, 2021	UCSC, ADP, SHOP
Crisis Response	Coalition members & staff; Service providers; Schools.	2018	MHSAS, ADP
Peer Support Models	Coalition members & staff; Service providers; Community members; schools; youth.	2020	CPI, ADP
Culturally Competent Service Delivery	Coalition members & staff; Service providers; youth.	2019, 2021	ADP, CPI
Youth Development/Youth Adult Partnerships	Coalition members & staff; Service providers; Community members; youth; schools.	Annually	ADP, Ca Institute Invincible Youth, CFNLP

C) Sustainability. The Strategic Plan Development Team discussed sustainability of efforts during the training and TA discussion. The team agreed that it is essential to provide trainings that demonstrate the foundation of prevention work as well as prevention strategies so that stakeholders are 'bought in' and have ownership of local efforts. As demonstrated in Table 7 above (pgs. 38-39), stakeholders are integrated into many of the

identified training topic areas. A list of accessible and available resources for prevention efforts are included in the first column of the Capacity Building Plan charts (attachments13a-13b-link provided under III.A-Capacity Building Plan). In addition, an annual collection of accessible and available resources is collected via United Way of Santa Cruz County for inclusion into the 211 data base and 24 hour call support system.

D) Cultural Competence. The team discussed cultural competency in the context of capacity building. Specific recommendations included: representation of sub-groups and 'mirroring' of county demographics in coalition membership; inclusion of people with lived experience; and integration of cultural competency within Trauma Informed Care practice.

IV. Planning

A) Data Based Strategies.
 Table 8: Strategies[4]

Priority Area: Alcohol			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
1. Youth have a low perception of harm regarding binge drinking {Individual}.	1A. Social norming strategies illustrating the harms of binge drinking by youth. 1B. Existing diversion programs (i.e. Seven Challenges early intervention).	1A. Social norming campaign. 1B. Early intervention substance use programs (i.e. Seven Challenges), education, & alternatives.	1A. ED/ID/PIDR 1B. PIDR
2. High school students are not connected to school and do not believe they engage in meaningful activities {Individual}.	2. Existing community resources.	2A. Develop a mechanism to create linkages to existing	2A. ALT

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[4] **Key: (CSAP) Strategy Classifications = SC:** Information Dissemination = ID, Education = ED, Alternative = ALT, Problem Identification and Referral = PIDR, Community-Based Process = CBP, Environmental = ENV

Priority Area: Alcohol			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		alternative activities.	
		2B. Referral and promotion of alternative sober activities for youth.	2B. ALT
3. There is availability and access of alcohol to youth by merchants (Young people believe that it is easy to access alcohol from stores) **{Community}.**	3. Strategies Limiting Merchant access by youth including Responsible Alcohol Merchant Awards, Compliance Checks, Shoulder Tap Operations.	3. Strategies addressing retailer access (i.e. Responsible Alcohol Merchant Awards; Compliance Checks, Shoulder Tap Operations, alcohol policies).	3. ALT/CBP/ ENV
4. There is availability and access of alcohol to youth by adults (Young people believe that it is easy to access alcohol from friends and family) {Family/Friends}.	4. CPP been working on alcohol as a coalition for decades and have solid expertise and experience. The County has success in developing and passing ordinance to impact alcohol use (social host ordinance).	4. Education/traini ng for local jurisdictions to implement existing ordinances .	4. ID/CBP

Priority Area: Alcohol			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
5. Some adults that think providing alcohol to minors is ok {Family/Friends}.	5. Over half of communities in Santa Cruz County however feel concerned about alcohol use in their neighborhoods across all regions which provides for motivation/leverage for change.	5. Strategies addressing social access (i.e. enforcement of Social Host Ordinance; Lock It Up Talk It Up campaign; parent and youth education campaigns).	5.ID/ED /ENV

Priority Area: Cannabis			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
1. Youth report there is availability and access to cannabis in the community {Community}.	1. Some existing local dispensaries do or want to implement track and trace policies.	1A. Dispensary Track and Trace policies.	1A. ENV
		1B. Seven Challenges (for sellers, possessors, users).	1B. PIDR
		1C. Adult (teachers, college students, mentors, family members) Education Capacity Building to prevent access & usage (skill building, Talk About It – "How to Talk to Your Child About Usage").	1C. D/EDALT/ CBP/PIDR
2. There is availability and access of cannabis to youth by friends and families (Friends/Community}.	2. Lock it Up Talk it Up Campaign among families and parents.	2A. Social Norming/Ed Campaign (Talk About It).	2A. ED/ ENV

Priority Area: Cannabis			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		2B. Creating barriers (lock boxes).	2B. ED/ ENV
		2C. Adult (teachers, college students, mentors, family members) Education Capacity Building to prevent access & usage (skill building, Talk About It – "How to Talk to Your Child About Usage").	2C. ID/EDALT/ CBP/PIDR
		2D. Social Host Ordinance.	2D. ENV
3. There is an increase in youth use between middle school and high school {Individual}.	3. Existing programs in the community: -Youth development programs. -Seven Challenges Early Intervention. -Lock It Up secure and monitor program.	3A. Early Intervention programs for Substance use (i.e Seven Challenges).	3A. PIDR

Priority Area: **Cannabis**			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		3B. Social norming campaigns (i.e. Lock in Up).	3B. ID/ED
		3C. Creating barriers to access (i.e Lock boxes).	3C. ED/ENV
		3D. Adult (teachers, college students, mentors, family members) Education Capacity Building to prevent access & usage (skill building, Talk About It – "How to Talk to Your Child About Usage").	3D. ID/EDALT/ CBP/PIDR
4. **Increased Access due to inadequate regulation, monitoring, enforcement. {Community}.**	4. Strong regulations around cultivation are being developed and adopted in the county.	4A. Development and adoption of policies that integrate	4A. ENV

Priority Area: Cannabis			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
- Lax regulations have increased illegal grows in the last several years. - Some decision makers favor permissive regulations and large grow sites.		safeguards for youth access. 4B. Adequate enforcement of local policies.	4B. ENV
5. Youth have a low perception of harm regarding cannabis use {Community/Individual}. -There is a cannabis-based culture in SCC that contributes to a positive social norm and low perception of harm, which promote use.	-Seven Challenges early intervention. -Social Norming campaign. -CPP working on cannabis as a coalition and have solid expertise and experience.	5A. Early Intervention programs for Substance use (i.e Seven Challenges). 5B. Social norming campaigns (i.e. Lock in Up). 5C. Adult (teachers, college students, mentors, family members) Education Capacity Building to prevent access & usage (skill building, Talk	5A. PIDR 5B. ID/ED 5C. ID/EDALT/ CBP/PIDR

Priority Area: Cannabis			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		About It – "How to Talk to Your Child About Usage").	

Priority Area: Prescription Drugs & Opioids			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
1. Youth access Prescription drugs from friends, family and parents {Friends/Family}.	1. Existing programs including: -Lock It Up Talk It Up Secure, Monitor and Dispose Campaign. -Prescription Drug disposal stations. -Extended Producer Responsibility. Ordinance to mandate take back of pills by industry.	1A. Development/implementation of local policies to decrease access and enhance barriers (i.e. - Prescription Drug disposal stations. -Extended Producer Responsibility Ordinance to mandate take back of pills by industry).	1A. ENV 1B. ID/ ED

Priority Area: **Prescription Drugs & Opioids**			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		1B. Social Norming Campaigns (i.e. Lock It Up Talk It Up Secure, Monitor and Dispose Campaign). 1C. Enhancing home barriers (Lock boxes).	1C. ED/ID/ENV
2. **Some young people purchase prescription drugs off the streets pointing towards lax prescriber practices {Community}.**	Existing programs including: -Safe Rx Coalition -Safe Prescribe Guidelines. -Medical Assisted Treatment Options. -Naloxone Program. -Substance Use Intervention Program -Naloxone Program in jails – Kaiser funded.	2A. Shifting policies and practices of prescribers (i.e. Prescribe Guidelines). 2B. Harm reduction methodologies (i.e. Medical Assisted; Treatment	2A. ENV 2B. PIDR 2C. CBP

Priority Area: **Prescription Drugs & Opioids**			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		Options.; Naloxone Program) Substance Use Intervention Program.	
		2C. Coordination/collaboration with medical community (i.e. Safe Rx Coalition Safe).	
		2D. Multi-agency coordination and collaboration (including schools).	2D. CBP
		2E. Provide Naloxone education and training during adult	2E. ED/ENV

Priority Area: **Prescription Drugs & Opioids**			
Risk Factors	**Protective Factors**	**Strategies**	**Strategy Classification**
		incarceration and Naloxone upon release. 2F. Refusal and harm reduction/safety skills (i.e. use of Naloxone; distribution of Naloxone kits).	2F. ED/ID/ENV

B) Logic Models.
Table 9: Logic Models
Priority Area: Alcohol
Problem Statement: Youth and young adults binge drink at a rate that is preventing their thriving and wellbeing.
Contributing Factors: 1) Lack of perception of harm of binge drinking among middle school students (Individual) 2) Lack of perception of harm amongst non-traditional students (Individual) 3) Ease of access – General (Community) 4) Social access (Family/Friends): Friends over 21: 49.3% Parties: 43.4%
Goal: Decrease youth and young adult binge drinking to promote thriving and wellbeing.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
1. By 2023, there will be a 3% decrease in binge drinking from 21% to 18% among 11th grade youth as measured by the California Healthy Kids Survey.	-Social Norming Campaign-Include messaging: 'You're ok as you are'. Messaging that connects to teens, connecting to adults; address roots causes of binge drinking (ED/ID/PIDR). -Early intervention substance use programs (i.e The Seven Challenges), education, alternatives) (PIDR). -Develop a mechanism to create linkages to existing alternative activities (ALT). -Research and develop specific strategies to address perception of harm among non-traditional students (CBP).	By 2020 there will be an increase in community knowledge of the definition of binge drinking.	By 2021, there will be a 2% increase in perception of harm (great or moderate) of binge drinking from 68% to 70% among 7th graders as measured by California Healthy Kids Survey.	In 2023, binge drinking has decreased by 3% from 21% to 18% among 11th grade youth as measured by the California Healthy Kids Survey.	California Healthy Kids Survey. Santa Cruz County Community Assessment Project. CPP Community Surveys.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
2. Retailer Access: By 2023, there will be a 3% decrease in ease of access (fairly easy and very easy) of alcohol from 73% to 70% by 11th grader students as measured by the California Healthy Kids Survey.	-Responsible Alcohol Merchant Awards (ALT/CBP/ED/ID ENV). -Responsible Beverage Services trainings (LEADS trainings) -Enforcement Activities including Compliance Checks, Shoulder Tap Operations, alcohol policies) (ALT/CBP/ ENV).	-By 2020 there will be an increase in knowledge of government officials and key-stakeholders on the impact of over-saturation of alcohol retail outlets. -By 2020 increase be an increase in number of retail outlets who are informed of alcohol retail laws through RAMA.	-By 2021 there will be a 3% increase in local agencies adopting policies to decrease over-saturation of alcohol retail outlets. -By 2021 there will be a 5% decrease from 14% to 9% in Seven Challenges participants who report buying alcohol. Buying alcohol from a store is one of the top ways youth access alcohol.	In 2023, ease of access to alcohol (fairly easy and very easy) has decreased by 3% from 21% to 18% among 11th grade youth as measured by the California Healthy Kids Survey.	California Healthy Kids Survey. Seven Challenges Pre-Post Survey. Law Enforcement data re Compliance Checks. Responsible Alcohol Merchants Award survey data. Lee Law Survey. CPP Community Surveys.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
3. Social Access: By 2023, there will be a 3% decrease in ease of access of alcohol from 73% to 70% by 11 grader students as measured by the California Healthy Kids Survey.	-Secure & Monitor Campaign (Lock It Up Talk It Up campaign) (ID/ED). -Community and youth education campaigns) (ID/ED). -Education/training/enforcement by local jurisdictions to implement existing ordinances (SHO) (ID/CBP/ENV). -Social Norming Campaign- unaltered partying.	-By 2020 there will be a 2% decrease in number of adults surveyed that state that adult provision of alcohol to underage youth in their home is "very acceptable or somewhat acceptable". -By 2020 there will be an increase in community member knowledge of the importance of securing their alcohol supply.	- By 2021, there will be a 2% decrease from 49% to 47% in Seven Challenges participants who report getting alcohol from older siblings and friends over 21 as one of the top ways youth get alcohol. - By 2021, there will be a 2% decrease from 43% to 41% in Seven Challenges participants who report getting alcohol from parties as one of the top ways youth get alcohol. - By 2021 there will be a 2% increase from 5% to 7% in number of households that lock and monitor alcohol supply in their homes.	In 2023, ease of access to alcohol has decreased by 3% from 21% to 18% among 11 grade youth as measured by the California Healthy Kids Survey.	California Healthy Kids Survey. Seven Challenges Pre-Post Survey. Law Enforcement data re Social Host Ordinance. Community Assessment Project. Secure Monitor and Store Survey.

Priority Area: Cannabis
Problem Statement: Youth and young adults use cannabis at a rate that is preventing their thriving and wellbeing.
Contributing Factors: 1) Ease of access through industry (community) 2) Access through friends (Friends/Community) 3) Early age of onset (Individual) 4) Increased access due to inadequate regulation, monitoring, enforcement (community).
Goal: Decrease youth and young adult cannabis use to promote thriving and wellbeing.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
1. By 2023, there will be a 2% decrease from 26% to 24% in 30-day cannabis use, among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.	-EBP school-based prevention programs (e.g. Mock Sentencing (effective for target population). -Early Intervention programs for Substance use (i.e.-Seven Challenges) (PIDR). -Social norming campaigns (i.e. Lock it Up) (ID/ED). -Creating barriers to access (i.e. Lock boxes) (ED/ENV). -Education Capacity Building to prevent access & usage (skill building, Talk About It – "How to Talk to Your Child About Usage") (ID/EDALT/ CBP/PIDR).	-By 2020 increase community and youth knowledge on impacts of youth/young adult cannabis misuse.	- By 2021, there will be a 2% decrease in 9th graders reporting cannabis use at age 11-12 (age of onset) from 5% to 3% as measured by the California Healthy Kids Survey. -By 2021, there will be a 2% increase in perception of harm (great or moderate) of cannabis use once or twice a week from 51% to 53% among 9th graders as measured by the California Healthy Kids Survey.	1. In 2023, there has been a 2% decrease from 26% to 24% in 30-day cannabis use, among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.	California Healthy Kids Survey. CPP Community Survey. Seven Challenges.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
2. Cannabis Business Access: By 2023, there will be a 2% decrease in ease of access of cannabis from 77% to 75% by 11th grader students as measured by the California Healthy Kids Survey.	-Development and adoption of policies that integrate safeguards for youth access. (ENV). -Adequate enforcement of local policies. (ENV). -Dispensary Track and Trace policies (ENV). -Seven Challenges expansion for all cannabis infractions(for sellers, possessors, users) (PIDR). -Responsible Cannabis Business program (ED/ENV).	-By 2020 there will be local policies in place that integrate best practices to safeguard against youth access to cannabis. -By 2020 90% of dispensaries in Santa Cruz County (including city jurisdictions) will be informed of cannabis laws through Responsible Cannabis Business Program.	-By 2021 there will be a 5% decrease in Seven Challenges participants who report buying cannabis from dispensaries as one of the top ways youth access cannabis. (From 53% to 48%).	In 2023, ease of access to cannabis has decreased by 2% from 77% to 75% among Santa Cruz County 11th grade youth as measured by the California Healthy Kids Survey.	California Health Kids Survey. Seven Challenges. Data from Cannabis Businesses (similar to RAMA). Compliance Check data.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
3. Social Access: By 2023, there will be a 2% decrease in ease of access of cannabis from 77% to 75% by 11th grader students as measured by the California Healthy Kids Survey.	-Social Norming/Ed Campaign (Talk About It) (ED/ENV). -Creating barriers (lock boxes) (ED/ENV). -Adult (teachers, college students, mentors, family members) Education Capacity Building to prevent access & usage (skill building, Talk About It – "How to Talk to Your Child About Usage") (ID/EDALT/CBP/PIDR). -Integration of Cannabis in Social Host Ordinance (SHO) (ENV). -Utilization Promotoras for outreach and linkage. -Work with youth promotoras (Valor program).	-By 2020 there will be a 2% decrease in number of adults surveyed that state that adult provision of recreational cannabis to youth in their home is "very acceptable or somewhat acceptable" (baseline will be established in 2017). -By 2020 there will be an increase in community member knowledge of the importance of securing their cannabis supply.	- By 2021, there will be a 2% decrease in Seven Challenges participants who report getting cannabis from friends as one of the top ways youth get cannabis (from 68.5% to 66%). - By 2021, there will be a 2% decrease in Seven Challenges participants who report getting cannabis from parties as one of the top ways youth get cannabis. (From 28% to 26%). - By 2021 there will be a 2% increase in the number of households that lock and monitor their cannabis supply in their homes (baseline to be establish in 2017).	In 2023, ease of access to cannabis has decreased by 2% from 77% to 55% among Santa Cruz County 11th grade youth as measured by the California Healthy Kids Survey.	California Healthy Kids Survey. Seven Challenges Survey. Community Assessment Project. Secure Monitor and Store Survey. Pre and Post Surveys at education events (town halls, community meetings, school events).

Priority Area: Prescription Drugs & Opioids
Problem Statement: Youth and young adults misuse prescription drugs and opioids at a rate that is preventing their thriving and wellbeing.
Contributing Factors: 1) Social Access (Friends & homes) 2) Prescriber Practices (Community) 3) Opioids were the highest causes of AOD deaths
Goal: Decrease rate of prescription drug and opioid misuse among youth and young adults.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
1. By 2023, there will be a 3% decrease in the lifetime use of prescription drugs (prescription pain killers, tranquilizers, or sedatives), from 20% to 17% among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.	-Social Norming Campaigns (i.e. Lock It Up Talk It Up Secure, Monitor and Dispose Campaign) (ID/ED). -Student Assistance Program increasing perception of harm. (ID/ED). -Seven Challenges early intervention. (PIDR).	-By 2020 there will an increase in student perception of harm of prescription pain medication as measured by youth survey at school and community events.	- By 2021 there will be a 1% decrease in the past 30 day use of prescription pain medication, from 7% to 6% among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.	-In 2023 there has been a 3% decrease in the lifetime use of prescription drugs (prescription pain killers, tranquilizers, or sedatives), from 20% to 17% among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.	California Healthy Kids Survey. Youth Survey.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
2. College Student Use: By 2023 there will be a 5% decrease in college students who report using prescription drugs that were not prescribed to them within the last 12 months from 22% to 17%.	- Surveying perception of harm among peers and then sharing actual numbers to disrupt the misperception of use. -Integrating focused curriculum with science base into classrooms.	By 2018 coordinate with UCSC to gain access to data and identify opportunities for engagement in strategies as measured by sign in sheets for attendance at meetings.	By 2021 there has been a 2% decrease in college students who report using prescription drugs that were not prescribed to them within the last 12 months from 22% to 20% as measured by American College Health Association National College Health Assessment.	In 2023 there has been a 5% decrease in college students who report using prescription drugs that were not prescribed to them within the last 12 months from 22% to 17% as measured by American College Health Association National College Health Assessment.	American College Health Association National College Health Assessment.
3[5]. Social Access: By 2023, there will be a 5% decrease in Seven Challenges participants who report getting prescription drugs from friends or from parties as one of the top ways youth get prescription drugs (Friends: from 58.8% to 53.8%; Parties:	-Develop and implement local policies to decrease access and enhance barriers (i.e. -Prescription Drug disposal stations.) (ENV). -Monitor and promote Extended Producer Responsibility Ordinance to increase number of pill disposed by industry) (ENV). -Social Norming Campaigns (i.e. Lock It Up Talk It Up Secure, Monitor and Dispose Campaign) (ID/ED). -Enhancing home barriers (Locked storage) (ENV).	-By 2020 there will be a 10% increase in community member knowledge of the importance of securing and monitoring their prescription drugs and measured by the Secure, Monitor and Dispose Survey.	-By 2021 there will be a 5% increase in the number of households that lock and monitor prescription drugs in their homes as measured by as measured by the Secure, Monitor and Dispose survey. - By 2021 there will be a 5% increase in the number of households that dispose of prescription drugs properly as measured by the Secure, Monitor and Dispose survey.	-In 2023, there will be a 5% decrease in Seven Challenges participants who report getting prescription drugs from friends or from parties as one of the top ways youth get prescription drugs (Friends: from 58.8% to 53.8%; Parties: from 30.3% to 25.3%). -In 2023 there will be a 5% decrease of college students who reported using prescription drugs that were not prescribed to them within the last 12 months from 22.4% to 17.4%, as measured by American College Health Association National College Health Assessment.	Seven Challenges Survey. Community Secure Monitor and Dispose Survey. EPR Disposal Records. American College Health Association National College Health Assessment.

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[5] Intermediate Outcome baseline data for 3 and 4 will be established in 2017.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
from 30.3% to 25.3%).					
4. Home Access: By 2023 there will be a 2% decrease in Seven Challenges participants who report getting prescription drugs from homes without parental knowledge (Own home: from 33% to 31%; Friends home: from 24% to 22%).	-Promote Prescription Drug disposal stations and targeted take back campaigns (schools/senior centers) (ENV). - Monitor and promote Extended Producer Responsibility Ordinance to mandate take back of pills by industry) (ENV). -Social Norming Campaigns (i.e. Lock It Up Talk It Up Secure, Monitor and Dispose Campaign expand to include extended family and environmental impacts) (ID/ED). -Enhancing home barriers (Locked storage) (ENV). -Build youth knowledge on risks and advocacy skills to shift power dynamic to be empowered in their healthcare.	-By 2020 there will be an increase in community member knowledge of the importance of securing and monitoring their prescription drugs as measured by the Secure, Monitor and Dispose survey.	-By 2021 there will be a 5% increase in the number of households that lock and monitor prescription drugs in their homes as measured by the Secure, Monitor and Dispose survey. - By 2021 there will be a 5% increase in the number of households that dispose of prescription drugs properly as measured by the Secure, Monitor and Dispose survey.	-In 2023 there will be a 2% decrease in Seven Challenges participants who report getting prescription drugs from homes without parental knowledge (Own home: from 33% to 31%; Friends home: from 24% to 22%) as measured by Seven Challenges Survey.	Seven Challenges Survey. Secure Monitor and Dispose Survey. Law Enforcement Disposal Records.
3A. By 2023 there will be a 50% increase in medical groups utilization of Safe prescriber guidelines decreasing over-prescription as measured by	- Shifting protocols of prescribers (i.e. Prescribe Guidelines) (ENV). - Harm reduction methodologies (i.e. Medication Assisted; Treatment Options.; Naloxone Program) Substance Use Intervention Program (PIDR).	-By 2020 there will be a 30% increase in medical professional's knowledge of Safe Prescribe Guidelines (Safe Rx Data).	By 2021 there will be a 25% increase in medical professional's utilization of Safe Prescribe Guidelines (From 0 to 1.5). (Safe Rx Data).	-In 2023 there will be a 50% increase in medical groups utilization of Safe prescribe guidelines decreasing over-prescription as measured by Safe Rx Procedure tracking. (From 0 to 3 medical groups).	Number of naloxone trainings and kits distributed. Safe Rx data matrix.

Objective What do we want to accomplish?	Strategies What method(s) will we use to help us accomplish the objectives?	Short Term Outcomes What is going to happen as a result of our methods?	Intermediate Outcomes What is going to happen as a result of our methods?	Long Term Outcomes What is going to happen as a result of our methods?	Indicators How we will know what happened?
Safe Rx Procedure tracking (From 0 to 3 medical groups).	-Collaboration with medical community (i.e. Safe Rx Coalition) (CBP). -Multi-agency coordination and collaboration (including schools) (CBP).				
3B. By 2023 there will be a 10% decrease of opioid/opiate deaths in Santa Cruz County from 44 to 39 deaths.	- Provide Naloxone education and training during adult incarceration and Naloxone upon release (ED). -Harm reduction/safety skills (i.e. use of Naloxone; distribution of Naloxone kits) (ED/ID/ENV). -Provider education to decrease overprescribing of prescription medicines. -Develop policy to decrease pharmaceutical company influence on medical providers.	- By 2020 there will be an increase from 1 to 3 first responder agencies trained and administering naloxone. -By 2020 there will be an increase in incarcerated adults with opioid use disorder receiving naloxone on release. (PIDR).	- By 2022 there will be an increase from 1 to 5 first responder agencies trained and administering naloxone. -By 2021 incarcerated adults with opioid use disorder will receive naloxone on release (PIDR).	-In 2023 there will be a 10% decrease of opioid/opiate deaths in Santa Cruz County from 44 to 39 deaths.	Santa Cruz County Sherriff Coroner's Office Death Data.

C) Collaboration with the Planning Process. The Strategy Team, made up of a diverse group of community stakeholders, has been convening since summer of 2016 to engage in Alcohol and Drug Prevention Program strategic planning process. Stakeholders represented sectors including education; youth service providers; city government; cannabis industry; prevention experts; public health experts; youth violence prevention advocates; mental health administrators; substance use treatment experts; university staff; community members/parent representatives; local foundations; health care professionals; young adults and students. Participants were initially engaged in the strategic planning process through one on one outreach and engagement. Staff asked a series of questions, both during one on one outreach and in initial meetings that helped individuals link their passion and their everyday work to the overarching work of the Strategic Planning efforts. For example, one question asked at the start of the first meeting was: "When everything you've ached for is accomplished, what's left in that space for you?" Some of the responses that fueled members' passion for this work included: Peace, Equity, Wellbeing, Healing and Connection, Integrity, Full Potential, Justice, Youth, Unity, and Fairness. By taking this approach, members were invested on a personal and professional level in the work. The group spent several meetings reviewing and interpreting data then engaging in discussions that guided the decision regarding priority area identification. This process allowed the group to identify outcomes that we as a community want to invest in moving the needle. The team went back and forth with one particular priority area-heroin. The data indicates that this is a rising issue in our community and therefore the team found it essential to address. However, prevention and early intervention strategies became replicative with prescription drugs priority area. It was therefore decided to merge the two. The group also decided that when developing goal statements, we would focus on the ultimate positive impact that we want to reach as a community through our work---thriving and wellbeing for all. The team utilized the Strategic Prevention Plan (SPP) Workbook tools to guide us in decision making around which risk and protective factors to consider as we prioritized strategies. Each risk factor was rated as either low or high on importance or changeability. The tables in section IV A under Data Based Strategies (table 8, pgs.40-49) highlight those that were recognized as high importance and changeability. The table also highlights selected strategies. The team utilized the SPP Workbook Criteria for Strategy Selection, considering effectiveness, conceptual fit and practical fit when considering strategies[6]. The tools built on each other as we developed the Logic Models for each priority area (table 9, pgs.50-59). The team utilized the Results Based Accountability model and Transformational Results Chain (TRC) to develop the logic models, which entails designing backwards from stated goals, then identifying outcomes and objectives that will move us towards those goals, to identifying strategies that will lead us to the desired results. Another unique component of the TRC model is to identify normative/paradigm shifts, systems shifts and management/everyday shifts that will aid the community in producing long-term sustainable results. The team identified the following shifts:

Normative/Paradigm Shifts: 1.FROM Silo TO→integrated 2. FROM Crisis response TO →Early response/Prevention 3. FROM Isolation TO → Interdependence 4. FROM Moral deficiency TO → Medical Model 5. FROM Punitive TO → Restorative 6. FROM Deficits TO →Strengths
Systems Shifts: 1. FROM Resources for intervention only TO →resources for prevention 2. FROM Scarcity TO →abundance (removal of restrictions) 3. FROM Downstream approach TO →upstream approach
Management/Everyday Shifts: 1. FROM Business as usual TO →Business with intention 2. FROM Exclusion TO →Inclusion 3. FROM Health compromising TO →Self-promoting 4. FROM Productivity defined as 'chained to desk' TO →productivity as 'walking meetings'
The completed Transformational Results Chain is available to view at this link.

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[6] NOTE: The full list of risk factors, their changeability and importance ratings, as well as their strategy criteria selection can be made available if desired.

Cultural relevance of the ADP work is integrated as a discussion item in each Strategy Team meeting. The facilitator has asked a series of poignant questions to help the group think deeply about cultural relevance in each step of our efforts. A sample of questions include:

- What process can we put in place for identifying culturally relevant risk and protective factors and other underlying conditions?
- What is our process for ensuring cultural relevancy in our selection of strategies?
- How will we ensure that our strategies are equitable?

These questions have led to rich discussions that include further need for exploration as well as identification of innovative and proven methods to address cultural relevancy and equity. Some suggestions that emerged include:

- Identification of sub-populations with increased risk factors that contribute to substance use (including considerations of geography; gender identification; sexual orientation; age; ethnicity; socio-economic standing);
- Disaggregation of data to compare and contrast indicators between selected sub-populations and the general population;
- Peer to peer data collection methodologies among sub-populations;
- Research and exploration of successful AOD strategies and approaches by communities that have a similar makeup and/or focus on similar sub-populations; and
- Use of proven tools such as the Race Forward Racial Equity Impact Assessment guide: https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Cultural relevancy is not a one-time discussion but must be embedded and integrated into every step of our work. The discussions and suggestions have been communicated with the Coalition's Executive Committee and will be communicated with each of the initiatives-with a request that the conversations and pursuit of implementation of proposed recommendations continue at each of these levels.

V. Implementation

A) Programs/Interventions. The Strategic Plan Development team completed Table 10 (pgs.62-65) - identifying specific programs and interventions that will be implemented to carry forth strategies identified in the logic models. Descriptions of each program/intervention and local agencies currently implementing these programs are listed below Table 10 (see pg.65).

Table 10: Specific Intervention/Programs

Priority Area: Alcohol	
Strategies (from logic model)	Specific Program/Intervention
Social Norming Campaign.	Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).
Parent Education.	Guiding Good Choices (Evidence Based). Promotores Model (Local Innovative). Cara Y Corazon (Local Innovative).

	Integrative Youth Development/ Invincible Youth} (Evidence Based). Integrative Youth Development/ Friday Night Live (Evidence Based).
Community Education.	Promotores Model (Local Innovative). Integrative Youth Development/ Friday Night Live (Evidence Based).
Primary & Secondary Prevention Substance Use (i.e. integration of AOD curriculum in science courses; DUI sentencing in schools; 7 challenges groups alternatives to suspension; restorative justice groups; UCSC alcohol education).	Seven Challenges (Evidence Based). Botvin Life Skills (Evidence Based). Restorative Justice (Local Innovative). Joven Nobles (Local Innovative). Alcohol Edu (Promising Practice). Brief Alcohol Screening and Intervention for College Students (BASICS) (Evidenced Based). Integrative Youth Development/ Invincible Youth} (Evidence Based). Integrative Youth Development/ Friday Night Live (Evidence Based).
Stress Reduction/Alternative Coping Mechanisms (Yoga for All; Acupuncture; Mindfulness).	Trauma Informed Care approaches and interventions (Evidence Based). Mindfulness Bases Stress Reduction (Evidence Based).
Linkages to Alternative Activities (i.e. 211).	Integrative Youth Development (Evidence Based).
Merchant Engagement & Education (Responsible Alcohol Merchants Award; Responsible Beverage Services Trainings; Lee Law).	Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based). Integrative Youth Development/ Friday Night Live (Evidence Based).
Develop, pass, implement, monitor local policies to decrease access and enhance barriers.	Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based).
Education/Training/Enforcement of local policies (Compliance Checks; DUI checkpoints; Decoy operations; Social Host Ordinance, Deemed Approved Ordinance; Lee Law).	Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based).
Multi-disciplinary collaboration.	Environmental Prevention-Communities Mobilizing for Change on Alcohol-Modified (Evidence Based).

Priority Area: Cannabis	
Strategies (from logic model)	Specific Program/Intervention
Social Norming Campaign (including surveying on perception of harm).	Environmental Prevention (Evidence Based). Integrative Youth Development/ Friday Night Live (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).

Parent Education.	Guiding Good Choices (Evidence Based). Promotores Model (Local Innovative). Cara Y Corazon (Local Innovative). Integrative Youth Development/ Friday Night Live (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).
Community Education.	Promotores Model (Local Innovative). Integrative Youth Development/ Friday Night Live (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).
Primary & Secondary Prevention Substance Use (i.e. integration of AOD curriculum in science courses; DUI sentencing in schools; 7 challenges groups alternatives to suspension; restorative justice groups).	Seven Challenges (Evidence Based). Botvin Life Skills (Evidence Based). Restorative Justice (Local Innovative). Joven Nobles (Local Innovative). Integrative Youth Development/ Friday Night Live (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).
Stress Reduction/Alternative Coping Mechanisms (Yoga for All; Acupuncture; Mindfulness).	Trauma Informed Care approaches and interventions (Evidence Based). Mindfulness Bases Stress Reduction (Evidence Based).
Cannabis Business Engagement & Education (Responsible Cannabis Business Award; Employee Trainings).	Environmental Prevention (Evidence Based).
Secure & Monitor Campaigns.	Environmental Prevention (Evidence Based).
Develop, pass, implement, monitor local policies to decrease access and enhance barriers.	Environmental Prevention (Evidence Based).
Integration of Cannabis in existing AOD policies (i.e Social Host Ordinance for Alcohol; Smoke Free Ordinance).	Environmental Prevention (Evidence Based).
Multi-disciplinary collaboration.	Environmental Prevention (Evidence Based).

Priority Area: Prescription Drugs & Opioids	
Strategies (from logic model)	Specific Program/Intervention
Social Norming Campaign (including surveying on perception of harm).	Environmental Prevention (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).
Parent Education.	Guiding Good Choices (Evidence Based). Promotores (Local Innovative). Cara Y Corazon (Local Innovative). Integrative Youth Development/ Friday Night Live (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).

Community Education.	Promotores (Local Innovative). Integrative Youth Development/ Friday Night Live (Evidence Based). Integrative Youth Development/ Invincible Youth} (Evidence Based).
Prescriber Education.	Change Package/Prescriber Guidelines (Local Innovative).
Primary & Secondary Prevention Substance Use (i.e. integration of AOD curriculum in science courses; DUI sentencing in schools; 7 challenges groups alternatives to suspension; restorative justice groups).	Seven Challenges (Evidence Based). Botvin Life Skills (Evidence Based). Restorative Justice (Local Innovative). Joven Nobles (Local Innovative).
Stress Reduction/Alternative Coping Mechanisms (Yoga for All; Acupuncture; Mindfulness).	Trauma Informed Care approaches and interventions (Evidence Based). Mindfulness Bases Stress Reduction (Evidence Based).
Secure & Monitor Campaigns.	Environmental Prevention (Evidence Based).
Develop, pass, implement, monitor local policies to decrease access and enhance barriers.	Environmental Prevention (Evidence Based).
Enhance Barriers/Decrease Access through disposal mechanisms (i.e Distribution of lock boxes; Take back campaigns; Disposal Stations).	Environmental Prevention (Evidence Based).
Harm Reduction Strategies including Distribution of Naloxone kits and Naloxone trainings.	Environmental Prevention (Evidence Based).
Multi-disciplinary collaboration.	Environmental Prevention- (Evidence Based).

Program/Intervention Descriptions & Substance Abuse Prevention and Treatment Block Grant Funded Agencies:

1. **Environmental Prevention/Communities Mobilizing for Change on Alcohol (CMCA):** Environmental Prevention provides sustainable long-term change that impact communities decreasing access, availability and promotion of alcohol and other drugs. CMCA is a community-organizing program designed to reduce adolescents' (13 to 20 years of age) access to alcohol by changing community policies and practices. It seeks both to effectively limit the access to alcohol of people under legal drinking age and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social organizing techniques to address legal, institutional, social, and health issues in order to reduce youth alcohol use by eliminating illegal alcohol sales to youth by retailers and by obstructing the provision of alcohol to youth by adults. It involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.
   - **Funded Agencies:** County of Santa Cruz Health Services Agency (HSA) Alcohol and Drug Programs (ADP).
   - **Additional Non-** Funded Partners: County HSA Public Health Department, United Way of Santa Cruz County, Community Prevention Partners Coalition.
2. **Friday Night Live Partnership:** is a statewide Youth Development Prevention Program that utilizes evidenced based strategies of Youth Development and Environmental Prevention to engage youth ages 12-20 in developing community solutions to address alcohol, tobacco, drugs,

violence and traffic safety issues. The program Standards of Practice focus on creating a Safe Environment, Leadership and Advocacy, Connection to Community and School, Meaningful Relationships and Skill Building.

- ▪ **Funded Agencies:** County HSA ADP.

3. **Integrated Youth Development:** IYD brings research, data, and insights from biology, genetics, psychology, sociology, philosophy, theology, economics, physics, and anthropology. IYD presents a framework for the development of individual youth, within the context of their environment. This framework demonstrates the role of his/her individual traits, talents and propensities within the conditions provided by family, school, community, and culture.
   - ▪ **Funded Agencies:** CA Institute for Invincible Youth, County HSA ADP.
4. **Positive Youth Development:** Youth Development is proven to increase protective factors and decrease risk factors for a cross section of youth from the community including youth engaged in the juvenile justice system and alternative education sites.
   - ▪ **Local Agencies:** CA Institute for Invincible Youth, County HSA ADP, County HSA.
5. **Promotores** (also known as Promotores de Salud): is the Spanish term for "community health workers". The Hispanic community recognizes Promotores de Salud as lay health workers who work in Spanish-speaking communities. Through a communication campaign supported by the Community Prevention Partners, promotores inform and motivate people to address public health impact related to alcohol, cannabis and prescription drug use and provide resources on how individuals can take action in their community.
   - ▪ **Funded Agencies:** PVPSA.
6. **Seven Challenges:** is designed to provide a secondary prevention and early intervention education for youth identified as using substances. The model focuses on decision-making youth who are pre-contemplative about ending their substance use. The Seven Challenges consists of an assessment, student action plan, supported group discussions, introspective activities and journaling.
   - ▪ **Funded Agencies:** County HSA ADP, Encompass Community Services, PVPSA.
   - ▪ **Additional Non-** Funded Partners: Santa Cruz County Office of Education (SCCOE).
7. **Trauma Informed Care Systems:** are policies designed to ensure the system of care does not exacerbate problems and addresses the consequences of trauma and to facilitate healing. A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific: Safety; Trustworthiness and Transparency; Peer support; Collaboration and mutuality; Empowerment, voice and choice; Cultural, Historical, and Gender Issues.
   - ▪ **Funded Agencies:** HSA ADP, United Way.
   - ▪ **Additional Non-** Funded Partners: HSA Children's Mental Health, Encompass, PVPSA, Live Oak School District, Pajaro Valley Unified School District, Santa Cruz City Schools, County Office of Education.

Program/Intervention Descriptions & NON-Substance Abuse Prevention and Treatment Block Grant Funded Agencies:

The Strategic Plan Development team wanted to highlight non-SABG funded interventions/agencies in the strategic plan as they contribute to the overall community effort to address substance use prevention and become a part of the long-term sustainability plan of these efforts. These interventions and agencies are listed here:

1. **Santa Cruz County Pain Management Guidelines:** is a locally developed guideline for healthcare organization that provide tools to address the over prescription of opioids. Created for practitioners, to guidelines provide readily accessible guidance and simple best –practice

management tools. Guidelines are divided into sections that can stand alone for quick reference and address the real-world situations practitioners face in daily patient care. The message embodied in the document is that opioids are powerful drugs that can create calm and relief when used wisely but can cause great harm when prescribed injudiciously. Every encounter with a patient in pain will require the same analysis, and patient safety should guide all treatment recommendations. Communication with the patient and the community is aligned to increase awareness and promote community and patient provider dialogues.

- **Local Agencies:** Dignity Health, Palo Alto Medical Foundation, Physicians Medical Group, Santa Cruz Community Health Centers, Sutter Health, Watsonville Community Hospital.

2. **Alcohol EDU:** is a web-based alcohol education program that is recognized nationally for its effectiveness. This program combines the latest prevention techniques and research to educate students about the impact of alcohol.
   - **Local Agencies:** University of California, Santa Cruz (UCSC).
3. **Brief Alcohol Screening and Intervention for College Students (BASICS):** is a brief motivational intervention for high-risk college students that uses alcohol screening and feedback to reduce problem drinking, excessive drinking, and binge drinking by enhancing motivation to change, promoting healthier choices, reviewing myths and facts about alcohol, and teaching coping skills to moderate drinking.
   - **Local Agencies:** University of California, Santa Cruz (UCSC).
4. **Botvin Life Skills:** is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.
   - **Local Agencies:** PVPSA.
5. **Cara y Corozon:** is a culturally based family strengthening/community mobilization program that assists parents and other extended family to raise and teach their children in with a positive bicultural base. The 8-12 week educational series is geared for parents and focuses on strengthening the parent-child relationship and family connections with their community. Lesson goals are to re-integrate a family's traditions and values which support the unity and harmony of the family. The curriculum focuses on character development using principles of dignity, respect, trust and love.
   - **Local Agencies:** County HSA Children's Mental Health.
6. **Guiding Good Choices:** is a program designed to teach parents skills that can help prevent drug and alcohol abuse in their families. Dr. David Hawkins and Dr. Richard Catalano developed the program based on the social development model, which holds that strong bonding to positive influences reduces problem behaviors, such as delinquency and substance abuse. This is combined with research that has identified both risk and protective factors in the development of behavior problems. Risk factors include a low level of communication between parents and children, poorly defined and communicated expectations for children's behavior, excessively severe and inconsistent discipline, and high levels of negative interaction or family conflict. Protective factors include regular communication or parental warmth and affection, presentation of clear and pro-social expectations, monitoring of children, and consistent and moderate discipline.
   - **Local Agencies:** Pajaro Valley Prevention and Student Assistance (PVPSA).
7. **Mindfulness Based Stress Reduction:**
   Local Agencies: County HSA Mental Health, Encompass Community Services, UCSC.
8. **Restorative Justice:** is a theory of justice that emphasizes repairing the harm caused by criminal behavior. It is best accomplished through cooperative processes that allow all willing stakeholders to meet, although other approaches are available when that is impossible. This can lead to transformation of people, relationships and communities.
   - **Local Agencies:** County HSA ADP, SCCOE.

Provider RFP Process

The county of Santa Cruz has a contracting policy that requires a minimum of three bids for all services or a sole source justification. All Contracts go through a development and review process that include the requesting department, fiscal agency of that department, County counsel, and Board of Supervisors approval. Contract language is boiler plate language created by County Counsel with the exception of scope of services, compensation or other federal or state required language. Contracts include quarterly and annual reporting requirements, and contractors participate in annual site monitoring visits and quality assurance checks. Contracts are monitored monthly by ADP fiscal and services staff for fiscal and service integrity. The county of Santa Cruz Behavioral Health Services department of the Health Services agency has a separate quality assurance division that monitors reports, services, and conducts the annual site visit monitoring for adherence to federal, state and county regulations and contract fidelity. Contractors bill quarterly unless otherwise stipulated in the contract. Prevention Contractor's are required to participate in monthly contractor meetings and the appropriate community prevention partners initiative(s) based on the scope of their contract. Training for reporting, quality improvement, evidenced based practices, and service enhancement are mandated as part of each contract.

B) Implementation Plan
Table [7]11.1: Alcohol Implementation Plan

Priority Area: **Alcohol**	
Goal 1:	Decrease youth and young adult binge drinking to promote thriving and wellbeing.

Objective 1	By 2023, there will be a 3% decrease in binge drinking from 21% to 18% among 11th grade youth as measured by the California Healthy Kids Survey.				
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based), Alcohol EDU (Promising Practice), Seven Challenges (Evidence Based), Botvin Life Skills (Evidence Based).					
Major Tasks	Timeline	Responsible Party	Other Stakeholders/ Partners	Strategy	IOM
1. Educate parents and community on definition of binge drinking and consequences.	Annually February and April.	CPP, ADP, Youth Serving Organizations/ Treatment Providers, Schools, Neighborhood Groups, Promotores, Alcohol Initiative.	Youth, FNL, Parents.	Information Dissemination.	U

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[7] **Key:**
Strategies: Information Dissemination (ID), Education (ED), Community-Based Process (CBP), Problem ID and Referral (PIDR), Environmental (ENV), Alternatives (ALT)
IOM Category: Universal (U), Selective (S), Indicated (I)

Major Tasks	Timeline	Responsible Party	Other Stakeholders/ Partners.	Strategy	IOM
2. Provide Alcohol EDU for UCSC students.	Annually August.	UCSC SHOP.	Parents of Freshmen, Campus Clubs/Orgs, Dean of Students.	Information Dissemination.	U
3. Implement designated driver campaign.	Annually February and April.	CPP, ADP Alcohol Initiative, Law Enforcement, Merchants, FNL.	Driving Schools, Parent Groups, UCSC.	Information Dissemination.	U
4. Implement youth secondary prevention programs.	Monthly.	ADP, ADP Contractors, Schools, Probation, Mental Health.	Parents, Parent Groups, School Boards, Youth, Youth Serving Orgs.	Problem ID and Referral.	I
5. Implement Botvin Life Skills in school settings.	January – June 2018.	PVPSA, Schools.	ADP/CPP, Parents, School Board.	Education.	U
Objective 2	Retailer Access: By 2023, there will be a 3% decrease in ease of access (fairly easy and very easy) of alcohol from 73% to 70% by 11th grade students as measured by the California Healthy Kids Survey.				
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based), Friday Night Live (Local Innovative).					
Major Tasks	Timeline	Responsible Party	Other Stakeholders/ Partners.	Strategy	IOM
1. Develop a network of compliant RAMA merchants and increase their visibility.	Annually January-March.	Friday Night Live Youth, ADP, Retailers, Neighborhood Groups, Local Law Enforcement Agencies.	Media, CPP, Community members, neighbors.	Community-Based Process.	U
2. Implement Responsible Alcohol Merchants Award Program and Remind and Reward compliance checks.	Annually July–December.	CPP, ADP, Friday Night Live Youth, Merchants, Local Law Enforcement Agencies.	Media, CPP, Community members, neighbors.	Community-Based Process.	U
3. Enforce Lee Law and removal of alcohol advertisement and promotion of store. makeovers.	Annually July and January.	ADP, Friday Night Live Youth, Retailers, Local Law Enforcement Agencies.	Media, CPP, Community members, neighbors.	Environmental.	U

4. Train law enforcement on alcohol-related laws, and enforcement, including Social Host Ordinance, and Lee Law.	September 2018.	Alcohol Initiative, Local Law Enforcement, Alcoholic Beverage Control (ABC), ADP, Friday Night Live.	City Council and Board of Supervisors.	Environmental.	U
5. Support merchant compliance through compliance checks and shoulder tap operations. .	Annually April and December.	ADP staff, Law Enforcement, Friday Night Live Youth, Youth, Alcohol Initiative.	Media, CPP, ABC.	Environmental.	U
6. Pursue enhanced Conditional Use Permits and implement Deemed Approved Ordinances in Watsonville and Unincorporated Area, to provide stronger guidelines for evidenced based operations and enforcement.	Ongoing until Adoption.	CPP, ADP, Alcohol Initiative, Law Enforcement, Planning Departments, Promotores, City Council, County Board of Supervisors.	Community members, Youth Serving Organizations, Public Health groups, Retailers, Friday Night Live, Neighbors, Community members.	Environmental.	U
7. Mandate Responsible Beverage Service and Sales (RBSS) trainings in Watsonville and Unincorporated area through CUP/DAO's.	Ongoing until Adoption.	CPP, ADP, Alcohol Initiative, Law Enforcement, Youth Serving Organizations, ABC, Friday Night Live, Promotores, Retailers, City Council, Board of Supervisors.	Planning Departments, Community members, Public Health groups.	Environmental.	U

Major Tasks	Timeline	Responsible Party	Other Stakeholders/ Parties	Strategy	IOM
8. Pursue adoption of alcohol license fees in Watsonville and Unincorporated area to enhance alcohol enforcement efforts.	Ongoing until Adoption	CPP/ADP, Alcohol Initiative, Law Enforcement, Friday Night Live, Promotores, Retailers	Youth Serving. Organizations, Planning Departments, Community members, Public Health groups,	Environmental.	U
Objective 3		Social Access: By 2023, there will be a 3% decrease in ease of access of alcohol from 73% to 70% by 11th grader students as measured by the California Healthy Kids Survey.			
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol (Evidence Based).Integrative Youth Development {Invincible Youth} (Evidence Based), Guiding Good Choices (Evidence Based), Alcohol Edu (Promising Practice) Brief Alcohol Screening and Intervention for College Students (BASICS) (Evidenced Based), Promotores Model (Local Innovative), Cara Y Corazon (Local Innovative), Seven Challenges (Evidence Based), Botvin Life Skills (Evidence Based), Restorative Justice (Local Innovative), Joven Nobles (Local Innovative).					
Major Tasks	Timeline	Responsible Party	Other Stakeholders/ Parties	Strategy	IOM
1. Educate parents and community Through secure, monitor, and dispose campaign to monitor and secure alcohol in the home to deter youth access.	Annually February, April, and September.	CPP, ADP, Friday Night Live, Youth Serving Organizations, Promotores, Alcohol Initiative.	Schools, Neighborhood Groups, Parent/School groups (PTA etc) Online as well as in person groups, Media.	Environmental.	U
2. Educate parents on Social Host ordinance, and consequences for property owner.	Annually September and April.	ADP, CPP, Friday Night Live, Schools, Alcohol Initiative, Neighborhood Groups.	Youth Serving Organizations, Parent Groups (PTA, etc.).	Environmental.	U
3. Educate and engage law enforcement agencies to enforce social host ordinances, and track use of ordinance.	Annually November.	CPP/ADP Staff, Alcohol Initiative, Neighborhood Groups, Law Enforcement, UCSC.	Community Members, UCSC SHOP and students.	Environmental.	U

Table 11.2 Cannabis Implementation Plan

Priority Area: **Cannabis**					
Goal 2:	Decrease youth and young adult cannabis use to promote thriving and wellbeing.				
Objective 1	By 2023, there will be a 2% decrease from 26% to 24% in 30-day cannabis use, among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.				
Programs/Interventions: Environmental Prevention-Communities Mobilizing for Change on Alcohol-Modified; California Institute for Invincible Youth; Guiding Good Choices; Promotores Model; Friday Night Live; Seven Challenges, Botvin Life Skills.					
Major Tasks	Timeline	Responsible Party	Other Stakeholders / Partners	Strategy	IOM
1. Document and report community perception of recreational cannabis use, impact on community.	Annually November.	ADP/CPP staff, Cannabis Initiative, Community Members.	ASR, Cannabis Licensing, Neighborhood Groups, Next Door, Jason Hoppin, Cannabis, BOS and City Watsonville and Santa Cruz.	Environmental.	U
2. Implement education campaign on impacts of cannabis on developing youth.	Annually September February and April.	ADP/CPP staff, partners, Law Enforcement, Cannabis groups.	County Office of Education, School Districts, Parents, Families.	Education.	U
3. Provide media with messaging to increase perception of harm of recreational cannabis.	Annually April.	ADP/CPP staff, Cannabis Initiative, Media.	Growing Up in Santa Cruz, Goodtimes, City on a Hill, UCSC, Community Matters/RP, Sentinel.	Information Dissemination.	U
4. Dissemination of secure, monitor, dispose materials.	Annually September February and April.	ADP/CPP staff, Cannabis Initiative, Cannabis Dispensaries.	Neighborhoods, Community/Partner Events.	Information Dissemination.	U
5. Develop policy to restrict advertisement and marketing of cannabis products and services through media, print, websites and other venues.	January-April 2018.	ADP/CPP staff, CPP appointed committee member, Cannabis Initiative, Cannabis Advocacy groups.	BOS, City of Watsonville and Santa Cruz, Parents.	Environmental.	U

6. Utilize data to shift student and general population perception of use of recreational cannabis through community engagement.	Annually October and April.	ADP/CPP staff, Cannabis Initiative, Schools, Friday Night Live, Parents.	Community Members. Neighborhoods, Community/Partner Events, PVPSA, Encompass.	Environmental.	U
7. Utilize data to shift student and general population perception of harm of youth recreational cannabis use around brain development and impaired driving, through school and community engagement.	Annually October and April.	ADP/CPP staff, Cannabis Initiative, Schools, Friday Night Live, Parents, California Highway Patrol.	Neighborhood Groups, Science Experts, Neighborhoods, Community/Partner Events, PVPSA, Encompass.	Environmental.	U
8. Enhance safe school climate to increase student/staff connection, safe spaces and inclusion.	Annually September-May.	FNL, ADP/CPP staff, Schools, Invincible youth staff, School administration and teachers.	Parents, Community Members YVPTF, Counselors.	Environmental.	U
9. Implement student secondary prevention programs.	Monthly.	ADP Staff, Contractors, Schools.	Parents, Peers, Community Members, Probation, Children's Mental Health.	Problem ID, Referral.	S
10. Monitor implementation of school reduction of suspension policy mandating evidenced based early intervention strategies to address student use.	Annually August.	ADP/CPP staff, Schools, School Board.	Cannabis Initiative, Parents, School Resource Officers, Probation.	Environmental.	U

Objective 2	Cannabis Business Access: By 2023, there will be a 2% decrease in ease of access of cannabis from 77% to 75% by 11th grader students as measured by the California Healthy Kids Survey.				
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol-Modified; Friday Night Live					
Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Educate community members on state and local cannabis law and legalization laws and how to report concerns.	Quarterly January, April, July, and October.	ADP/CPP staff, Cannabis Initiative, partners, Law Enforcement, Neighborhood groups, FNL, Cannabis Industry, Promotores.	Cannabis Licensing Manager, Community Members, PVPSA.	Environmental.	U
2. Educate policy makers and industry about public health best practices to limit availability and youth access.	Annually.	ADP/CPP staff, Cannabis Initiative, Law Enforcement, Neighbors, Cannabis Advocacy groups, Promotores.	Cannabis Licensing Manager, Community Members, PVPSA.	Environmental.	U
3. In partnership with Cannabis Licensing Manager, monitor implementation of workplace policy training for employees ages 18-20.	Annually January.	ADP/CPP staff, Cannabis Initiative, Licensing Manager, Employers.	Law Enforcement, Cannabis Advocacy groups.	Education.	U
4. Develop protocol to monitor and implement Cannabis Ordinances.	Annually January.	ADP/CPP staff, Cannabis Initiative, Licensing Manager, Cannabis.	Advocacy groups, neighborhood groups.	Environmental.	U
5. Develop cannabis regulations with policy makers utilizing best practices to regulate cultivation, manufacturing, distribution, and dispensing of medical and recreational cannabis.	Ongoing until Completed.	ADP/CPP staff, Cannabis Initiative, Elected Officials, Executive Committee, Cannabis Advocacy groups, Neighborhood groups.	Law Enforcement, Cannabis policy experts.	Environmental.	U

Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
6. Develop and implement Responsible Cannabis Business Recognition Program.	Annually Initiating January 2019.	ADP/CPP staff, Cannabis Initiative, Law Enforcement, Cannabis Licensing Manager.	Cannabis Advocacy groups, Neighborhood groups.	Information Dissemination.	U
7. Monitor cannabis industry signage, advertisement, and report code violations.	Annually July and January.	ADP/CPP staff, Cannabis Initiative, FNL Youth, Neighborhood groups, Cannabis Licensing Manager.	Cannabis Advocacy groups, Neighborhood groups, Community members.	Environmental.	U
8. Develop policy to restrict size, and type of signage on all cannabis cultivation, manufacturing, and dispensing facilities.	Ongoing until Completed.	ADP/CPP staff, Cannabis Initiative, Elected Officials, Executive Committee, Cannabis Advocacy groups, Neighborhood groups.	Law Enforcement, Cannabis policy experts.	Environmental.	U

Objective 3	Social Access: By 2023, there will be a 2% decrease in ease of access of cannabis from 77% to 75% by 11th grader students as measured by the California Healthy Kids Survey.				
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol-Modified; California Institute for Invincible Youth; Promotores Model; Friday Night Live.					
Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Conduct public health impact and process assessment of cannabis laws and implementation.	Annually June.	ADP/CPP staff, partners, Law Enforcement, Neighborhood groups, Cannabis groups, Cannabis Licensing Manager, Researcher.	Community Members, Youth, Schools.	Environmental.	U
2. Promote secure, monitor, dispose campaign materials.	Annually September February and April.	ADP/CPP staff, Cannabis Initiative, Cannabis Dispensaries.	Neighborhood groups, schools, community events, medical providers, UCSC.	Information Dissemination.	U
3. Mobilize community to support enforcement of non-compliant cannabis businesses and illegal grows.	Quarterly February, May, August and November.	CPP staff, partners, Neighbors, environmental groups, Licensing Manager, Law Enforcement.	Community Members.	Environmental.	U

4. Integrate Cannabis in existing policies to reduce access to cannabis in social settings (i.e Social Host Ordinance).	Ongoing until Adoption.	ADP/CPP staff, partners, Cannabis Initiative and Advocacy groups, Elected Officials, Law Enforcement.	Parents, Community Members, UCSC, Neighborhood groups.	Environmental.	U

Table 11.3: Prescription Drugs/Opioids Implementation Plan

Priority Area: Prescription Drugs & Opioids					
Goal 3:	Decrease rate of prescription drug and opioid misuse among youth and young adults.				
Objective 1	By 2023, there will be a 3% decrease in the lifetime use of prescription drugs (prescription pain killers, tranquilizers, or sedatives), from 20% to 17% among Santa Cruz County 11th grade youth, as measured by California Healthy Kids Survey.				
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol - Modified (Local Innovative), Integrated Youth Development (CA Institute for Invincible Youth), Guiding Good Choices (Evidence Based), Promotores Model (Local Innovative), Friday Night Live (Local Innovative), Seven Challenges (Evidence Based), Botvin Life Skills (Evidenced Based),Joven Nobles (Local Innovative), Harm Reduction (Local Innovative), Cora Y Corazon (Local Innovative).					
Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Educate community on proper disposal of prescriptions through Lock It Up Talk It up, and Secure, Monitor and Dispose Campaign.	Annually April, July, September.	CPP Staff, Strategy Team, Prescription Drug (Rx) Initiative, Media, County Environmental Services, Law Enforcement.	FNL Youth, Neighborhood Groups, Pharmacies, EPR Contractor, Medical Providers.	Environmental.	U
2. Promote drop box locations at pharmacies, law enforcement agencies and healthcare provider settings.	Annually April, July, September.	Rx Initiative, Pharmacies, Health Providers, Law Enforcement, Public Works.	FNL Youth, Neighborhood Groups, Pharmacies, EPR Contractor, Medical Providers.	Community-Based Process.	U
3. Promote securing of medications through education and	Quarterly April, July, September,	Rx Initiative, Schools, FNL Youth, Hardware Stores.	Neighborhood Groups, Medical Providers.	Environmental.	U

distribution of locking devices.	and December.				
Objective 1B	College Student Use: By 2023 there will be a 5% decrease of college students who report using prescription drugs that were not prescribed to them within the last 12 months from 22% to 17%.				
Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on alcohol - Modified, (Local Innovative), Friday Night Live (Local Innovative), Harm Reduction (Local Innovative).					
Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Educate community on proper disposal of prescriptions through Lock It Up Talk It up, and Secure, Monitor and Dispose Campaign.	Annually October and March.	CPP Staff, Strategy Team, Prescription Drug (Rx) Initiative, Media, County Environmental Services, Law Enforcement.	UCSC SHOP, UCSC Pharmacy, Neighborhood Groups, EPR Contractor.	Environmental.	U
2. Promote securing of medications through education and distribution of locking devices.	Annually October and March.	Rx Initiative, Schools, FNL Youth, Hardware Stores.	UCSC SHOP, UCSC Pharmacy, Neighborhood Groups, EPR Contractor.	Environmental.	U
3. Support health providers in reminding patients to secure, monitor and dispose of medications responsibly through materials and events.	Annually October and March.	Rx Initiative, Health Providers, Pharmacies.	UCSC SHOP, UCSC Pharmacy, Neighborhood Groups, EPR Contractor.	Environmental.	U
4. Provide physicians and consumers education on chronic pain alternatives and safe prescribing practices.	Annually October and March.	Rx Initiative, Health Improvement Partnership Coalition, Health Providers.	UCSC SHOP, UCSC Pharmacy, Neighborhood Groups, EPR Contractor.	Environmental.	U

Objective 2

Social Access: By 2023, there will be a 5% decrease in Seven Challenges participants who report getting prescription drugs from friends or from parties as one of the top ways youth get prescription drugs (Friends: from 58.8% to 53.8%; Parties: from 30% to 25%).

Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol - Modified (Local Innovative), Integrated Youth Development (CA Institute for Invincible Youth), Guiding Good Choices (Evidence Based), Promotores Model (Local Innovative), Friday Night Live (Local Innovative), Seven Challenges (Evidence Based), Botvin Life Skills (Evidenced Based),Joven Nobles (Local Innovative), Harm Reduction (Local Innovative), Cora Y Corazon (Local Innovative)

Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Educate community on proper disposal of prescriptions through Lock It Up Talk It up, and Secure, Monitor and Dispose Campaign.	Annually April and September.	ADP Staff, Seven Challenges Counselors.	Strategy Team, Prescription Drug (Rx) Initiative, Media, County Environmental Services, Law Enforcement.	Environmental.	U
2. Promote drop box locations at pharmacies, law enforcement agencies and healthcare provider settings.	Annually April and September.	ADP Staff, Seven Challenges Counselors.	Rx Initiative, Pharmacies, Health Providers, Law Enforcement.	Community-Based Process.	U
3. Promote securing of medications through education and distribution of locking devices.	Annually April and September.	ADP Staff, Seven Challenges Counselors, Schools.	Rx Initiative, Schools, Hardware Stores.	Environmental.	U

Objective 3

Home Access: By 2023 there will be a 2% decrease in Seven Challenges participants who report getting prescription drugs from homes without parental knowledge (Own home: from 33% to 31%; Friends home: from 24% to 22%).

Program/Intervention: Environmental Prevention-Communities Mobilizing for Change on Alcohol - Modified (Local Innovative), Integrated Youth Development (CA Institute for Invincible Youth), Guiding Good Choices (Evidence Based), Promotores Model (Local Innovative), Friday Night

Live (Local Innovative), Seven Challenges (Evidence Based), Botvin Life Skills (Evidenced Based),Joven Nobles (Local Innovative), Harm Reduction (Local Innovative), Cora Y Corazon (Local Innovative).

Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Educate 7C families on Safe RX best practices through school and community venues.	Annually May and October.	ADP Staff, Seven Challenges Counselors, Schools.	Rx Initiative, Schools.	Providing Information.	U
2. Provide no/low cost medication lock boxes to families.	Annually May and October.	ADP Staff, Seven Challenges Counselors, Schools.	Rx Initiative.	Environmental.	U

Objective 4	By 2023 there will be a 50% increase in medical group utilization of Safe prescriber guidelines decreasing over-prescription as measured by Safe Rx Procedure tracking (From 0 to 3 medical groups).

Program/Intervention: Change Package/Prescriber Guidelines (Local Innovative), Environmental Prevention-Communities Mobilizing for Change on Alcohol - Modified (Local Innovative), Harm Reduction (Local Innovative).

Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Promote CURES usage and benefits for the patient and prescriber.	Annually January and June.	Rx Initiative, Health Providers, Health Improvement Partnership, Medical Groups.	County Medical Director, Health Services Agency.	Environmental.	U
2. Disseminate and monitor use of Safe Prescribing Guidelines to provide physicians education on chronic pain alternatives and	Annually January, May and September.	Rx Initiative, Health Providers, Health Improvement Partnership, Medical Groups.	County Medical Director, Health Services Agency.	Environmental.	U

safe prescribing practices.					
Objective 5		By 2023 there will be a 10% decrease of opioid/opiate deaths in Santa Cruz County from 44 to 39 deaths.			
Program/Intervention: Change Package/Prescriber Guidelines (Local Innovative), Environmental Prevention-Communities Mobilizing for Change on Alcohol - Modified (Local Innovative), Harm Reduction (Local Innovative).					
Major Tasks	Timeline	Responsible Party	Other Stakeholders, Partners	Strategy	IOM
1. Inform decision makers of cost savings and benefits of naloxone distribution.	Annually January.	Sheriff/Coroner, Rx Initiative, Executive Committee, Health Improvement Partnership, Contractors.	Public Health, Health Services Agency.	Environmental.	U
2. Provide Naloxone training and kits for high risk individuals.	Monthly.	Sheriff Department, Public Health, Contractors.	Rx Initiative, Executive Committee, Health Improvement Partnership, Contractors.	Information Dissemination.	U

C) Establishing the Implementation Plan. The need to continue and/or enhance implementation of programs/interventions specifically geared towards the Latino community emerged through the strategic planning process. In fact, these programs align with the State mandated County Prevention Early Intervention Plan, which prioritized culturally specific programs and support for Latino youth and families. The Strategic Plan Development team invited South County partners, bicultural partners, and partners with experience working with the Latino population to discuss successes, challenges, gaps and considerations. The team identified three culturally based family and community strengthening interventions that have shown success in increasing protective factors and reducing risk factors to meet the needs of the Latino community:

1. Cara Y Corazon enhances parent child communication, family connections and stability. Anticipated outcomes include cultural pride; improving family and partner relationship quality as well as their family practices; improved levels of social support, community participation (particularly around school activities), and knowledge of community mental health and substance abuse treatment resources.

2. Joven Nobles increases cultural esteem, decreases psychosocial stress exposure, and improves cultural knowledge and beliefs. Anticipated outcomes include increasing cultural pride, improving character (e.g., respecting others, refraining from use of alcohol), reducing

endorsement of aggression, shifting attitudes towards sexual abstinence, improving self-perception with regard to assets and deficits, strengthening relationships with caring adults and family members, participating in community activities, and increasing beliefs that they can make positive changes in their community.

3. Promotores model increases community knowledge of available services and ability to navigate health systems. Anticipated outcomes will be recognition of the important contributions of Promotores in reaching vulnerable, low-income and underserved members of Latino/Hispanic populations, increased engagement of Promotores and Latino community members in supporting health education, and promoting public health policy.

The Strategic Plan Development team not only discussed the importance of continuing to implement these programs/interventions, but also discussed ways to expand and enhance the implementation and delivery of these programs. The Strategic Planning team is confident that the identified strategies and their prospective programs/interventions will meet the identified needs of the community because the identified interventions are data driven, produce results and measurable outcomes, meet the diverse cultural needs of the community, are evidence-based, and have proven results in other communities. These three programs are local innovative processes but are research driven and have shown effectiveness either in our community or other similar communities.

County Alcohol and Drug Program and United Way of Santa Cruz County will support Santa Cruz County Friday Night Live youth and Community Prevention Partners Coalition in developing the action plans identified in the implementation plan. The process will include: review and analysis of data; development of 2x4 logic models that target the local conditions; development of results chains that are rooted in universal values, identifies long-term impacts, and collaboration and systems and normative shifts needed to reach these impacts. The county views FNL youth and the Community Prevention Partners coalition as collaborative partners and resources to develop and implement sustainable strategies that allow the county to address multiple prevention issues simultaneously. Project feedback, successes, and community communication are addressed via youth and coalition meetings, executive committee meetings, evaluation, individual meetings, media posts, website, email list serves, and community meetings.

VI. Evaluation

This section describes how the ADP and its lead coalition Community Prevention Partners intend to evaluate the process and outcomes of the county's plan to prevent substance use and abuse, along with a plan to share the evaluation results with key partners. The evaluation will begin during the implementation of the plan and conclude after final results have been reported and disseminated.

This evaluation plan describes the overall evaluation methodology (data sources, measures, methods of analysis), the roles and responsibilities of county partners during the evaluation, and the steps the county will take to incorporate the evaluation findings into further planning and community engagement.

A) Methodology

Process Evaluation Approach

The evaluator will collect data from ADP and CPP related to the implementation of each of the tasks proposed in the planning section. The data will be provided via quantitative (e.g., excel spreadsheets) and qualitative sources. For quantitative data, the evaluator will create custom data entry spreadsheets to track key process indicators such as community activities and outreach attempts. The evaluator will also collect qualitative data from coalition partners, such as during regular meetings with the team, through focus groups, or through individual interviews with coalition members.

To determine the extent of the alcohol social norming campaign to change perceptions of youth alcohol use, the evaluator will work with the leaders of the campaign to record the method, location and frequency of the messages related to this campaign each year. This includes the "Lock It Up, Talk It Up" campaign and other public awareness campaigns.

For the Seven Challenges program, the evaluator will obtain and track the number of students who participate each year in the program by grade level and school.

To examine efforts to improve retailer knowledge and reduce illegal access to alcohol, ADP and CPP will update the evaluator periodically about recipients of the Responsible Alcohol Merchant Award, trainings for Responsible Beverage Services (i.e., LEADS training), and the initiation of other enforcement policies (e.g., compliance checks, shoulder tap policies).

Outcomes Evaluation Approach

The short, intermediate and long-term outcomes of the prevention plan will be evaluated according to the measurable objectives detailed in the tables below. The tables describe for each outcome the indicator(s) used to measure the outcome, the source of the data, the person(s) responsible for collecting the data, and the year in which the outcomes will be measured and reported.

Table 12. Strategic Evaluation Plan

Strategic Plan Evaluation Plan – Alcohol						
Outcome	**Indicator / Performance Measure**	**Target Population**	**Tools, Method of Measurement**	**Who Collects Data**	**Timeframe**	**Dissemination Plan (audience & format)**
A. Behavior Change – Long Term						
By 2023, there will be a 3% decrease in binge drinking from 21% to 18% among 11th grade youth.	During the past 30 days, ~~on~~ how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?	11th grade students.	California Healthy Kids Survey.	Schools/County Office of Educ./CPP/ADP.	Annually.	**Audience**: Middle and High School students and their teachers and parents; Community members; Stakeholders **Format**: Tabling; Open house; Back to school night; School loops; Email newsletters; Nextdoor.com; Social media and media; School websites; Final Evaluation Report.
B. Behavior Change – Intermediate Term						
By 2021, there will be a 2% increase in perception of harm (great or moderate) of binge drinking from 68% to 70% among 7th graders.	How much do people risk harming themselves physically and in other ways when they do the following?... 5 or more drinks once or twice a week.	7th grade students.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annually.	Same as above & 2022 Annual Report.
C. Behavior Change – Short Term						
By 2020 there will be an increase in community knowledge of the definition of binge drinking.	[in development].	11th grade students & adults.	[in development].	CPP/ADP.	2018 & 2020.	Same as above & 2021 Annual Report.
D. Retail Outlets – Long Term						

Strategic Plan Evaluation Plan – Alcohol

Outcome	Indicator / Performance Measure	Target Population	Tools, Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan (audience & format)
By 2023, there will be a 3% decrease in ease of access (fairly easy and very easy) of alcohol from 73% to 70% by 11th grader students.	How difficult is it for students in your grade to get any of the following substances if they really want them... Alcohol...	11th Grade students.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	**Audience**: Alcohol Retailers; Parents; Community members; Law Enforcement; Elected Officials **Format**: Responsible Alcohol Merchant Awards; LEAD trainings; Social media and media; Policy Enforcements; Impact Assessments; Final Evaluation Report.
E. Retail Outlets – Intermediate Term						
By 2021 there will be a 3% increase in local agencies adopting policies to decrease over-saturation of alcohol retail outlets.	Number of Conditional Use Permit (CUP) and Deemed Approved Ordinances (DAO) policies adopted.	Law Enforcement/ Government Officials.	Community Prevention Partners Reports.	CPP/ADP.	Annual Reports.	Same as Above & 2022 Annual Report.
By 2021 there will be a 5% increase in the number of retailers who decrease their window alcohol advertising to 33% or less.	Number of retail locations who have 33% or less window advertisement.	Retailers.	Surveys of Alcohol Retailers (administered by FNL youth).	Friday Night Live/ADP /Law Enforcement/ CPP.	2018, 2021.	Same as Above & 2022 Annual Report.
By 2021 there will be a 5% decrease in Seven Challenges participants who report that getting alcohol from a store is one of the top ways youth access alcohol.	What are the two ways you or others your age are most likely to get alcohol?	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	Annual Survey.	Same as Above & 2022 Annual Report.
F. Retail Outlets – Short Term						

Strategic Plan Evaluation Plan – Alcohol

Outcome	Indicator / Performance Measure	Target Population	Tools, Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan (audience & format)
By 2020 there will be a 5% increase in knowledge of government officials and key-stakeholders on the impact of over-saturation of alcohol retail outlets.	Survey question in development.	Government Officials/Key Stakeholders.	Survey in Development with elected officials and key stakeholders.	CPP/ADP.	2018, 2020, & 2022.	Same as Above & 2021 Annual Report.
By 2020 increase by 5% the number of retail outlets who are informed of alcohol retail laws through RAMA.	Number of retailers receiving RAMA Award.	Retailers.	RAMA Awards Database.	Friday Night Live/ADP /Law Enforcement/ CPP.	Annual updates.	Same as Above & 2021 Annual Report.
G. Social Access – Long Term						
By 2023, there will be a 3% decrease in ease of access (fairly easy and very easy) of alcohol from 73% to 70% by 11th grader students.	How difficult is it for students in your grade to get any of the following substances if they really want them?... Alcohol...	11th Grade students.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	**Audience**: Middle and High School students and their teachers and parents; Community members; Stakeholders Faith based; youth groups **Format**: Community events and fairs; social media and media; Final Evaluation Report.
H. Social Access – Intermediate Term						
By 2021, there will be a 2% decrease from 49% to 47% in Seven Challenges participants who report getting alcohol from older siblings and friends over 21 as one of the top ways youth get alcohol.	What are the two ways you or others your age are most likely to get alcohol?	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	Annual Survey.	Same as above & 2022 Annual Report.

Strategic Plan Evaluation Plan – Alcohol

Outcome	Indicator / Performance Measure	Target Population	Tools, Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan (audience & format)
By 2021, there will be a 2% decrease from 43% to 41% in Seven Challenges participants who report getting alcohol from parties as one of the top ways youth get alcohol.	What are the two ways you or others your age are most likely to get alcohol?	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	Annual Survey.	Same as above & 2022 Annual Report.
By 2022 there will be a 2% increase from 5% to 7% in the number of households that lock and monitor the alcohol supply in their homes.	[Survey question in development].	Adults 21 and over.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	Same as above & Final Evaluation Report.
I. Social Access – Short Term						
By 2020 there will be a 2% decrease from 10% to 8% in number of adults surveyed that state that adult provision of alcohol to underage youth in their home is "very acceptable" or "somewhat acceptable."	How acceptable do you think it is for adults to provide alcohol to underage youth in their home?	Adults 21 and over.	Community Assessment Project Telephone Survey.	Applied Survey Research.	Annual Survey.	Same as above & 2022 Annual Report.
By 2020 there will be a 5% increase in community member knowledge of the importance of securing their alcohol supply.	[Survey question in development].	Adults 21 and over.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	Same as above & 2021 Annual Report.

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
Strategic Plan Evaluation Plan - Cannabis - This plan uses the term cannabis to identify the substance. State and federal survey sources utilize the term marijuana and so the indicator is written so it represents the question asked.						
A. *Behavior Change – Long Term*						
By 2023, there will be a 2% decrease from 26% to 24% in 30 day cannabis use, among Santa Cruz County 11th grade youth.	During the past 30 days, on how many days did you use marijuana?	11th grade.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annually.	**Audience**: Middle & High School Students and their teachers and parents; School administration; School boards Elected Officials; PTAs & Booster Clubs; Youth groups; CBOs and government agencies. **Format:** Town halls; E-newsletters; School meetings (LCAP meetings, board meetings); Youth→ peer to peer; Community Assessment Project Press Conference; Final Evaluation Report.

Strategic Plan Evaluation Plan - Cannabis - This plan uses the term cannabis to identify the substance. State and federal survey sources utilize the term marijuana and so the indicator is written so it represents the question asked.

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
B. Behavior Change – Intermediate Term						
By 2021, there will be a 2% decrease in 9th graders reporting cannabis use at age 11-12 (age of onset) from 5% to 3%.	During the past 30 days, on how many days did you use marijuana?	9th grade.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	ame as above & 2022 Annual Report.
C. Perception of Harm, Acceptance – Intermediate Term						
By 2021, there will be a 2% increase in perception of harm (great or moderate) of cannabis use once or twice a week from 51% to 53% among 9th graders.	How much do people risk harming themselves physically and in other ways when they do the following? ...Smoke marijuana once or twice a week...	9th grade.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	Same as above & 2022 Annual Report.
D. Perception of Harm, Acceptance – Short Term						
By 2020 there will be a 2% decrease in number of adults surveyed that state that adult provision of recreational cannabis to youth in their home is "very acceptable or somewhat acceptable" (baseline will be established in 2017).	How acceptable do you think it is for adults to provide alcohol to persons under 21, other than their own children, in their home? ...Respondents answering "Very acceptable" or "Somewhat acceptable".	Adults 21 and over.	Community Assessment Project Telephone Survey.	Applied Survey Research.	Annual Survey.	**Audience**: Parents & families; Older siblings; Young adults over 21; Industry; CBOs and government agencies. **Format**: Social media & media; Campaign messaging through industry sites and trainings; 21 Annual Report.
E. Knowledge – Short Term						
By 2020 increase community and youth knowledge on impacts of youth/young adult cannabis misuse.	Survey question in development.	Youth and Adults.	Lock It Up Survey.	Community Prevention Partners /ADP.	2018, 2020, & 2022.	Same as above and Community

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
						Events & Point of Sale.
By 2020 there will be an increase in community member knowledge of the importance of securing their cannabis supply.	Survey question in development	Youth and Adults	Lock It Up Survey	Community Prevention Partners /ADP	2018, 2020, & 2022	Same as above and Community Events & Point of Sale
F. Ease of Access – Long Term						
In 2023, ease of access to cannabis will decrease by 2% from 77% to 75% among Santa Cruz County 11th grade youth.	How difficult is it for students in your grade to get any of the following substances if they really want them? ...Marijuana ("fairly easy" or "very easy").	11th grade.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	**Audience**: Middle & High School Students and their teachers and parents; Elected Officials; Law Enforcement; Industry Sites; CBOs and government agencies. **Format**: Social media & media; Campaign messaging through industry sites and trainings; Town Halls; Community Events; Final Evaluation Report.
G. Ease of Access – Intermediate Term						

Strategic Plan Evaluation Plan - Cannabis - This plan uses the term cannabis to identify the substance. State and federal survey sources utilize the term marijuana and so the indicator is written so it represents the question asked.						
Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2021 there will be a 5% decrease in Seven Challenges participants who report buying cannabis from *dispensaries* as one of the top ways youth access cannabis. (From 53% to 48%).	What are the two ways you or others your age are most likely to get marijuana? …Medical marijuana dispensary.	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	Annual Survey.	Same as above & 2022 Annual Report.
By 2021, there will be a 2% decrease in Seven Challenges participants who report getting cannabis from *friends* as one of the top ways youth get cannabis (from 68.5% to 66%).	What are the two ways you or others your age are most likely to get marijuana? …Friends.	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	Annual Survey.	Same as above & 2022 Annual Report.
By 2021, there will be a 2% decrease in Seven Challenges participants who report getting cannabis from parties as one of the top ways youth get cannabis. (From 28% to 26%).	What are the two ways you or others your age are most likely to get marijuana? …Parties.	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	Annual Survey.	Same as above & 2022 Annual Report.
By 2020 there will be a 2% increase in the number of households that lock and monitor their cannabis supply in their homes (baseline to be establish in 2018).	How do you store your marijuana? - LOCKED - UNLOCKED - N/A, NO CANNABIS PRESENT.	Adults 21 and over.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	Same as above & 2021 Annual Report.
H. Ease of Access – Short Term						
By 2020 90% of dispensaries in Santa Cruz County (including city jurisdictions) will demonstrate knowledge of county and city licensing requirements.	Annual compliance checks by licensing authority include knowledge of licensing requirements (pass/fail).	Cannabis dispensaries.	Annual Compliance Checks.	CPP/ADP/ County licensing authorities.	2020.	**Audience**: Elected Officials; CBOs and government agencies; Industry. **Format**: Social media and media; One on Ones; Annual site audits; 21 Annual Report.

Strategic Plan Evaluation Plan - Cannabis - This plan uses the term cannabis to identify the substance. State and federal survey sources utilize the term marijuana and so the indicator is written so it represents the question asked.

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2020 there will be local policies in place that integrate best practices to safeguard against youth access to cannabis.	Adoption of city and county ordinances limiting youth access to cannabis.	Santa Cruz City and County.	Public reports.	CPP/ADP.	2020.	**Audience**: Elected Officials; CBOs and government agencies; Industry; Neighborhood Groups **Format**: Social media and media; One on Ones; Annual site audits; Neighborhood workgroups; 2021 Annual Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
A. Behavior Change – Long Term						

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2023, there will be a 3% decrease in the lifetime use of prescription drugs (prescription pain killers, tranquilizers, or sedatives), from 20% to 17% among Santa Cruz County 11th grade youth.	During your life, how many times have you used or tried the following pills or medications without a doctor's order to get high or stoned? • Prescription pain pills • Barbiturates • Ritalin or Adderall • Tranquilizers or sedatives (Pct. used at least once).	11th grade.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	**Audience**: Middle and High School students and their teachers and parents; School administration; PTA's & Booster Clubs; Youth groups; CBOs and government agencies; Community members; Stakeholders. **Format**: Community events; Tabling; Open house; Back to school night; School loops; Email newsletters; School meetings; Nextdoor.com; Social media and media; School websites; Final Evaluation Report.

Strategic Plan Evaluation Plan - **Prescription Drugs & Opioids**						
Outcome	**Indicator / Performance Measure**	**Target Population**	**Method of Measurement**	**Who Collects Data**	**Timeframe**	**Dissemination Plan**
By 2023 there will be a 5% decrease (from 17% to 12%) in college students who report using prescription drugs that were not prescribed to them within the last 12 months. (Baseline year: 2011).	Percent of college students who reported using prescription drugs that were not prescribed to them within the last 12 months.	UC Santa Cruz students.	American College Health Association National College Health Assessment.	UCSC Student Health Outreach and Promotions.	2023.	**Audience**: UCSC faculty and staff; UCSC students; On-campus Student Health & Outreach Centers; student study centers; Community members; Santa Cruz Neighbors. **Format**: Social media & media; Campaign messaging through college sites, coffee shops and other tabling and trainings; 2021 Annual Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
B. Behavior Change – Intermediate Term						
By 2021 there will be a 1% decrease in the past 30 day use of prescription pain medication, from 7% to 6% among Santa Cruz County 11th grade youth.	During the past 30 days, on how many days have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? (Pct. used at least once).	11th grade.	California Healthy Kids Survey.	Schools/County Office of Educ./ CPP/ADP.	Annual Survey.	**Audience**: Middle and High School students and their teachers and parents; School administration; PTA's & Booster Clubs; Youth groups; CBOs and government agencies; Community members; Stakeholders. **Format**: Community events; Tabling; Open house; Back to school night; School loops; Email newsletters; School meetings; Nextdoor.com; Social media and media; School websites; Final Evaluation Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2021 there has been a 2% decrease in college students who report using prescription drugs that were not prescribed to them within the last 12 months from 22% to 20%.	Percentage of UCSC students reporting use of prescription drugs without a prescription in last 12 months.	UC Santa Cruz students.	American College Health Association National College Health Assessment.	UCSC Student Health Outreach and Promotions.	2021.	**Audience**: UCSC staff and faculty; UCSC students; On-campus Student Health & Outreach Centers; student study centers; Community members: Santa Cruz Neighbors. **Format**: Social media & media; Campaign messaging through college sites, Coffee shops and other tabling and trainings; 2022 Annual Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
C. Behavior Change – Short Term						
By 2020 there will an increase in student perception of harm of prescription pain medication as measured by youth survey at school and community events.	[Question in development].	11th grade.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	**Audience**: Middle and High School students and their teachers and parents; School administration; PTA's & Booster Clubs; Youth groups; CBOs and government agencies; Community members; Stakeholders. **Format**: Community events; Tabling; Open house; Back to school night; School loops; Email newsletters; School meetings; Nextdoor.com; Social media and media; School websites; 2021 Annual Report.

						Audience: UCSC students and staff; UCSC SHOP and Student health center staff. **Format**: Social media & media; Messaging through college sites, tabling and trainings;2019 Annual Report.
By 2018 coordinate with UCSC to engage students and staff in development and implementation of strategies as measured by sign in sheets for attendance at meetings.	Meetings between UCSC and CPP/ADP.	UC Santa Cruz administration.	Meeting and Event Attendance.	CPP/ADP.	2018.	
D. Access – Long Term						

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2023, there will be a 5% decrease in Seven Challenges participants who report getting prescription drugs from friends or from parties as one of the top ways youth get prescription drugs (Friends: from 58.8% to 53.8%; Parties: from 30.3% to 25.3%).	What are the two ways you or others your age are most likely to get prescription drugs without a prescription? …Friends…Parties.	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	2023.	**Audience**: Middle and High School students and their teachers and parents; School administration; PTA's & Booster Clubs; Youth groups; CBOs and government agencies; Community members; Stakeholders. **Format**: Community events; Tabling; Open house; Back to school night; School loops; Email newsletters; School meetings; Nextdoor.com; Social media and media; School; websites; Final Evaluation Report.
In 2023 there will be a 2% decrease in Seven Challenges participants who report getting prescription drugs from homes without parental knowledge (Own home: from 33% to 31%; Friend's home: from 24% to 22%).	What are the two ways you or others your age are most likely to get prescription drugs? …From own home…friend's home.	Students ages 12-18.	Seven Challenges Survey.	ADP/Applied Survey Research.	2023.	Same as above and Final Evaluation Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
E. Access – Intermediate Term						
By 2020 there will be a 5% increase in the number of households that lock and monitor prescription drugs in their homes.* *Baseline data will be established in 2018.	How do you store your medicines? - LOCKED - UNLOCKED - N/A, NO CANNABIS PRESENT.	Adults.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	**Audience**: Parents; Adults; CBOs and government agencies; Community. members **Format**: Community events; Nextdoor.com; Social media and media; 2021 Annual Report.
By 2020 there will be a 5% increase in the number of households that dispose of prescription drugs.* *Baseline data will be established in 2018.	Do you have unused or expired medications at home? YES/ NO.	Adults.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	Same as above and 2021 Annual Report.
F. Access – Short Term						
By 2020 there will be a 10% increase in community member knowledge of the importance of securing and monitoring their prescription drugs.	[Question in development].	Adults.	Lock It Up Survey.	CPP/ADP.	2018, 2020, & 2022.	Same as above and 2021 Annual Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
G. *Availability – Long Term*						
By 2023 75% of medical groups in the county will *utilize* Safe Prescribe Guidelines to prevent over-prescription.	Number of county medical groups/doctors utilizing the prescribe guidelines divided by number of medical groups.	Medical Groups across SC County.	Safe Rx Procedure Data.	Safe Rx Initiative, Health Improvement Partnership, CPP and ADP.	2023.	**Audience**: Medical Groups and non-affiliate doctors across SC County. **Format**: CME training; Safe Rx Coalition; Medical Group Administrators and Operation Managers; Social media and media; Final Evaluation Report.
H. *Availability – Intermediate Term*						
By 2021 75% of medical groups in the county will *adopt* Safe Prescribe Guidelines to prevent over-prescription.	Number of county medical groups/doctors that have adopted the prescribe guidelines divided by number of medical groups.	Medical Groups across SC County.	Safe Rx Procedure Data.	Safe Rx Initiative, Health Improvement Partnership, CPP and ADP.	2021.	Same as above and 2022 Annual Report.

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
I. *Availability – Short Term*						
By 2020 there will be an increase from 0 to 250 in the number of doctors trained on Safe Prescribe Guidelines.	Number of doctors trained on Safe Prescribe Guidelines.	Medical Prescribers.	Attendance Sheets from CME training.	Safe Rx Initiative, Health Improvement Partnership, CPP and ADP.	2020.	Same as above and 2022 Annual Report.
J. *Opioid-Related Deaths – Long Term*						

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2023 there will be a 10% decrease of opioid/opiate deaths in Santa Cruz County from 44 to 39 deaths.	Number of deaths attributed to opioid/opiate use.	County residents.	Santa Cruz County Sherriff, Coroner's Office Death Data.	CPP/ADP/ASR.	2023.	**Audience**: Community members; Syringe Services participants; incarcerated individuals; treatment providers; homeless; Law enforcement; First responders; Government agencies, emergency rooms; school nurses; UCSC Health services; and physicians. **Format**: Community naloxone training; key stakeholder meetings; jail and syringe services; Social media and media; Final Evaluation Report.
K. *Opioid-Related Deaths – Intermediate Term*						

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids

Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2022 there will be an increase from 1 to 5 first responder agencies trained and administering naloxone.	Number of first responders trained and administering naloxone.	First responder agencies.	Survey of agencies.	CPP/ADP/ASR.	2022.	**Audience:** First responder agencies; Law Enforcement; School nurses; Emergency rooms. **Format**: Medical/professional trainings; Social media and media; Final Evaluation Report.

By 2021 incarcerated adults with opioid use disorder will receive naloxone on release.	Percentage of incarcerated adults with opioid use disorder that received naloxone on release.	Incarcerated adults with opioid use disorder.	Naloxone Kits distributed.	Syringe Services Program/ Janus of Santa Cruz/ADP.	2021.	**Audience**: Community members; Syringe Services participants; incarcerated individuals; treatment providers; homeless; Law enforcement; First responders; Government agencies, emergency rooms; school nurses; UCSC Health services; and physicians. **Format**: Community naloxone training; key stakeholder meetings; jail and syringe services; Social media and media and 2022 Annual Report.
L. *Opioid-Related Deaths – Short Term*						

Strategic Plan Evaluation Plan - Prescription Drugs & Opioids						
Outcome	Indicator / Performance Measure	Target Population	Method of Measurement	Who Collects Data	Timeframe	Dissemination Plan
By 2020 there will be an increase from 1 to 3 first responder agencies trained and administering naloxone.	Number of first responders trained and administering naloxone.	First responder agencies.	Survey of agencies.	Evaluator.	2020.	**Audience:** First responder agencies; Law Enforcement; School nurses; Emergency rooms. **Format**: Medical/professional trainings; Social media and media; and 2021 Annual Report.
By 2020 there will be an increase in incarcerated adults with opioid use disorder receiving naloxone on release.	Percentage of incarcerated adults with opioid use disorder that received naloxone on release.	Incarcerated adults with opioid use disorder.	Naloxone Kits distributed.	Syringe Services Program/ Janus of Santa Cruz/ ADP.	2020.	**Audience:** Detention centers; Law enforcement. **Format**: Law Enforcement; Community Corrections Partnership; Safe Rx; social media and media; Final Evaluation Report.

B) Roles and Responsibilities. The County will work with an evaluation contractor to oversee the strategy and logistics related to collecting and analyzing outcomes data and report the results to the community and stakeholders. The evaluator's role will ensure the stakeholder roles and responsibilities are clear, provide guidance regarding proper collection and storage of the data, conduct objective analysis, produce reports, and present findings annually. The tables above list the specific partners responsible for collecting the data related to each outcome measure**.**

C) Sustainability. The leadership and evaluation team will meet every six months to examine each of the key areas (alcohol, cannabis, prescription drugs) and assess whether the stated interventions influenced the short, intermediate and long-term outcomes. We will sustain and improve interventions where the data indicates effective programming and positive results. If a specific intervention is effective, we will immediately promote its results to the county at large. If the data is unclear or shows poor results, we will further investigate possible explanations to gain a

deeper understanding of the issue. Depending on the investigation, we may determine implementing a different intervention will achieve better results.

D) Reporting Evaluation Results (Dissemination Plan). The county will brief stakeholders on evaluation results through monthly initiative meetings in each substance area, bi-monthly executive committee meetings, one-on-one interviews, and social media outreach (including website and email updates). Audiences will include youth and adult community members, board of supervisor members, city councils and other policy/decision makers, community groups, media, industry representatives, medical professionals, funders/prospective funders, faith based communities, neighborhood groups, UC Santa Cruz administration and staff, college students, and area high schools. The Strategic Plan Development group also noted that it is important to share evaluation data to groups and communities within Santa Cruz that may have a different perspective from prevention and public health or those that we do not typically reach out to. Some examples include senior citizens, young adults, and cannabis advocacy groups.

Depending on the audience, the county and its partners will provide information concerning relevant data related to alcohol, cannabis, prescription drugs/opioids, substance access and availability, impacts on systems and communities, community engagement opportunities, and community advocacy opportunities. The specific methods of dissemination will include media releases, earned media, news stories, newspaper op-eds, press conferences, social media (Snapchat, Instagram, YouTube, Facebook, Twitter), town hall meetings, community education sessions, city council/board of supervisor meetings, one-on-one meetings, assemblies, fact sheets, brochures and posters, annual reports, info-graphics, geo-mapping, tabling at community events, education fairs, conferences, and trainings.

The Strategic Plan Development Group noted that it is important to connect quantitative and qualitative data through personal testimony and local stories to engage communities impacted by substance use and abuse. Additionally, the group discussed the importance of linking the data to outcomes shared by other systems in order to increase external interest and extend our capacity. For example, demonstrating the links between alcohol outlet density and violent crimes (through local data/local geo-mapping) to local law enforcement agencies and gang prevention groups will increase investment and engagement by these groups in the achievement of common outcomes.

Table 13 illustrates the plan to report evaluation results.

Table 13. Reporting Evaluation Results

Audience	Abstracts & Briefings	Annual/ Evaluation Reports	Fact Sheets	Brochures & Posters	Exhibits	Press Conference	Press Release	Town Mtgs	Social Media Posts
Current/ Potential Funder	As Needed Annually	December Annually	As Needed Annually	As Needed Annually					

New Potential Funder	As Needed Annually		As Needed Annually	As Needed Annually					
Administrator	Sept. Annually	November Annually				Project Specific		Sept. & April Annually	
Board Members	October Annually				Feb. May, Sept. Annually	Project Specific		Sept. & April Annually	
Community Groups		October Annually	One per Initiative Annually	Feb., April, Sept. Annually	Feb. May, Sept. Annually	Project Specific	Quarterly	Sept. & April Annually	Monthly
Organizations	Nov. Annually	Nov. Annually	One per Initiative Annually		Feb. May, Sept. Annually	Project Specific	Quarterly	Sept. & April Annually	Monthly
Media			One per Initiative Annually		Feb. May, Sept. Annually	Project Specific	Quarterly	Sept. & April Annually	Monthly

Substance use disorder continues to impact Santa Cruz County impeding on our community's ability to thrive and reach wellbeing. We are committed to overcoming barriers and reaching a thriving healthy community through an integrated county-wide approach that is strength based, restorative, and inclusive and built on a public health model that values an upstream approach. We will source our solutions from our universal values of equity, integrity, justice, and unity. Monitoring and evaluation will be utilized to not only identify strengths and challenges of addressing goals but to reflect on the process, the partners, community engagement, systems shifts and the impact on community wellbeing.