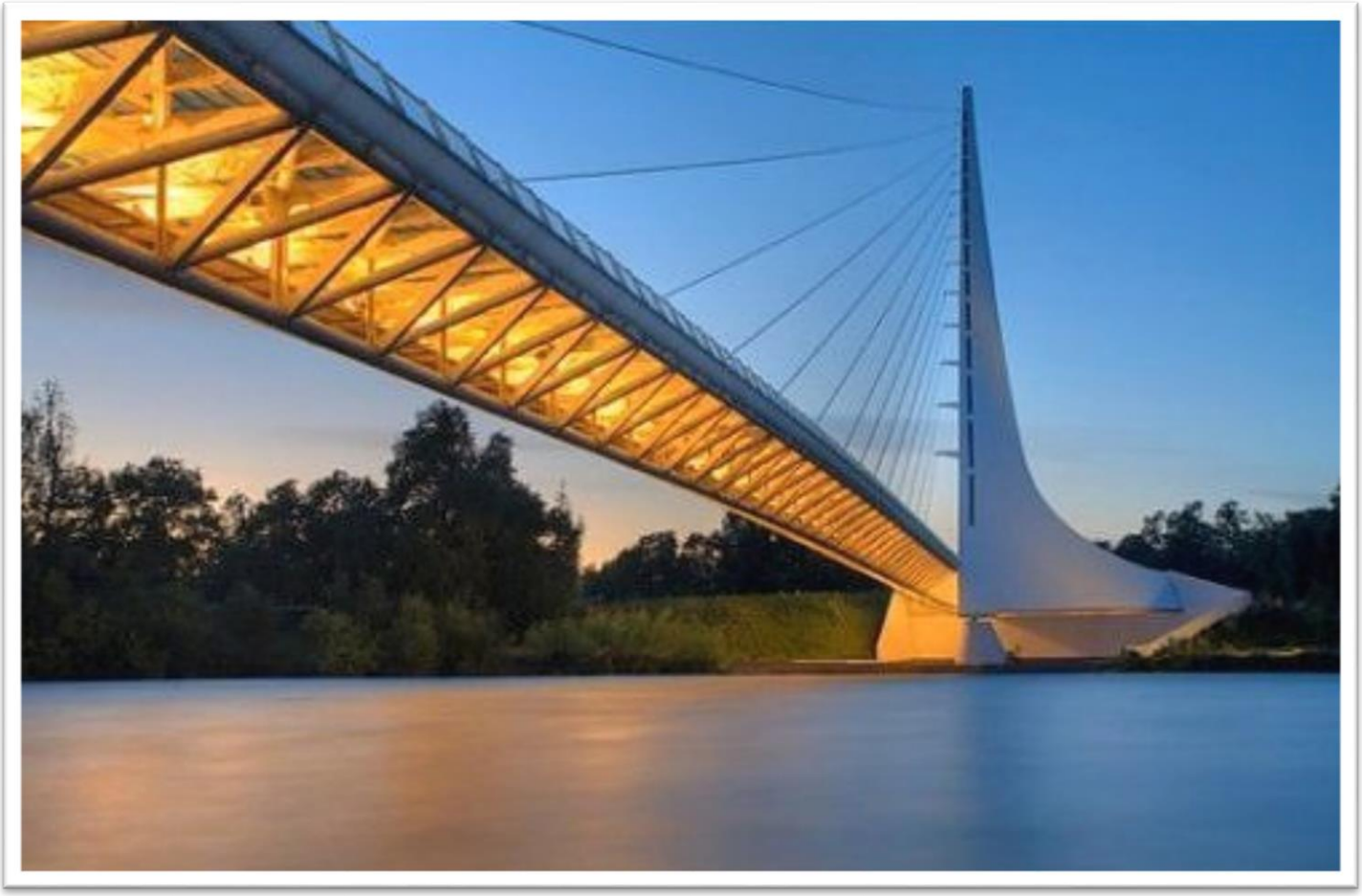
SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY

Alcohol & Other Drug Abuse Strategic Prevention Plan

2019-2024



Sundial Bridge, Redding California

Shasta County Health & Human Services Agency

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Chapter One: Introduction

County Commitments

Alcohol and Other Drug (AOD) Abuse Prevention (Pv) is part of the Public Health Branch of the Shasta County Health and Human Services Agency (HHSA). Shasta County HHSA-Public Health focuses on community-wide prevention of communicable diseases, chronic diseases, injury, substance abuse and Adverse Childhood Experiences (ACEs).

Shasta County HHSA consists of five branches designed to provide services for the needs of the whole person at one location. Other HHSA branches include Adult Services, Children's Services, Regional Services and Business and Support Services. Shasta County HHSA's Office of the Director includes Outcomes, Planning and Evaluation, Community Relations and Education, and Mental Health Services Act units. Harmful substance use is a key issue in our community, and this is represented in HHSA's vision for 2020; **As an integrated Agency, Health and Human Services coordinates an effective system of care to reduce the rate of harmful substance use**.

Shasta County HHSA- Public Health is a progressive health department dedicated to working with communities to protect and improve health. The Shasta County HHSA- Public Health Strategic Plan focuses on elements that Shasta County HHSA-Public Health can directly impact, while responding to the most critical health needs in the county. HHSA- Public Health's Strategic Plan has set priority activities such as reducing ACEs and chronic disease and increasing effectiveness and efficiency.

To ensure a competent Public Health workforce, the branch leadership team selected nationally recognized core competencies for public health professionals to guide workforce development. To build Shasta County HHSA-Public Health capacity, Health Equity 101 training is provided to all agency staff. The goal for this training is to ensure that staff have a basic understanding of health equity, including awareness of history, root causes and the social determinants of health (SDOH) as well as building a common language.

Our agency has a Capacity Building for Equity unit consisting of six Community Organizers who work with residents in every region of Shasta County. The Community Organizers work at a grass roots level to support residents' influence over community policies & culture to improve their neighborhoods.

Additionally, our agency has created a Community Organizing Institute for Leadership (COIL). The purpose of the COIL is to build the capacity of residents to become neighborhood organizers and work in partnership with Community Organizers to extend Public Health's reach in co-powering residents to build healthier communities. The HHSA-Public Health's mission is; **Engaging individuals, families and communities to protect and improve health and wellbeing**.

Shasta County Profile

Shasta County is in Northern California, an area known for its wealth of outdoor recreational opportunities. The county, with 3,775 square miles of land and 72 square miles of water, is home to Shasta Lake, the Sacramento River, and hundreds of miles of hiking and biking trails. Most residents live in the three incorporated cities: Anderson, Redding and the City of Shasta Lake. These cities combined are just 77 square miles, or 2 percent of the county's total land area.

Population

Half of the county's residents live in Redding, according to the *2011-2015 American Community Survey 5-Year Estimates*. Growth has been highest in the cities of Redding and Anderson. Shasta County is relatively small in population, composing less than half of one percent of state population, while the land area is 2.4 percent of the state.

Geography	2015 ACS 5-Year Estimate	% of Shasta Co.	% Growth Since 2010
Anderson	10,122	5.66%	1.91%
Redding	91,063	50.89%	1.34%
Shasta Lake	10,146	5.67%	-0.18%
Shasta County	178,942	100.00%	0.97%

Race/Ethnicity

Shasta County's population is primarily White (non-Hispanic), although the county has diversified during the past five years. American Indian/Alaskan Native persons compose 2.24 percent of the population, higher than the state's percentage of 0.37 percent.

Race/Ethnicity	2015 ACS 5-Year Estimate	% of Shasta Co.	% Growth since 2010	California
Hispanic (all races)	16,384	9.16%	8.94%	38.39%
White, non-Hispanic	145,248	81.17%	-0.45%	38.73%
Asian, non-Hispanic	4,672	2.61%	18.97%	13.51%
Pacific Islander, non-Hispanic	380	0.21%	21.41%	0.36%
Black, non-Hispanic	1,752	0.98%	12.89%	5.62%
American Indian, non-Hispanic	4,011	2.24%	8.46%	0.37%
Some other race, non-Hispanic	74	0.04%	-79.33%	0.22%
Multi-race, non-Hispanic	6,421	3.59%	-3.59%	2.79%

Age

The population in Shasta County is nearly evenly distributed by age for those from 0-69 years. The largest age group is those 50-59 years of age and the county has a larger percentage of its population over the age of 60 compared to the state.

Age	2015 ACS 5-Year Estimate	% of Shasta Co.	% Growth since 2010	California	2010 Population
0-9	21,696	12.12%	4.28%	13.28%	20,805
10-19	21,439	11.98%	-10.04%	14.04%	23,833
20-29	22,200	12.41%	3.12%	14.34%	21,529
30-39	20,331	11.36%	9.14%	13.71%	18,629
40-49	20,243	11.31%	-12.99%	13.64%	23,264
50-59	26,685	14.91%	-1.37%	13.17%	27,057
60-69	24,250	13.55%	11.67%	9.41%	21,715
70-79	13,261	7.41%	7.74%	5.08%	12,308
80+	8,837	4.94%	9.33%	3.34%	8,083

Economics

Shasta County's economy is troubling with low incomes and a higher rate of residents living in poverty compared to the state. The *2011-2015 American Community Survey* found the median household income in Shasta County is $44,620, lower than the California average of $61,818. The county's poverty rate is 18 percent, compared to 16.4 percent statewide. Both the unemployment rate and the percentage of those on Medi-Cal are higher than the state.

Educational Attainment

The county has a strong high school graduation rate and percentage of residents with a high school diploma. However, Shasta County trails the state for those with a bachelor's degree or higher.

Educational Attainment	2011-2015 ACS	2000 Census	% Change since 2000 Census	California
Less than 9th grade	2.74%	4.20%	-1.46%	10.03%
9th to 12th grade, no diploma	7.99%	12.60%	-4.61%	8.18%
HS Grad/GED	25.83%	27.60%	-1.77%	20.71%
Some College, no degree	32.09%	29.80%	2.29%	21.84%
Associate degree	11.75%	9.20%	2.55%	7.80%
Bachelor's Degree	12.79%	11.30%	1.49%	19.81%
Graduate or professional	6.82%	4.80%	2.02%	11.63%

Source: U.S. Census Bureau, *2011-2015 American Community Survey*; population 25 years and over

Disability

Shasta County has a significantly higher rate of adults reporting a disability. Among residents between the ages of 18 and 64 years of age, 29 percent report a disability. That is almost twice the statewide rate of 15.1 percent, according to the *2011-2015 American Community Survey*.

Critical Issues and Challenges

Critical issues and challenges facing Shasta County include an increasing number of homeless individuals, a harmful substance use epidemic, a shortage of livable wage jobs, a high rate of child abuse and neglect, and a variety of related social issues. Our agency recognizes that factors like availability and access to health care, physical environment such as air quality or neighborhood design, a person's social environment which includes education and income, individual behaviors and genetics all contribute to a person's health and well-being.

Adverse Childhood Experiences in Shasta County

Scientific research has shown a link between risk−taking behaviors such as smoking, alcohol abuse, and drug use to chronic disease. In the 1990's, an ACEs study conducted by Kaiser and the Center for Disease Control found a strong correlation between ACEs and multiple of these risk-taking behaviors that lead to chronic-disease.

The ACEs framework examines the relationship between ACEs, behavioral risk factors, and chronic disease from a "whole life" perspective. The ACEs survey includes questions around verbal, physical, or sexual abuse, having an incarcerated, mentally ill, or substance - abusing family member, domestic violence, and the absence of a parent because of divorce or separation. A 1998 article in the American Journal of Preventive Medicine from the Kaiser - CDC study reported that the more ACEs a person reported, the more likely the individual was to develop adverse health outcomes during adulthood.

To better understand the extent to which ACEs prevail among Shasta County residents and the possible relationship of ACEs to the health of residents, a survey was conducted in 2012. The responses given by Shasta County residents revealed significantly higher rates of ACES than the five states, (Arkansas, Louisiana, New Mexico, Tennessee, and Washington,) surveyed in the 2009 Behavioral Risk Factor Surveillance System ACE Module. In Shasta County, 57.7% of survey respondents lived in a home with an adult who had a substance abuse problem compared to the State average of 29.1%. Local data from the 2012 ACEs survey was used to support the county's AOD SPP.

To support and sustain ACE prevention efforts, Shasta County HHSA-Public Health created the Strengthening Families Collaborative, a group of more than 30 agencies who have committed to working together to reduce the prevalence of ACEs in Shasta County.

Current Agency Efforts

Shasta County HHSA-Public Health completed the National Public Health accreditation application process, which has provided a wealth of information needed for the creation of the SPP. On April 22, 2019, our agency formally submitted its application to the Public Health Accreditation Board for review and approval. National public health department accreditation includes attainment and recognition of meeting a set of standards in 12 domains that pertain to a broad group of public health services. Submission of our national accreditation application illustrates HHSA's confidence that these accreditation standards are met for the population we serve. Our four-year effort toward accreditation included a comprehensive study of the community including surveys, key informant interviews and focus groups. These studies included information about Harmful Substance Use, not only statistical measures of the issue, but public perception of AOD issues.

These results were published in the *2016 Shasta County Community Health Assessment (CHA)*, a starting point for visioning the work ahead for Shasta County HHSA-Public Health. With partners, Shasta County HHSA-Public Health completed the CHA to identify areas of concern and help guide local health system partners on where to focus prevention resources. The CHA was a year-long process and included both quantitative and qualitative information on the community's Harmful Substance Use. The assessment also included an in-depth review of available data compiled by staff epidemiologists. The CHA indicated that Harmful Substance Use is considered a top priority problem in the community and the data to support that concern is compelling.

In December of 2018, HHSA gathered leaders from 12 non-profit agencies to form a Youth Harmful Substance Use Prevention Collaborative. The goal of this agency supported collaborative is to prevent Harmful Substance Use in school aged children within Shasta County.

In 2017, Shasta County HHSA-Public Health provided ACE Interface training for 27 people who were trained to become experts in NEAR (Neurobiology, Epigenetics, ACEs, and Resilience) science by ACE Interface LLC. Through this curriculum, leaders in multiple organizations throughout the community educate peers within their sphere of influence, including their own organizations and stakeholders. The goal of these trainings is to shift community thinking and increase better understanding about the science behind ACEs. Through our agency supported Strengthening Families Collaborative, numerous ACEs presentations have been given to date, reaching thousands of individuals in Shasta County.

Integration of Agency Standards and Strategies
In 2017, Shasta County HHSA-Public Health engaged community partners to create the *Shasta County Community Health Improvement Plan* (CHIP). The CHIP is an action-oriented and community-focused plan with the goal of making Shasta County a healthier place to live. The plan was developed by the members of a Mobilizing for Action through Planning and Partnerships Steering Committee. The CHIP focuses on priority areas selected by reviewing and summarizing CHA data, identifying crosscutting themes and a ranking process to prioritize the two goals that impact most Shasta County residents.

The CHIP produced two goals related to harmful substance use:

1. Increase community engagement to prevent harmful substance use.
2. Expand treatment options for residents with substance use disorders.

Traditionally, AOD SPPs have addressed Harmful Substance Use with drug specific objectives and activities. Our progressive agency leadership and competent Public Health workforce can effectively work further upstream with a more innovative approach to prevent Harmful Substance Use. Our strategic priority is to address all Harmful Substance Use through identifying root causes such as ACEs and implementing evidence-based interventions.

Our Harmful Substance Use prevention plan aligns with the Shasta County HHSA and HHSA-Public Health branch strategic plans, the CHA and CHIP. This AOD Pv Strategic Prevention Plan (SPP) integrates the Strategic Prevention Framework (SPF) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Chapter Two: Assessment

Data Assessment

Assessment Process

The assessment process was carried out primarily through Shasta County's AOD Use Prevention staff and epidemiologists in the Outcomes, Planning and Evaluation Unit. Agency epidemiologists accessed data from national and state resources on consequence data including Emergency Department (ED) visits, hospitalizations, deaths, and treatment data. Sources include the Vital Records Business Information System, Office of Statewide Health Planning and Development, the California Outcomes Measurement System, and the California Comprehensive Death File. Shasta County HHSA-Public Health also completed CHA and CHIP in 2016 providing local data on consequences, priorities, and forces of change. The CHA and CHIP placed intentional effort on including low-income and ethnic and racial minorities. The CHA concludes youth are an underserved population.

Special efforts have been directed at assessing the issue of substance use for Shasta County's youth population. Obtaining local data on youth consumption and perceptions of substance use has been achieved through locally created surveys as well as the *California Healthy Kids Survey* (CHKS). An ACEs assessment and an assessment on middle school social norms and beliefs pertaining to substance use were completed by epidemiologists and Shasta County HHSA-Public Health Pv staff. The ACEs assessment created a baseline status of ACEs that will be used to evaluate progress on reducing ACEs over time. A survey about middle school perceptions and beliefs regarding substance use was implemented at a school participating in the A+ Life social norms program. The data will be used to track progress and identify priority issues. Creating evaluation materials is challenging given our capacity. However, it is necessary as Shasta County experiences inconsistent and often low participation in the CHKS.

Key Data Findings

<u>2016 Community Health Assessment (CHA) Data: How Healthy is Shasta County? An Assessment of Our Health</u>

The CHA included surveys, focus groups, and a Forces of Change Assessment. The survey of 2,850 random citizens was meant to reach a broad cross section of the county and was distributed both electronically and on paper in English, Spanish, and large print. Two-hour focus groups were held in four geographic regions with a facilitator from the National Association of County and City Health Officials (NACCHO). Special effort was made to engage Shasta's underrepresented population including low-income, ethnic and racial minorities with ten individuals participating in each group. It is possible that attention to underrepresented populations may have led to over-sampling of these groups. The Forces of Change Assessment (12/11/15) included 21 participants representing a cross-section of the local community health system and was facilitated by a NACHHO facilitator.

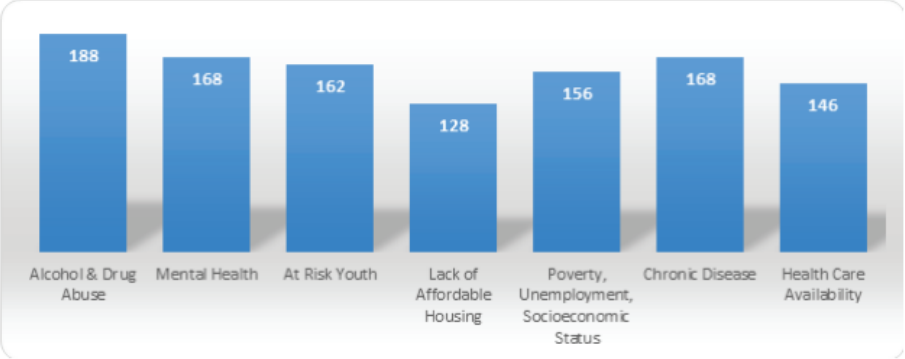
CHA findings conclude:

- A group of 2,850 respondents were asked to identify the issues that most impact the health of the community. The top response (65%) was "Alcohol and drug abuse" with 65%. The second highest response (48%) was "Not enough mental health services".

- Focus groups listed AOD abuse and the lack of good paying jobs as two of the most important factors that negatively impact the overall health of their community. One participant stated, "Drug

and alcohol abuse, addiction and homelessness are all linked to increase in crime" and another shared that a problem is "Heroin abuse in our young adults."

The three Community Health Issues which received the highest scores are the issues which will be included in the Community Health Improvement Plan. Scores for each issue were tallied and the results were as follows:



The three Community Health Issues which received the most votes and will be priorities for our collaborative work going forward are:

1. Alcohol and Drug Abuse
2. Mental Health
3. Chronic Disease

- It is valuable to also note the SDOH addressed by the CHA:
  - Shasta County has a significantly lower population having attained a bachelor's degree or higher compared to California. (Respectively 19.1% vs. 31%).
  - Shasta County has 18% of the population living in poverty compared to 16.4% in California.
  - 46.8% of Shasta County residents are adults over the age of 45 compared to 37.2% statewide. Through the Forces of Change Assessment portion of the CHA, community members identified a challenge in the community, "Fewer people care (and vote) for programs and services that benefit children, especially the 0-2-year-old category which is critical for brain development."
- In 2014, child maltreatment (which includes sexual, physical, or emotional abuse, neglect, exploitation, caretaker absence or incapacity, and those at risk because a sibling was abused) in Shasta County (13.2 per 1,000) was higher than California (9.1 per 1,000) and the Healthy People 2020 target (8.5 per 1,000).
- From 2012 to 2014, Shasta County's rate of 536.6 domestic abuse calls per 100,000 residents was significantly higher than the California rate of 405.5.
- The Forces of Change Assessment reports community members strongly felt "ACEs have a cascading effect and can lead to self-medication, poor school performance, and decreased job opportunities for the individual."

Studies and Reports on Adverse Childhood Experiences (ACEs)

To illustrate the connection between ACEs and the risk of substance use and abuse, the SPP includes findings from the study, *Adverse Childhood Events as Risk Factors for Substance Dependence: Partial Mediation by Mood and Anxiety Disorders*. The study compared early life adverse experiences in 2,061 individuals with a lifetime diagnosis of alcohol, cocaine, or opioid dependence and 449 control group individuals who did not have substance dependency or psychiatric disorders.

The prevalence of ACEs increases the risk of substance use/abuse. Shasta County's HHSA report entitled, "*Adverse Childhood Experiences in Shasta County"* shows the prevalence of ACEs for Shasta County compared to other areas. Survey participants consisted of 576 Shasta County residents and the *2009 Behavioral Risk Factor Surveillance System* (BRFSS) results from five states (Arkansas, Louisiana, New Mexico, Tennessee, and Washington).

ACEs findings conclude:

- Along with AOD abuse by parents, child maltreatment and domestic abuse are forms of ACEs and have been shown to be a factor in future substance use and abuse.

- In a study of 2,510 adults, it was found that those with substance dependence reported higher rates of violent crime exposure, sexual abuse exposure, physical abuse exposure, and household substance use as a child compared to those without substance dependence.

Study Variable	Substance Dependent Group (n=2,601)	Control Group – no substance dependence (n=449)	P-value
Violent Crime Exposure	22.85%	6.70%	<0.0001
Sexual Abuse Exposure	16.46%	6.71%	<0.0001
Physical Abuse Exposure	11.49%	2.01%	<0.0001
Household Substance Use	62.92%	33.26%	<0.0001

Kara R. Douglas, Grace Chan, Joel Gelernter, Albert J. Arias, Raymond F. Anton, Roger D. Weiss, Kathleen Brady, James Poling, Lindsay Farrer, and Henry R. Kranzler. "Adverse Childhood Events as Risk Factors for Substance Dependence: Partial Mediation by Mood and Anxiety Disorders" viewed on HHS Public Access, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763992/

- The following two tables illustrate how ACEs disproportionately affect Shasta County residents compared to other states. This creates increased risk of substance abuse in Shasta County.

Figure 2: Number of Adverse Childhood Experiences Reported, Shasta County 2012 and BRFSS 2009 (Five States)

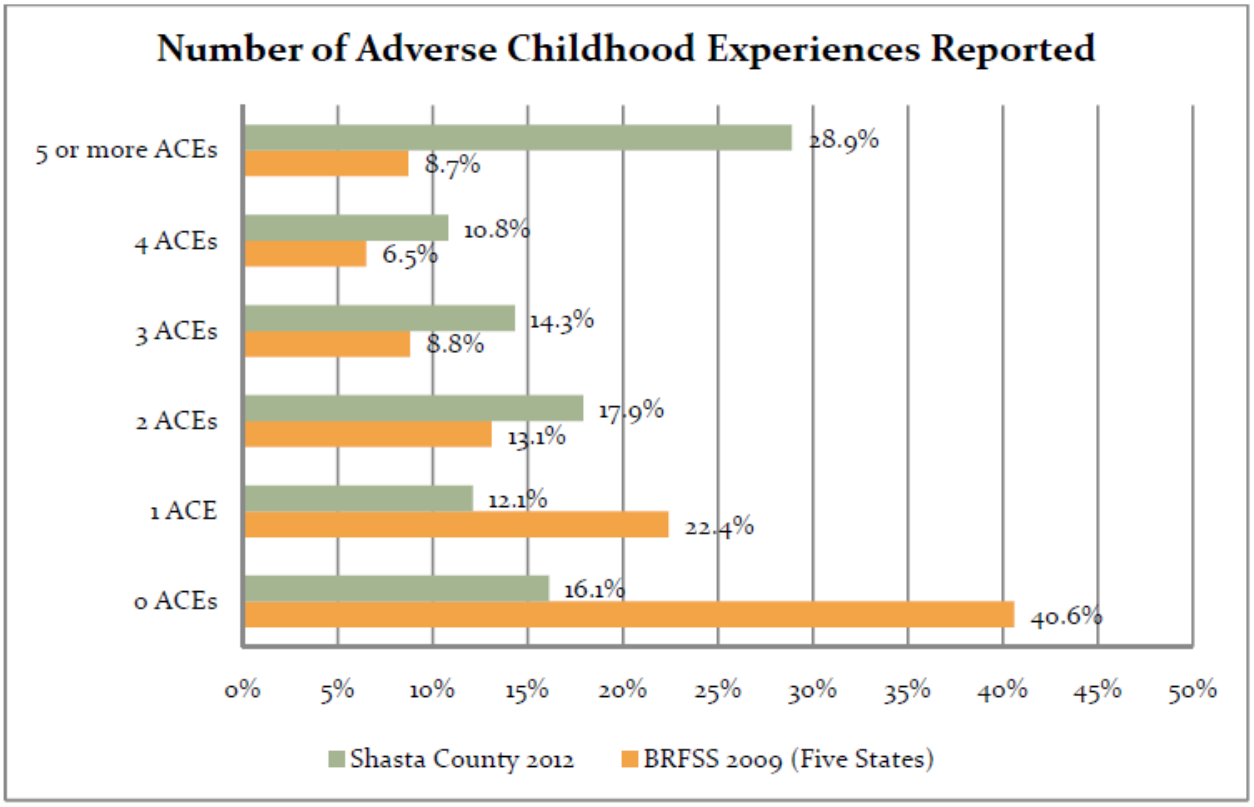
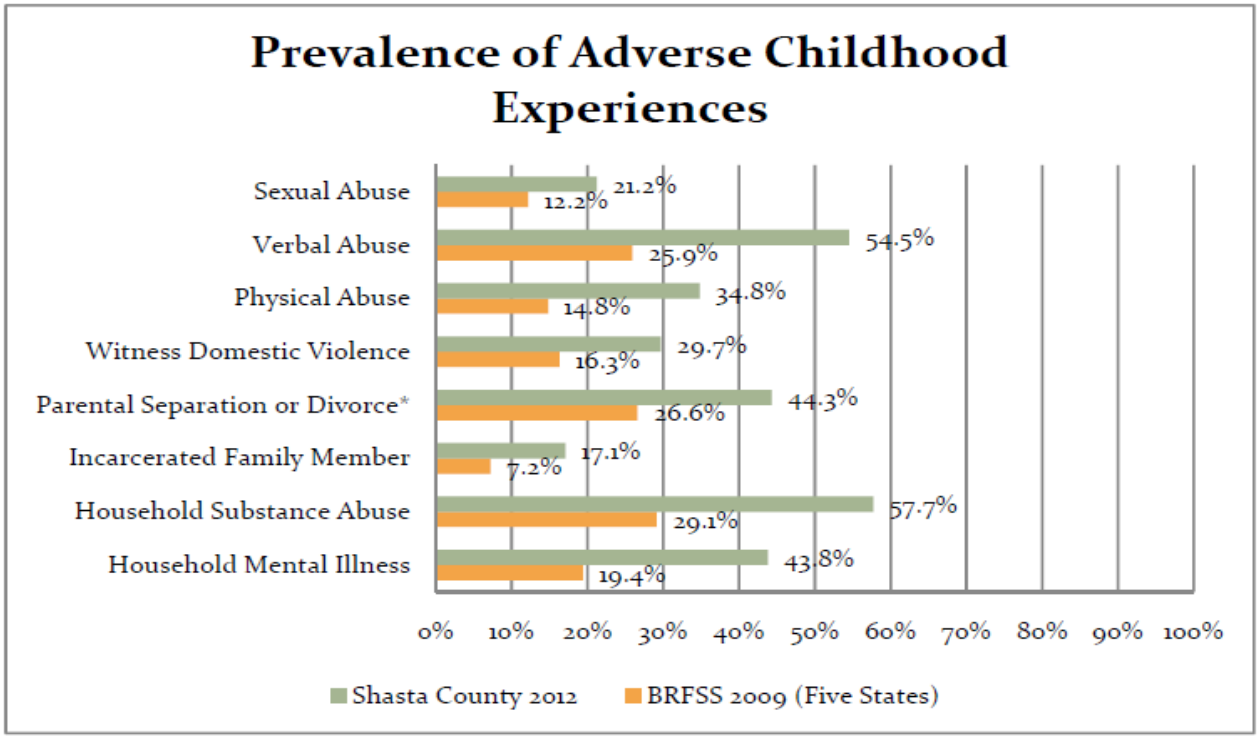


Figure 1: Prevalence of ACE, Shasta County 2012 and BRFSS 2009 (Five States)



**BRFSS included response option of "Parents not married" which was not included in the Shasta County survey*

California Healthy Kids Survey

Shasta County does not have a recent county wide report from the California Healthy Kids Survey (CHKS) survey, but it's largest high school district, Shasta Union, did participate in CHKS in 2016/2017 and received responses from 962 (84% of target) 9th graders and 667 (60% of target) of 11th graders. This report was obtained from the California School Climate, Health, and Learning Surveys website: https://calschls.org/reports-data/search-lea-reports/

CHKS findings conclude:

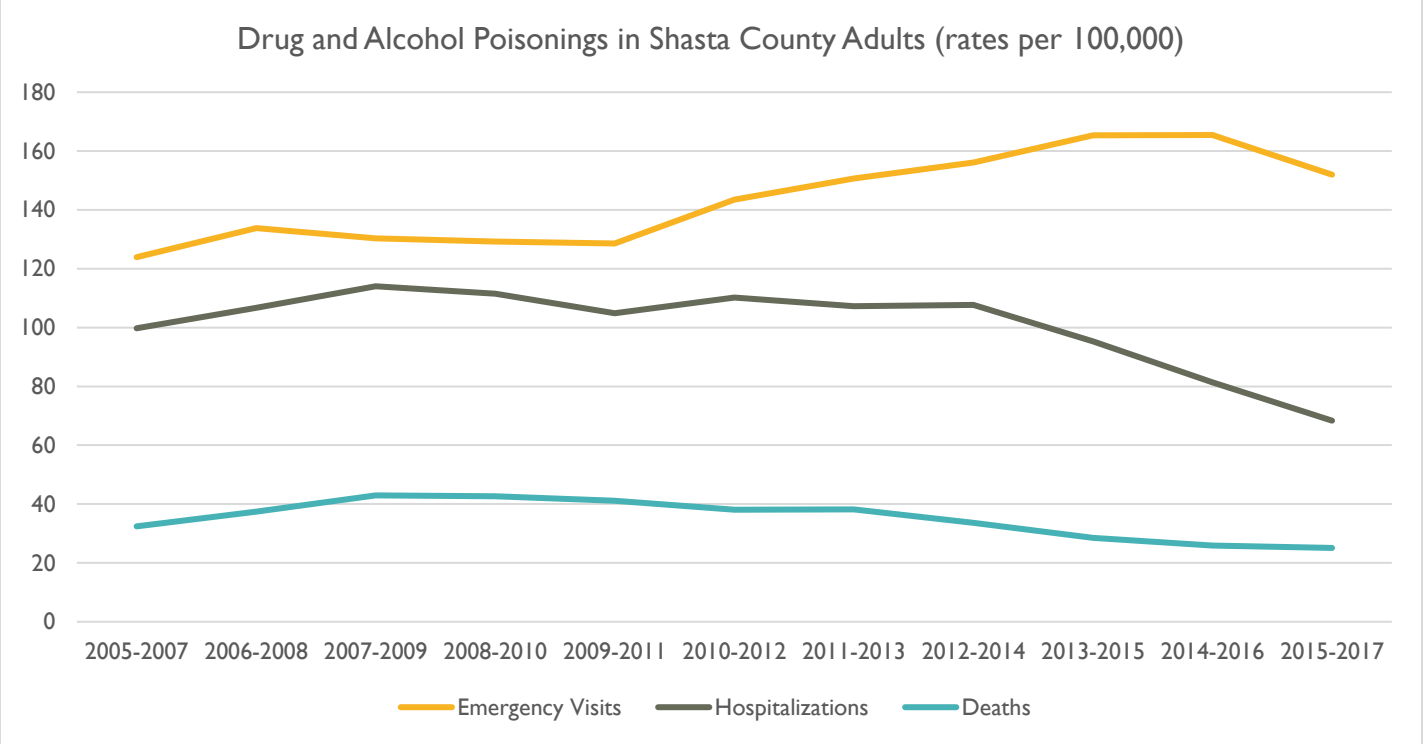
- Lifetime AOD use was reported by 42% of respondents for 9th grade and 56% for eleventh grade.
- Illicit AOD use for the purpose of getting high was reported by 39% of respondents for 9th grade and 55% of respondents for 11th grade.
- 36% of 9th graders and 49% of 11th said it was very easy to obtain alcohol.
- 40% of 9th and 16% of 11th said it was very easy to get marijuana
- 24% of 9th and 33% of 11th said there is no risk in smoking marijuana once or twice a week.

Shasta County HHSA Report: *Rates of Drug and Alcohol Poisoning – Adults and Youth*, 10/16/19, updated 5/14/19

To show consequences of AOD use, Shasta County epidemiologists created a report using data on AOD poisoning rates for Emergency Department visits, hospitalizations, and deaths obtained from the Office of Statewide Planning and Development and the California Comprehensive Death File.

HHSA Report findings conclude:

- In 2017, there was a statistically significant difference between Shasta County and California's rate of Adult (18 years old +) drug and alcohol poisoning Emergency Department (ED) Visits and Hospitalizations. Shasta County had a rate of 116.5 per 100,000 ED Visits and 62.2 per 100,000 Hospitalizations compared to California's lower rates of 79.1 per 100,000 and 36.6 per 100,000 respectively. California death rate data is not available to make a comparison to Shasta County for 2017.
- Overall trend data for adult ED Visits due to drug poisoning with common drugs of abuse show increasing rates of ED Visits from 2005 to 2017. (blue line in graph below)



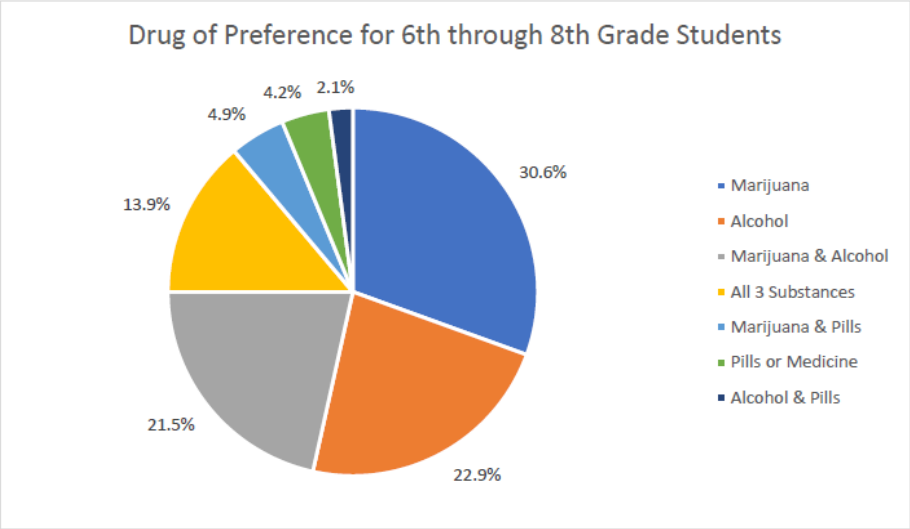
- In 2017, Shasta County had a statistically significant difference in the rate of youth (0-18) ED visits due to drug and alcohol poisonings compared to California, with Shasta County's rate being almost twice as high as California's (60.1 per 100,000 in Shasta County vs. 33.2 per 100,000 in California).

A+ Life Student Survey: Shasta County 2019

Six hundred and seventeen middle school students responded to a survey about AOD use, perceptions, and preferences.

A+ Student Survey findings conclude:

- 23.2% of middle school students were high risk for using at least one substance based on their reporting that they would or might use at least one of three substances within the next year.
- 21.5% of those who were at high risk said they prefer to use marijuana and alcohol
- 30.6% of those who were at high risk said they prefer to use marijuana.
- 52.1% of those at high risk said they prefer to use marijuana alone or with alcohol.
- While 5.3% of students report they do not believe it is okay for students their age to use marijuana (personal norm), 8.7% of students believe their peers thinks it is okay for students their age to use marijuana (social norm).
- The top two motivations students reported for using or thinking about using marijuana were medical uses and stress relief, managing depression and eating disorders, and managing physical pain.



Sample Size: n = 617, including 221 6th graders, 173 7th graders, and 223 8th graders. Excludes 23 students whose grade was unknown.

Sharps Solutions Medication Disposal Tracking Data

Since the installation of medication disposal kiosks located at four Shasta County law enforcement sites in 2015, the county collected 3,028 pounds of Rx drugs in 2016, 4,304 pounds in 2017 and 4,871 pounds in 2018. Based on prior successive increases, the county projects 5,157 pounds of medications will be collected in 2019.

Data Findings Summary

Shasta County has a statistically significant higher rate of Emergency Department visits for youth and adults due to AOD poisoning when compared to California. Shasta County residents have identified AOD use as the number one issue impacting community health. There is a strong association between ACEs and future substance use. Shasta County has high rates of ACEs among other AOD risk factors indicating that without intervention, AOD issues will continue to be a priority problem in our communities.

While there are no county-wide data sources on youth substance use perceptions and consumption, CHKS data from our largest district and HHSA survey data from one of our large middle schools both indicate that middle and high school students have a low perception of harm from marijuana and low knowledge of the consequences of marijuana use. The A+ Life survey administered at a local middle school showed that youth believe the social norm on marijuana use is more accepting than their personal norms. Since high school marijuana use begins with early risk factors, AOD Pv staff will focus prevention efforts primarily on middle school students.

Shasta County residents increasingly disposed of large quantities of medications at the medication disposal kiosk locations; proving the drop-off kiosks a successful intervention. The county will sustain medication removal resulting in safe and effective medication disposal outcomes.

Available data suggests that AOD use in Shasta County is a major concern and causes high rates of consequences, and healthy perceptions and norms are lacking. Given the current state, capacity building among Shasta County's AOD Pv team and the community is needed to address root causes of harmful substance use such as ACEs.

Priority Areas

1. Youth marijuana use.

2. Prescription Drug Misuse

3. Increasing capacity to understand how ACEs and trauma relate to substance abuse prevention (SAP).

Prioritization of Risk and Protective Factors

Priority Area One: Youth Marijuana Use	**Importance**		**Changeability**		**Priority Rank**
	Low	**High**	**Low**	**High**	
Risk Factors					
Low parent knowledge of youth substance use and consequences		x		x	
Youth believe their peers think it's okay for kids their age to use marijuana		x		x	2
Low perception of harm		x		x	1
Not informed about substance use and consequences		x		x	3
Past/current substance use by family members		x	x		
Poor coping mechanisms for stress		x		x	
Substances are accessible		x	x		
Health Disparities Exist		x	x		
Adverse Childhood Experiences are high		x		x	
Limited availability of drug free activities		x		x	4
Lack of caring relationships with adults		x		x	5
Lack of community engagement		x		x	6
Protective Factors					
High parent knowledge of youth substance use and consequences		x		x	
Youth believe their peers think it's not okay for kids their age to use marijuana.		x		x	
High perception of harm		x	x		
Informed about substances use and consequences		x		x	
Healthy behaviors by family members		x	x		
Positive coping mechanisms for stress		x		x	
Access to substances is minimal		x	x		
Equity		x	x		
Adverse Childhood Experiences are low		x	x		
High availability of drug free activities		x		x	
Caring relationships with adults		x		x	
Community engagement		x		x	

Priority Area Two: Prescription Drug Misuse	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Risk Factors					
Low knowledge of consequences of prescription drug misuse		x	x		
Low knowledge of proper medication disposal		x		x	2
Poor coping mechanisms for stress	x		x		
Prescription drugs are available		x		x	1
Health Disparities Exist		x	x		
Adverse Childhood Experiences are high		x	x		
Protective Factors					
High knowledge of consequences of prescription drug misuse		x	x		
High knowledge of medication disposal availability		x		x	
Positive coping mechanisms for stress	x		x		
Access to prescription drugs is minimal		x		x	
Equity		x	x		
Adverse Childhood Experiences are low		x	x		

Problem Statements

1. Youth marijuana use is high due to low perception of harm, students believe their peers think it's okay to use marijuana, lack of consequential knowledge about marijuana use, limited availability of drug free activities, and a lack of caring adult relationships and community engagement.

2. Prescription drugs are available and there is a lack of knowledge on the importance of properly disposing of prescription drugs.

Capacity Assessment

Current Capacity

<u>County Staff</u>

- Community Education Specialist I/II: 100% SAPT
- Community Education Specialist I/II: 100% SAPT
- Community Education Specialist I/II: 100% SAPT
- Public Health Assistant: 25% SAPT, 75% MCAH funding

This unit is supported by one supervisor and a program manager who oversee this work and coordinate with other agency efforts. The unit also has clerical staff support.

County Services and Programs

Shasta County HHSA-Public Health has an AOD Use Prevention unit comprised of three full-time Community Education Specialists, whose work includes public presentations, creation of educational materials and informational campaigns and other duties to facilitate primary SAP services. Staff collaborate with the Anderson Partners and Neighbors coalition, which is designed to build connections and increase protective factors in southern Shasta County. A youth substance use prevention program has been implemented in one middle school to prevent substance use. The agency works with a variety of partners who provide direct and indirect assistance in primary AOD prevention efforts.

Additionally, there is one full-time Public Health Program and Policy Analyst, with the Partnership for Success grant coordinating prevention work on opioid abuse and prescription drug overdose. The agency participates in the NoRxAbuse Coalition, which addresses the opioid crisis. Agency staff from Partnership for Success grant funding participate in the coalition and provide technical support. Partnership for Success efforts also include coordinating the Shasta County Youth Harmful Substance Use Prevention Collaborative as well as implementing the PAXIS Good Behavior Game curriculum in schools for students in elementary school.

County Providers

HHSA-Public Health has one contracted community partner receiving Substance Abuse Prevention and Treatment Block Grant (SABG) funds for alternative activities in the community.

Shasta County Chemical People operate Friday Night Live activities in schools throughout the county.

County Coalitions and Groups

1. Mercy Medical Center, Redding- (Participant) A non-profit medical provider who regularly provides referrals to HHSA-Public Health prevention programs. Collaboration with agency staff for provider education via Grand Rounds supports harmful substance use prevention.

2. Shasta County A Sobering Choice Coalition- (Participant) Community-based youth and adult led coalition dedicated to reducing incidents of driving under the influence of alcohol and other related drugs among youth and adults in Shasta County.

3. Shasta County Public Health Advisory Board- (Lead) The board advises HHSA-Public Health through recommending policies that improve local health outcomes and providing recommendations on Public Health's strategies, goals and annual budget.

4. Shasta Health Assessment and Redesign Collaborative- (Participant) A collaborative that includes participating public agencies and community partners who seek to address the health needs of Shasta County.

5. Shasta Community Health Center- (Participant) A non-profit primary health care system that serves Shasta and surrounding counties.

6. Shasta County Health and Human Services Agency- (Lead) HHSA-Children's Services and HHSA-Public Health staff conduct Lifeskills, an evidence-based substance use prevention education for middle school youth. HHSA- Public Health staff facilitate training and monitor outcomes for the Pax Good Behavior Game utilized by elementary school teachers. A youth substance use prevention program aimed educating youth about substance use is conducted in

middle schools and high schools by HHSA-Public Health staff. Four medication disposal kiosks are provided to the community through a contract with Shasta County Chemical People and a Memorandum of Understanding with the Shasta County Sheriff's Department.

7. Shasta County Office of Traffic Safety Grant Program- (Lead) Countywide school and community-based events that focus on the prevention of Drugged and Distracted Driving.

8. Shasta Regional Medical Center- (Participant) An acute care center that serves Northern California.

9. Hill Country Health and Wellness Center- (Participant) A non-profit primary health care system that serves Shasta County.

10. Strengthening Families Collaborative- (Lead) HHSA- Public Health facilitates a group of more than 30 nonprofit, government and private sector agencies working to reduce the prevalence of ACEs in Shasta County.

11. First 5 Shasta County- (Participant) A non-profit that partners with the community to improve the early health, development, and learning of children from the prenatal stage through five years of age.

12. Shasta County Child Abuse Prevention Coordinating Council- (Participant) A non-profit organization that provides community outreach, youth development, family support, and child abuse prevention education and awareness activities in Shasta County.

13. Shasta County Injury Prevention Coalition- (Lead) HHSA-Public Health facilitates this coalition aimed at preventing injury and death caused by traffic collisions in Shasta County.

14. NoRxAbuse Coalition- (Lead) HHSA- Public Health staff coordinate this collaborative. The County Health Officer sits on the Coalition's steering committee. The Coalition seeks to prevent prescription drug abuse and reduce the harms associated with it.

15. Youth Harmful Substance Use Prevention Collaborative- (Lead) HHSA- Public Health staff coordinate this collaborative. The Public Health Director and Alcohol and Other Drug Use Prevention Program Manager regularly participate in the collaborative. The collaborative seeks to increase substance abuse prevention for school aged youth.

<u>County Partners</u>

1. Shasta Union High School District- Provides a diversion program designed to educate students at risk for substance abuse.

2. Law Enforcement- Anderson and Redding police departments, the Shasta County Sheriff's office, as well as the Federal Drug Enforcement Administration. Law enforcement has been a valued partner in the establishment of drug disposal kiosks throughout the County.

3. Shasta County Chemical People- A non-profit and recipient of a Drug-Free Community grant, which leverages SABG funds to provide the community with ongoing education and support for youth substance use prevention through Sober Grad, Club Live, Every 15 Minutes, Shasta Peer Mentoring and Friday Night Live as well as several environmental change efforts.

4. Mothers Against Drunk Driving (MADD) - Non-profit organization that works to prevent drunk driving, support the victims of drunk driving and prevent underage drinking.

5. Tribal Community- Collaborating prevention efforts by participation at Rancheria Health Fairs held at different Rancherias throughout Shasta County annually.

6. Youth Options- A non-profit organization whose mission is to prevent youth violence and promote a safe and healthy community. This organization provides Shasta County Youth Peer Court, Shasta Youth Leadership Camp for middle school students, youth mentoring, evidence-based education, as well as several restorative justice programs.

7. Civic and charitable groups, which funded the purchase of drug disposal kiosks. These groups, Rotary clubs and Lions clubs, have been valuable partners for the promotion and dissemination of AOD messages.

Workforce Development

The Shasta County HHSA-Public Health branch has a robust workforce development program, some of which is also available to community partners. Specialized training includes focus group training, media spokesperson training and writing for the media training. Other available resources include the Outcomes, Planning and Evaluation unit that provides the data analysis required to determine the outcomes of programs. HHSA-Public Health has a Health Equity unit to ensure that the agency has addressed equity and health disparities throughout the different programs. The agency also has a unit focused on Social and Emotional Resiliency.

Resource and Community Readiness Assessment

Enter (x), (n/a), or (-) to measure resources for each priority area. See priority descriptions on Page 4		Priority Areas		
		MJ	Rx	CAP
Community Resources	Community Awareness	-	-	-
	Specialized knowledge about prevention research, theory, and practice	-	x	x
	Practical experience	-	x	-
	Political/policy knowledge	-	x	-
Fiscal Resource	Funding	-	x	-
	Equipment: computers, Xerox, etc.	x	x	x
	Promotion and advertising	x	x	-
Human Resources	Competent staff	-	x	-
	Training	x	x	
	Consultants	x	x	-
	Volunteers	-	-	-
	Stakeholders	x	x	x
	Other agency partners	x	x	x
	Community leaders	-	x	-
Organizational Resources	Vision and mission statement	x	x	x
	Clear and consistent organizational patterns and policies	x	x	x
	Adequate fiscal resources for implementation	x	x	x
	Technology resources	x	x	x
	Specialized knowledge about prevention research, theory, and practice	x	x	x

Priority Area Summaries on Resource and Community Readiness

Youth Marijuana Use

The county is in Stage Three – Vague Awareness. With marijuana now being legal and Northern California being a major source of the marijuana economy, most of the community remains unclear about how to approach marijuana use. The policy landscape is in early stages and policy makers may be impartial to marijuana given their constituency. Shasta County HHSA-Public Health needs additional funding, staff, volunteers and community leaders to create and coordinate substance Pv efforts on youth marijuana use.

Prescription Drug Misuse

The county is in Stage Seven – Stabilization. The community is generally knowledgeable about the risks of prescription drugs and wants to prevent misuse, but needs continued support and information

on the importance of safe medication disposal in reducing the supply of prescription drugs of potential misuse or abuse.

Capacity Building- ACEs, Trauma and SAP

The county is in Stage Four – Preplanning. The community and policy makers are increasingly becoming aware of the connection between ACEs and substance use but those who have been informed about them are still the minority. Additional funding, staff and volunteers are needed for capacity building efforts.

Table 2.5: Community and Resource Challenges/Gaps:

Priority Areas:	Youth Marijuana	Prescription Drug Misuse	Capacity Building
Community Readiness	Vague Awareness – As marijuana is now legal and Shasta County has retail marijuana businesses, the community is unsure on its approach to marijuana. Policy makers have little precedent to build on and prevention staff have not found effective interventions to decrease marijuana use.	Stabilization -The community is generally knowledgeable about the risks of prescription drugs and wants to prevent misuse, but needs continued support and information on the importance of safe medication disposal in reducing the supply of prescription drugs of potential misuse or abuse.	Preplanning – Community organizations and Public Health AOD staff are in preliminary stages of increasing capacity on ACE's, trauma and SAP.
Community Resources	Community and political entities are unsure about the harms of marijuana. Marijuana business is prominent in some local economies.	Infrastructure is in place and supported by the community and Shasta County HHSA partners.	The community is largely unaware of the connection between ACE's and SUD. AOD staff have never addressed substance abuse from the lens of ACE's and trauma.
Fiscal Resources	A new campaign on cannabis use prevention is being prepared to roll-out but funding beyond 2019 is not secure.	Funding is available	Public Health has funding to address ACE's, trauma, and their connection to SAP, but more is necessary to substantially increase capacity.
Human Resources	Personnel and consultants are available but there is a lack of volunteers. Few community leaders have been identified to address this topic.	All human resources are knowledgeable about prescription drug disposal and staff are in place. Volunteers could be utilized if appropriate support activities are identified.	Additional AOD staff, consultants, volunteers and community leaders are needed to substantially increase capacity to address ACE's, trauma and their connection to SUD.
Organizational Resources	Shasta County HHSA has enough resources and knowledge to address the issue.	Shasta County HHSA has enough resources and knowledge to address the issue.	Shasta County HHSA has enough resources and knowledge to address the issue.

Cultural Competence and Sustainability

Shasta County HHSA understands the value of and responsibility for a culturally competent approach. In the CHA, we sought to include representatives of racial/ethnic minorities and created materials in English, Spanish, and large print. Public Health community organizers provide consulting on cultural competence with underserved populations. Public Health staff receive regular training on cultural competence with ethnic/racial minorities and minority groups according to gender identification and sexual orientation. Sustainability in our assessment process comes from our Office of Outcomes, Planning, and Evaluations which utilizes full time epidemiologists and managers to ensure the capacity to carry out necessary assessments in our county.

Chapter Three: Capacity Building

Capacity Building Plans

Course of Action Priority Area: Youth Marijuana Use Community Readiness Stage: 3 Vague Awareness	Proposed Timeline
Community Resources	
1. Identify evidence based Pv intervention sources and messaging on harm from marijuana use from internal research and collaboration with partners.	Year One
2. Test evidence based Pv interventions and messaging on harms from marijuana use with separate groups including youth, adults, stakeholders, and policy makers if possible.	Year One- Two
3. Utilize messaging and evidence based Pv interventions in media and outreach, assess response from target audiences, and continually improve messaging as necessary.	Year One- Five
4. Participate in the Statewide Marijuana Workgroup to keep up to date on policy.	Year One- Five
5. Share the latest data on marijuana.	Year One- Five
6. Support efforts to increase the use of the CHKS in Shasta County.	Year One- Five
7. Identify available local data and surveillance sources for marijuana.	Year One- Five
8. Increase staff's ability to create effective media, social media and educational materials.	Year One- Five
Fiscal Resources	
1. Research available three plus year grants with a focus on AOD prevention.	Year One- Five
Human Resources	
1. Identify volunteers to participate in activities aimed at positive social norms and education on the harms of marijuana use.	Year Two- Five
2. Identify leaders and champions to advocate for understanding of the harms of marijuana use and promote policies and practices against youth marijuana use.	Year Two- Five
3. Seek opportunities to hire additional staff.	Year One- Five
Organizational Resources No deficits in capacity	

Capacity Building – ACE's, Trauma and SAP. Community Readiness Stage: 4 Preplanning	**Proposed Timeline**
Community Resources 1. AOD staff will receive training and T.A. on the relationship between ACE's, trauma and SAP and holding effective focus groups. 2. AOD staff will meet with Social Emotional Resilience staff to discuss work being done on ACE's and connections to SAP. 3. Coordinate with Social Emotional Resilience staff to increase media and education on ACE's and substance abuse. 4. Hold monthly collaboration meetings with management to be informed on ACE work. 5. Hold two focus groups a year in Anderson and Shasta Lake around substance use and causes (including ACE's and trauma). 6. Share focus group findings with community and Social Emotional Resilience staff and/or other relevant Public Health staff.	Year One-Five Year One-Two Year Two-Five Year One-Five Year One-Five Year One-Five
Fiscal Resources 1. Research available three plus year grants with a focus on AOD prevention that include upstream prevention. 2. Seek to identify or allocate funding for the promotion or advertising of capacity building efforts for upstream SAP.	Year One-Five Year Three-Five
Human Resources 1. Seek to hire additional staff. 2. Identify volunteers, agency partners, stakeholders and community leaders to collaborate in efforts to increase understanding of and intervention on upstream factors of substance use.	Year One-Five Year Three-Five
Organizational Resources No deficits in capacity	

Cultural Competence and Sustainability

Sustainability for the youth marijuana use prevention priority area includes activities to identify messaging and data resources. Cultural competence will be utilized by including youth and adults from our target populations in providing feedback on marijuana messaging. All messaging will be created in languages spoken by the target community.

Chapter Four: Planning

Risk and Protective Factors

Data-Based CSAP Strategies for Youth Marijuana Use

Risk Factor	Protective Factor	Strategy
1. Low perception of harm	1. High perception of harm	Education/Information Dissemination
2. Youth believe their peers think it's okay for students their age to use marijuana	2. Youth believe their peers think it's not okay for students their age to use marijuana	Education/Information Dissemination
3. Not informed about substance use and consequences	3. Informed about substance use and consequences	Education/Information Dissemination
4. Limited availability of drug-free activities	4. Increased availability of drug-free activities	Alternative Activities
5. Lack of caring relationships with adults	5. Caring relationships with adults	Education/Alternative Activities
6. Lack of community engagement	6. Opportunities for Community engagement	Education/Alternative Activities

Data-Based CSAP Strategies for Prescription Drug Misuse

Risk Factor	Protective Factor	Strategy
1. Low knowledge of proper medication disposal	1. High knowledge of medication disposal availability	Information Dissemination
2. Prescription drugs are accessible	2. There is limited access to prescription drugs.	Environmental

Logic Model Timeline

A+ Life intends to create positive change to middle school students through engagement over multiple years. To do this AOD Pv has chosen to work with and evaluate a cohort of students over their three years of middle school, beginning in sixth grade and ending in eighth grade. Due to this, the A+ Life objectives in the logic model have goals spanning three years, ending in 2022/2023, instead of five. After the completion of three years, AOD Pv will reassess how to best evaluate the intervention and update the plan accordingly.

(Logic Models begin on next page)

Logic Model

Priority Area: Youth Marijuana Use

Problem Statement: Youth marijuana use is high due to low perception of harm, students believe their peers think it's okay to use marijuana, lack of consequential knowledge about marijuana use, limited availability of drug free activities, and lack of caring adult relationships and community engagement.

Goal: Decrease youth marijuana use.

Objective	Strategies	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes	Indicators
By academic year 2022/2023, 15% fewer middle school students (8th Grade) will report peers think using marijuana is okay for students their age at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+Life survey.	Education Information Dissemination	By academic year 2020/2021, 5% fewer middle school students (6th Grade) will report peers think using marijuana is okay for students their age at the end of the year compared to the beginning of the year as measured by the A+ Life survey.	By academic year 2021/2022, 10% fewer middle school students (7th Grade) will report peers think using marijuana is okay for students their age at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	By academic year 2022/2023, 15% fewer middle school students (8th Grade) will have reported peers using marijuana is okay at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	A+ Life Annual Pre and Post surveys
By academic year 2022/2023, 10% more middle school students (8th Grade) will report using marijuana is bad for a person's health at	Education Information Dissemination	By academic year 2020/2021, 5% more middle school students (6th Grade) will report using marijuana is bad	By academic year 2021/2022, 7% more middle school students (7th Grade) will report using marijuana is bad	By academic year 2022/2023, 10% more middle school students (8th Grade) will have reported using marijuana is bad for a person's	A+ Life Annual Pre and Post surveys

the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ survey.		for a person's health at the end of the year compared to the beginning of the year as measured by the A+ Life survey.	for a person's health at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ survey.	health at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ survey.	
By academic year 2022/2023, middle school students (8th Grade) will correctly answer 10% more questions on the consequences of marijuana use at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	Education Information Dissemination	By academic year 2020/2021, middle school students (6th Grade) will correctly answer 5% more questions on the consequences of marijuana use at the end of the year compared to the beginning of the year as measured by the A+ Life survey.	By academic year 2021/2022, middle school students (7th Grade) will correctly answer 7% more questions on the consequences of marijuana use at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	By academic year 2022/2023, middle school students (8th Grade) will have correctly answered 10% more questions on the consequences of marijuana use at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	A+ Life Annual Pre and Post surveys
By 2024, 80% of middle and high school participants will report they feel more engaged in their community as measured by the Friday Night Live survey.	Alternatives Community Based Process	By 2021, 50% of middle and high school participants will report because of FNL, I feel more engaged in my community as measured by the Friday Night Live survey.	By 2022, 65% of middle and high school participants will report because of FNL, I feel more engaged in my community as measured by the Friday Night Live survey.	By 2024, 80% of middle and high school participants will have reported they feel more engaged in their community as measured by the Friday Night Live survey.	Friday Night Live Survey

By 2024, 80% of middle and high school participants will report there are adults in FNL who care about me as measured by the Friday Night Live survey.	Alternatives Community Based Process	By 2021, 50% of middle and high school participants will report there are adults in FNL who care about me as measured by the Friday Night Live survey.	By 2022, 65% of middle and high school participants will report there are adults in FNL who care about me as measured by the Friday Night Live survey.	By 2024, 80% of middle and high school participants will have reported there are adults in FNL who care about me as measured by the Friday Night Live survey.	Friday Night Live Survey

Priority Area: Prescription Drug Misuse

Problem Statement: Prescription drugs are accessible and there is a lack of knowledge on the importance of disposing of prescription drugs.

Goal: Reduce access to prescription drugs

Objective	Strategies	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes	Indicators
By 2024, disposed of at least 17,500 pounds of medications through four medication disposal kiosks.	Environmental Community Based Process Information Dissemination	By 2021, dispose of 4,000 pounds of medications through four medication disposal kiosks. Maintain RxSafeShasta.com to provide information on medication disposal.	By 2022, dispose of 8,500 pounds of medications through four medication disposal kiosks. Maintain RxSafeShasta.com to provide information on medication disposal.	By 2024, disposed of at least 17,500 pounds of medications through four medication disposal kiosks. Maintain RxSafeShasta.com to provide information on medication disposal.	Sharps Solutions Tracking System RxSafeShasta.com website is live

Planning Process
The Public Health Advisory Board (PHAB), which is made of community members provided feedback and guidance in the activities planned for the A+ Life program. Based on PHAB suggestions the program implements social media, education and alternative strategies specific to youth. To ensure cultural competence in planning AOD Pv staff apply an agency mandated Health Equity checklist.

Cultural Competence and Sustainability
To build sustainability in planning, Public Health Advisory Board members provided feedback in planning the A+ Life program and community partner Shasta Chemical People planned Friday Night Live. Both programs are youth led which allows program adaptation to be completed as necessary to effectively reach youth. Planning involved cultural competence by incorporating youth feedback. Additionally, Pv staff have been trained on social media and the importance of social media in youth culture as well as marketing segmentation techniques to assist in targeting messages effectively to different youth subgroups.

Chapter Five: Implementation

Acronyms for Strategies

ID – Information Dissemination ED – Education CBP – Community-Based Process
PIDR – Problem ID and Referral ENV – Environmental ALT – Alternatives

IOM Category: (U) Universal, (S) Selective, (I) Indicated

Implementation Plans for Programs

Program/Intervention: A+ Life			
Program Description: A+ Life is aimed at preventing youth marijuana use through positive social norms, information on consequences of use, drug free activities and the perception of harm from marijuana use.			
Goal(s): Decrease youth marijuana use.			
Objective (s): 1.) By academic year 2022/2023, 15% fewer middle school students (8th Grade) will report peers think using marijuana is okay for students their age at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey. 2.) By academic year 2022/2023, 10% more middle school students (8th Grade) will report using marijuana is bad for a person's health at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ survey. 3.) By academic year 2022/2023, middle school students (8th Grade) will correctly answer 10% more questions on the consequences of marijuana use at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.			
IOM Category(ies): Universal	**Population(s): Youth-** Middle and High School Students, Adults-Parents		
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**
Middle School Poster Campaign and Quiz	1x/month	AOD staff/school staff	ID
High School Poster Campaign and Quiz	Every 2-3 months	AOD staff/school staff	ID
Middle School Educational Booths	2-3x/year	AOD staff	ED
High School Educational Booths	2-3x/year	AOD staff	ED
Middle School Events	3-4x/year	AOD staff/school staff/youth	ALT
High School Events	3-4x/year	AOD staff/school staff/youth	ALT
Middle School Social Media	Weekly	AOD staff/school staff/youth	ID/ED/ALT
High School Social Media	Weekly	AOD staff/school staff/youth	ID/ED/ALT
Create content and manage the ThinkAgainShasta website.	Weekly	AOD staff	ID/ED
Create content and manage the ThinkAgainShasta social media platform.	Weekly	AOD staff	ID/ED
Distribute posters to community partners.	Monthly	AOD staff	ID/ED
Distribute rack cards to community partners.	Monthly	AOD staff	ID/ED

Program/Intervention: Friday Night Live, Club Live/FNL Kids			
Program Description: FNL builds partnerships for positive and healthy youth development.			
Goal(s): Decrease youth marijuana use through education and increasing protective factors.			
Objective (s): 1.) By 2024, 80% of middle and high school participants will report they feel more engaged in their community as measured by the Friday Night Live survey. 2.) By 2024, 80% of middle and high school participants will report there are adults in FNL who care about me as measured by the Friday Night Live survey.			
IOM Category(ies): Universal	**Population(s):** Youth- Elementary and middle school students		
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**
Provide youth development and alternative activities elementary, middle and high school students.	Weekly	Provider	ALT
Administer CFNLP Youth Survey	Annually	Provider	ALT
Evaluate surveys	Annually	County	CBP

Program/Intervention: Medication Disposal Kiosks			
Program Description: Infrastructure for community to safely dispose of medications			
Goal(s): Decrease supply of prescription medications accessible in environment			
Objective (s): 1.) By 2024, disposed of at least 17,500 pounds of medications through four medication disposal kiosks.			
IOM Category(ies): Universal	**Population(s):** General Public		
Major Tasks	**Timeline**	**Responsible Party**	**Strategy**
Maintenance of medication disposal kiosks and proper drug disposal	monthly	Provider	ENV CBP
Provide information on medication disposal via RxSafeShasta.com website	Annually	AOD Team	ID
Evaluation of Sharps Solutions for disposal data	Quarterly	Provider / AOD Team	CBP

Cultural Competence and Sustainability

Our agency has established cultural and linguistic competency standards to ensure our clients are being served appropriately. Additionally, all HHSA- Public Health staff are required to complete Health Equity training to assure that cultural competence standards are met.

The Pv program will establish and maintain collaboration with local partner agencies such as local law enforcement, injury prevention coalitions, high schools, colleges and youth organizations. As part of increased collaborative efforts, the Pv program will assist partners in identifying opportunities to expand or improve upon their existing program activities.

Chapter Six: Evaluation

AOD Pv will utilize outcome evaluation to determine how effective programs are at changing youth behaviors pertaining to marijuana.

Evaluation Plan

Priority Area Outcomes (short-term, intermediate or long-term change)	**Indicators** (performance measures)	**Method of Collection** (surveys, analytics, etc.)	**Tools** (survey analysis, etc.)	**Responsible Party**	**Time Period**
Short-term: outcome By academic year 2020/2021, 5% fewer middle school students (6th Grade) will report peers think using marijuana is okay for students their age at the end of the year compared to the beginning of the year as measured by the A+ Life survey.	Percentage of 6th grade survey respondents answering yes or maybe when asked what their friends would think if asked is it okay for kids my age to use marijuana to get "high"?	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year One
Intermediate: outcome By academic year 2021/2022, 10% fewer middle school students (7th Grade) will report peers think using marijuana is okay for students their age at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	Percentage of 7th grade survey respondents answering yes or maybe when asked what their friends would think if asked is it okay for kids my age to use marijuana to get "high"?	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year Two
Long-term: outcome By academic year 2022/2023, 15% fewer middle school students (8th Grade) will have reported peers using marijuana is okay at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	Percentage of 8th grade survey respondents answering yes or maybe when asked what their friends would think if asked is it okay for kids my age to use marijuana to get "high"?	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year three
Short-term: outcome By academic year 2020/2021, 5% more middle school students (6th Grade) will report using marijuana is bad for a person's health at the end of the year compared to the	Percentage of 6th grade students answering "yes, very bad" when asked "Do you think using marijuana to get "high" or for reasons	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year one

beginning of the year as measured by the A+ Life survey.	other than medical is bad for a person's health?"				
Intermediate: outcome By academic year 2021/2022, 7% more middle school students (7th Grade) will report using marijuana is bad for a person's health at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ survey.	Percentage of 7th grade students answering "yes, very bad" when asked "Do you think using marijuana to get "high" or for reasons other than medical is bad for a person's health?"	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year two
Long-term: outcome By academic year 2022/2023, 10% more middle school students (8th Grade) will have reported using marijuana is bad for a person's health at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ survey.	Percentage of 8th grade students answering "yes, very bad" when asked "Do you think using marijuana to get "high" or for reasons other than medical is bad for a person's health?"	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year three
Short-term: outcome By academic year 2020/2021, middle school students (6th Grade) will correctly answer 5% more questions on the consequences of marijuana use at the end of the year compared to the beginning of the year as measured by the A+ Life survey.	Percentage of overall correct answers to seven questions on consequences of marijuana use answered by 6th graders	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year one
Intermediate: outcome By academic year 2021/2022, middle school students (7th Grade) will correctly answer 7% more questions on the consequences of marijuana use at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	Percentage of overall correct answers to seven questions on consequences of marijuana use answered by 7th graders	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year two
Long-term: outcome By academic year 2022/2023, middle school students (8th Grade) will have correctly answered 10% more questions on the	Percentage of overall correct answers to seven questions on consequences	A+ Life survey	A+ Life survey analysis	AOD and OPE staff	Year three

consequences of marijuana use at the end of the year compared to baseline (pre-test 2020/2021) as measured by the A+ Life survey.	of marijuana use answered by 8th graders				
Short-term: Outcome By 2021, dispose of 4,000 pounds of medications through four medication disposal kiosks.	Pounds of medications per year disposed of	Review of tracking system	Sharps Solutions tracking	Shasta County Chemical People and AOD team	Year one - two
Intermediate: Outcome By 2022, dispose of 8,500 pounds of medications through four medication disposal kiosks.	Pounds of medications per year disposed of	Review of tracking system	Sharps Solutions tracking	Shasta County Chemical People and AOD team	Year two - three
Long-term: Outcome By 2024, disposed of at least 17,500 pounds of medications through four medication disposal kiosks	Pounds of medications per year disposed of	Review of tracking system	Sharps Solutions tracking	Shasta County Chemical People and AOD team	Year four - five
Short-term: outcome By 2021, 50% of middle and high school participants will report because of FNL, I feel more engaged in my community as measured by the Friday Night Live survey.	Percentage of students reporting they slightly agree, agree, or strongly agree to the statement "Because of FNL, I feel more engaged in my community".	Annual FNL Youth Development Survey	Survey Analysis	Shasta County Chemical People	Year one-two
Intermediate: outcome By 2022, 65% of middle and high school participants will report because of FNL, I feel more engaged in my community as measured by the Friday Night Live survey.	Percentage of students reporting they slightly agree, agree, or strongly agree to the statement "Because of FNL, I feel more engaged in my community".	Annual FNL Youth Development Survey	Survey Analysis	Shasta County Chemical People	Year two-three

Long-term: outcome By 2024, 80% of middle and high school participants will have reported they feel more engaged in their community as measured by the Friday Night Live survey.	Percentage of students reporting they slightly agree, agree, or strongly agree to the statement "Because of FNL, I feel more engaged in my community".	Annual FNL Youth Development Survey	Survey Analysis	Shasta County Chemical People	Year four-five
Short-term: outcome By 2021, 50% of middle and high school participants will report there are adults in FNL who care about me as measured by the Friday Night Live survey.	Percentage of students reporting they slightly agree, agree, or strongly agree to the statement "There are adults in FNL who care about me".	Annual FNL Youth Development Survey	Survey Analysis	Shasta County Chemical People	Year one-two
Intermediate: outcome By 2022, 65% of middle and high school participants will report there are adults in FNL who care about me as measured by the Friday Night Live survey.	Percentage of students reporting they slightly agree, agree, or strongly agree to the statement "There are adults in FNL who care about me".	Annual FNL Youth Development Survey	Survey Analysis	Shasta County Chemical People	Year two-three
Long-term: outcome By 2024, 80% of middle and high school participants will have reported there are adults in FNL who care about me as measured by the Friday Night Live survey.	Percentage of students reporting they slightly agree, agree, or strongly agree to the statement "There are adults in FNL who care about me".	Annual FNL Youth Development Survey	Survey Analysis	Shasta County Chemical People	Year four-five

Evaluation Plan Summary

Shasta County's AOD Pv will work with the Outcomes, Planning and Evaluation unit to assess the behaviors of a cohort of middle school students participating in A+ Life over their three years in middle school. Outcomes on perceived social acceptance, perception of harm and consequences of marijuana use will be determined through responses to the A+ Life annual pre and post surveys. Long-term behavior changes will be assessed comparing end of the year survey results from each of three consecutive years to baseline results from the beginning of 2020/2021 (6th grade year). Process evaluations of A+ Life will consider the amount of schools that are choosing to implement A+ Life. Outcomes for Friday Night Live will be assessed through the Friday Night Live Youth Development Survey. Objectives focus on community engagement and caring relationship with an adult.

Table 5.3: Reporting Evaluation Results

Audience	Annual/ Evaluation Reports	Fact Sheets & Infographics	Brochures & Posters	Stakeholder Meetings
Current/ Potential Funder	A+ Life FNL			
New Potential Funder	A+ Life FNL			
Administrator	A+ Life FNL			
Board Members	A+ Life FNL			
Community Groups	A+ Life FNL			FNL
Organizations	A+ Life FNL	FNL	A+ Life	

Cultural Competence and Sustainability

Agency has established cultural and linguistic competency standards to ensure clients are being served appropriately. Additionally, HHSA- Public Health staff are required to complete Health Equity training to assure cultural competence standards are met. The Pv program will follow HHSA-Public Health agency standards in evaluation and dissemination practices.

As part of increasing capacity to prevent youth marijuana use, HHSA Public Health will assist partners in identifying opportunities to expand or improve upon existing program activities to sustain prevention efforts.

Data Sources

1. Adverse Childhood Experiences (ACE) Study. Pyramid. Centers for Disease Control and Prevention, October 2010. Accessed September 2012. http://www.cdc.gov/ace/pyramid.htm.

2. Adverse Childhood Experiences Reported by Adults Five States, 2009. L Bynum, T Griffin, DL Ridings, KS Wynkoop, RF Anda, VJ Edwards, TW Strine, Y Liu, LR McKnight - Eily, JB Croft. Morbidity and Mortality Weekly Reports 17 December 2010 (volume 59 issue 49 Pages 1609 - 1613).

3. Shasta County Health and Human Services Agency-Public Health Branch. (2016) *Shasta County Community Health Assessment.*

4. Shasta County Health and Human Services Agency (HHSA). *Shasta County Community Health Improvement Plan 2017-2022*. Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee.

5. United States Census Bureau (USCB). 2011-2015 *ACS 5-year Estimates. American Community Survey* (ACS). Last Revised: June 7, 2019. Accessed on August 29, 2019. Accessed from: https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2015/5-year.html

6. Shasta Union High School District (2018). *California Healthy Kids Survey, 2017-18: Main Report*. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

7. Shasta Union High School District (2016). *California Healthy Kids Survey, 2015-16: Main Report*. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

8. Shasta County Health and Human Services Agency (HHSA). *How Healthy is Shasta County? An Assessment of Our Health (2016)*. Community Health Data (CHD).

9. Douglas, K. R., Chan, G., Gelernter, J., Arias, A. J., Anton, R. F., Weiss, R. D., … Kranzler, H. R. (2010). *Adverse Childhood Events as Risk Factors for Substance Dependence: Partial Mediation by Mood and Anxiety Disorders. Addictive Behaviors*, 35(1), 7–13. doi: 10.1016/j.addbeh.2009.07.004

10. Hosler, T (2016). *Addressing ACEs in a Rural County.* Shasta County Health and Human Services Agency (HHSA). Public Health Branch. Accessed from: https://cheac.org/wp-content/uploads/2018/10/Shasta-County-web-ver.pdf.

11. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Ace Data (2009)*. National Center for Injury Prevention and Control, Division of Violence Prevention. Last updated: April 9, 2019. Accessed on August 29, 2019. Accessed from: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html.

12. Adams, S (2018). *Rates of Drug and Alcohol Poisoning—Adults and Youth. Shasta County Health and Human Services Agency* (HHSA) Public Health Branch. Last updated: May 28, 2019.

13. Adams, S (2019). *A+ Life School Survey Report 2018-2019.* Shasta County Health and Human Services Agency (HHSA) - Public Health Branch.

14. Sharps Solutions (2019) Medication Disposal Data. Retrieved via http://sharps-solutions.com/