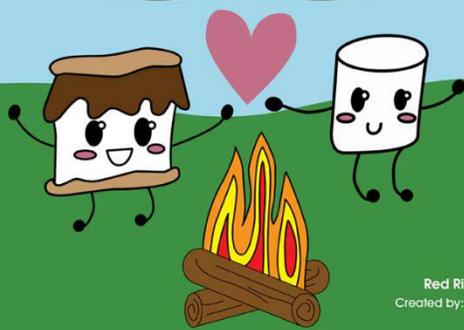


FY
2018-2023

ALCOHOL & OTHER DRUG PREVENTION STRATEGIC PLAN

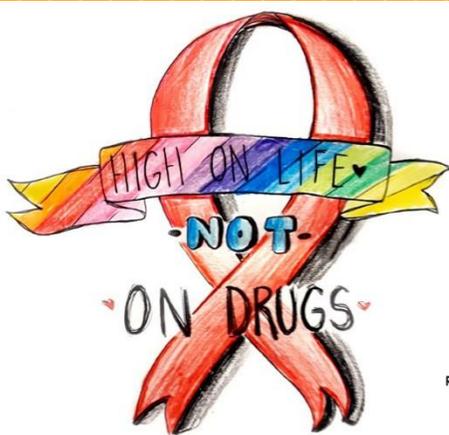
There is S'more to Life than Drugs



Red Ribbon 2018 : Most Creative Logo
Created by: Peer Assistance Leadership Program
Also Viejo Middle School



Red Ribbon 2018: Most Inspirational Message
Created by: Arjun Mahadevan
Wood Canyon Elementary School



Red Ribbon 2018: Winning Logo
Created by: Valeria Moran
Ball Junior High School



Red Ribbon 2018:
Most Artistic Logo
Created by: Kate Kim
Tustin Memorial Academy

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Acronyms

AB – Assembly Bill

ABC – Alcoholic Beverage Control (California Department)

ADAB – Alcohol and Drug Advisory Board

ADEPT – Alcohol and Drug Education and Prevention Team

ALT – Alternatives

AOD – Alcohol and Other Drug

ATOD – Alcohol, Tobacco, and Other Drug

BHS – Behavioral Health Services

BOS – Board of Supervisors

CARS – Center for Applied Research Solutions

CBP – Community Based Process

CDPH – California Department of Public Health

CEU – Continuing Education Units

CHIS – California Health Interview Survey

CHKS – California Healthy Kids Survey

CHP – California Highway Patrol

COLD – Circumstances of Last Drink

CSAP – Center for Substance Abuse Prevention

CURES – Controlled Substance Utilization Review and Evaluation System

DFC – Drug Free Communities

DHCS – Department of Health Care Services (California)

DOJ – Department of Justice

DRE – Drug Recognition Expert

DUI – Driving Under the Influence

DUID – Driving Under the Influence—Drugs

EB – Evidence-Based

ED – Emergency Department

ENV – Environmental

FAITH – Faiths and Institutions Together for Health

FTE – Full Time Equivalents

FY – Fiscal Year

HP – Health Promotion

HSHC – Healthy Stores for a Healthy Community

ID – Information Dissemination

IOM – Institute of Medicine

LEAD – Licensee Education on Alcohol and Drugs

LGBTQI – Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex

MADD – Mothers Against Drunk Driving

NIAAA – National Institute on Alcohol Abuse and Alcoholism

NIH – National Institutes of Health

NREPP – National Registry of Evidence-based Programs and Practices

OC – Orange County

OCDA – Orange County District Attorney

OCFNLP – Orange County Friday Night Live Partnership

OCHCA – Orange County Health Care Agency

OCSD – Orange County Sheriff's Department

ONDPCP – Office of National Drug Control Policy

OSHPD – Office of Statewide Health Planning and Development

OTS – Office of Traffic Safety

P & I – Prevention and Intervention

PHS – Public Health Services

PPSDS – Primary Prevention Substance Use Disorder Data System

RA – Research Analyst

RBS – Responsible Beverage Service

RFP – Request for Proposals

RLA – Resident Leadership Academy

SAMHSA – Substance Abuse and Mental Health Services Administration

SAPT – Substance Abuse Prevention and Treatment

SUD – Substance Use Disorder

SWITRS – Statewide Integrated Traffic Records System

SWOT – Strengths, Weaknesses, Opportunities, and Threats

SY – School Year

TIPS – Training for Intervention Procedures

TTA – Training and Technical Assistance

Introduction

The County of Orange Health Care Agency, PHS presents the *Substance Use Prevention Strategic Plan* for 2018-2023. Building upon the plan implemented in 2013-2018, this plan updates the landscape of substance abuse issues in Orange County and identifies priorities for action utilizing Federal Substance Abuse Prevention and Treatment block grant funds.

PHS staff from the ADEPT initiated the development of this plan in 2017, and integrated input from representatives from many different community sectors. The process followed the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF), a five-step systematic community-based process for addressing substance use and related health problems facing communities. The planning process began with Step 1 of the SPF, Assessment, which entailed a comprehensive data assessment and examination of related problems including contributing factors. The first community stakeholder meeting was held during this phase to listen, learn, and discuss issues related to substance use and prevention. Identifying resources, gap analyses, and designing plans to build/strengthen readiness took place during Step 2, Capacity Building. During Step 2, OCHCA staff facilitated a second community meeting designed to assess the current capacity in Orange County for prevention as well as capacity gaps. Efforts for Step 3, Planning, consisted of forming a plan for addressing priority problems and achieving prevention goals. Detailed action plans were developed during Step 4, Implementation. Completing the strategic plan is Evaluation, Step 5, where processes to quantify the successes and challenges of implementing programs were shaped.

The field of substance use prevention continues to evolve as the knowledge and best practice research grows. This plan will guide the Agency in facing emerging challenges and help to ensure that prevention efforts are most effective, efficient, and use human and financial resources in the best way possible. County staff look forward to continuing relationships already established in the community as well as building new and innovative partnerships to meet the goals and objectives of this plan.

Chapter 1: Overview and County Profile

County Overview and Who We Are

The Orange County Health Care Agency is home to the local health department serving Orange County, California. PHS is one service area under the Orange County Health Care Agency; other service areas include Behavioral Health Services, Correctional Health Services, Medical and Regulatory Health, and Administrative and Financial Services.

PHS monitors the occurrence of disease, injury, and related factors in the community and develops preventive strategies to maintain and improve the health of the public. Health Promotion is one of seven divisions within PHS; the Alcohol and Drug Education and Prevention Team is a program within Health Promotion.

The vision of PHS is “A thriving and safe Orange County where everyone has the opportunity for optimal health and quality of life.” Its mission - *In partnership with the community, we promote optimal health for all who live, work, or play in Orange County through assessment and planning; education and services; and policy development and implementation.* The organizational values of Excellence, Integrity, and Health Equity guide the work being provided to the community.

County Profile

The following sections describe details and data of Orange County, providing a closer look and better understanding of its residents, diversity, and its substance use prevention needs.

The Orange County Population

Orange County, California, was officially formed in 1889 when local leaders sought independence from Los Angeles County. When first formed, Orange County had three cities and a population of approximately 15,000 individuals. Today, Orange County is home to over three million residents with 34 incorporated cities. Orange County is the third most populated county in California and is the sixth most populous county in the United States. Within California, Orange County is the second most densely populated county. According to the United States Census Bureau, Orange County’s population is larger than that of 20 states in the nation.

Orange County is racially and ethnically diverse. In 2017, non-Hispanic whites comprised 40.4% of Orange County residents. The second largest racial/ethnic group is Hispanics or Latinos, who represent 34.8% of residents followed by Asians, making up 19.8% of Orange County residents. Slightly more than half (54.3%) of Orange County residents speak only English. The next most common languages are Spanish, 26.5%, followed by 14% speaking an Asian or Pacific Islander language. The county is divided nearly equally by gender - with females comprising 50.6% of individuals living in Orange County.¹

Socio-economic Climate

The median annual income in Orange County is \$80,283. However, it is important to note that median household incomes vary widely based on geography and demographics. For example, residents living in the 92679 zip code have a median income of \$161,515; whereas individuals in the 92701 zip code have a median income of \$40,000. Furthermore, median income for non-Hispanics is \$89,543 whereas the median income for Hispanics is lower, \$60,576.¹ Santa Ana, a city within Orange County, was once ranked as the hardest place to live in the United States according to the Urban Hardship Index.²

In 2014, a family of four with two working adults and two school-aged children would need to earn \$70,285 to meet their basic needs, such as housing, child care, food, and medical expenses.³ In 2017, about one in three households in Orange County had an annual income of less than \$50,000.¹ In fact, one in eight people in Orange County live below the poverty level.³

Driving the high cost of living in Orange County are housing costs. In 2010-2014, more than half (57.9%) of renters spent 30% or more of their household income on rent. This proportion is higher than the state rate (56.9%) and the national rate (51.8%).¹

Most Orange County adults have some college education. In fact, 38.4% of adults have a bachelor's degree or higher.⁴ Nine in ten Orange County students graduate high school. However, Hispanics, Pacific Islanders, and African Americans are less likely to graduate high school within four years.⁵

Geographic Details

Orange County is located in Southern California and is comprised of 799 square miles with 42 miles of coastline. Over the past 50 years, Orange County has transformed from a rural to a more suburban community. Orange County is a tourist destination with amusement parks and numerous other attractions. It is comprised of 34 incorporated cities and 28 school districts.

Political Landscape

There are 1,537,956 active voters in Orange County, with more Republicans than Democrats (567,495 and 519,515 respectively). Looking at results from the November 2016 elections, slightly over half of Orange County residents (52%) voted in favor of Proposition 64 – legalization of recreational cannabis.⁶

Orange County is sometimes known for its political conservatism. In 2014, Anaheim, (California) was the seventh most conservative big city (with a population over 250,000 people) in the United States.⁷ In the 2016 Presidential election, 80.7% of Orange County voters voted, which was higher than the State rate of 75.3% and higher than the prior Orange County rate of 67.3% in 2012.⁸

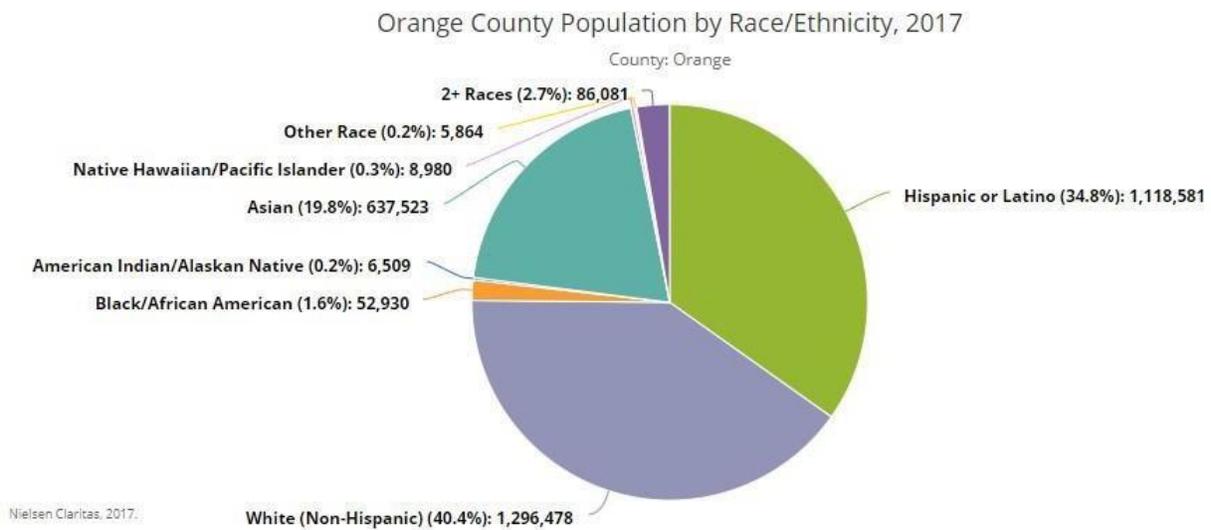
Economic Aspects

Orange County’s unemployment rate has been trending down since 2010. As of December 2016, the rate was at 3.5%, which is close to the pre-recession level of 3.1% and is well below the recession level of 10.1%. Health services led job growth and increased 24% between 2006 and 2015. Additionally, tourism-related employment grew 19% since 2006.⁹

Cultural Considerations

Orange County’s population has grown by 6.7% from 2010 to 2017 and continues to be diverse. Today, no single racial/ethnic group composes a majority of the population (Figure 1).

Figure 1



In 2010-2014, 30.3% of Orange County residents were born outside of the United States, which is comparable to 30.5 % in 2008-2012.⁴ Orange County’s immigrant populations are concentrated in central and northern areas of the county, such as Santa Ana, Garden Grove, and Anaheim.

Chapter 2: Assessment

Data Assessment

Assessment Methodology

OCHCA, serving as the lead County agency, began the strategic planning process with a thorough and comprehensive needs assessment. Various local and archival data were collected, analyzed, and evaluated to identify substance use prevention priority areas to be addressed in the next five years.

Efforts began by examining the big picture of substance use, continuing with the process of honing in on high need areas within the local substance use landscape. County staff, stakeholders, and representatives from various sectors in the community were involved in analyzing and prioritizing data relevant to substance use problems. When available, local data were used to identify specific areas that have higher rates of substance use (e.g. school districts, cities, populations), to which to focus future prevention services. These local data included:

- COLD Survey, a locally developed on-going surveillance data collection project administered to DUI offenders at time of conviction
- OCDA DUI arrest offenses
- Key informant interviews and focus groups conducted by OCHCA's HP Division staff to gain community input about perceptions of substance use and prevention needs
- Community Health Needs Assessments, conducted by Orange County non-profit hospitals, that identified health-related priorities by Orange County residents
- Orange County - CHKS, a student data collection system that addresses school climate, health risks and behaviors, and youth resiliency
- Opioid Overdose and Death in Orange County (OCHCA and OCSD)
- Drug and Alcohol Morbidity and Mortality in Orange County (OCHCA and OCSD)
- Drug and Alcohol Overdose Hospitalization and Death in Orange County (OCHCA and OCSD)
- Healthy Stores for a Healthy Community Survey (CDPH)

Additionally, the assessment process included analyses of data from the following sources:

- DOJ
- CHP
- OSHPD
- CHIS
- ABC
- CDPH
- NIH

During the assessment process, four data types were utilized to assess and identify substance use needs:

1. *Consumption Data*, referring to substance use patterns, such as past 30 day use of a particular substance;
2. *Contributing Factors Data*, the risk and protective factors that predict the level of risk for substance use, for example, peers viewing use as normal;
3. *Consequence Data*, which captures the negative impacts of consumption, such as emergency department visits; and
4. *Capacity Data* - illustrating what County resources are available and where there are gaps within the current capacity.

The following section presents rates of substance use prevalence and related consequences from the above noted data sources.

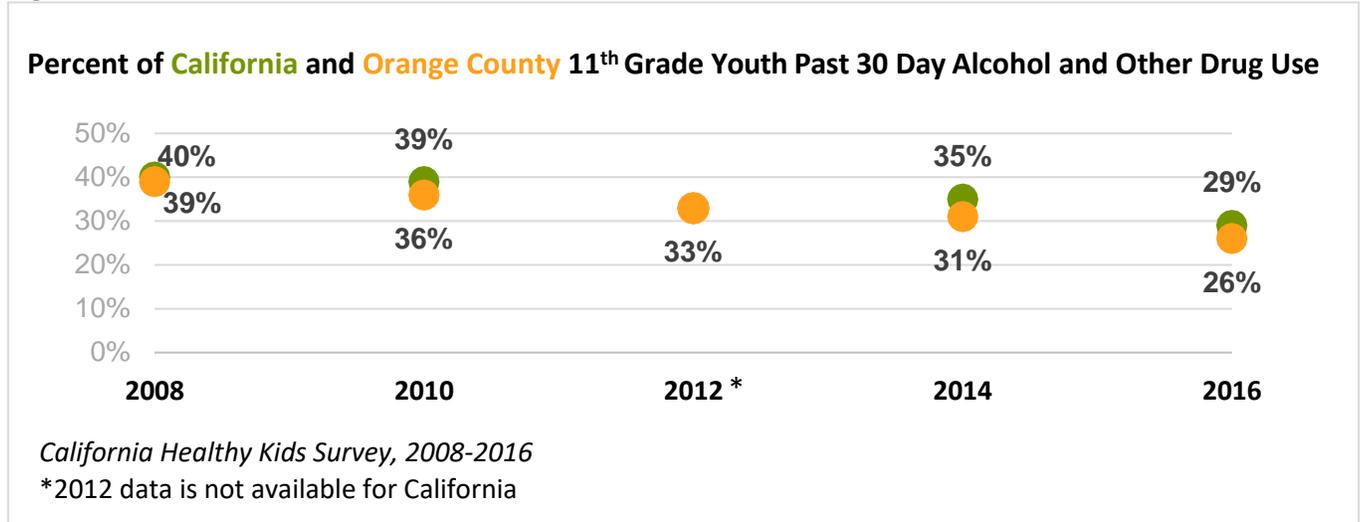
Alcohol and Other Drugs - Data Findings

AOD: Consumption Data

According to the findings from the 2016 Orange County CHKS, past 30 day 11th grade youth AOD use rates have decreased since 2008 and are consistently lower than California rates (Figure 2). Although this rate has declined, one in four (26%) Orange County 11th graders reported using alcohol or another drug within the past 30 days. In 2016, there were four Orange County school districts reflecting higher past 30 day AOD use rates (among 11th graders) than the County average of 26%:

- Laguna Beach Unified - 45%
- Capistrano Unified - 39%
- Los Alamitos Unified - 36%
- Newport Mesa Unified - 35%

Figure 2



AOD: Contributing Factors

Research has consistently shown that the presence of developmental supports and opportunities – protective factors – provide a better indicator of whether youth will grow up to become successful, well-adjusted adults. Multiple years of research from Hawkins and Catalano has found that providing the supports and opportunities that promote healthy development leads directly to positive outcomes in both academics and life. Orange County CHKS has revealed various developmental supports have been consistent in 11th graders reporting agreement throughout the years (2008-2016):

- Feeling close to people at their school (approximately six in ten)
- There is a teacher or some other adult at school who really cares about them (approximately six in ten)
- There is a teacher or some other adult who believes that they will be a success (approximately seven in ten)

Eight Orange County non-profit hospitals conducted community health needs assessments in 2016-2017 to prioritize key health issues within their catchment/service areas. Hospitals used a variety of methods to garner community input, including interviews, telephone surveys, focus groups, and community forums. Of the eight hospitals, two assessments identified substance use and mental health issues as a priority. Those two hospital assessment findings included:

- A growing concern of substance abuse particularly around younger people as well as drug use in public spaces.
- Widespread concern shared by a Spanish-speaking focus group on excessive alcohol consumption throughout the community; homeless people and adults frequently

purchasing alcohol for minors; and, too many liquor stores within the areas in which they reside.

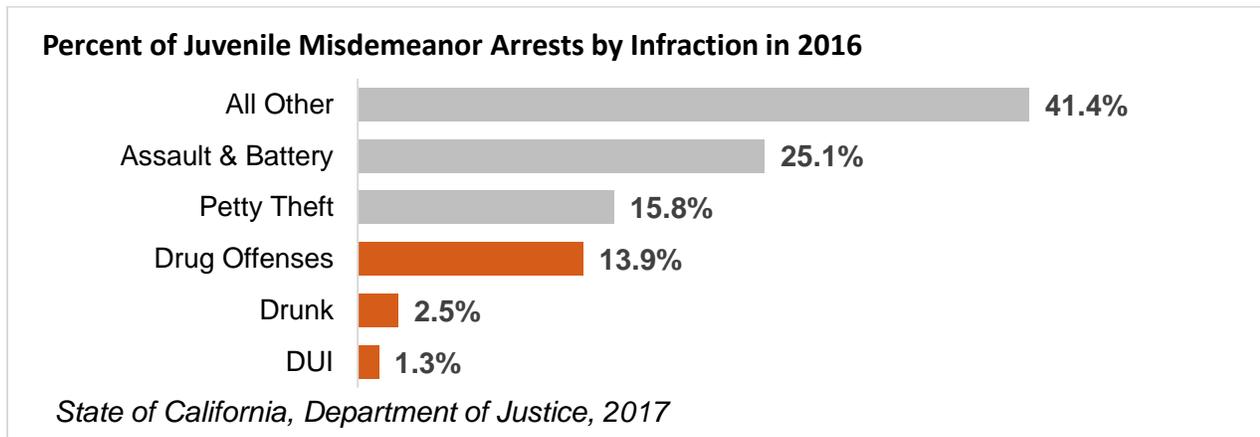
In 2016, the OCHCA’s HP Division conducted several key informant interviews and focus groups to gain community input on substance use issues and to help shape prevention services. Key themes emerged from these activities:

- Parents reported youth have easy access to alcohol.
- Parents allowing parties where substances will be available.
- Youth service professionals remarked that with parents working too much, there is a lack of parental engagement; parents exhibit a permissive attitude toward youth substance use.

AOD: Consequence Data

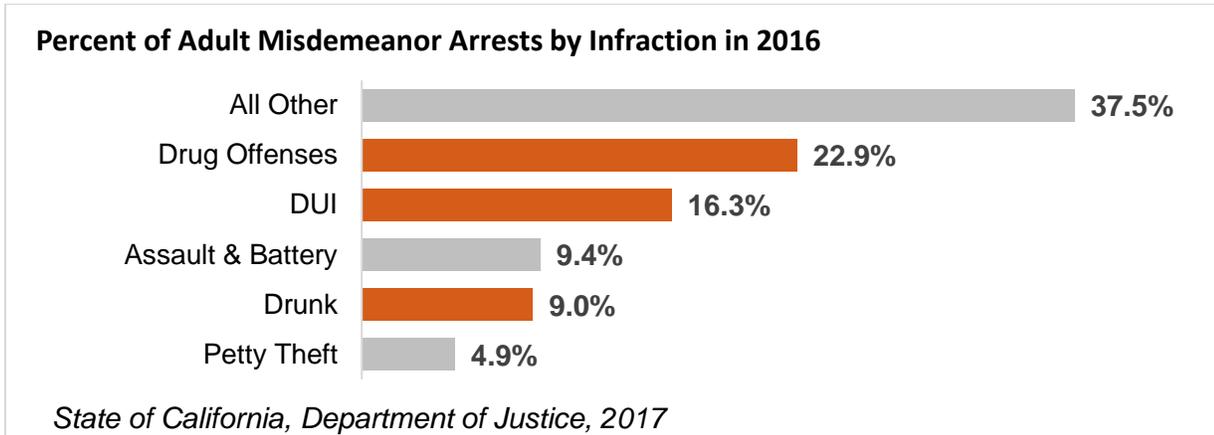
Data findings from the DOJ in 2016 revealed that AOD offenses (drug, drunk, and DUI) account for 17.7% of all *juvenile* (those under 18 years of age) arrests (Figure 3). Specifically, there were 35,756 misdemeanor arrests in Orange County: 6,329 offenses were related to AOD, drug offenses accounted for 4,970, drunk offenses totaled 894, and 465 DUI offenses.

Figure 3



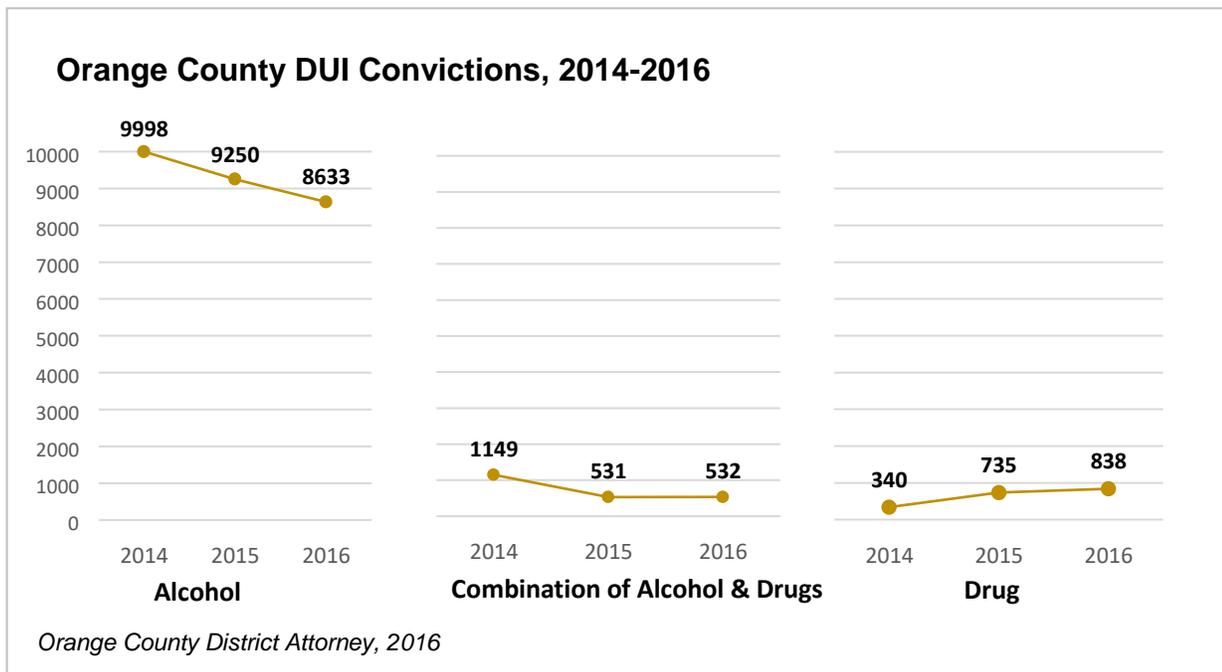
In comparison, AOD (drug, drunk, and DUI) accounted for 48.2% of all *adult* arrests in Orange County in 2016 (Figure 4). Out of 768,812 misdemeanor arrests, there were 370,567 offenses related to AOD, 176,058 drug offenses, 125,316 DUI offenses, and 69,193 drunk driving offenses.

Figure 4



When looking further into DUI arrests in Orange County, alcohol continues to be the top substance involved in arrests.

Figure 5

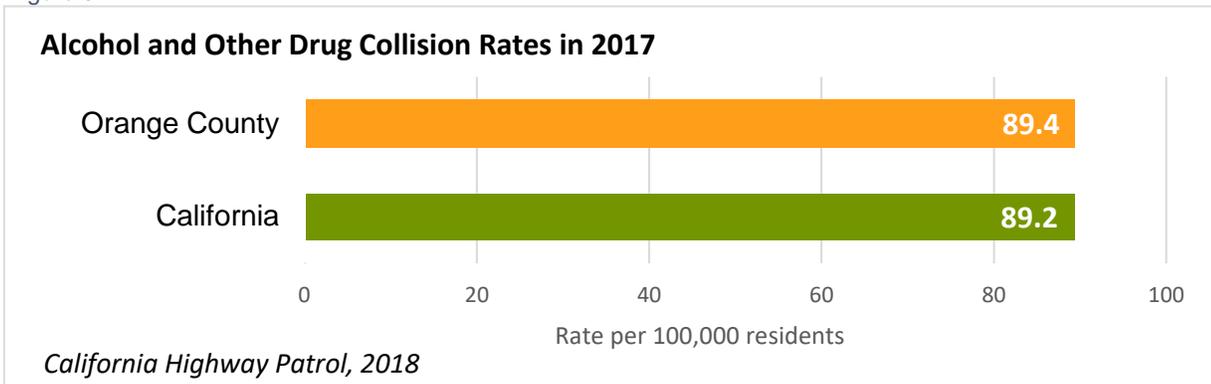


There were 10,003 Orange County DUI convictions out of 10,207 DUI arrests in 2016, which contributed to an overall conviction rate of 98%. Alcohol-only involved convictions accounted for 86.3%, a combination of alcohol and drugs totaled 5.3%, and 8.4% accounted for drugs only. Drug convictions have increased from 340 in 2014 to 838 in 2016 (Figure 5). This increase could be due to an increased impaired driving behavior, which would suggest cause (driving impaired) and effect (arrest). However, it can also be correlated with systems improvements. For example, Orange County is the home of one

of the DRE training programs. The program, funded by the OTS and administered by the CHP, gives an additional tool to local law enforcement when individuals are stopped for suspicion of DUI. There are more than 1,700 DREs in California, of which 300 are in Orange County.¹⁰ Furthermore, in 2017, twenty-four OTS grants were awarded in Orange County including one for Drug Impaired Driving Vertical Prosecution (where one prosecutor is assigned responsibility for a case from intake to appeal). These State-funded efforts aimed at arresting and prosecuting individuals who drive while impaired have strengthened the local system, which might be correlated with the increase in arrests.

According to data from the CHP, the Orange County rate for AOD collisions is similar to the California rate, per 100,000 residents (Figure 6). Additionally, results from the COLD survey reveal that 28%, or approximately three in ten DUI offenders, reported being involved in a collision.

Figure 6



There are 16 cities in Orange County over the California rate, the top ten are listed in Table 1. Recognizing that collisions occur in other cities as people travel impaired throughout the County, COLD survey data were examined for city of last drink as reported by those convicted of DUI. Six cities within the top ten reported in the COLD survey as place of last drink coincides with the list of top ten cities in Orange County with the highest AOD collision rates. These data justify providing prevention services in these communities.

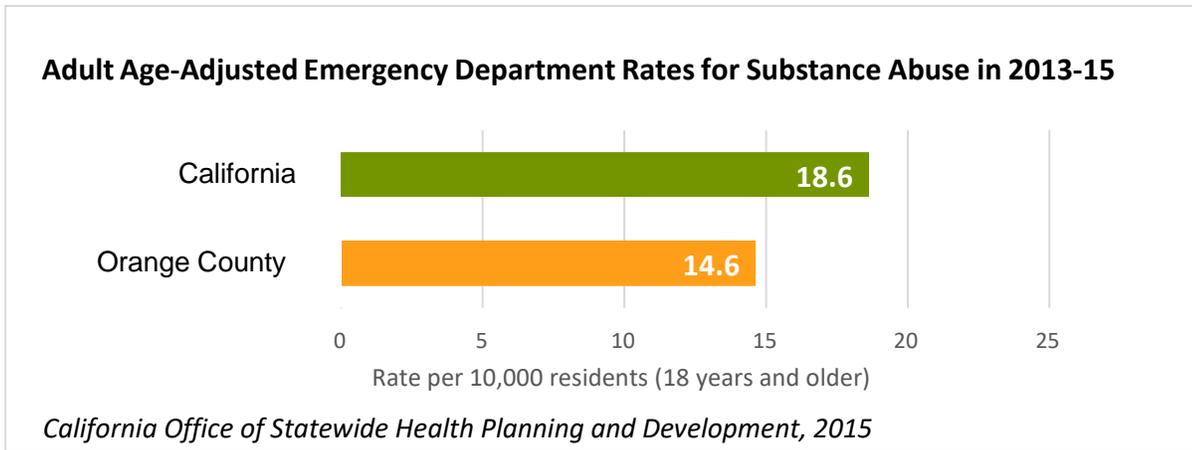
Table 1

| | AOD Collision Rate Per 100,000 |
|---------------------------------------|---------------------------------------|
| California | 89.23 |
| Orange County | 89.39 |
| Top 10 Cities in Orange County | |
| 1. Seal Beach | 193.21 |
| 2. Laguna Beach^ | 181.45 |
| 3. Costa Mesa^ | 157.26 |
| 4. Newport Beach^ | 152.04 |
| 5. Garden Grove | 129.72 |
| 6. Los Alamitos | 129.28 |
| 7. Orange^ | 121.66 |
| 8. Fullerton^ | 119.66 |
| 9. Huntington Beach^ | 116.90 |
| 10. La Habra | 97.65 |

^Also top ten cities of 2017 arrest noted as city of last drink according to the COLD Survey, 2018
 Rates are derived from SWITRS and the Department of Finance, 2018

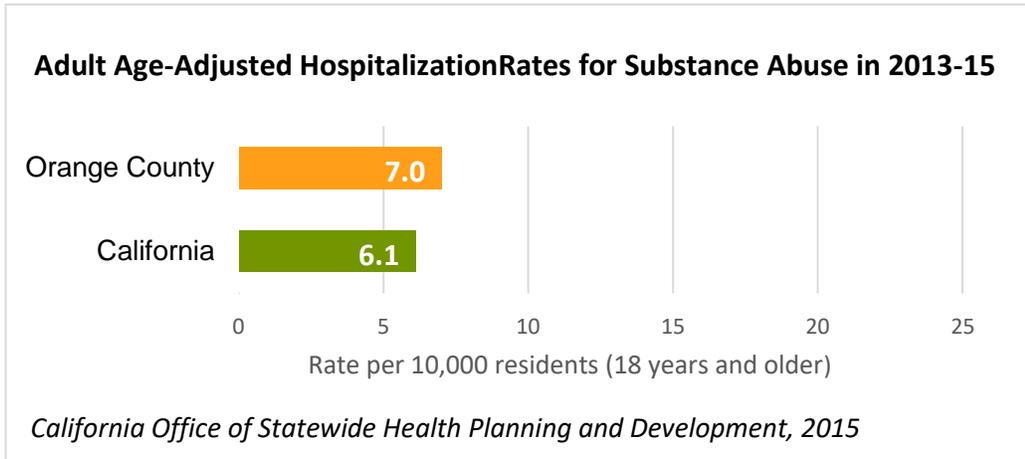
When examining ED utilization rates for adult age-adjusted substance use, the Orange County rate is lower than that of the California rate (Figure 7).

Figure 7



The age-adjusted hospitalization rate for substance abuse among adults in Orange County (7.0) is higher than the California rate (6.1) per 10,000 residents (Figure 8).

Figure 8



AOD Assessment Meeting with Community Stakeholders

During the assessment process, County staff coordinated a meeting with community partners to listen, learn, and discuss issues related to substance use, protective and risk factors, and priority areas to focus on for the next five years. Meeting participants included representatives from prevention contractors, community-based organizations, County Department of Education, community coalitions, and County tobacco prevention.

Below is a brief summary of the discussion that ensued after a presentation on local and archival data related to substance use issues.

| Question | Feedback |
|------------------------------------|--|
| What intrigued you about the data? | <ul style="list-style-type: none"> • Data show numbers decreasing, but hearing differently in schools • AOD priority area is under mental health • High school AOD prevalence rates |
| What concerned you about the data? | <ul style="list-style-type: none"> • Access to alcohol and cannabis/marijuana • Perception of harm for alcohol and cannabis/marijuana use • Drinking rates increased for males • Parents with no concerns or knowledge of harm of cannabis/marijuana |
| What are some themes? | <ul style="list-style-type: none"> • Accessibility of cannabis/marijuana • Strengthen a broader message/change messaging • Access high because parents do not think it is a big deal • Messaging to parents • Kids are getting alcohol from parents |

The second half of the meeting focused on identifying priority areas using the Consensus Workshop Method. This process generates an actual consensus to move the process forward and is powerful for complex issues in which no one has a simple answer. After completing the consensus exercise and a rich discussion among participants, the following topic areas were selected:

- Access and misuse of prescription drugs and opioids
- Cannabis/marijuana access and low perception of harm
- Impaired driving
- Low parental engagement and perception of harm
- Male norms around drinking
- Media influence
- Need for meaningful integration of mental health and substance abuse

The following topic areas and related risk and protective factors were used in the process of determining the final priority areas (described in Tables 3 and 4).

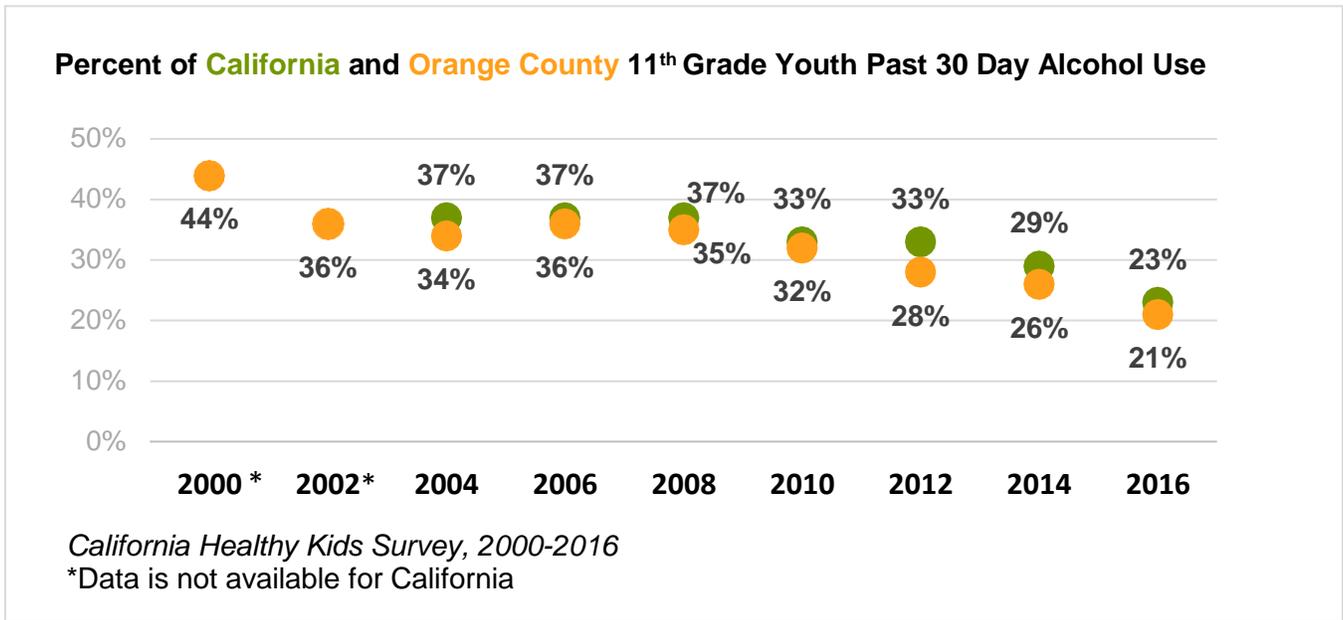
Alcohol – Data Findings

Alcohol: Consumption Data

Orange County 11th grade youth alcohol use rates (past 30 days) are consistently lower when compared to California rates (Figure 9). Even though the 2016 Orange County use rate is lower than the California rate, the same four Orange County school districts noted above in the AOD data findings demonstrate a higher rate than that of Orange County (21%):

- Laguna Beach Unified (40%)
- Capistrano Unified (35%)
- Los Alamitos Unified (31%)
- Newport Mesa Unified (31%)

Figure 9

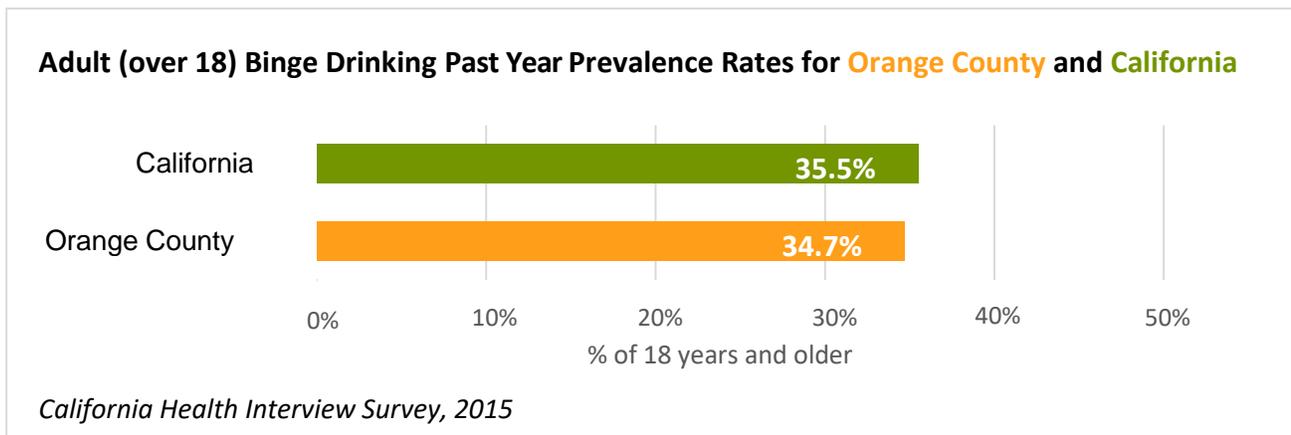


The CHKS asks youth about binge drinking. According to the NIAAA, male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion. Although binge drinking rates among 11th graders have been decreasing in Orange County as well as in California, the same four school districts as noted previously report a higher rate than that of Orange County.

Because higher and more frequent rates of consumption are reported according to CHKS in the same district/geographic areas, these locations warrant continued and more intensive prevention efforts.

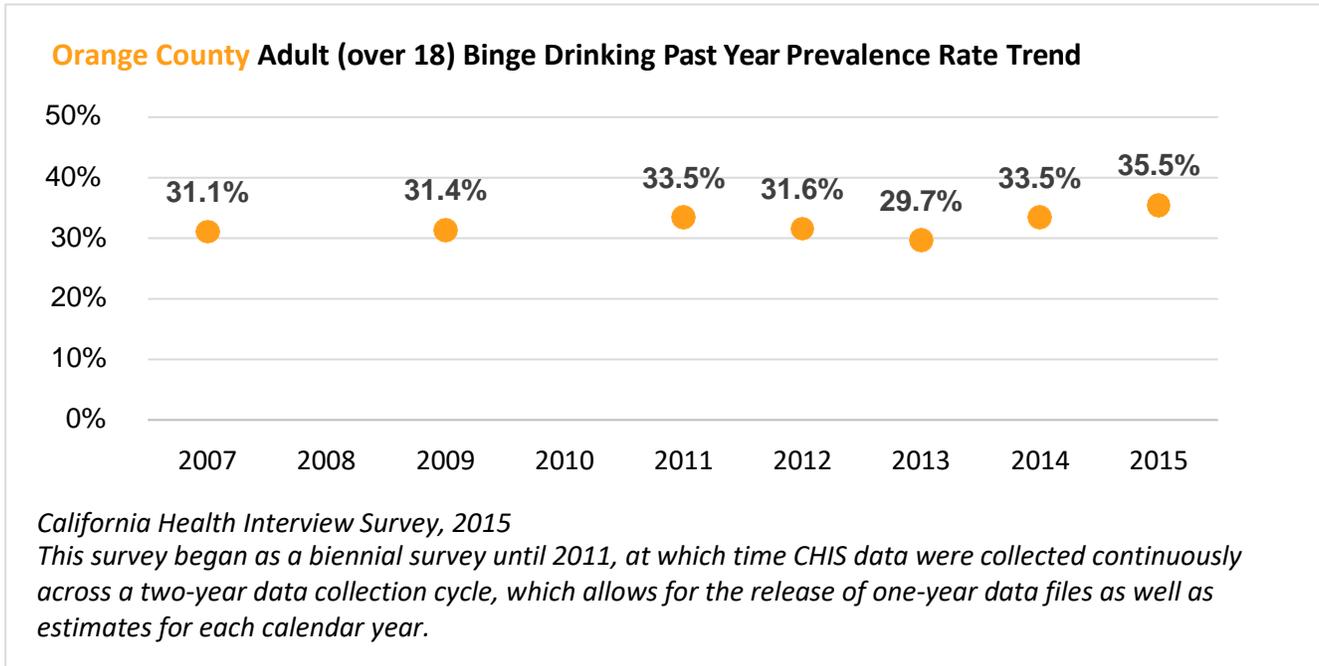
When looking at adult binge drinking rates (Figure 10), the 2015 Orange County rate was slightly lower than the California rate.

Figure 10



Although the Orange County rate has increased, as can be seen in Figure 11 below, the increase is not statistically significant.¹

Figure 11

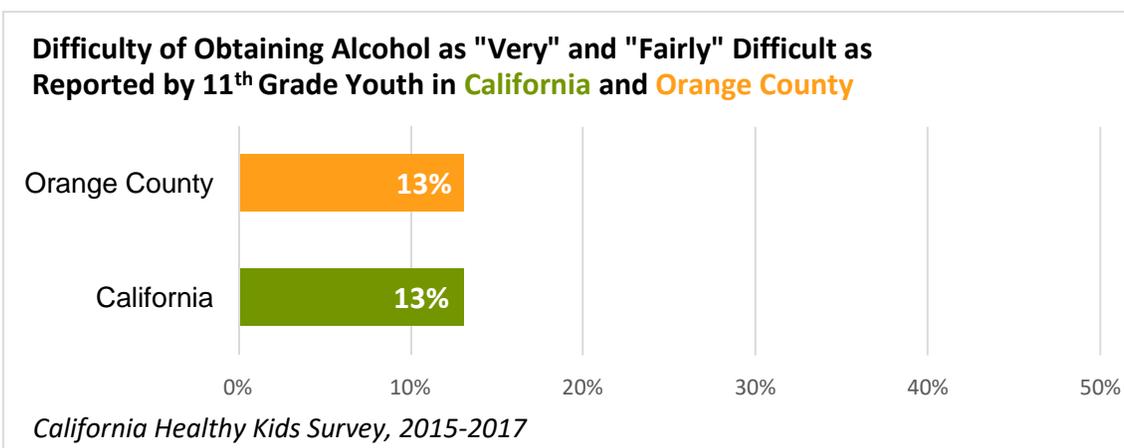


Alcohol: Contributing Factors

Two contributing factors for youth alcohol use are the ease of obtaining alcohol and youth perception of harm. These factors are assessed through the CHKS.

In 2016, approximately one in ten (13%) Orange County 11th grade students reported that alcohol was “fairly” or “very” difficult to obtain (Figure 12). This rate is the same as the California rate.

Figure 12



The Center on Alcohol Marketing and Youth concludes that the retail environment plays a role in alcohol use and abuse. Alcohol marketing is a potentially important contributor to alcohol consumption, particularly among underage drinkers.¹¹ Table 2 below summarizes the alcohol-related data findings from the HSHC Survey completed in Orange County in 2016 in comparison to the state. In many categories assessed regarding alcohol advertising, Orange County was above that of California.

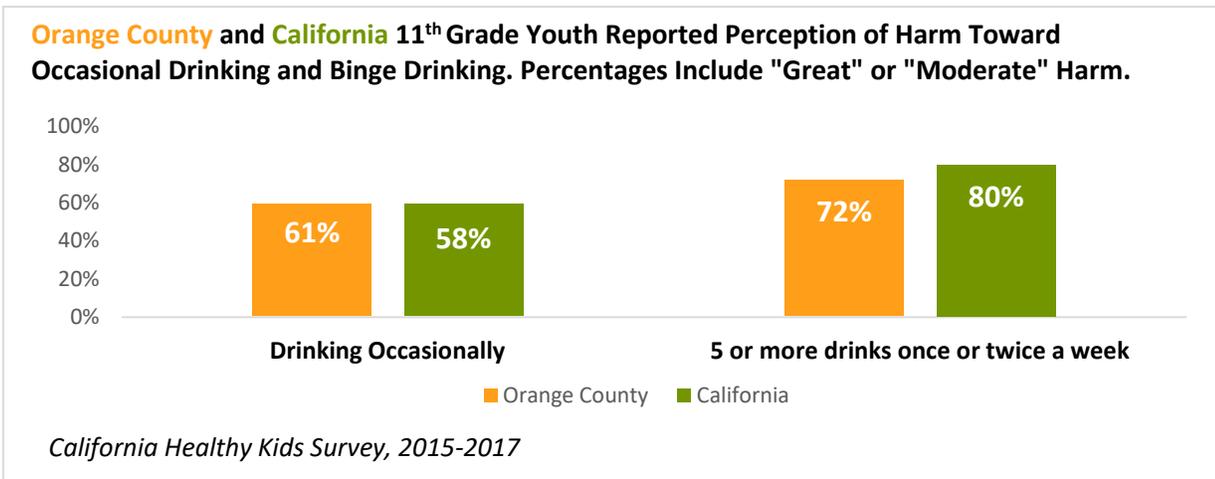
Table 2

| Percent of Alcohol Retail Stores that... | Orange County | California |
|---|---------------|------------|
| Had alcohol ads on exterior storefront | 40% | 50% |
| Placed alcoholic beverages on/next to the main checkout counter* | 23% | 21% |
| Placed alcohol ads near candy/toys (Three feet) or below three feet | 16% | 34% |
| Displayed alcoholic products close to the store's entrance* | 22% | 15% |
| Displayed alcoholic products in a large floor display* | 58% | 35% |
| Displayed alcoholic beverages/products near candy or toys (Three feet)* | 32% | 21% |
| Displayed alcopops near non-alcoholic beverages (One foot)* | 26% | 21% |
| Had signage on legal drinking age/store policy on selling alcohol to minors | 42% | 69% |

*Shaded rows are of items where Orange County is above the California percent
Healthy Stores for a Healthy Community Survey, 2016

In 2016, less Orange County 11th grade youth felt binge drinking was greatly and moderately harmful (72%) when compared to their California peers (80%) (Figure 13). The Health Belief Model (used for behavior change) notes that in order for an individual to engage in health promoting behaviors, the individual must believe the potential health harm is significant (perceived severity). The views expressed by the Orange County CHKS respondents suggest the need for targeted strategies that help young people note the potential risks for injury or harm that could result from underage drinking.

Figure 13



According to findings from the Orange County COLD survey (*Key Findings from 2017 Arrests, January – December 2017*):

- Convictions with alcohol-only involved DUI arrests accounted for 93% of respondents.
- Approximately 11% of those who reported driving under the influence did so at least once a month or more.
- When asked about perception of their ability to drive prior to arrest, 30% reported “very little” and 21% reported “not at all” impaired.

These survey responses suggest that some of those, who are driving under the influence, do so frequently and that they believe they are safe to drive.

Alcohol availability and accessibility are associated with increased alcohol consumption. Alcohol license density is a community factor to consider in prevention planning and services. According to the ABC, in 2015, the Orange County rate (19.5) of license density was higher than the California rate (14.2) per 10,000 residents.

Alcohol: Consequence Data

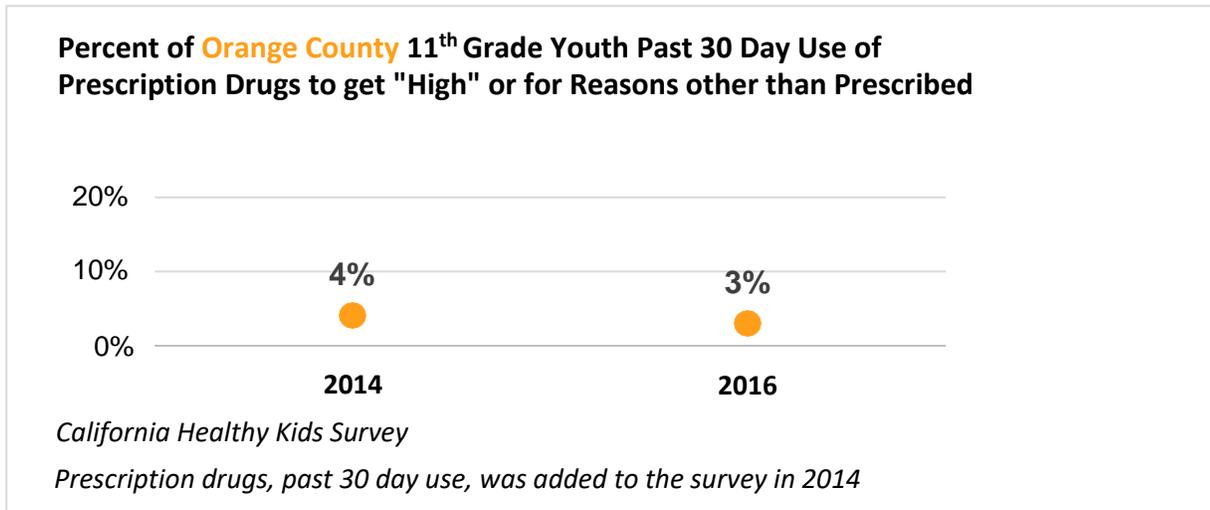
Consequences from acute or chronic alcohol abuse includes both ED and hospitalization rates. The ED rate for alcohol abuse in Orange County was 30.4, lower than the state rate of 44.2 per 10,000 residents in 2014 (OCHealthierTogether.org).

Opioids – Data Findings

Opioids: Consumption Data

According to the Orange County CHKS data, prescription drugs to get “high” or for reasons other than prescribed within the past 30 days by 11th grade students decreased from 4% in 2014 to 3% in 2016 (Figure 14).

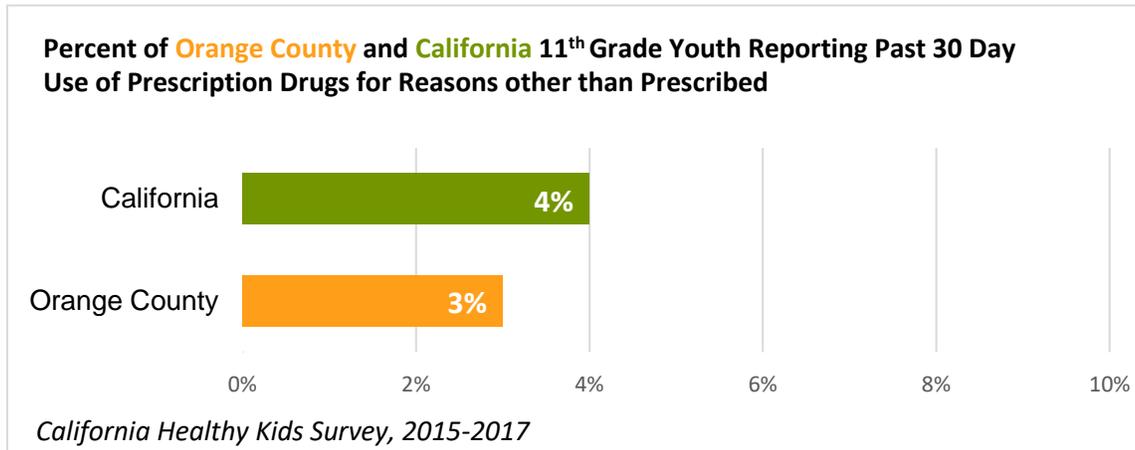
Figure 14



Comparing the 2016 Orange County rate to that of California (Figure 15), survey data reveal that the rate of past 30 day prescription medication use by Orange County 11th graders was lower than the California rate. Looking at particular district rates within Orange County in 2016, three of the districts that were identified as having higher rates than the county for other substance use issues are also the same districts that reported higher past 30 day prescription medication use rates than that of the county (3%). These data inform targeting prevention services to these districts.

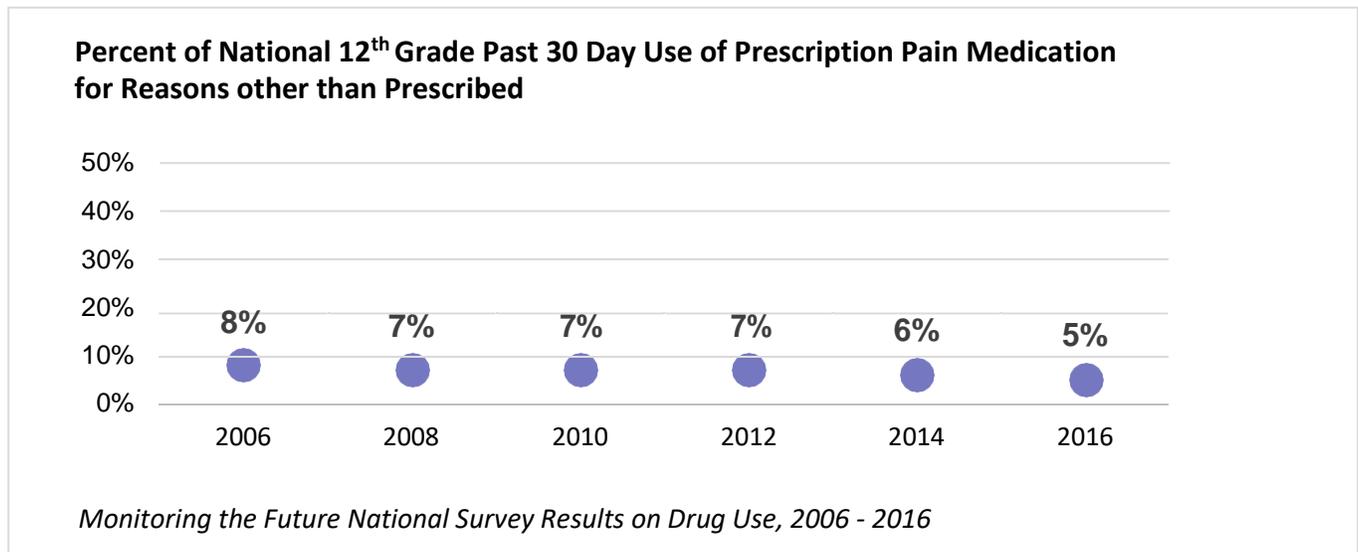
- Laguna Beach Unified - 9%
- Los Alamitos Unified - 7%
- Capistrano Unified - 5%

Figure 15



To put risk in perspective in terms of youth prescription pain medication use rates, national data are utilized due to lack of statewide trend data. The prescription pain medication use rate among 12th grade students at the national level was 8% in 2006, 5% in 2016 (Figure 16).

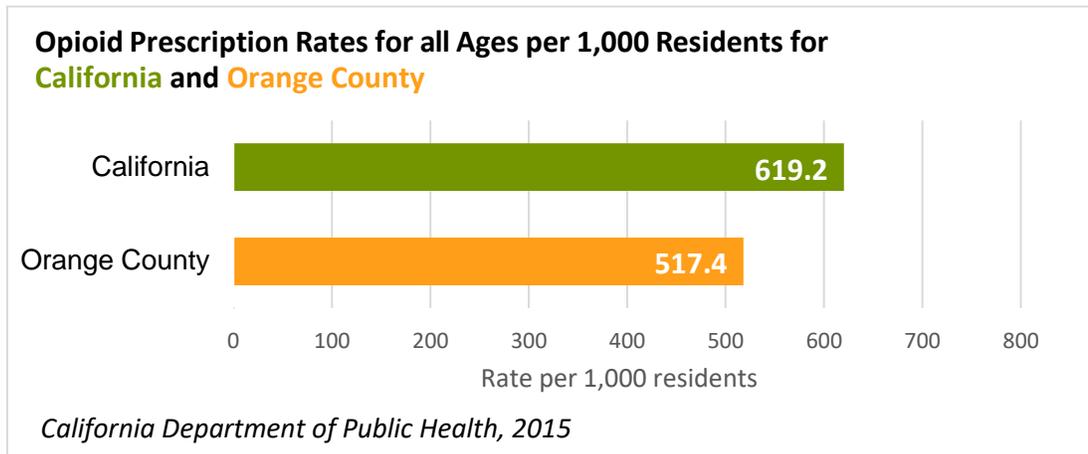
Figure 16



Opioids: Contributing Factors

Opioids have become the most prescribed class of medications in the United States with more than 289 million prescriptions written each year.¹² A total of 1,711,809 prescriptions for opioids (e.g., hydrocodone, oxycodone) were dispensed to Orange County residents in 2015, according to the DOJ’s CURES.¹² When comparing the Orange County opioid prescription rate (for all ages) to that of the California rate for 2015, the Orange County rate of prescriptions per 1,000 residents was lower (Figure 17).

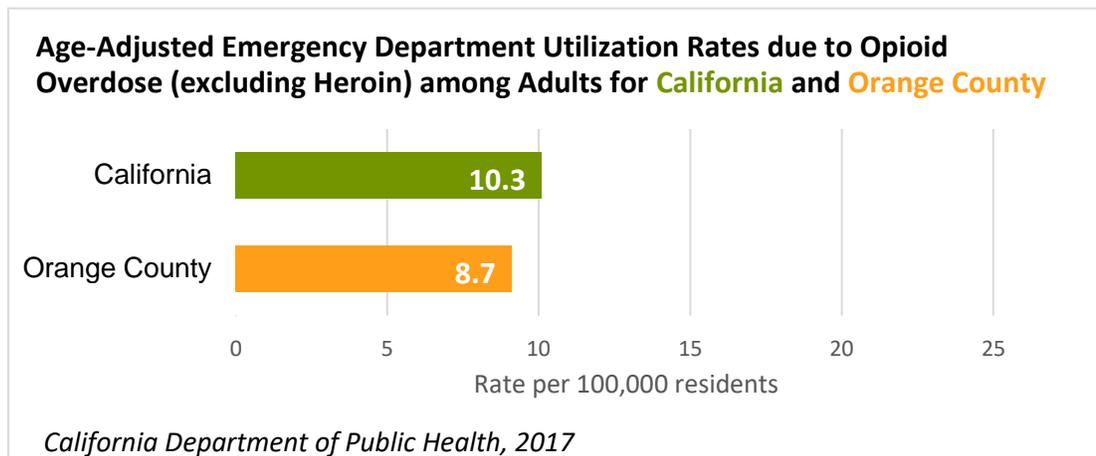
Figure 17



Opioids: Consequence Data

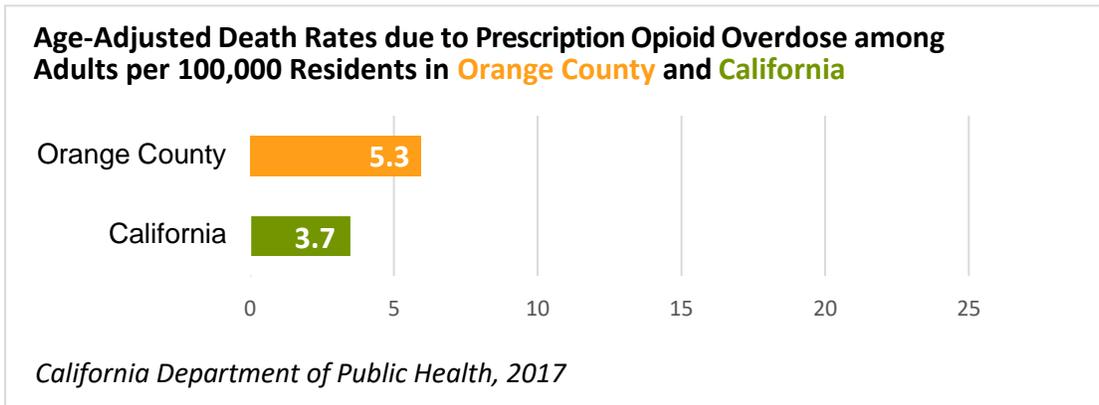
According to data from the CDPH, the age-adjusted ED utilization rate due to opioid overdose (excluding heroin) among adults in Orange County (8.7) was lower than the state rate (10.3) per 100,000 residents (Figure 18). The top eight cities of residence for opioid ED visits according to the five year average rate (2011-2015) were Dana Point (120.2), Costa Mesa (99.4), San Clemente (92.4), Laguna Beach (90.0), Laguna Woods (87.6), Laguna Niguel (73.9), Huntington Beach (73.3), and San Juan Capistrano (72.8).¹²

Figure 18



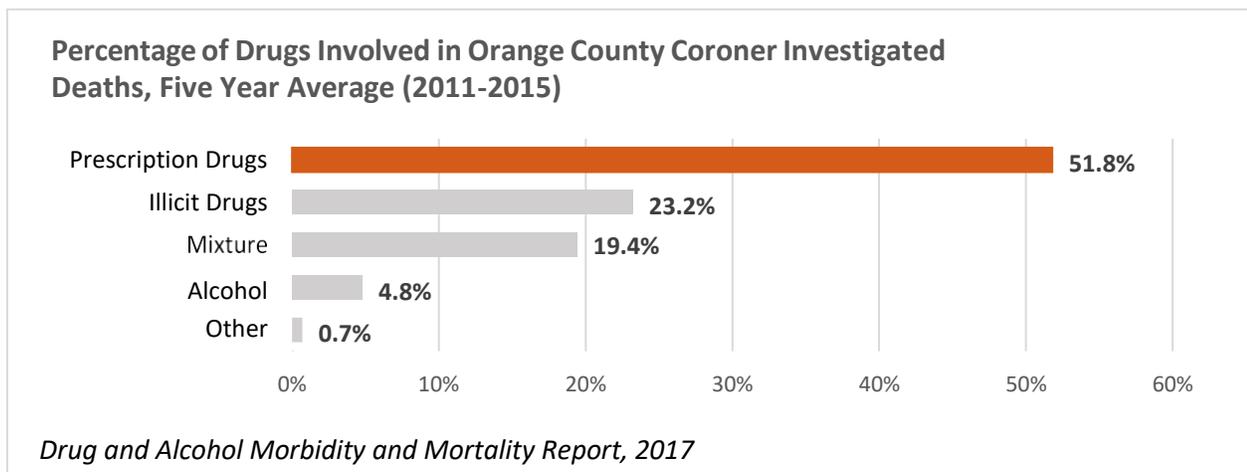
The age-adjusted death rate due to prescription opioid overdose among adults in Orange County (7.5) was higher than the state rate (5.2) per 100,000 residents in 2017 (Figure 19). Orange County’s higher death rate suggests that there is need for prevention strategies to reduce these premature deaths.

Figure 19



According to the OCSD - Coroner Division, results from investigated deaths in 2011-2015 show prescription drugs, including opioids, were the most commonly used drugs (Figure 20). Prescription drugs were the most used substance among ages 35+ for both intentional and accidental deaths. The top seven cities of residence for opioid overdose death according to the five year average rate (2011-2015) were Laguna Beach (13.7), Laguna Woods (12.2), Dana Point (11.7), Costa Mesa (11.6), Laguna Niguel (11.1), Huntington Beach (10.7), and Laguna Hills (10.3).¹²

Figure 20

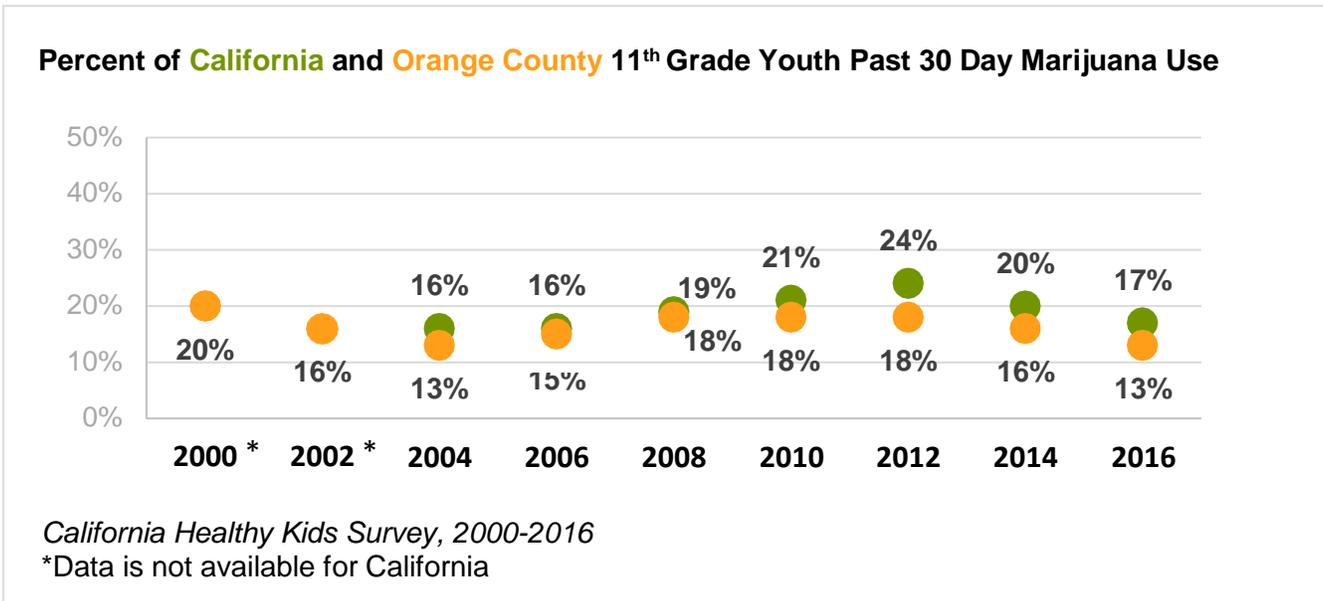


Cannabis/Marijuana – Data Findings

Cannabis/Marijuana: Consumption Data

According to CHKS data, the rates for Orange County 11th grade youth past 30 day use of cannabis/marijuana were consistently lower over time when compared to those occurring in California (Figure 21).

Figure 21



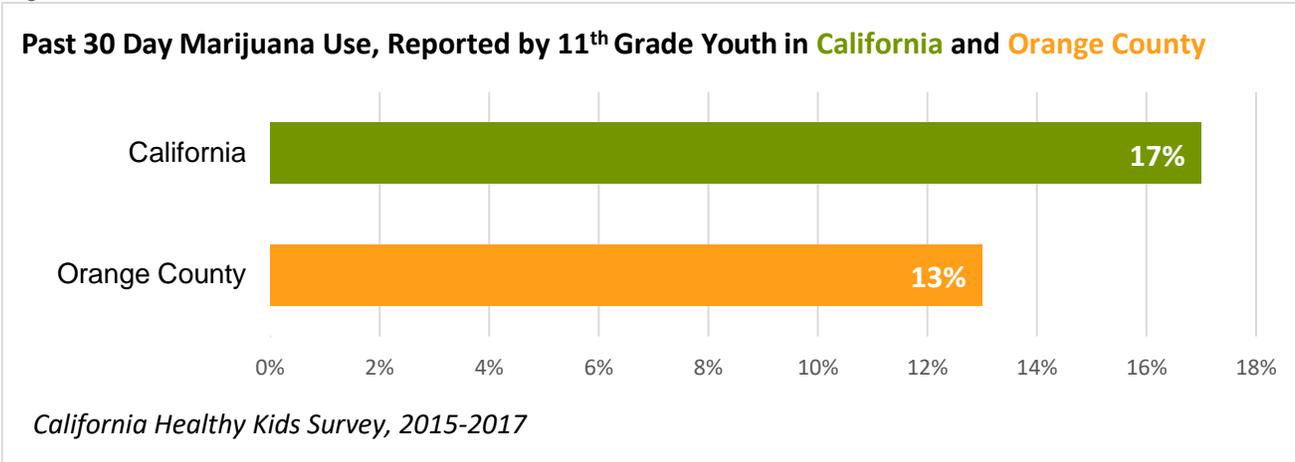
According to the 2016 Orange County CHKS data, there were six school districts demonstrating rates higher than the countywide rate of 13%:

- Capistrano Unified - 19%
- Laguna Beach Unified - 19%
- Los Alamitos Unified - 19%
- Newport Mesa Unified - 18%
- Huntington Beach Union - 14%
- Tustin Unified - 14%

The four districts with the highest rates of cannabis/marijuana use are the same four districts that have the highest rates of alcohol consumption (mentioned previously).

Data from the 2016 CHKS show the Orange County rate of past 30 day cannabis/marijuana use by 11th graders was lower than the California rate (Figure 22).

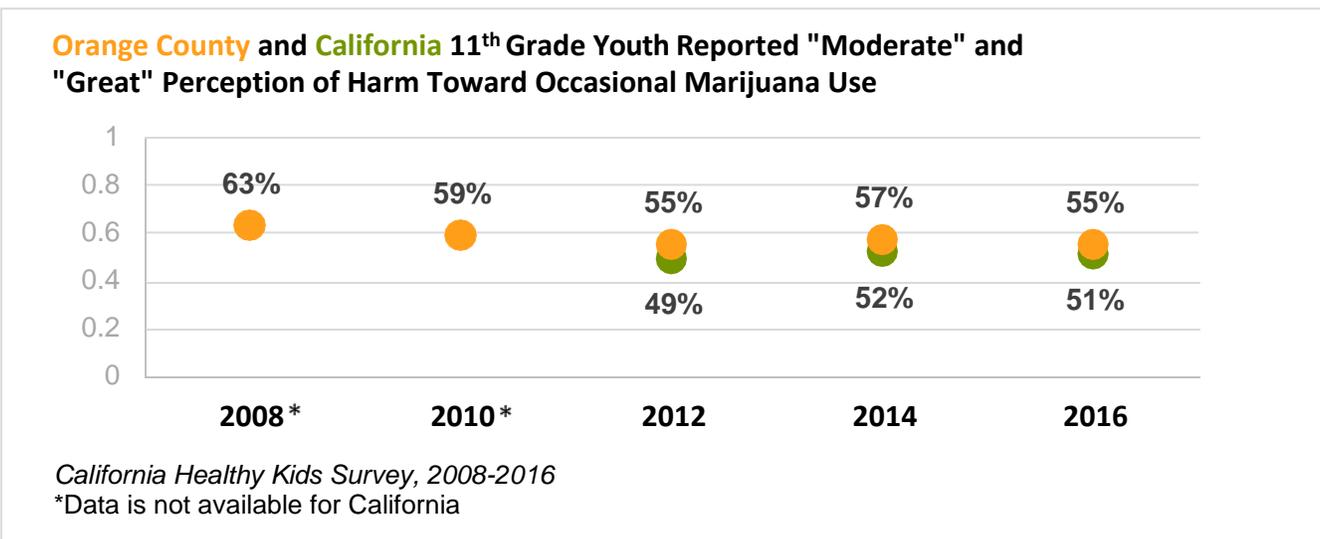
Figure 22



Cannabis/Marijuana: Contributing Factors

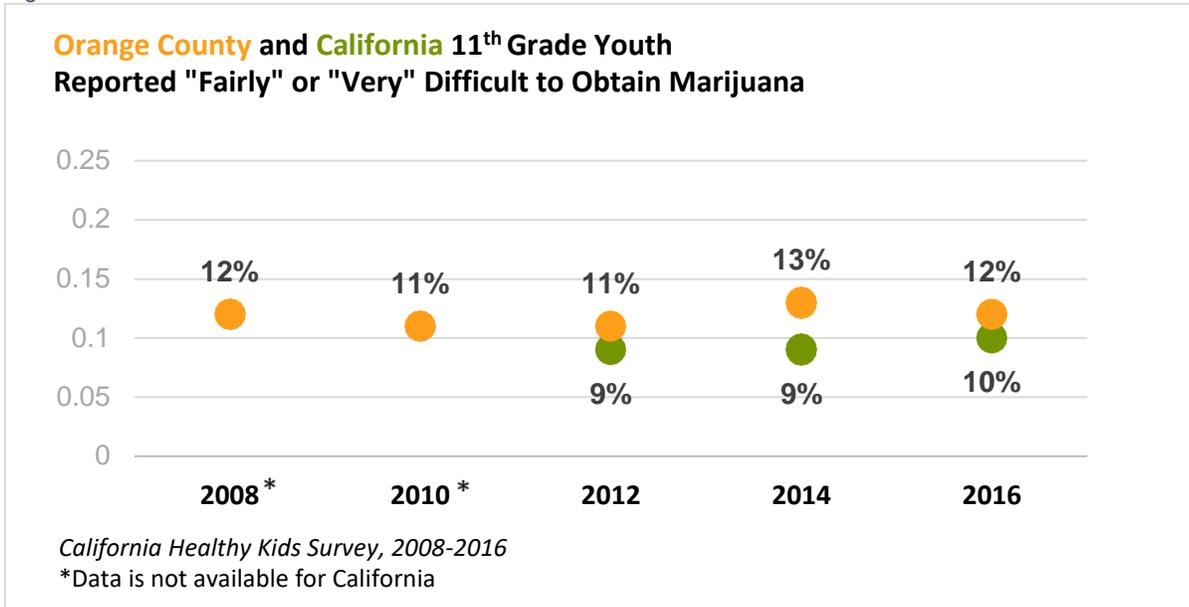
Over half (55%) of Orange County 11th graders perceive occasional use of cannabis/marijuana as “moderate” or “great” harm. Orange County 11th grade youth perceive more harm than their counterparts in California (Figure 23). In Orange County as well as nationally, the perceived harm associated with cannabis/marijuana use is decreasing.¹³

Figure 23



In 2016, approximately 10% of 11th graders in California reported it was “fairly” or “very” difficult to obtain cannabis/marijuana; Orange County’s rate was 12% (Figure 24).

Figure 24



Although recreational cannabis/marijuana became legalized in California effective January 1, 2018, jurisdictions have had the authority to pass local ordinances regarding sale, delivery, cultivation, research and development, product manufacturing, and distribution centers. At this time, the city of Santa Ana is the only Orange County jurisdiction, out of 34 cities and unincorporated areas, to authorize the sale of recreational cannabis/marijuana.

Priority Areas and Corresponding Risk and Protective Factors

Aligning the results of County staff data analyses and stakeholder input during the consensus workshop, common themes and concerns emerged and geographic disparities became clearer. Table 3 identifies priority areas and corresponding risk and protective factors.

Table 3

| Priority Area | Risk Factors | Protective Factors |
|---|---|---|
| <p style="text-align: center;">Alcohol</p> | <ol style="list-style-type: none"> 1. Easy access to alcohol as reported by youth. 2. Permissive attitudes from parents/adults regarding substance use by young people. 3. Teens have favorable attitudes toward drinking. 4. Those convicted of impaired driving report a low perception of being arrested by law enforcement. 5. Lack of awareness by both youth and adults on the consequences and risks of alcohol use and abuse. 6. Adults and school staff report students showing up to school or school events under the influence of alcohol. 7. Media: Influence and mixed messages. | <p>Schools, youth-serving and faith-based organizations implementing the principles of positive youth development. <i>(Risk Factors 2, 3, 5, 6)</i></p> <p>Supportive relationships with caring adults beyond the immediate family (e.g., faith community, school). <i>(Risk Factors 2, 3, 5, 6)</i></p> <p>Positive social norms reinforced by family, school staff, and friends. <i>(Risk Factors 2, 3)</i></p> <p>Knowledge regarding risks associated with alcohol use. <i>(Risk Factors 1, 3, 4, 5, 6)</i></p> <p>Training on RBS practices provided to alcohol retail establishments. <i>(Risk Factors 1, 5)</i></p> <p>Laws and ordinances are enforced (e.g., DUI enforcement operations). <i>(Risk Factors 1, 4, 5)</i></p> <p>Widely supported community and school prevention efforts (e.g., long-standing coalitions and partnerships). <i>(Risk Factors 1, 2, 3, 5, 6)</i></p> <p>Youth being trained on media practices, media literacy, and critical thinking skills. <i>(Risk Factor 7)</i></p> |

| Priority Area | Risk Factor | Protective Factor |
|-------------------------------|---|---|
| Prescription Drugs | <ol style="list-style-type: none"> 1. Availability of prescription drugs. 2. Amount of opioids being prescribed. 3. Low perception of harm. | <p>Systems (i.e. CURES) in place for monitoring prescription drugs. <i>(Risk Factors 1, 2)</i></p> <p>Regulations and recommendations in place (e.g., safe prescribing guidelines). <i>(Risk Factors 1, 2)</i></p> <p>National, state and local awareness of opioid abuse as a public health issue. <i>(Risk Factors 1, 2, 3)</i></p> <p>Education for reducing access (i.e. Monitor, Secure and Destroy procedures). <i>(Risk Factor 1)</i></p> <p>Supportive relationships with caring adults beyond the immediate family (e.g., faith community, school). <i>(Risk Factors 1, 3)</i></p> |
| Cannabis/Marijuana Use | <ol style="list-style-type: none"> 1. Legalization of recreational cannabis/marijuana. 2. Access to cannabis/marijuana is easy, as reported by youth. 3. Use is acceptable; social norms support this. 4. Perception of harm for cannabis/marijuana use is low, as reported by youth. 5. Cannabis/marijuana advertisements affect social norms.* | <p>All but one Orange County city has banned recreational cannabis/marijuana dispensaries. <i>(Risk Factors 1, 2, 3, 5)</i></p> <p>Increasing awareness of the harmful effects of cannabis/marijuana. <i>(Risk Factors 3, 4)</i></p> <p>Youth possess refusal and assertiveness skills. <i>(Risk Factors 3, 4, 5)</i></p> <p>Supportive relationships with caring adults beyond the immediate family (e.g., faith community, school). <i>(Risk Factors 3, 4)</i></p> |

*Below is a recent example of a billboard that exemplifies risk factor #5 listed in the cannabis/marijuana use section. This advertisement is in Santa Ana, California - Orange County's only jurisdiction that is allowing for commercial sales.



Priority Areas and Problem Statements

Highlighted in Table 4 below are Orange County's priority areas and corresponding problem statements.

Table 4

| Priority Areas | Problem Statements |
|-------------------------|---|
| Capacity Building | Orange County needs to incorporate innovative strategies to better engage communities and stakeholders to address substance abuse. |
| Underage Drinking | Underage youth are accessing and consuming alcohol too often and too much. Alcohol promotion contributes to its accessibility and consumption by youth. |
| Prescription Drug Abuse | Increased availability of prescription medication has impacted ED visits (for adults) and past 30 day youth use. |
| Cannabis/Marijuana Use | Almost half of Orange County 11 th grade youth report slight or no harm toward occasional cannabis/marijuana use. |
| Impaired Driving | Orange County's alcohol and/or drug collision rate is higher than that of California. |

Putting the Key Pieces Together

Through the needs assessment process, community input, consumption data, contributing factors, and consequences were examined for various substances. Local, state, and national data were considered. Indicators reviewed included:

- Arrest data for both youth and adults;
- DUI arrest offenses;
- Emergency department and hospitalization rates for substances;
- Risk and protective factors in the school and community environments;
- Youth perception of harm regarding binge drinking and cannabis/marijuana use*; and
- Youth prevalence rates on past 30 day use for alcohol, prescription drugs, and cannabis/marijuana*

**CHKS assesses 5, 7, 9, and 11 grade students; the County has selected 11th graders for indicators and evaluation purposes*

Priority Areas, Populations, Locations

Currently, OCHCA does not have the resources or capacity to strategically impact all of the indicators and focus areas included in the assessment phase, such as reducing the adult binge drinking rate. Although, it is worthwhile to note that these indicators could be affected from the prevention work that is later described in this plan.

Four priority areas, related indicators, and specific locations have been identified.

Underage Drinking

Data demonstrate that underage youth are accessing and consuming alcohol too often and too much. Risk factors contributing to this issue include parents and youth not being informed about consequences of alcohol use by youth; alcohol being accessible; low or no perception of harm; the perceived acceptance of use, and alcohol advertising in the retail environment. Indicators are reducing prevalence rates of past 30 day use of alcohol, the ease of alcohol accessibility among 11th grade youth, and reducing alcohol advertising within retail establishments.

Prescription Drug Abuse

Risk factors related to prescription drug abuse include availability, the amount of opioids being prescribed, and low perception of harm. Prevention services will be directed to youth in specific school districts; services for adults will take place countywide. The indicators of focus will be reducing the rate of opioid-related ED hospital visits (among adults) and the rate of using prescription medications to get high or for reasons other than prescribed within the past 30 days among 11th grade youth.

Cannabis/Marijuana

The legalization of cannabis/marijuana for recreational use, youth reporting easy access, low perception of harm, and acceptable social norms have been identified as risk factors contributing to cannabis/marijuana use by young people. The indicators selected are reducing

prevalence rates of past 30 day use of cannabis/marijuana and increasing the perception of harm among 11th grade youth.

Youth prevention services for the three priority areas described on the previous page will be implemented in the school districts and surrounding communities of Capistrano Unified, Laguna Beach Unified, Los Alamitos Unified, and Newport Mesa Unified.

Impaired Driving

Orange County's alcohol and/or drug collision rate is higher than that of California. Risk factors include a no/low perception of being caught while driving impaired; laws and policies are unclear and/or inconsistently enforced; and norms are unclear and/or encourage use. The indicator selected is to reduce the alcohol and/or drug impaired driving collision rate using a data driven approach. Using data from local COLD findings and those from SWITRS, services will be directed to the cities of Costa Mesa, Fullerton, Huntington Beach, Laguna Beach, and Orange. Although Seal Beach is noted on Table 1 (page 11) as having the highest AOD collision rate, it was not selected as a focus city due to longitudinal inconsistencies in its ranking; in addition, it was not identified as a top ten city of last drink according to the COLD survey.

Capacity Assessment

As described by the SAMHSA, the strategic planning process involves identifying resources and building readiness to address substance use and misuse. This process also involves identifying and mobilizing local resources to address prevention needs. Both human and structural resources are needed to maintain a prevention system. More importantly, the system needs people who have the commitment, willingness, and passion – the readiness- to keep prevention services moving forward.

Orange County facilitated a meeting in November 2017 with the prevention community and stakeholders to assess and understand our collective, current capacity for AOD prevention services as well as identifying the capacity gaps. Using the technique of a SWOT analysis, the group provided feedback on community resources, community readiness, and infrastructure. Responses have been summarized in Table 5.

A collective impact approach will be taken to address each priority area. This framework, introduced in 2011, has been seen as an effective form of cross-sector collaboration and recognizes that social problems, such as substance use, and their solutions arise from the interaction of many organizations within a larger system. It starts with bringing the various sectors of the community together to collectively define the problem and create a shared vision to solve it. The group then agrees to track progress in the same way – shared measurement. Mutually reinforcing activities are identified and supported. Ultimately this process contributes to building trust among participants as well as sustainability.

Table 5

| Strengths | Weaknesses | Opportunities | Threats |
|--|---|---|--|
| <ul style="list-style-type: none"> • Community <ul style="list-style-type: none"> • Funding • Collaboration (e.g., law enforcement, retailers, OC Coroners office) • Partnerships (including nontraditional) • New and many longstanding coalitions • Managed healthcare plans • Data resource • School resources • Organizational <ul style="list-style-type: none"> • Policies • Passionate community based nonprofit partners • Original data collection projects • Partnerships • Community collaborations • Longstanding coalitions/groups • Social/web applications • Supportive agencies | <ul style="list-style-type: none"> • Community <ul style="list-style-type: none"> • Competition/overlap of services • Treatment shortage • Permissive parental attitudes • Low perception of harm • Services not in areas of need • Stigma around mental health and substance abuse • Lack of cross-collaboration (e.g., contractors and local government) • Organizational <ul style="list-style-type: none"> • Not using technology to its potential • Lack of cultural competency • Lack of coordination with other agencies • Lack of training • Use of outdated methods • Community members not part of decisions | <ul style="list-style-type: none"> • Community <ul style="list-style-type: none"> • Use data to determine city need • Federal recognition of AOD problems • Alternatives to opioids • CURES - Opioid tracking system for providers • Partnership opportunities • Opportunity to work together to address barriers • Opportunity for new techniques • Organizational <ul style="list-style-type: none"> • Digital outreach • More partnerships • Community engagement • More training • Sustainable media campaigns • Best practices and implementation | <ul style="list-style-type: none"> • Community <ul style="list-style-type: none"> • Commercial cannabis laws • Threatened funding • Outdated perceptions and practices • Lack of consequences/enforcement • Working independently • Lack of shared responsibility • Lack of motivation • Organizational <ul style="list-style-type: none"> • Funding • Inability to be flexible/responsive to technology • Too specific/not clear/too narrow • Limitations of policy work |

The Priority for Prevention in Orange County

The County of Orange Health Care Agency’s Public Health Services Strategic Plan

A workgroup of over 50 staff from the various programs with the County’s PHS came together to set the direction for the goals and objectives for the 2017-2019 PHS Strategic Plan. The issues of ATOD use were identified as one of the five focus areas. An ATOD subcommittee was formed to identify and prioritize prevention strategies to work toward the focus area.

Orange County's Healthier Together Health Improvement Partnership

Orange County's Healthier Together is a community-wide initiative that aligns public and private resources within the public health system to improve health for all communities in Orange County. This initiative is led by the Health Improvement Partnership, whose members are involved in assessing community health needs and developing the *Community Health Improvement Plan* (2017-2019) for PHS. Within this plan, the goal of reducing AOD misuse in Orange County is included in one of the priority areas.

County and Contracted Prevention Services

As previously described within the needs assessment, Orange County is a diverse community. Using a data driven approach and understanding unique community needs and disparities, prevention services are provided in different Orange County communities (e.g., beach cities), to diverse populations (e.g., Hispanic/Latino), and within different age and gender subpopulations. To address bi-cultural and bi-lingual needs, Orange County AOD prevention staff provide services in both English and Spanish.

In addition, County-led and contracted projects are committed to program evaluation, using either pre/post surveys or post-only surveys. Survey administration protocols continue to be followed which includes best practices in survey design and structured data collection procedures. Projects complete a year-end evaluation report summarizing analyses of process and outcome results. Prevention staff use this information to modify existing programs as necessary, replicate successes, as well as to guide future prevention services.

The County of Orange began original data collection efforts in 2002. Most recently, Orange County is implementing a surveillance data collection project, targeting DUI offenders who are convicted in Orange County. The COLD survey assesses impacts of alcohol and/or other drug (e.g., cannabis/marijuana, prescription medication) use on impaired driving rates and trends and is offered at the time of DUI conviction. The surveys are offered in five different languages, English, Farsi, Korean, Spanish, and Vietnamese, to meet linguistic needs. The project reflects the collaboration between two County of Orange divisions, BHS, *Authority and Quality Improvement Services, DUI and Court Programs*, and PHS, *HP – ADEPT*. This ongoing surveillance identifies racial and ethnic differences that will be used to direct culturally competent and diverse community interventions.

In addition, the OCHCA continues to allocate a portion of its SAPT Block Grant prevention budget to support the administration of the CHKS to all Orange County School districts that are not mandated through other funding sources. These data are shared during community presentations and trainings as well as made available on the website, <http://www.ochealthiertogether.org/>, provided by the Health Improvement Partnership.

County-Led Prevention

The OCHCA conducts AOD primary prevention services within both PHS and BHS.

Within PHS, ADEPT is the lead for AOD prevention services. ADEPT began providing prevention services to Orange County schools and communities in 1988. The Team, comprised of a combination of three Health Educators, two Health Education Associates, one Health Program Specialist, one Information Processing Technician, one Research Analyst, and two Program Supervisors, has 10 FTEs. The majority of ADEPT staff members have seven or more years of experience in implementing prevention services. The ADEPT research analyst oversees evaluation design/methodology; measures process, outcome, and output objectives; analyzes local, state, and national data, and coordinates original local data collection efforts. The HP Division Manager, with over 30 years of health promotion/education expertise, provides overall leadership and oversight to ADEPT staff and services. In addition, ADEPT coordinates a quarterly prevention meeting which brings together both County and contracted staff for the purposes of networking, sharing scopes of work, and strengthening partnerships. These meetings also include a training component on relevant and emerging trends and topics.

In alignment with the goals in the previous strategic plan, the following are prevention initiatives, using both innovative and evidence-based programming, coordinated by ADEPT:

Reduce use of alcohol among youth under the age of 21

- Parenting workshops and multi-session parenting classes, such as Guiding Good Choices and Active Parenting of Teens, both included on SAMHSA's NREPP
- Community and school training on youth development principles and Search Institute's 40 Developmental Assets model
- Youth training on media literacy using Media Detective (NREPP)
- Youth-led activities designed to reduce access to alcohol by those underage

Reduce AOD Impaired Driving Collisions

- RBS training to on- and off-sale alcohol retail establishments, using the TIPS curriculum and supporting the ABC's LEAD Program
- Adult education on AOD impaired driving, perceived harms and consequences, social host responsibilities, and prevention strategies
- Youth-led activities designed to increase awareness of the dangers of impaired driving

Reduce Prescription Drug Abuse

- Adult/parent education on actions one can take to reduce access and availability of prescription drugs
- Educational workshops for health professionals on various prevention strategies
- Youth-led activities designed to reduce access to prescription drugs

In BHS, staff from P & I Services focus primary prevention services to youth in Orange County schools. The P & I Prevention Team is comprised of one Marriage and Family Therapist, four

Mental Health Specialists, one Health Education Associate, and one Information Processing Technician, which total seven FTEs.

Focusing on the strategic plan goals of reducing alcohol use among those under 21 and prescription drug abuse, the P & I Prevention Team provides education to youth using both innovative curricula and the evidence-based program, All Stars®. Complementing the youth education is parent and school staff education.

In addition to services described above, Orange County prevention staff participate in a variety of diverse coalitions, groups, and task forces, all of which are focused on or have an interest in AOD prevention. Beginning in 2009, the County of Orange coalesced stakeholders and community agencies interested in addressing the rising trend of prescription and over-the-counter medication abuse. Still active today, the Orange County Prescription Abuse Prevention Coalition participants include representatives from local and federal law enforcement, healthcare professionals and board members, alternative care providers, pharmacies, parents/families, community/faith-based agencies, coroner/crime lab, local businesses, and professors from institutions of higher education. Below is a table that highlights this coalition along with the other groups in which staff participates (Table 6).

Table 6

| Orange County Alcohol and Other Drug Coalitions and Groups | | | |
|---|------------------|--|--|
| Coalition/Group | Date Est. | AOD Topic | Purpose |
| California Strategic Highway Safety Plan | 2006 | Impaired Driving | To actively address AOD impaired driving related issues. |
| Cross County Cannabis/Marijuana Website Campaign Workgroup | 2015 | Cannabis/Marijuana | To address the feasibility and implementation of a cross county website on youth cannabis/marijuana use. |
| FAITH Coalition | 2000 | AOD | To strengthen the capacities of faith communities across Orange County; prevent youth alcohol and drug use; enhance positive youth development practices; and address health and human service related issues. |
| Garden Grove Drug Free Coalition | 2008 | Alcohol and cannabis/marijuana use among youth | To reduce alcohol and cannabis use among youth. |
| Laguna Beach Community Coalition | 2009 | Youth AOD use | To support a safe, healthy and caring community by working collaboratively to provide prevention/intervention strategies and develop comprehensive |

| | | | |
|---|------|--------------------|--|
| | | | coordinated policies/services to reduce youth substance use in the community. |
| Loara High School Community Task Force | 2017 | AOD | To build partnerships with local businesses, community members, and outside agencies to help promote a positive school culture to meet the needs of the “whole child”. |
| MADD Southern California Affiliate | 2015 | Impaired Driving | An advisory group that provides insight and direction for MADD’s local activities. |
| Mission Hospital Mental Health and Substance Use Prevention Coalition | 2014 | AOD | Mental Health and Substance Use Prevention. |
| Mission Viejo Prescription Drug Coalition | 2017 | Prescription Drugs | Designed for residents of Mission Viejo and other concerned individuals/families interested in taking action to prevent the spread of drug addiction and dependency. |
| Orange County Military and Veteran Family Collaborative | 2005 | Health | To address health and other issues relevant to the military and veteran population in Orange County. |
| Orange County Prescription Abuse Prevention Coalition | 2009 | Prescription Drugs | Serves as a resource on the prescription abuse issue and to assist in building capacity for other coalitions and agencies throughout Orange County. |
| Orange County Substance Abuse Prevention Network | 1979 | AOD | To promote and enhance the quality, quantity, coordination, and cooperation of prevention services in Orange County. |
| Prescription Drug Initiative Network | 2009 | Prescription Drugs | To cross collaborate with agencies and municipalities to prevent prescription drug abuse in the communities. (Led by federal law enforcement agencies) |
| SaferRx Orange County Task Force | 2015 | Prescription Drugs | To expand medication-assisted treatment, promote safe prescribing guidelines, support the use of naloxone to prevent overdose |

| | | | |
|--|------|--|---|
| South Orange County Coalition | 2012 | Underage drinking, prescription drug abuse, cannabis/marijuana use | Works toward preventing and reducing underage alcohol use and prescription/over-the-counter drug use, misuse and abuse by youth in Dana Point and Laguna Beach. |
| San Clemente Wellness and Prevention Coalition | 2006 | Youth AOD use | To empower the community of San Clemente to help youth lead healthy and productive lives - free from alcohol, tobacco and other drugs. |

County-Contracted Prevention Services

Through PHS and BHS, the OCHCA currently oversees six AOD prevention contracts, four from two community-based, non-profit organizations and two with the Orange County Department of Education. Funding is from the SAPT Block Grant. The agencies funded have 20 plus years of experience in the field of AOD prevention. The contracted staff working on AOD prevention is approximately 18 FTEs. The following is a summary of contracted services.

OCFNLP – This project provides alcohol, tobacco, and other drug prevention services using a youth development framework. The OCFNLP has over 20 years of history in Orange County, and coordinates/provides support to approximately 33 chapters in school, community, and faith-based settings. FTE = 2.78

Project FAITH in Youth – This project is designed to build the capacity of faith-based organizations to provide AOD prevention services. Services include education to faith-based leaders on the principles of youth development and training youth on refusal and resistance skills. This project has partnered with over 30 faith-based organizations over the last 17 years. In addition, this project began and continues to coordinate the FAITH coalition, a group of community and faith-based organizations coming together to address AOD prevention in Orange County. It is a unique program that has been recognized at the state level. FTE = 1.3

Impaired Driving Prevention Services – A multi-faceted project providing education to adults on the risks of impaired driving and skills for responsible social hosting; training staff (i.e., owners, managers, servers, security personnel) from on-sale alcohol retail establishments on responsible serving practices; infusing prevention into law enforcement operations (i.e., DUI checkpoints); and collaborating with community partners to recognize establishments supporting best-practice prevention efforts. FTE = 3.5

Prescription Drug Prevention Services – This project aims to reduce prescription drug abuse by using the Socio-Ecological Model, through education with various sectors in the

community: parents/adults, school staff, youth, and health care professionals. Coordination and support are provided to youth to design and implement youth-led prescription drug prevention activities in schools and communities. FTE = 3.6

Underage Drinking Prevention Services – Using the Socio-Ecological Model to address underage drinking, services include educating parents, school personnel, and youth leaders on the principles of youth development and actions they can take to prevent underage drinking. Youth receive training on media literacy as well as resistance/refusal skills. FTE = 3.6

School-Based Alcohol and Other Drug Prevention Services – This program implements both innovative and evidence-based curricula (i.e., Project Alert, Project Towards No Drugs) to provide teacher, parent, and student workshops on AOD education and prevention strategies. Services focus on increasing protective factors, identifying high-risk behaviors, and enhancing family relationships to increase connectedness of youth to their families, schools, and community. FTE = 3.04

Other Agencies/Groups

Alcohol and Drug Advisory Board

The Orange County ADAB advises the County Alcohol and Drug Program Administrator and the BOS on AOD-related policies and goals affecting the community and the County AOD program. The membership is comprised of 15 community leaders appointed by the Orange County BOS. Prevention services and topics are woven into each monthly meeting as a result of active participation by the HP Division Manager. Past activities have included town hall events for parents and community meetings.

OTS and Orange County Law Enforcement Agencies

The OCSD and many Orange County law enforcement agencies receive funding through the OTS to prevent people from driving under the influence of alcohol and/or drugs and to remove impaired drivers from the road. According to the OTS Annual Report for Federal Fiscal Year 2016, there were 19 Police Traffic Services Grants awarded in Orange County.

Orange County District Attorney

The OCDA is dedicated to improving the lives of Orange County residents by making Orange County a safe place to live and work. To this end, OCDA has a specialized team to prosecute alcohol and/or drug impaired driving cases, and has built a state-recognized model for DUID prosecutions that has proven to be innovative and successful. Over the years, OCDA has been awarded numerous OTS grants. Their most recent award, designed to aggressively prosecute DUID cases, is comprised of a three part strategy – with one of the components being an Outreach and Education Campaign specifically for high school youth. Written into their proposal is to partner these activities with the OCHCA.

Orange County Alcohol and Other Drug Prevention Organizations

In addition to input gathered from the prevention community and stakeholders, a survey was distributed to agencies implementing AOD prevention services to learn more about their human, fiscal, and organizational resources. Table 7 highlights the survey findings.

Table 7

Orange County AOD Prevention Organizations

| Organization | Date Est. | Funding Source(s) | Programs Implemented | Populations Served | | | | | Area Served |
|--|-----------|---------------------------------------|---|--------------------|---------|----------|-------------------|-------------------------------|-------------|
| | | | | Youth | Parents | Teachers | Community Members | Alcohol Retail Establishments | |
| County-Led Prevention | | | | | | | | | |
| OCHCA, PHS, HP Division, ADEPT | 1988 | SAPT Block Grant, Senate Bill 920-921 | <ul style="list-style-type: none"> Primary prevention programs at schools and in communities using innovative and EB programs, such as: <ul style="list-style-type: none"> Guiding Good Choices® Active Parenting of Teens® Media Detective® Prescription drug abuse prevention RBS training | X | X | X | X | X | Countywide |
| OCHCA, BHS, P & I | 1970 | SAPT Block Grant | <ul style="list-style-type: none"> Primary prevention programs in schools using innovative and EB programs, such as: <ul style="list-style-type: none"> Project Alert® Project Toward No Drugs® All Stars® | X | X | X | | | Countywide |
| County and Other Funded Prevention Projects | | | | | | | | | |
| National Council on Alcoholism and Drug Dependence – Orange County | 1957 | ONDCP, SAPT Block Grant, SAMHSA/DFC | <ul style="list-style-type: none"> Underage drinking prevention Prescription and over the counter drug misuse prevention RBS training | X | X | X | X | X | Countywide |
| Orange County Department of Education | 1889 | SAPT Block Grant, Various | <ul style="list-style-type: none"> Primary prevention programs at schools using innovative and EB programs, such as: | X | X | X | | | Countywide |

| | | | | | | | | | |
|--|------|--------------------------------|--|---|---|---|---|---|--|
| | | | <ul style="list-style-type: none"> ○ Friday Night Live ○ Project Alert® ○ Project Towards No Drugs® | | | | | | |
| Waymakers (formerly Community Service Programs, Inc.) | 1972 | SAPT Block Grant, SAMHSA - DFC | <ul style="list-style-type: none"> ● Prevention campaigns ● Incorporating AOD prevention strategies into organizations ● RBS training ● AOD – free youth activities | X | X | X | X | X | <ul style="list-style-type: none"> ● Costa Mesa ● Fullerton ● Garden Grove ● Huntington Beach ● Laguna Beach ● Laguna Hills ● Lake Forest ● Mission Viejo ● Newport Beach ● Orange ● Placentia ● Rancho Santa Margarita ● Yorba Linda |
| MADD | 1980 | Various | <ul style="list-style-type: none"> ● Drunk and drugged driving prevention ● Teen drinking prevention <ul style="list-style-type: none"> ○ Power of Parents® ○ Power of Youth® | X | X | | X | | Countywide |
| Providence St. Joseph Health Systems, Mission Hospital | 1971 | Community Partnership Fund | <ul style="list-style-type: none"> ● Community awareness campaigns ● Parent and youth education ● Coordinate a substance abuse and mental health community coalition | X | X | | X | | <ul style="list-style-type: none"> ● Laguna Beach ● San Clemente ● San Juan Capistrano |
| OCSD – Drug Use is Life Abuse | 1987 | Various | <ul style="list-style-type: none"> ● Classroom and community education <ul style="list-style-type: none"> ○ Free from Drugs ○ POSITIVELY kNOw Drugs ○ Next Step | X | X | | X | | Countywide |

Current Capacity

Both human and structural resources are needed to build and maintain an effective prevention system. To this end, County staff, in partnership with local stakeholders and representatives from community-based organizations, focused on Orange County's current capacity for substance use prevention services as well as identified capacity gaps. Below is a summary of the many prevention resources found in Orange County.

Human Resources: Orange County has committed, experienced, and passionate prevention staff, including staff from County-operated programs, contracted providers, and representatives from many sectors in the community (e.g., faith, law enforcement, education).

Fiscal Resources: Various funding streams support substance use prevention in Orange County. These include funds and grants from the federal SAPT block grant, OTS, ONDCP, SAMHSA – DFC, and local hospitals (e.g., Providence St. Joseph Health System Mission Hospital)

Organizational Resources: OCHCA conducts and supports prevention services within its PHS and BHS with 17 County FTEs. There are six contracted prevention projects, totaling 18 FTEs.

Community Resources: Orange County is rich with community coalitions, school resources, collaboratives, partnerships, and data. There are prevention champions within Orange County law enforcement agencies, such as from the OCDA, and within educational institutions.

Sustainability

OCHCA plans to incorporate sustainability of assessment efforts by the following:

- Continue supporting the administration of youth surveys such as the CHKS in partnership with the Orange County Department of Education and Orange County school districts;
- Continue administering the COLD survey to provide surveillance and trend data of DUI convicted offenders;
- Engage stakeholders and coalitions in communities that address AOD in their data collection and monitoring efforts; and
- Collaborate with various non-profit hospitals in Orange County on their Community Health Needs Assessment on an on-going basis.

Cultural Competence

OCHCA plans to continue integrating cultural competence in assessment efforts by:

- Using data to identify disparities (e.g., demographic, geographical, access to resources);
- Retaining culturally competent staff and evaluators with appropriate training;
- Working with the community to identify needs not apparent in data sources;
- Engaging stakeholders to provide input on culturally-relevant risk and protective factors and other underlying conditions within their communities;
- Assuring print materials are linguistically and culturally appropriate and relevant; and
- Continuing to train project staff on social determinants of health and their influences on substance use/abuse.

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Chapter 3: Capacity Building

Analyzing the feedback received during the SWOT analysis, Table 8 summarizes Orange County’s plan to build future capacity.

Table 8

| Building Future Capacity | |
|---|--|
| Opportunities/Weaknesses/Threats | Future Plans |
| <p>Lack of knowledge regarding commercial (recreational) cannabis/marijuana legislation and its impact on young people and communities</p> | <p>Continue to be part of the cross county cannabis/marijuana (www.mjfactcheck.com) website campaign workgroup with the counties of Ventura, Los Angeles, Riverside, San Diego, and San Bernardino. Activities to include promotion of this website that is in both English and Spanish.</p> <p>Continue partnering with OCDA on issues and prevention of cannabis/marijuana impaired driving.</p> <p>Provide education to parents and community members about state and local cannabis/marijuana laws, effects of cannabis/marijuana use including brain development, vape pens, edibles, negative consequences (school and grades), emergency department visits, current cannabis/marijuana potency, and effects of driving under the influence of cannabis/marijuana.</p> <p>Build new and strengthen current AOD prevention programs to address the recreational use of cannabis/marijuana. This can include youth-led prevention activities targeting its use.</p> |
| <p>The use of outdated prevention practices and ineffective interventions</p> | <p>Allocate time and resources to learn about emerging AOD issues and prevention strategies.</p> <p>Encourage discussions and coordinate trainings on best/promising practices, evidence informed practices and/or intervention science.</p> <p>Identify and implement new, innovative methods to reach targeted populations (i.e. digital media, social media, webinars, interactive trainings, events).</p> <p>Explore potential application of new strategies presented at local, state and national conferences, workshops, and trainings. Share this information with partners.</p> <p>Practicing the systematic approach of collective impact to</p> |

| | |
|--|--|
| | <p>address social problems, which focuses on the relationships between organizations, common agendas, and sustainable change efforts.</p> |
| <p>Lack of coordination within HCA BHS and PHS</p> <p>Competition and service overlap among treatment and prevention programs.</p> | <p>Prioritize dialogues and program planning efforts between staff of BHS and PHS.</p> <p>Cultivate opportunities for partnerships in prevention, such as convening gatherings and/or showcases where agencies focusing on primary AOD prevention can share, learn and network.</p> <p>Facilitate collaboration efforts in prevention services by developing and updating tools such as the <i>AOD Prevention in Orange County</i> database.</p> |
| <p>Additional training to enhance prevention programing</p> | <p>Enhance training opportunities in Orange County:</p> <ul style="list-style-type: none"> • Assess training needs and interests among Orange County prevention programs • Address findings by identifying existing and/or coordinate trainings on topics of need • Attend trainings and discuss strategies with partners • Conduct follow-up assessments as necessary <p>Utilize Center for Applied Research Solutions and other professional organizations (e.g., The Center OC, BHS - OC Acceptance Through Compassionate Care, Empowerment, and Positive Transformation) to include outside perspectives for program planning and implementation.</p> <p>Continue to provide trainings on emerging trends at quarterly prevention provider meetings.</p> |
| <p>Lack of community engagement on AOD prevention issues</p> | <p>Support and participate in the coalitions listed in Table 6, as well as participate in new groups and partnerships.</p> <p>Research and apply effective methods of engaging the community/target population/nontraditional partners, such as the Collective Impact Model.</p> <p>Coordinate comprehensive community awareness campaigns to increase community engagement and readiness.</p> <p>Explore opportunities to apply the RLA model into local AOD prevention efforts.</p> |

Future Plans for Capacity Building

Efforts to build capacity of County staff, community partners/agencies, stakeholders, and prevention agencies will be a focus during this five year strategic plan. OCHCA will take the lead in providing technical assistance and training related to each priority area noted in the plan. OCHCA staff will coordinate trainings that build knowledge and key skills to implement the strategies identified in the plan's logic models (Chapter 4 Planning). These may include trainings conducted by County staff, online webinars, and securing trainers from outside agencies (i.e., CARS).

As described in the Implementation chapter, OCHCA will be releasing RFPs in order to secure qualified and experienced community and/or school-based prevention contractors, also referred to as providers. Following the County's policies and procedures, this process takes approximately nine to 12 months, from RFP development to final County of Orange Board of Supervisor approval. Each RFP will include the goals delineated in this plan, explain how the services requested in the solicitation are intended to assist in achieving them as well as a link to the plan. RFPs include short term objectives and scopes of services, guided by the objectives and strategies described in the logic models.

Given this process, specific training needs and topics are unknown at this time. However, blending the experience of County staff with the plan goals and strategies, training topics may include, but are not limited to, training youth leaders on working with indicated populations; cultural competency when working with LGBTQI populations; theories and application of Collective Impact; and, Adverse Childhood Experiences and Resilience. Once providers are secured, County staff will assess training needs during the first quarter of the contract. The following quarter, OCHCA will work together with provider staff to build a training plan and timeline specific to their prevention objectives.

Sustainability

Efforts in capacity building will also address sustainability through the following:

- Conduct and maintain an annual asset inventory of prevention efforts in Orange County to identify gaps and resources.
- Be involved in strategic planning processes of other organizations to ensure inclusion of AOD prevention efforts.
- Maintain and increase partnerships and collaborations with schools and community agencies that address AOD prevention efforts.
- Foster opportunities to apply the RLA and Collective Impact Model for sustainability.

Cultural Competency

Efforts in capacity building addresses cultural competency through the following:

- Providing trainings on cultural competency skills to effectively reach a variety of communities.

- Continuing participation in the PHS' Health Equity Committee; which facilitates trainings and discussions on health equity topics. Recently, training was offered to educate staff about implicit bias in order to understand how to best meet the needs of our various target populations. Future trainings will address topics such as racism and power imbalance.
- Engaging a diverse group of community stakeholders that are reflective of the populations served.
- Ensuring that materials provided are in threshold languages and are culturally appropriate.
- Utilizing strategies that are culturally competent.

Chapter 4: Planning

The planning phase focused on prioritizing risk and protective factors, selecting strategies, and building logic models. This process began by taking a closer look at the factors, identified during the Needs Assessment process and community stakeholder meetings, for their “importance” – how important this particular factor is in reducing the problem in the community and “changeability” – questioning if the community has the capacity to change a particular factor. Factors with both high importance and high changeability were then priority-ranked. Using the six CSAP strategies, specific strategies were selected that would increase the priority-ranked protective factors and reduce the risk factors. Criteria for this strategy selection process included effectiveness, conceptual fit, and practical fit.

Summarized below are the risk/protective factors and strategies selected for each of the four priority areas (Tables 9a – 9d), followed by detailed logic models (Tables 10a – 10e).

Table 9a

| Priority Area | Risk Factor | Protective Factor | Strategy |
|--------------------------|---|--|--|
| Underage Drinking | Norms are unclear or encourage use | | Education |
| | Alcohol is accessible/available | | Education, CBP, Environmental |
| | Not informed about alcohol use and consequences | Informed about alcohol use and consequences | Information Dissemination, Education |
| | Acceptance of alcohol use | | Education, Environmental |
| | No/low perception of harm | | Education, CBP, Environmental |
| | Lack of parenting/family management | Positive parental involvement | Information Dissemination, Education, CBP |
| | | Medium to high school/community mobilization | Information Dissemination, Education, Alternatives, CBP, Environmental |

Table 9b

| Priority Area | Risk Factor | Protective Factor | Strategy |
|--------------------------------|---|------------------------------------|--|
| Prescription Drug Abuse | Prescription medication is accessible and available | | Information Dissemination, Education, CBP, Environmental |
| | No/low perception of harm | | Education, Environmental |
| | | Positive relationships with adults | Education, Alternative, CBP |

Table 9c

| Priority Area | Risk Factor | Protective Factor | Strategy |
|--|-------------------------------------|---------------------------------------|------------------------------|
| Cannabis/ Marijuana Use Among Youth | Norms are unclear and encourage use | Norms are clear and encourage non-use | Education, Environmental |
| | No/low perception of harm | | Education, Environmental |
| | | Positive relationships with adults | Education, Alternatives, CBP |

Table 9d

| Priority Area | Risk Factor | Protective Factor | Strategy |
|-------------------------|--|-------------------|---|
| Impaired Driving | No/low perception of harm | | Education, Information Dissemination, Environmental |
| | Laws, policies, and/or ordinances are unclear or inconsistently enforced | | Education, Environmental, CBP |
| | Norms are unclear or encourage use | | Education, Environmental |

Table 10a

| <p>Priority Area: Capacity Building</p> <p>Problem Statement: Orange County needs to incorporate innovative strategies to better engage communities and stakeholders to address substance abuse issues.</p> <p>Contributing Factors: (1) Increase awareness about substance use and consequences (2) Create new and sustain old partnerships (3) Utilize communities and community leaders as resources and stakeholders, including youth (4) Leverage resources to build sustainability (5) Modify existing infrastructure to better serve individuals, families, and communities</p> <p>Goal: Implement Collective Impact Approach</p> | | | | | |
|--|--|---|---|--|--|
| Objective | Strategies | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes | Indicators |
| By June 30, 2023, backbone agencies or programs shall implement and sustain a collective impact approach to address countywide prevention efforts, infrastructure and services. | Information Dissemination Community Based Process | By June 30, 2020, backbone agencies or programs will plan and develop a collective impact approach to address countywide prevention efforts, infrastructure and services. | By June 30, 2021, backbone agencies or programs will bring together partners and community members to use a collective impact approach to address countywide prevention efforts, infrastructure and services. | By June 30, 2023, backbone agencies or programs will have used a collective impact approach to address countywide prevention efforts, infrastructure and services. | Agendas Action Plans Meeting Minutes Sign-in Sheets |

Table 10b

| Priority Area: Underage Drinking | | | | | |
|--|--|--|--|---|--|
| Problem Statement: Underage youth are accessing and consuming alcohol too often and too much. Alcohol promotion contributes to its accessibility and consumption by youth. | | | | | |
| Contributing Factors: (1) Not informed about alcohol use and consequences (2) Alcohol is accessible/available (3) Norms are unclear or encourage use (4) Acceptance of alcohol use (5) No/low perception of harm (6) Lack of parenting/family management (7) Positive parental involvement (8) Informed about alcohol use and consequences (9) Medium to high school/community mobilization | | | | | |
| Goal: Decrease underage drinking | | | | | |
| Objective[^] | Strategies | Short Term Outcomes[^] | Intermediate Outcomes[^] | Long Term Outcomes[^] | Indicators |
| <p>By June 30, 2023, decrease by 5% from baseline the rate of 11th grade youth who report the use of alcohol in the past 30 days, within each of the four focus school districts*, as measured by the CHKS.</p> <p>By June 30, 2023, increase by 2% from baseline the rate of 11th grade youth who report it is “very/fairly” difficult for students in that grade to get alcohol, within each of the four focus school districts**, as measured by the CHKS.</p> <p>By June 30, 2023, the</p> | <p>Educating youth on leadership, communication, and resilience skills using evidence-informed curricula</p> <p>Media literacy training (including social media)</p> <p>Youth/adult leadership prevention activities</p> <p>Social marketing campaigns</p> | <p>By December 31, 2019, implement and evaluate a media campaign designed to reduce underage drinking.</p> <p>By June 30, 2020, 150 youth/adult leadership prevention activities will be implemented countywide.</p> <p>By June 30, 2020, at least 1,000 youth will have an overall 20% increase in media literacy skills.</p> | <p>By January 30, 2021, increase the perception that underage alcohol use is harmful by at least 5% as reported by 11th grade youth, within each of the four focus school districts, as measured by the CHKS.</p> <p>By June 30, 2021, 300 youth/adult leadership prevention activities will be implemented countywide.</p> <p>By June 30, 2021, at least 2,000 youth will have an overall 20% increase in media literacy skills.</p> | <p>By June 30, 2023, the rate of 11th grade youth who report the use of alcohol in the past 30 days, within each of the four focus school districts, will have decreased by 5% from baseline, as measured by the CHKS.</p> <p>By June 30, 2023, the rate of 11th grade youth who report it is “very/fairly” difficult for students in that grade to get alcohol, within each of the four focus school districts, will have increased by 2% from baseline, as measured by the CHKS.</p> <p>By June 30, 2023,</p> | <p>CHKS data (School Year 2021-2022)</p> <p>Subcontract</p> <p>Campaign dissemination results (i.e. analytics)</p> <p>Number of paid/earned media spots</p> <p>Prevention intervention pre/posts results</p> <p>Intercept survey results</p> <p>Prevention Activity Tracking Summary</p> <p>HSHC Survey data</p> |

| | | | | | |
|--|--|--|---|--|--|
| <p>percentage of Orange County retail establishments with alcohol advertisements near candy, toys, or below three feet will decrease by 12.5%, as measured by the HSHC Survey.</p> | | | <p>By June 30, 2021, implement revised/new media campaigns in each community surrounding the four focus school districts.</p> | <p>the percentage of Orange County retail establishments with alcohol advertisements near candy, toys, or below three feet will have decreased by 12.5%, as measured by the HSHC Survey.</p> | |
|--|--|--|---|--|--|

^Objectives and Outcomes reference percent change

* Capistrano Unified (35%), Laguna Beach Unified (40%), Los Alamitos Unified (31%), Newport Mesa Unified (31%)

**Capistrano Unified (10%), Laguna Beach Unified (10%), Los Alamitos Unified (9%), Newport Mesa Unified (12%)

Table 10c

| Priority Area: Prescription Drug Abuse | | | | | |
|--|---|---|--|---|--|
| Problem Statement: Increased availability has impacted ED visits (for adults) and past 30 day youth use. | | | | | |
| Contributing Factors: (1) Prescription medication is accessible and available (2) No/low perception of harm (3) Positive relationships with adults | | | | | |
| Goal: Reduce prescription drug abuse | | | | | |
| Objective[^] | Strategies | Short Term Outcomes[^] | Intermediate Outcomes[^] | Long Term Outcomes[^] | Indicators |
| <p>By June 30, 2023, decrease the rate of opioid-related ED visits by 20% compared to the baseline rate as measured by data from the CDPH.</p> <p>By June 30, 2023, decrease the rate of 11th grade youth who report they have used prescription medications to get “high” or for reasons other than prescribed within the past 30 days by 11%, within each of the four focus school districts*, as measured by the CHKS.</p> | <p>Prescriber information dissemination and education</p> <p>Social marketing campaigns</p> <p>Information dissemination on disposing of unused medications</p> <p>Youth/adult leadership prevention activities</p> <p>Educating youth on leadership, communication and resilience skills using evidence-informed curricula</p> | <p>By December 31, 2019, conduct formative research on adult and youth access to prescription drugs for non-medical purposes.</p> <p>By December 31, 2020, educate prescribers on prescription drug abuse prevention strategies in partnership with a health professional organization.</p> <p>By December 31, 2019, implement and evaluate media campaigns designed to reduce prescription drug abuse.</p> | <p>By June 30, 2021, at least 90% of 500 prescribers educated will express a commitment to use the Centers for Disease Control and Prevention’s Guideline for Prescribing Opioids for Chronic Pain.</p> <p>By June 30, 2021, implement revised/new media campaigns in at least three geographical areas or to one identified population.</p> <p>By June 30, 2021, 300 youth/adult leadership prevention activities will be implemented countywide.</p> | <p>By June 30, 2023, decrease the rate of opioid-related ED by 20% compared to the baseline rate as measured by data from the CDPH.</p> <p>By June 30, 2023, the percentage of 11th grade youth who report they had used prescription medications to get “high” or for reasons other than prescribed within the past 30 days, within each of the four focus school districts, will have decreased by 11%, as measured by the CHKS.</p> | <p>Formative research report</p> <p>Prevention intervention pre-post results</p> <p>Attendance rosters/CEU records</p> <p>Subcontract(s)</p> <p>Campaign dissemination results (i.e., analytics)</p> <p>Number of paid/earned media spots</p> <p>Intercept survey results</p> <p>CHKS data (School</p> |

| | | | | | |
|--|--|--|--|--|---|
| | | By June 30, 2020, 150 youth/adult leadership prevention activities will be implemented countywide. | | | Year 2021-2022) Subcontracts Prevention Activity Tracking Summary |
|--|--|--|--|--|---|

^Objectives and Outcomes reference percent change

* Capistrano Unified (5%), Laguna Beach Unified (9%), Los Alamitos Unified (7%), Newport Mesa Unified (3%)

Table 10d

| Priority Area: Cannabis/Marijuana | | | | | |
|---|---|--|--|--|--|
| Problem Statement: Almost half of Orange County 11 th grade youth report slight or no harm toward occasional cannabis/marijuana use, which can lead to youth use. | | | | | |
| Contributing Factors: (1) Norms are unclear and encourage use (2) Norms are clear and encourage non-use (3) No/low perception of harm (4) Positive relationships with adults | | | | | |
| Goal: Decrease cannabis/marijuana use among youth | | | | | |
| Objective[^] | Strategies | Short Term Outcomes[^] | Intermediate Outcomes[^] | Long Term Outcomes[^] | Indicators |
| <p>By June 30, 2023, decrease by 11% from baseline the rate of 11th grade youth who report the use of cannabis/marijuana in the past 30 days, within each of the four focus school districts*, as measured by the CHKS.</p> <p>By June 30, 2023, the percentage of 11th grade youth who perceive cannabis/marijuana use (once or twice a week) as “greatly” or “moderately” harmful will increase by 20% within each of the four focus school districts**, as measured by the CHKS.</p> | <p>Educating youth on leadership, communication and resilience skills using evidence-informed curricula</p> <p>Youth/adult leadership prevention activities</p> <p>Social marketing campaigns</p> | <p>By December 31, 2019, implement and evaluate a media campaign designed to reduce underage cannabis/marijuana use.</p> <p>By June 30, 2020, 150 youth/adult leadership prevention activities will be implemented countywide.</p> | <p>By June 30, 2021, 300 youth/adult leadership prevention activities will be implemented countywide.</p> <p>By June 30, 2021, implement revised/new media campaigns in communities surrounding the four focus school districts.</p> | <p>By June 30, 2023, the rate of 11th grade youth who report the use of cannabis/marijuana in the past 30 days, within each of the four focus school districts, will have decreased by 11% from baseline, as measured by the CHKS.</p> <p>By June 30, 2023, the percentage of 11th grade youth who perceive cannabis/marijuana use (once or twice a week) as “greatly” or “moderately” harmful will have increased by 20% within each of four focus school districts, as measured by the CHKS.</p> | <p>CHKS data (School Year 2021-2022)</p> <p>Subcontract</p> <p>Campaign dissemination results (i.e., analytics)</p> <p>Number of paid/earned media spots</p> <p>Prevention intervention pre/post results</p> <p>Intercept survey results</p> <p>Prevention Activity Tracking Summary</p> |

[^]Objectives and Outcomes reference percent change

* Capistrano Unified (19%), Laguna Beach Unified (19%), Los Alamitos Unified (19%), Newport Mesa Unified (18%)

** Capistrano Unified (48%), Laguna Beach Unified (41%), Los Alamitos Unified (45%), Newport Mesa Unified (47%)

Table 10e

| Priority Area: Impaired Driving | | | | | |
|--|--|---|--|--|--|
| Problem Statement: Orange County's alcohol and drug collision rate is higher than that of California. | | | | | |
| Contributing Factors: (1) No/low perception of harm (2) Laws, policies, and/or ordinances are unclear or inconsistently enforced (3) Norms are unclear or encourage use | | | | | |
| Goal: Reduce AOD impaired driving collisions | | | | | |
| Objective[^] | Strategies | Short Term Outcomes[^] | Intermediate Outcomes[^] | Long Term Outcomes[^] | Indicators |
| By June 30, 2023, reduce the alcohol and/or drug impaired driving collision rate in each of the five identified cities* by 5%, as measured by data from the SWITRS. | <p>Social marketing campaigns</p> <p>Information dissemination regarding enforcement operations and likelihood of arrest</p> <p>Collaboration with law enforcement agencies</p> <p>RBS training</p> <p>Community Mobilization</p> <p>Information dissemination on COLD surveillance data</p> <p>Education to youth</p> <p>Every 15 Minutes Program</p> | <p>By December 31, 2019, implement and evaluate media campaigns designed to reduce impaired driving collisions.</p> <p>By June 30, 2020, at least 25% of alcohol retailers within each of the five identified cities will participate in RBS training.</p> <p>By June 30, 2020, work with 25% of establishments in each of the five identified cities to promote social ride sharing to their patrons.</p> <p>Annually, outreach to all Orange County law enforcement</p> | <p>By June 30, 2021, decrease by 10% the 11^h grade youth from the districts within each of the five identified cities who report having driven a car when they had been drinking or ridden in a car driven by a friend who had been drinking alcohol.</p> <p>By June 30, 2021, at least 80% of a representative sampling of adults surveyed in each of the five identified communities shall report an increase in their perceived risk of being arrested for impaired driving.</p> | By June 30, 2023, the alcohol and/or drug impaired driving collision rate in each of the five identified cities has been reduced by 5%, as measured by data from the SWITRS. | <p>Subcontract</p> <p>Collision data</p> <p>Campaign dissemination results (i.e., analytics)</p> <p>Intercept survey results</p> <p>CHKS data (School Year 2021-2022)</p> <p>Number of paid/earned media spots</p> |

| | | | | | |
|--|--------------------------------------|---|---|--|--|
| | <p>REAL DUI Courts in the School</p> | <p>agencies on strategies to partner on future traffic safety grants.</p> | <p>By June 30, 2021, at least 25% of alcohol retailers within each of the five identified cities will participate in RBS training.</p> <p>By June 30, 2021, work with 25% of establishments in each of the five identified cities to promote social ride sharing to their patrons.</p> <p>By June 30, 2021, implement a new media campaign countywide, with emphasis in the five identified cities.</p> | | |
|--|--------------------------------------|---|---|--|--|

^Objectives and Outcomes reference percent change

*Costa Mesa: Reduce from a rate of 157.3 to 149.4 per 10,000

*Fullerton: Reduce from a rate of 119.7 to 113.7 per 10,000

*Huntington Beach: Reduce from a rate of 116.9 to 111.1 per 10,000

*Laguna Beach: Reduce from a rate of 181.5 to 172.4 per 10,000

*Orange: Reduce from a rate of 121.7 to 115.6 per 10,000

Collaboration with the Planning Process

Community stakeholders have been engaged in the strategic planning process starting with the Needs Assessment phase. With stakeholder input, four priority areas were identified. Stakeholders and Orange County staff participated in a SWOT analysis to identify local gaps/opportunities. Information gathered through the community planning meetings continues to be used during the planning process, such as prioritizing risk and protective factors and building corresponding logic models.

The first community stakeholder meeting was divided into two sections. The meeting began with a presentation on local and archival data related to substance use issues, followed by a discussion on the concerns and themes of the data shared. To identify priority areas, the group was then led through the Consensus Workshop Method, a process that generates an actual consensus to move the process forward when there is no one simple answer. As a result of this exercise, priority areas were discussed and finalized.

Equity and inclusion remain strategic priorities. The diversity of stakeholders has allowed for cultural relevance to be taken into consideration throughout the strategic planning process. Disparities among the data continue to be recognized and discussed. Efforts to engage communities in meaningful ways on substance use prevention issues will continue.

Cultural Competence

Throughout the strategic planning process, a diverse group of stakeholders were engaged. Participation included those from education, law enforcement, treatment services, social services, healthcare, and faith/community-based organizations. These stakeholders reflect Orange County demographics and, in many cases, provide services to the same communities and target populations identified in the logic models.

The Orange County Healthier Together website features a Disparities Dashboard that identifies disparities in health outcomes by race, ethnicity, language, gender, age, socioeconomic status, sexual orientation, community, and/or other social conditions. Data from this dashboard have been utilized during the planning phase, specifically when selecting strategies and developing logic models. Details in the logic models illustrate the focus to target prevention resources and interventions that address and reduce disparities.

The planning process has incorporated lessons learned from past and current prevention services. Many stakeholders at the planning “table” implement substance use prevention services and interact with diverse communities and populations. Their input on community history has provided valuable additions to the planning process. Reviewing past evaluation results and discussing what has and has not worked in Orange County communities have also added value to the strategic planning process.

With the ever-evolving demographics found within communities, building cultural competency skills among those providing substance use prevention services is an

essential process. The diverse group of stakeholders participating in the strategic planning process has allowed for dialogue and increased cultural understanding.

Efforts will continue to increase capacity in this area. Hosting and participating in trainings to strengthen skills in cultural competency will remain a priority. Examples of past training opportunities include *Social Determinants of Health*, *Implicit Bias*, and *Race and Health*. In addition, the OCHCA's PHS formed a Health Equity Committee and has built a Health Equity Platform, which delineates actions and services to better address the social determinants of health for purposes of optimal health. These resources will be used as the implementation of the strategic plan moves forward.

Sustainability

Woven into the efforts of sustainability is to engage community stakeholders, prevention champions, non-profit hospitals, and other agencies focused on substance use prevention using the Collective Impact Model. This model is designed to address complex social problems using a structured approach to making collaboration work across non-profit organizations, law enforcement agencies, educational institutions, businesses, health care providers, and government. This process will also include staff from both PHS and BHS. Currently County staff participate in a variety of school and community groups, which keeps substance use prevention issues at the forefront of the discussion.

Two community stakeholder meetings took place to gain input on the development of a five year strategic plan. Details of each meeting are described in the Needs Assessment and Planning sections.

Asset inventories of prevention efforts in Orange County will be conducted and maintained. Evaluation results and data (e.g., CHKS, SWITRS) will be analyzed on a routine basis. This information will be shared with community stakeholders, prevention providers, and coalitions for purposes to inform policies, programs, and strategies.

Ongoing collaboration with various community sectors that address health and well-being will help ensure services provided are meeting the needs of the populations being served. These collaborations will allow stakeholder priorities and perspectives to be shared and discussed. Course correction and adaptability of efforts will be made when needed. Ongoing oversight of data and analysis of program outcomes will be conducted to measure progress toward long term goals. If anticipated outcomes are not achieved, modifications will be implemented to ensure the needs of the community are being met. Efforts to stay informed of emerging trends and concerning issues in the field of substance use prevention will continue so programs can be adjusted accordingly.

Chapter 5: Implementation

The Request for Proposal Process

The OCHCA will start an RFP process in FY 2018-19 to secure qualified and experienced contractors to provide prevention services delineated in this plan.

The requirements and procedures for solicitation of Human Services contracts are detailed in the County of Orange Procurement Manual. In partnership with the Agency's Contract Services unit, program staff will develop the main content of the RFP, which includes:

- Proposal Focus and Background (describing the scope of services to be provided in support of the strategic plan goals and objectives)
- Target Populations
- Services to be Provided
- Performance Objectives (process and outcome)
- Staffing and Facility Requirements

These contracts are solicited and executed using a competitive process and in accordance with the provisions of the County's Contract Policy Manual. This process is as follows:

- Issuing a solicitation using Bidsync, a government bid application platform;
- Accepting or rejecting proposals;
- Developing and administering the proposal evaluation process;
- Selecting proposal evaluation committee members; and,
- Making the final selection recommendation for contract issuance or forwarding the recommendation for the Board of Supervisors for final selection.

Contract Services staff completes a Minimum Submission Requirements Review on all submitted proposals. Proposals that pass are then evaluated by an Evaluation Panel, consisting of representatives of the County and members of the community having experience in the services described in the RFP, and who are free of any potential conflict of interest. Proposals will be rated using an evaluation tool. Proposal selection is based upon qualifications and expertise related to the subject matter. Final steps in this process are contract negotiations and award.

Due to the pending RFP process, the following Implementation Plan describes general prevention strategies and does not identify specific program names.

Implementation Plan – Capacity Building

| Application of the Collective Impact Model | | | |
|--|--|---|---|
| Goal | Implement collective impact approach | | |
| Objective | By June 30, 2023, backbone agencies or programs shall implement and sustain a collective impact approach to address countywide prevention efforts, infrastructure, and services. | | |
| IOM | Universal | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Outreach, inform, and recruit stakeholders and agencies for the purpose of utilizing the collective impact model to reduce substance use and related problems | January 2019 - Ongoing | County and subcontractors | ID: Printed Material Development and Disseminated; SUD Prevention Presentations CBP: Assessing Community Needs/Assets; Intra/Inter Agency Coordination |
| 2. Train community agencies, stakeholders, and staff on the collective impact model | January 2019 – June 2019 | County and consultant | CBP: Training |
| 3. Identify and secure backbone agencies | June 2019 | County | CBP: Strategic Planning Process |
| 4. Secure collective impact partners | October 2019 - Ongoing | County, subcontractors, and stakeholders | CBP: Intra/Inter Agency Coordination |
| 5. Create common agendas that bring multisector partners together for the purpose of reducing substance use and related problems | November 2019 | County, backbone agencies, and group participants | CBP: Intra/Inter Agency Coordination |
| 6. Develop action plans, communication processes, and shared systems of measurement | December 2019 | County, backbone agencies, and group participants | CBP: Intra/Inter Agency Coordination |
| 7. Identify and implement mutually reinforcing activities that address substance use and related problems | March 2020 - Ongoing | County, backbone agencies, and group participants | CBP: Intra/Inter Agency Coordination |
| 8. Sustain communication and group participation | Ongoing | County, backbone agencies, and group participants | CBP: Intra/Inter Agency Coordination |
| 9. Evaluation and analysis of progress | December 2020 – quarterly thereafter | County, backbone agencies, and group participants | CBP: Evaluation |

Implementation Plan – Underage Drinking

| Strategy: Social Marketing Campaigns | | | |
|--|--|--------------------------|---|
| Goal | Decrease underage drinking | | |
| Objectives | <p>By June 30, 2023, decrease by 5% from baseline the rate of 11th grade youth who report the use of alcohol in the past 30 days, within each of the four focus school districts, as measured by the CHKS.</p> <p>By June 30, 2023, increase by 2% from baseline the rate of 11th grade youth who report it is “very/fairly” difficult for students in that grade to get alcohol, as measured by the CHKS.</p> | | |
| IOM | Universal, Selective, Indicated | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review relevant data from the CHKS | August 2018 | County | CBP: Strategic Prevention Planning; Assessing Community Needs/Assets; Evaluation |
| 2. Develop an outline of the proposed scope of work, which is in support of the strategic plan goals, and timeline of deliverables for the RFP | February 2019 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |
| 3. Following the County’s procurement process, subcontract with a media/marketing vendor | March 2019 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |
| 4. Launch media campaigns | July 2019 | County and media vendor | ID: Multi-Media Dissemination; Social Media Development and Maintenance |
| 5. Evaluation of campaign analytics | Ongoing | County and media vendor | CBP: Evaluation |
| 6. Update campaigns as necessary | Ongoing | County and media vendor | ID: Multi-Media Dissemination; Social Media Development and Maintenance |
| 7. Evaluation of campaign effectiveness | June 2020 | County and media vendor | CBP: Evaluation |
| 8. Repeat steps 1 – 7 to refine and re-launch campaigns | June 2020 | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning; ID: Multi-Media Development |

| Strategy: Youth – Related Education and Activities | | | |
|--|--|--------------------------------------|---|
| Goal | Decrease underage drinking | | |
| Objectives | <p>By June 30, 2023, decrease by 5% from baseline the rate of 11th grade youth who report the use of alcohol in the past 30 days, within each of the four focus school districts, as measured by the CHKS.</p> <p>By June 30, 2023, increase by 2% from baseline the rate of 11th grade youth who report it is “very/fairly” difficult for students in that grade to get alcohol, within each of the four focus school districts, as measured by the CHKS.</p> | | |
| IOM | Universal, Selective, Indicated | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review interactive and evidence-informed youth development programs/curricula to reduce underage drinking | July 2018 – December 2018 | County | CBP: Strategic Prevention Planning |
| 2. Review data from the CHKS to identify school districts | August 2018 | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning |
| 3. Continue implementing youth-led prevention activities (OCFNLP and non-OCFNLP) | Ongoing | County and subcontractors (existing) | Education: Classroom and Community Educational Services; ALT: Youth/Adult Leadership Activities |
| 4. Develop multi-year scopes of service for new subcontracted project(s), which are in alignment with the strategic plan goals | December 2018 | County | CBP: Strategic Prevention Planning |
| 5. Build scopes of work for County staff, which is in alignment with the strategic plan goals | January 2019 | County | CBP: Strategic Prevention Planning |
| 6. Release a RFP for underage drinking prevention services following the County’s policies and procedures for procurement | January 2019 | County | CBP: Strategic Prevention Planning |
| 7. Secure agreements with subcontractors | May 2019 | County and subcontractors | CBP: Strategic Prevention Planning |
| 8. Facilitate youth-focused prevention projects | Ongoing | County and subcontractors | Education: Classroom and Community Educational Services; |

| | | | |
|--|-----------|---------------------------|--|
| | | | ALT: Youth/Adult Leadership Activities |
| 9. Review process and outcome evaluation results | Ongoing | County and subcontractors | CBP: Evaluation |
| 10. Renew subcontract(s) or secure new subcontractors by repeating necessary steps using evaluation findings, successes and challenges as guidelines | July 2021 | County | CBP: Strategic Prevention Planning |

Implementation Plan – Prescription Drug Abuse

| Strategy: Prescriber Information Dissemination and Education | | | |
|---|---|--------------------------|--|
| Goal | Reduce prescription drug abuse | | |
| Objective | By June 30, 2023, decrease the rate of opioid-related ED visits by 20% compared to the baseline rate as measured by data from the CDPH. | | |
| IOM | Universal | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Identify existing projects designed to educate prescribers on guidelines for safe prescribing | December 2018 | County | CBP: Strategic Prevention Planning |
| 2. Follow County procurement process to develop the RFP and scope of services, which is in alignment with the strategic plan goals | January 2019 | County | CBP: Strategic Prevention Planning |
| 3. Complete County procurement process | May 2019 | County and subcontractor | CBP: Strategic Prevention Planning |
| 4. Implement scope of services | July 2019 – June 2020 | Subcontractor | ID: Curriculum development; Education: Community Educational Services |
| 5. Review progress on process and outcome objectives | Ongoing | County and subcontractor | CBP: Evaluation Services |
| 6. Review and discuss final evaluation results | June 2020 | County and subcontractor | CBP: Evaluation Services |
| 7. Renew subcontract or secure a new subcontractor by repeating steps 1 – 6 using evaluation findings, successes and challenges as guidelines | July 2020 | County | CBP: Strategic Prevention Planning |

| Strategy: Formative Research to Understand Issues Related to Adult/Youth Access to Prescription Drugs for Non-Medical Purposes | | | |
|--|---|--------------------------|---|
| Goal | Reduce prescription drug abuse | | |
| Objective | By June 30, 2023, decrease the rate of opioid-related ED visits by 20% compared to the baseline rate as measured by data from the CDPH. | | |
| IOM | Universal, Selective, Indicated | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Develop an outline of the proposed scope of work and timeline of deliverables for subcontract | December 2018 | County | CBP: Strategic Prevention Planning |
| 2. Following the County's procurement process, subcontract with an agency/consultant to conduct formative research and prepare a report on adult/youth access to prescription drugs for non-medical purposes | May 2019 | County | CBP: Strategic Prevention Planning |
| 3. Subcontractor to conduct formative research and develop report | June 2019 - December 2019 | Subcontractor | CBP: Assessing Community Needs/Assets |
| 4. Use report findings to inform planned strategies to reduce prescription drug abuse among adults and youth (e.g., media campaign, youth education) | January 2020 | County | CBP: Strategic Prevention Planning |

| Strategy: Social Marketing Campaigns | |
|---|--|
| Goal | Reduce prescription drug abuse |
| Objective | <p>By June 30, 2023, decrease the rate of opioid-related ED visits by 20% compared to the baseline rate as measured by data from the CDPH.</p> <p>By June 30, 2023, decrease by at least 11% from baseline the rate of 11th grade youth who report they have used prescription medications to get "high" or for reasons other than prescribed within the past 30 days, within each of the four focus school districts, as measured by the CHKS.</p> |
| IOM | Universal, Selective, Indicated |

| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
|--|-----------------------|-------------------------|--|
| 1. Review media campaigns and evaluation results from other jurisdictions | January 2019 | County | CBP: Strategic Prevention Planning |
| 2. Develop an outline of the proposed scope of work, which is, in alignment with the strategic plan goals and timeline of deliverables for media subcontract | March 2020 | County | CBP: Strategic Prevention Planning |
| 3. Following the County's procurement process, subcontract with a media/marketing vendor | December 2020 | County | CBP: Strategic Prevention Planning |
| 4. Develop and review a media campaign(s) timeline | February 2020 | County and media vendor | CBP: Strategic Prevention Planning |
| 5. Launch media campaign(s) | July 2020 - June 2021 | Media vendor | ID: Social Media Development and Maintenance |
| 6. Evaluate campaign analytics | Ongoing | County and media vendor | CBP: Evaluation |
| 7. Update campaign(s) as necessary | Ongoing | County and media vendor | ID: Social Media Development and Maintenance |
| 8. Evaluation of campaign effectiveness | June 2021 | County and media vendor | CBP: Evaluation |
| 9. Renew subcontract or secure a new vendor by repeating steps 1 – 8 using evaluation findings, successes and challenges as guidelines | July 2021 | County | CBP: Strategic Prevention Planning |

| Strategy: Youth-Related Education and Activities | |
|---|--|
| Goal | Reduce prescription drug abuse |
| Objective | <p>By June 30, 2023, decrease the rate of opioid-related ED visits by 20% compared to the baseline rate as measured by data from the CDPH.</p> <p>By June 30, 2023, decrease by at least 11% from baseline the rate of 11th grade youth who report they have used prescription medications to get "high" or for reasons other than prescribed within the past 30 days, within each of the four focus school districts, as measured by the CHKS.</p> |
| IOM | Universal, Selective, Indicated |

| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
|--|---------------------------|--------------------------------------|---|
| 1. Review interactive and evidence-informed youth development programs to reduce prescription drug abuse among youth | July 2018 - December 2018 | County | CBP: Strategic Prevention Planning |
| 2. Review relative CHKS data | September 2018 | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning |
| 3. Continue implementing youth-led prevention activities (OCFNLP and non-OCFNLP) | Ongoing | County and subcontractors (existing) | Education: Classroom and Community Educational Services; ALT: Youth/Adult Leadership Activities |
| 4. Develop multi-year scopes of work for new subcontracted project(s), which are in alignment with the strategic plan goals | December 2018 | County | CBP: Strategic Prevention Planning |
| 5. Build scope of work for County staff, which is in alignment with the strategic plan goals | January 2019 | County | CBP: Strategic Prevention Planning |
| 6. Release a RFP for youth-focused prevention services following the County's policies and procedures for procurement | January 2019 | County | CBP: Strategic Prevention Planning |
| 7. Secure agreement with subcontractor | May 2019 | County and subcontractors | CBP: Strategic Prevention Planning |
| 8. Launch youth-focused prevention projects | July 2019 | County and subcontractors | Alt: Youth/Adult Leadership Activities; Education: Classroom and Community Educational Services |
| 9. Review process and outcome evaluation results | Ongoing | County and subcontractors | CBP: Evaluation |
| 10. Renew subcontract or secure a new subcontractor by repeating necessary steps using evaluation findings, successes and challenges as guidelines | July 2021 | County | CBP: Strategic Prevention Planning |

Implementation Plan – Cannabis/Marijuana

| Strategy: Social Marketing Campaigns | | | |
|--|--|--------------------------|---|
| Goal | Decrease cannabis/marijuana use among youth | | |
| Objectives | <p>By June 30, 2023, decrease by 11% from baseline the rate of 11th grade youth who report the use of cannabis/marijuana in the past 30 days, within each of the four focus school districts, as measured by the CHKS.</p> <p>By June 30, 2023, the percentage of 11th grade youth who perceive cannabis/marijuana use (once or twice a week) as “greatly” or “moderately” harmful will increase by 20% within each of four focus school districts, as measured by the CHKS.</p> | | |
| IOM | Universal, Selective, Indicated | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review relevant data from the CHKS | January 2019 | County | CBP: Strategic Prevention Planning; Assessing Community Needs/Assets; Evaluation |
| 2. Develop an outline of the scope of work, which is in alignment with the strategic plan goals and timeline of deliverables for the RFP | February 2019 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |
| 3. Following the County’s procurement process, subcontract with a media/marketing vendor | March 2019 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |
| 4. Launch media campaign(s) | July 2019 | County and media vendor | ID: Multi-Media Dissemination; Social Media Development and Maintenance |
| 5. Evaluation of campaign analytics | Ongoing | County and media vendor | CBP: Evaluation |
| 6. Update campaign(s) as necessary | Ongoing | County and media vendor | ID: Multi-Media Dissemination; Social Media Development and Maintenance |
| 7. Evaluation of campaign effectiveness | June 2020 | County and media vendor | CBP: Evaluation |
| 8. Renew subcontract or secure a new vendor by repeating steps 1 – 7 using evaluation findings, successes and challenges as guidelines | July 2020 | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning; ID: Multi-Media Development |

| Strategy: Youth – Related Education and Activities | | | |
|--|---|--------------------------------------|---|
| Goal | Decrease cannabis/marijuana use among youth | | |
| Objectives | <p>By June 30, 2023, decrease by 11% from baseline the rate of 11 grade youth who report the use of cannabis/marijuana in the past 30 days, within each of the four focus school districts, as measured by the CHKS.</p> <p>By June 30, 2023, the percentage of 11th grade youth who perceive cannabis/marijuana use (once or twice a week) as “greatly” or “moderately” harmful will increase by 20% within each of the four focus school districts, as measured by the CHKS.</p> | | |
| IOM | Universal, Selective, Indicated | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review interactive and evidence-informed youth development programs/curricula to decrease cannabis/marijuana use among youth | July 2018 – December 2018 | County | CBP: Strategic Prevention Planning |
| 2. Review relevant data from the CHKS | August 2018 | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning |
| 3. Continue implementing youth-led prevention activities (OCFNLP and non-OCFNLP) | Ongoing | County and subcontractors (existing) | Education: Classroom and Community Educational Services; ALT: Youth/Adult Leadership Activities |
| 4. Develop multi-year scopes of service for new subcontracted project | December 2018 | County | CBP: Strategic Prevention Planning |
| 5. Build scope of work for County staff, which is in alignment with the strategic plan goals | January 2019 | County | CBP: Strategic Prevention Planning |
| 6. Release a RFP which is in alignment with the strategic plan goals, for multi-year prevention services to reduce cannabis/marijuana use among youth following the County’s policies and procedures for procurement | January 2019 | County | CBP: Strategic Prevention Planning |
| 7. Secure agreement with subcontractor | May 2019 | County and subcontractor | CBP: Strategic Prevention Planning |

| | | | |
|--|-----------------------|--------------------------|---|
| 8. Launch youth-focused prevention projects | July 2019 – June 2020 | County and subcontractor | Education: Classroom and Community Educational Services; ALT: Youth/Adult Leadership Activities |
| 9. Review process and outcome evaluation results | Ongoing | County and subcontractor | CBP: Evaluation |
| 10. Renew subcontract or secure a new subcontract by repeating necessary steps using evaluation findings, successes and challenges as guidelines | July 2020 | County | CBP: Strategic Prevention Planning |

Implementation Plan – Impaired Driving

| Strategy: Social Marketing Campaigns | | | |
|--|--|--------------------------|--|
| Goal | Reduce alcohol and/or drug impaired driving collisions | | |
| Objective | By June 30, 2023, reduce the alcohol and/or drug impaired driving collision rate in each of the five identified cities by 5%, as measured by data from the SWITRS. | | |
| IOM | Universal, Selective, Indicated | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review data from the SWITRS and the COLD survey to identify the five Orange County cities with the highest alcohol and/or drug impaired driving collision rates | November 2018 | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning; Evaluation |
| 2. Develop an outline of the proposed scope of work, which is in alignment with the strategic plan goals, and timeline of deliverables for a RFP | February 2019 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |
| 3. Following the County’s procurement process, subcontract with a media/marketing vendor | March 2019 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |
| 4. Launch media campaigns | July 2019 | County and media vendor | ID: Multi-Media Dissemination; Social Media Development and Maintenance |
| 5. Evaluation of campaign analytics | Ongoing | County and media vendor | CBP: Evaluation |

| | | | |
|--|-----------|-------------------------|---|
| 6. Update campaign | Ongoing | County and media vendor | ID: Multi-Media Dissemination; Social Media Development and Maintenance |
| 7. Evaluation of campaign effectiveness | June 2020 | County and media vendor | CBP: Evaluation |
| 8. Renew subcontract or secure a new vendor by repeating steps 1 – 7 using evaluation findings, successes and challenges as guidelines | June 2020 | County | CBP: Strategic Prevention Planning; ID: Multi-Media Development |

Strategy: Responsible Beverage Service Training

| | | | |
|--|--|--------------------------|--|
| Goal | Reduce alcohol and/or drug impaired driving collisions | | |
| Objective | By June 30, 2023, reduce the alcohol and/or drug impaired driving collision rate in each of the five identified cities by 5%, as measured by data from the SWITRS. | | |
| IOM | Universal | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review evidence-based practices for RBS training | Ongoing | County | CBP: Strategic Prevention Planning |
| 2. Review various data: 1) SWITRS to identify the five Orange County cities with the highest alcohol and/or drug impaired driving collision rates 2) Orange County COLD survey to identify cities and establishments of last drink | July 2018 - Ongoing | County | CBP: Assessing Community Needs/Assets; Strategic Prevention Planning; Evaluation |
| 3. Promote RBS training via in-person site visits and/or direct mail | July 2018 - Ongoing | County | ENV: Healthy Retailer Initiative Development |
| 4. Provide RBS training, transitioning to different jurisdictions pending data findings (County staff and current subcontractor) | July 2018 - Ongoing | County | ENV: TTA: Commercial Host Liability |
| 5. Secure a list of alcohol establishments in each city | October 2018 | County | ENV: Healthy Retailer Initiative Development |
| 6. Identify local law enforcement, coalitions and community stakeholders in each of the five cities | Ongoing | County | ENV: Healthy Retailer Initiative Development |
| 7. Develop a multi-year scope of service for a subcontracted | December 2018 | County | ENV: Healthy Retailer Initiative Development |

| | | | |
|---|---------------------|--------------------------|--|
| project, which is in alignment with the strategic plan goals | | | |
| 8. Release a RFP for impaired driving prevention services following the County's policies and procedures for procurement | January 2019 | County | ENV: Healthy Retailer Initiative Development |
| 9. Secure agreement with subcontractor | May 2019 | County and subcontractor | CBP: Strategic Prevention Planning |
| 10. Launch subcontracted impaired driving prevention project | July 2019 | County and subcontractor | ENV: Healthy Retail Initiative Executed |
| 11. Keep current on AB 1221, RBS Training Program Act of 2017, requiring mandatory training for all California licensees beginning July 1, 2021 and the impact of this legislation on local programming | Ongoing | County and subcontractor | ENV: Healthy Retailer Initiative Development |
| 12. Make adjustments to providing RBS training as a result of the implementation of AB 1221 | July 2021 - Ongoing | County and subcontractor | ENV: Healthy Retailer Initiative Development |

| Strategy: Youth-Related Activities | | | |
|---|--|-----------------------------|---|
| Goal | Reduce alcohol and/or drug impaired driving collisions | | |
| Objective | By June 30, 2023, reduce the alcohol and/or drug impaired collision rate in each of the five identified cities by 5%, as measured by data from the SWITRS. | | |
| IOM | Universal | | |
| Major Tasks | Timeline | Responsible Party | CSAP Strategy and Service Activity |
| 1. Review interactive and evidence-informed youth development programs to reduce impaired driving by youth | December 2018 | County | CBP: Strategic Prevention Planning |
| 2. Build scope of work for County staff, which is in alignment with the strategic plan goals | January 2019 | County | CBP: Strategic Prevention Planning |
| 3. Outreach to coordinators of youth development programs to discuss partnership opportunities; develop working agreements as necessary | January 2019 | County and/or subcontractor | CBP: Strategic Prevention Planning |

| | | | |
|--|---------------|-----------------------------|--|
| 4. Outreach with existing school groups to secure interest and participation | January 2019 | County and/or subcontractor | ALT: Youth/Adult Leadership Activities |
| 5. Partner with program coordinators to educate and train youth on impaired driving prevention strategies | February 2019 | County and/or subcontractor | ALT: Youth/Adult Leadership Activities |
| 6. Partner with program coordinators and youth groups to develop action plans, including evaluation | March 2019 | County and/or subcontractor | ALT: Youth/Adult Leadership Activities |
| 7. Partner with program coordinators to implement and evaluate prevention activities | April 2019 | County and/or subcontractor | ALT: Youth/Adult Leadership Activities; CBP: Evaluation |
| 8. Partner with program coordinators to debrief with youth on evaluation findings, next steps, and/or future plans | May 2019 | County and/or subcontractor | ALT: Youth/Adult Leadership Activities |

Sustainability

By employing the Collective Impact process, sustainability of implementation efforts will occur through the systems change efforts. This process contributes to project success over the long term, including stable infrastructure and continued community engagement. Additional sustainability efforts include:

- Ongoing outreach to community members, stakeholders, and agencies to be partners in the collective impact process;
- Continuing to involve members of the community and school partners in the implementation and evaluation of the prevention strategies identified in the plan (as a result of the RFP processes); and,
- Maintaining partnerships with various non-profit hospitals which have a focus on substance use prevention.

Communication is a key element of sustainability. On an annual basis, staff from OCHCA will share outcome and indicator data with community members and prevention agencies using such forms as posting annual evaluation results on its website, conducting informational presentations in the community, and creating infographics highlighting data findings from the COLD survey.

Data collection and analyses will be ongoing activities throughout this five year strategic plan. OCHCA staff will keep current on data trends, such as monitoring results from the biannual CHKS. To ensure this data source continues, the OCHCA offers funding to Orange County school districts which are not receiving other funding that mandates survey administration. Projects implemented by OCHCA staff as well as prevention programs funded by the Agency administer evaluations to measure short-term objectives. These data are collected annually.

Additional information on the County's ongoing data collection processes to assess effectiveness is described in Chapter 6 Evaluation.

Cultural Competency

The inclusion of a variety of stakeholders during the planning process has allowed cultural competency to be a focus. Not only was community history and local data taken into account during the planning phase, community members representing different target populations contributed as well. As a result of this input, selected strategies target specific populations and locations, with emphasis to reach bi-cultural residents. An example of this will be in the design of the social marketing campaigns. Public Health Services and the Health Care Agency provide many different types of trainings that address cultural competency. Staff are encouraged and sometimes required to attend these trainings. Trainings will also occur for the future contract provider staff.

Chapter 6: Evaluation

Baseline Data

Table 11

| Priority Area | Source | Year | Indicator | Data |
|-------------------------|-------------|----------|--|---|
| Underage Drinking | CHKS | 2015-17* | Alcohol past 30 day use | County - 21% Capistrano Unified – 35% Laguna Beach Unified – 40% Los Alamitos Unified – 31% Newport Mesa Unified – 31% |
| | CHKS | 2015-17* | Drinking occasionally -perception of harm (greatly and moderately) | County - 57% Capistrano Unified – 47% Laguna Beach Unified – 45% Los Alamitos Unified – 44% Newport Mesa Unified – 51% |
| | CHKS | 2015-17* | Access to alcohol (very and fairly difficult) | County - 13% Capistrano Unified – 10% Laguna Beach Unified – 10% Los Alamitos Unified – 9% Newport Mesa Unified – 12% |
| | HSBC Survey | 2016 | Establishments with alcohol advertisements near candy, toys or below three feet | County - 16% |
| Prescription Drug Abuse | CDPH | 2017 | Age-adjusted opioid-related ED visit rate (excluding heroin) | County - 8.7 per 100,000 residents |
| | CHKS | 2015-17* | Prescription drug past 30 day use | County - 3% Capistrano Unified – 5% Laguna Beach Unified – 9% Los Alamitos Unified – 7% Newport Mesa Unified – 3% |
| Cannabis/Marijuana | CHKS | 2015-17* | Cannabis/marijuana use (past 30 days) | County - 13% Capistrano Unified – 19% Laguna Beach Unified – 19% Los Alamitos Unified – 19% Newport Mesa Unified – 18% |
| | CHKS | 2015-17* | Perception of harm (greatly and moderately) of using cannabis/marijuana occasionally | County - 55% Capistrano Unified – 48% Laguna Beach Unified – 41% Los Alamitos Unified – 45% Newport Mesa Unified – 47% |
| Impaired Driving | COLD | 2017 | In past year, drove under the influence | County - 11% |

| | | | | |
|--|--------|------|-----------------------------------|---|
| | | | at least once a month | |
| | SWITRS | 2017 | Alcohol and other drug collisions | County – 89.4 per 100,000 residents Costa Mesa – 157.3 Fullerton – 119.7 Huntington Beach – 116.9 Laguna Beach – 181.5 Orange – 121.7 |

*School year assessment

Data Collection

Data Collection Procedures

Evaluation will include both qualitative (e.g., key informant interviews, open-ended questions) and quantitative data. Collection of data will follow best practices. The following are examples of procedures to be followed:

- Obtaining an adequate and representative sample to draw appropriate conclusions;
- Allowing for anonymity of respondents;
- Administering surveys on a volunteer basis; and
- Informing participants of the intent of the data.

Timelines

Refer to Figures 25-28 below for detailed timelines of outcome assessments for each of the priority areas.

Data Analysis and Reporting

Process Evaluation – OCHCA staff and contracted providers will continue to report process evaluation for services in the DHCS PPSDS. Sign-in rosters will be administered, which document participants. Participant demographic information will be recorded as well in PPSDS. Other forms of process evaluation may include qualitative data such as key informant interviews and focus groups.

Outcome Evaluation – Program evaluation aligned with outcome objectives as specified in contracts and scopes of work will be obtained via pre/post tests and retrospective surveys. Survey administration protocols will continue to be followed, which include best practices in survey design and structured data collection procedures. These include:

- Using terminology that is consistent with presented information;
- Avoiding compound questions;
- Addressing readability of the instrument for the intended audience;

- Incorporating a balanced response scale; and
- Ordering survey items in a purposeful manner.

Structured data collection procedures are followed, such as stating the survey is anonymous, describing how the responses will be used (e.g., to inform planning and future prevention services), and informing participants approximately how long it will take to complete the survey.

Use of Data

The OCHCA will continue to use data to improve services by a quarterly and/or yearly review to determine if services are producing outcomes as intended. If not, modifications or termination of services will be made accordingly. Qualitative findings will be used to determine performance and modifications will be made when necessary. Data will also be reviewed for strategies that are working well so success can be replicated.

Roles and Responsibilities

County staff are responsible for leading evaluation efforts. The OCHCA has a full time RA dedicated to evaluation and research efforts related to AOD prevention. The RA is the principle investigator for local data collection projects (e.g., COLD). This staff person provides ongoing support, technical assistance, and training to both County and contractor staff on evaluation-related topics, such as how to make accurate data statements. County and contractor staff participate in evaluation efforts including survey design, administration protocol, and data collection procedures. Staff from contracted projects work with their own evaluators as well as with the RA.

County staff provides leadership in developing measurable process and outcome objectives for the scopes of services that support the strategic plan goals.

Reporting Evaluation Results

Evaluation results are routinely shared with various stakeholders, such as the County's ADAB. Process and outcome data are shared annually with contracted providers during a quarterly provider meeting. One example for reporting evaluation results will be the development and distribution of infographics highlighting data findings from the COLD survey. Another example will be to present data findings and progress toward strategic plan goals at Orange County Substance Abuse Prevention Network meetings. Efforts will continue to present evaluation results by both County and contractor staff at local, state, and national conferences.

Sustainability

The County will continue to use data findings to inform program planning and interventions. This includes efforts to engage in ongoing review of processes, outcomes, and effectiveness of the prevention efforts and use these findings to create and modify scopes of services in each of the priority areas. Contractor and County staff will continue to develop quarterly and year-end reports, which, in turn, will be used to assess progress toward plan goals.

Evaluation data will affect the following:

- Planning – data will inform the County for planning of future services (what works/what has not), determining populations, and geographical areas in need.
- Capacity – data will inform the number of services that can be provided, prevent duplication of services, and gauge previous collaborative efforts.
- Program effectiveness – data will be used to determine if prevention interventions are having intended results as well as if they are reaching the intended populations.
- Implementation – data will be used to guide future services and determine areas of need (e.g., content, populations).

The County will continue to support local data collection processes. This includes providing SAPT Block Grant funds to school districts for the administration of the biannual CHKS. The County will also continue the ongoing surveillance data collection project, COLD survey, in partnership with BHS.

The County's PHS adheres to continuous quality improvement. County staff have been trained on processes of quality improvement. Components of quality improvement such as creating a fishbone diagram and following the plan-do-study-act cycle have been utilized in some program planning and program modifications.

Cultural Competence

The County aims to collect a representative sample within its data collection projects. For example, in the COLD data collection project, all offenders who have been sentenced to a DUI program are offered the opportunity to complete a survey at any time before their DUI program has been completed. In addition, the survey is available in five different languages (English, Farsi, Korean, Spanish, and Vietnamese) and assistance can be provided when requested.

For the CHKS data collection, districts will continue to be offered financial assistance for the purpose of meeting West Ed's criteria to produce a representative county report. By securing representative sampling, generalization of the findings is possible. This also allows County staff and community stakeholders to identify districts, communities, and populations with disparities.

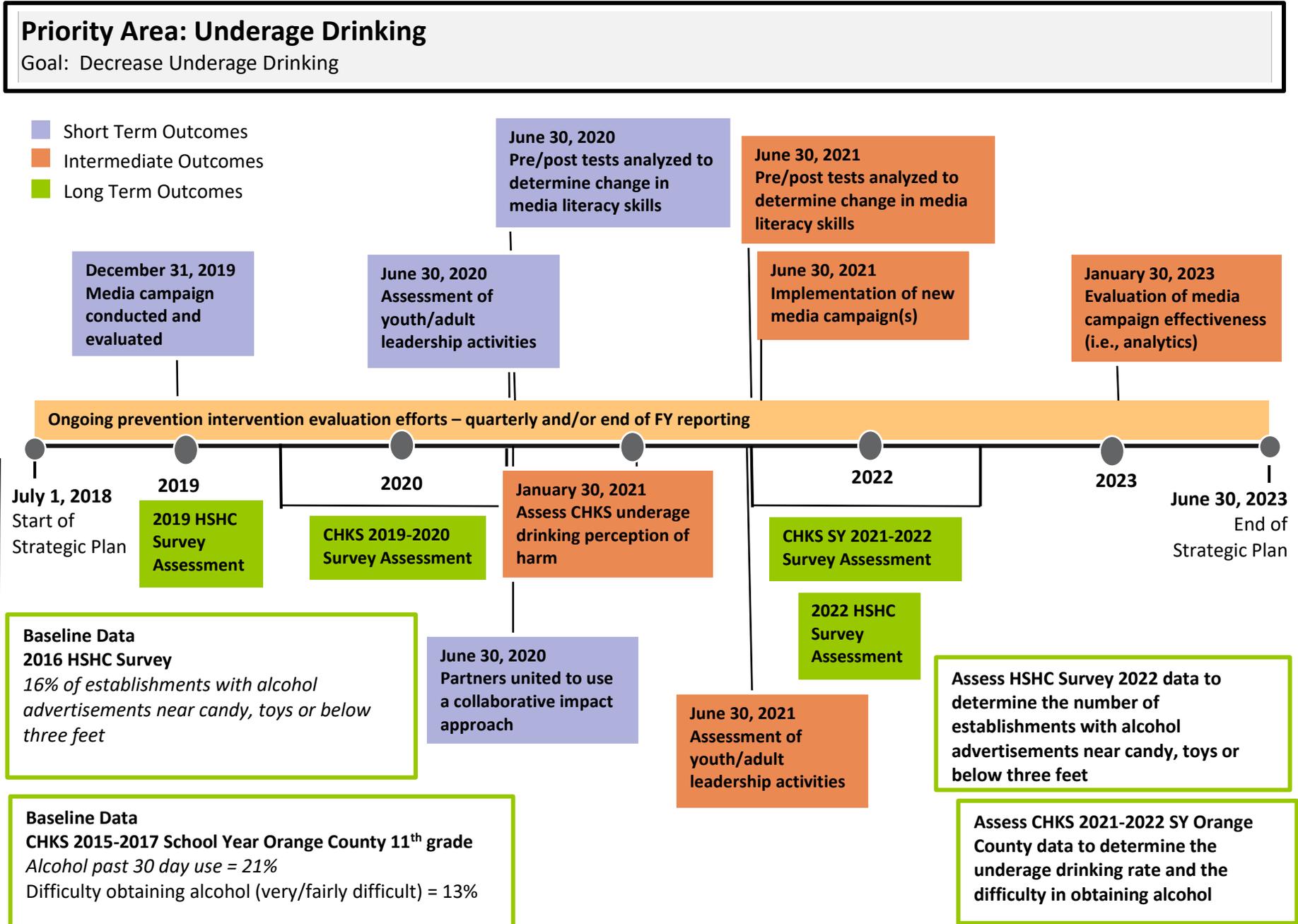
The County aims to design culturally and linguistically responsive programs to meet the needs of the community. To help evaluate and monitor health disparities, the following will be incorporated:

- Cultural appropriateness – examining if services are appropriate for the targeted community given its cultural content;
- Cultural adaptation – creating a better fit between the needs of the community and available services; and,
- Cultural integration – programs utilizing cultural practices or strengths from the community to improve services provided.

As part of this process, the County will identify, using demographic information (e.g., gender, race, ethnicity, geographical areas) priority populations. In addition, prevention interventions and surveys will be available in anticipated languages.

Recognizing the changing nature of people and cultures, the OCHCA will continue to reflect on cultural competency as prevention services are provided.

Figure 25



Priority Area: Prescription Drug Abuse
 Goal: Reduce prescription drug abuse

- Short Term Outcomes
- Intermediate Outcomes
- Long Term Outcomes

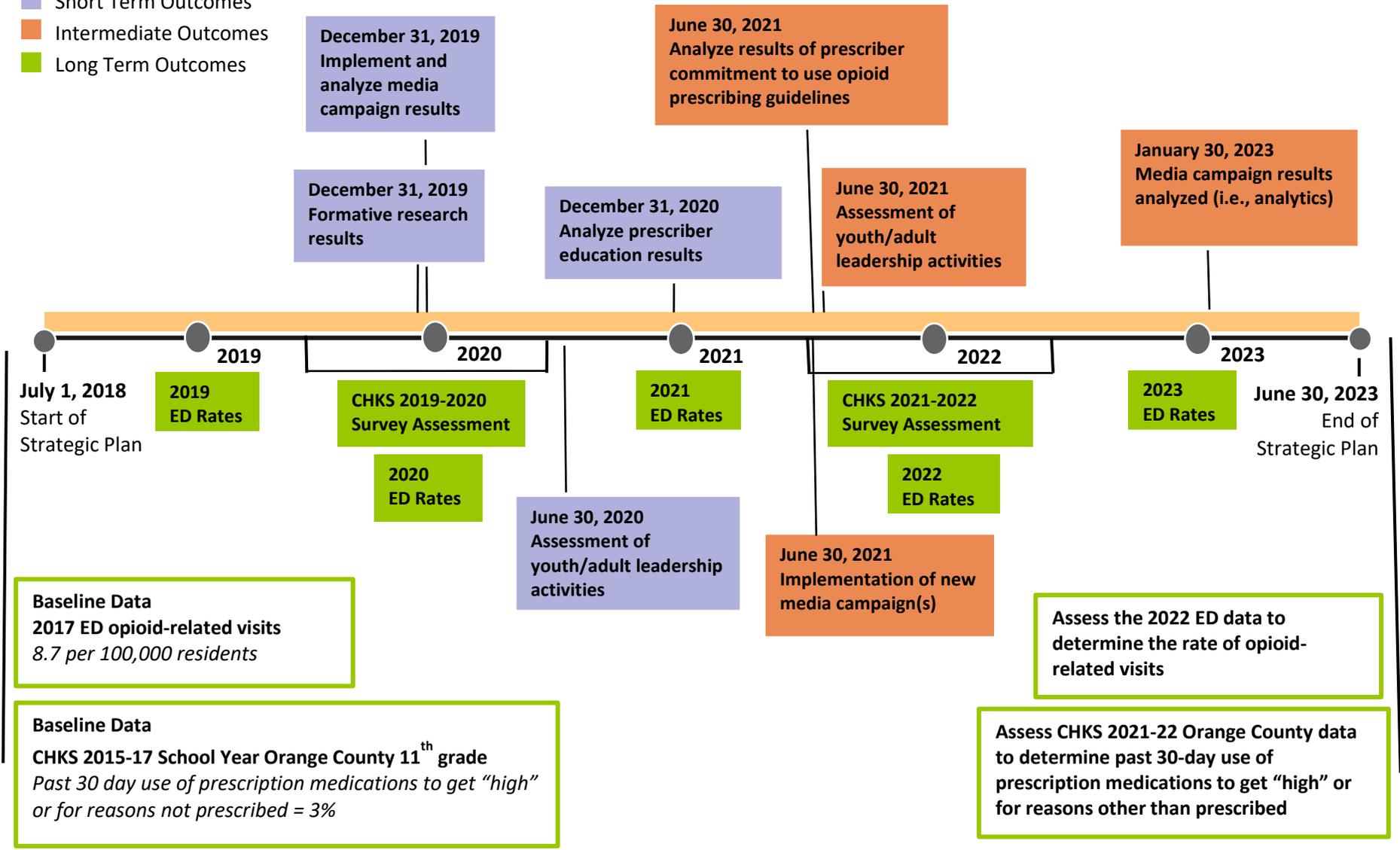


Figure 27

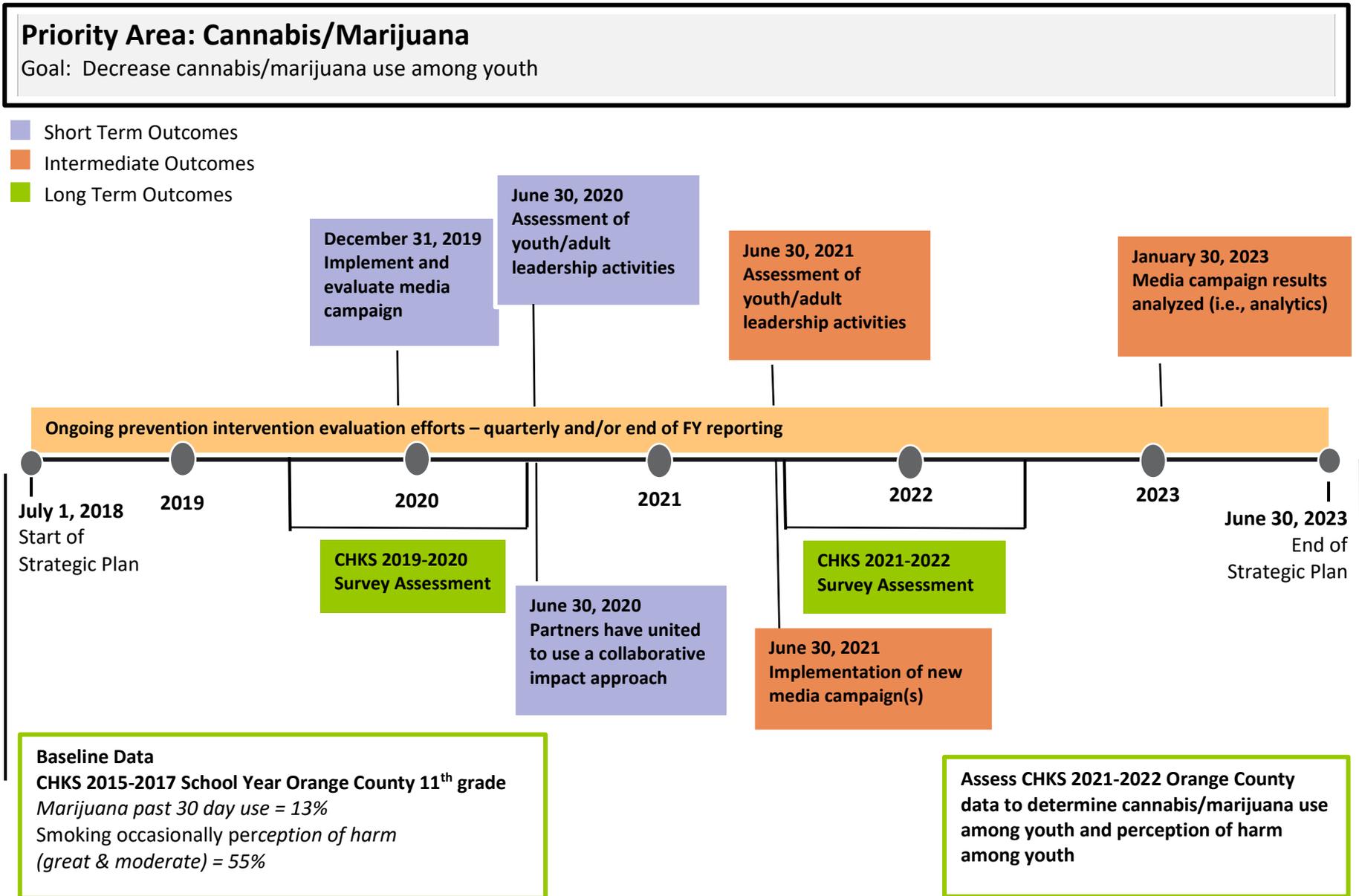
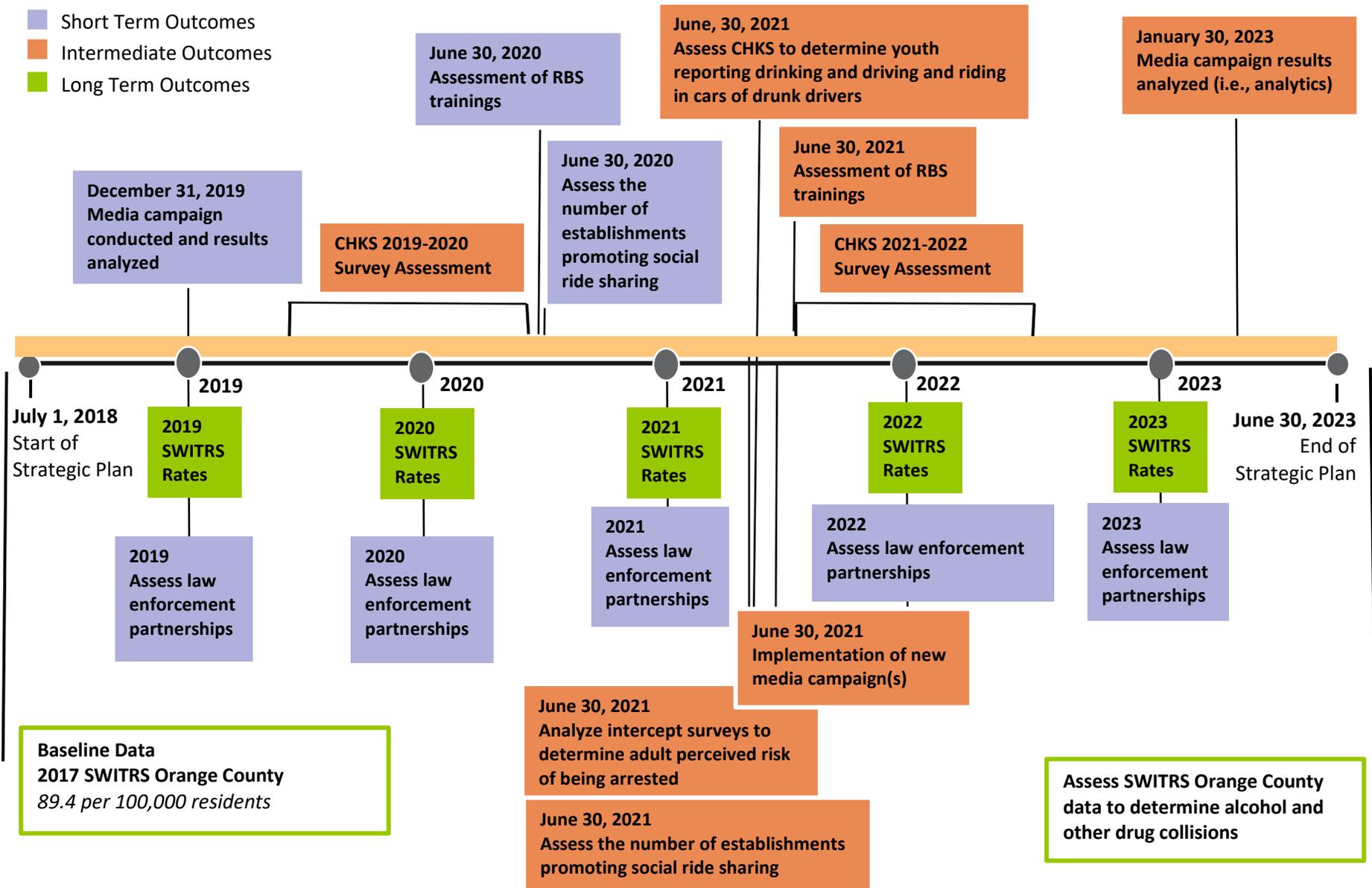


Figure 28

Priority Area: Impaired Driving
 Goal: Reduce alcohol and other drug impaired driving collisions

- Short Term Outcomes
- Intermediate Outcomes
- Long Term Outcomes



ALCOHOL & OTHER DRUG PREVENTION STRATEGIC PLAN

FY 2018-2023

Eating dinner with your family means more love to the heart!

Eating with your family means that no one is alone!

Always spend time with your family members!



Designed by: Jackie Giron,
Orangeview Junior High School
April 2018


ochealth.com/redribbon

Spending time with your family is so fun and cool.
P.S. I love my family.



Designed by: Shari Gonzalez, June 2018


ochealth.com/redribbon

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