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# Substance Use Services Strategic Prevention Plan 2020-2025

Marin County Health and Human Services

# Substance Use Services

## Strategic Prevention Plan 2020-2025

This plan was drafted in partnership with Resource Development Associates under contract with Marin County Behavioral Health and Recovery Services, a division of the Department of Health and Human Services.



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### **About Resource Development Associates**

Resource Development Associates [RDA] is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

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# Chapter I - County Introduction

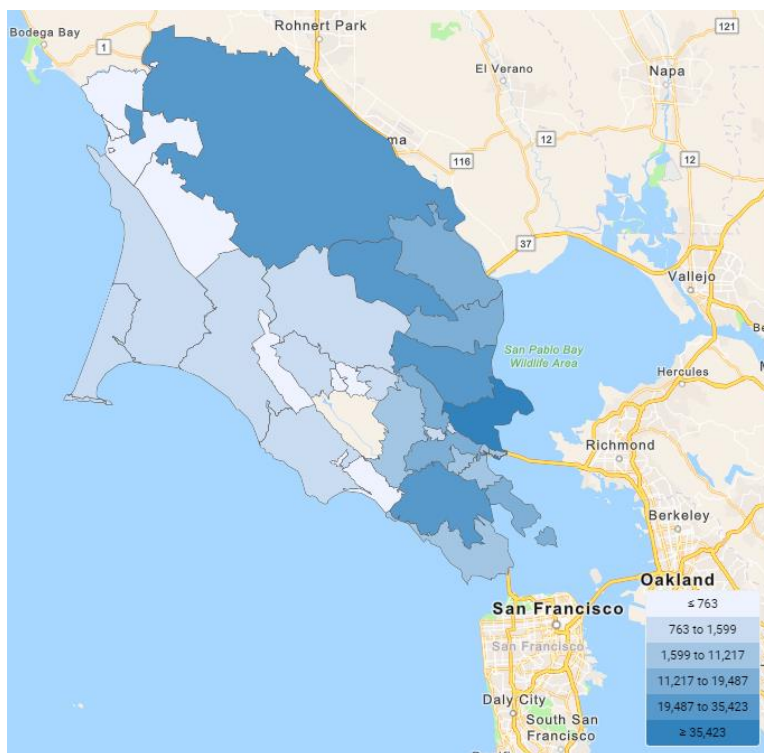
## Continuum of Substance Use Commitments

In Marin County, Substance Use Services are part of the Department of Health and Human Services' Division of Behavioral Health and Recovery Services (BHRS). Marin County BHRS also partners with the Department's Division of Public Health on many prevention and community coalition initiatives. Marin County BHRS – Substance Use Services (SUS) is committed to providing a continuum of early intervention, prevention, treatment, and recovery strategies and services for eligible residents throughout the County. Through this commitment, BHRS-SUS works with its partners to break down stigma, creating a culture in which substance use is viewed as a health condition and not a behavioral problem. They work to ensure that all involved in delivering the system of care have the capacity and resources to effectively implement culturally responsive, evidence-based strategies and services to prevent, reduce, and treat substance use issues.

## Marin County Profile

Located just north of San Francisco, Marin County is a well-resourced community with residents dedicated to improving the well-being of their families and neighbors. As shown in Figure 1, the majority of residents live along the Highway 101 corridor. While the population is mostly White, the proportion of Asian and Latinx residents has been increasing over time. Notably, the population of African American residents has been decreasing slightly since 2013.<sup>1</sup> Marin County is well educated with over a third of adults possessing at least a Bachelor's degree. As of 2017, the median household income was \$104,703, which has steadily risen since 2010. The County's top industries include Health Care and Social Assistance; Retail Trade; Accommodation and Food Services; Professional, Scientific, and Technical Services; and Educational Services. Health Care and Social Assistance is projected to grow almost 2% in the next year.

**Figure 1. Population Density in Marin County by Zip Code**



<sup>1</sup> American Community Survey Estimates

Since the development of the 2015-2020 Strategic Prevention Plan (SPP), Marin continues to be ranked as the healthiest community in California by the Population Health Institute. The rankings indicate that Marin County's residents are active, safe, and living longer lives.<sup>2</sup> Importantly, while the County has seen improvements in the rates of drug overdose deaths, Marin again remained in the bottom 20% in regard to excessive drinking by adults, where they have been ranked for many years. Despite the rankings, Marin County continues to see significant racial disparities in terms of income inequality and life expectancy.

The Center for Medicare and Medicaid Services approved the County's Drug Medi-Cal/Organized Delivery System (DMC-ODS) 1115 Waiver in April of 2015 and the County fully opted in two years later, following substantial planning and preparation activities. Opting into the DMC-ODS has allowed Marin County's BHRS-SUS to work with partners and other systems of care in order to provide evidence-based, co-located services to eligible residents across the County. This significantly changed BHRS-SUS approach and has enabled them to implement strategies and services that support the County's most at-risk residents.

Since writing the 2015-2020 SPP, changes at both the state and national level have been felt throughout the County and will certainly influence development of the 2020-2025 SPP. California's Medicinal and Adult-Use Cannabis Regulations and Safety Act (MAUCRSA) was signed into law in June 2017, leading to a shift in the way BHRS-SUS must look at cannabis use and underage use in the County. At the national level, changes to immigration policy can be linked to increased tensions, feelings of being unsafe, and reductions in immigrant communities' willingness to seek care. This is compounded by 2015-2020 interim evaluation findings that suggest BHRS-SUS still struggles to engage Latinx adults and families throughout the County.

## Prior Strategic Planning Process Overview

BHRS and its partners engaged more than 100 county staff and community stakeholders to design the 2015-2020 Continuum of Substance Use Services Strategic Prevention Plan. Through this engagement, the following priority areas were identified:

### Impact Norms and Perceptions

- Create a culture in Marin County where substance misuse and abuse across all ages is no longer the norm, and substance use disorders are viewed as a health condition rather than a behavioral problem.

### Improve System Capacity and Infrastructure

- Ensure that individuals, organizations, and communities within the system of care have the capacity and infrastructure to implement evidence-based services and strategies to effectively prevent, reduce, and treat issues related to alcohol, tobacco, and other drug misuse and abuse.

### Implement a Continuum of Effective Alcohol, Tobacco, and Other Drug Strategies and Services

- Implement a continuum of culturally responsive evidence-based alcohol, tobacco, and other drug prevention, intervention, treatment, and recovery support services and strategies.

<sup>2</sup> University of Wisconsin Population Health Institute

## Achievements

Since development of the 2015-2020 Continuum of Substance Use Services Strategic Prevention Plan, BHRS-SUS has accomplished several key achievements in preventing, treating, and supporting the recovery of individuals with substance use disorders.

BHRS-SUS and partners have implemented many key programs, strategies, and initiatives to provide comprehensive prevention, early intervention, treatment, and recovery services, including:

- **Drug Medi-Cal/Organized Delivery System:** Marin County committed to implement evidence-based substance use treatment practices, coordinate with other systems of care, and to provide a continuum of care aligned with the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. Implementation has resulted in an expansion of treatment services, increase in beneficiaries accessing Medi-Cal-funded treatment services, increases in client satisfaction with care, and improvements in a variety of health-related outcomes.
- **Narcan Distribution:** With support RxSafe Marin, Marin County implemented a countywide Narcan distribution plan. Police officers, DMC-ODS providers, County crisis outreach teams, Recovery Coaches, and Recovery Residences also received training and Narcan kits.
- **Medication-Assisted Treatment (MAT):** The Marin Treatment Center received a grant to create a delivery model to increase access to MAT. Linkages with federally qualified health centers and local emergency rooms have improved, and telehealth services have been adopted to increase access to MAT. Marin BHRS has also received three grants aimed at enhancing access to MAT in community-based and criminal justice settings.
- **Road to Recovery:** This program is county-operated and serves adults with co-occurring substance use disorders and serious mental illness by providing highly individualized outpatient, intensive outpatient, and recovery services.
- **Recovery Coaches:** BHRS hired five individuals with lived experience to serve as Recovery Coaches for individuals with substance use disorders. Recovery Coaches use their personal and professional knowledge and experience to assist clients with moving through the care system.
- **Marin Prevention Network (MPN):** MPN partners work to change community norms, policies, and laws that affect the availability, promotion, sale, and use of alcohol and other drugs to create a community environment that promotes healthy choices and reduces risk. They are implementing several campaigns and initiatives in line with this mission.

Table 1 on the following page highlights key achievements in each of the 2015-2020 priority areas.

**Table 1. Key Accomplishments of the 2015-2020 Continuum of Substance Use Services**

Impact Norms and Perceptions	Improve System Capacity and Infrastructure	Implement a Continuum of Effective Alcohol, Tobacco and Other Drug Strategies and Services
<ul style="list-style-type: none"> <li>• BHRS-SUS has engaged community members in four policy campaigns to prevent alcohol, tobacco, or other drug problems. Campaigns include:               <ul style="list-style-type: none"> <li>◦ Promoting awareness of the Social Host Ordinance (SHO), which places responsibility on adults who host parties that result in underage drinking.</li> <li>◦ Raising the Bar, which looks to reduce parent drinking at youth sports events.</li> <li>◦ Community of Concern Booklet, which supports parents whose children are entering high school.</li> <li>◦ Parent Norms Survey, which assesses parents' views and perceptions regarding substance use.</li> </ul> </li> <li>• Parents who participated in the Parent Norms Survey in 2016 have a more accurate understanding of middle school students' binge drinking compared to high school students' binge drinking.</li> <li>• In partnership with Marin Public Health, BHRS-SUS is supporting implementation of RxSafe Marin, a community coalition that works to reduce harm from prescription drug misuse and abuse.</li> <li>• BHRS-SUS has seen an increase in self-referred detox clients, an indication that there may be reductions in stigma related to seeking help for substance use issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Marin County opted into the Drug/Medi-Cal Organized Delivery System in April 2017</li> <li>• BHRS-SUS has made substantial progress in expanding the numbers and types of providers in the County</li> <li>• Through DMC-ODS implementation, BHRS-SUS instituted many ongoing efforts to integrate physical and mental health services in its continuum of care. Contracted providers are now required to identify, track, and – if appropriate – link beneficiaries to primary care providers. They are also improving their capacity to serve individuals with co-occurring disorders.</li> <li>• Clients expressed overall satisfaction with their substance use treatment experiences.</li> <li>• BHRS-SUS is implementing trainings to help establish standards of practice and core competencies, as well as build the capacity of providers, across the continuum.</li> <li>• BHRS-SUS implemented a full continuum of services for adolescents and improved its service options for transitional aged youth (TAY).</li> </ul>	<ul style="list-style-type: none"> <li>• BHRS-SUS has worked with providers to ensure they deliver culturally appropriate, evidence-based, emerging, and community-defined best practices to address substance use among Marin County residents. This includes implementation of contract language requiring and holding contractors accountable to implement at least two evidence-based practices.</li> <li>• Trends suggest that clients have improved in several outcomes over time, including decrease in primary substance use, fewer hospital and emergency room visits for adult clients, reductions in adult justice involvement between FY14-15 and FY16-17, and increased engagement in support groups after discharge from treatment.</li> <li>• BHRS-SUS has demonstrated a strong commitment to continuous quality improvement (CQI) across its continuum, through multiple Performance Improvement Projects for treatment providers and through Action Plan development with the Marin Prevention Network.</li> </ul>



## Lessons Learned

There are important lessons to be learned from both the previous strategic planning process, as well as its implementation. From both a process and implementation perspective, BHRS-SUS acknowledges the importance of partnering with other agencies who are likely to serve similar populations. In recognition, BHRS-SUS has begun the planning process by partnering with both Mental Health Services and the Community Development Agency to conduct integrated community listening sessions. Through this collaboration, BHRS-SUS engages a larger number of community members in neighborhoods across the County, ensuring a more inclusive and equitable approach to planning.

Findings from the interim evaluation of the 2015-2020 strategic plan indicate that there continues to be certain populations who have unmet SUD Pv service needs, including residents of West Marin, older adults, adult Latinx communities, and youth. There remain challenges engaging schools in some prevention campaigns, though BHRS is working to build awareness of issues of concern in an effort to promote future collaborations.

## Chapter II - Assessment

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### Assessment Process

The assessment utilizes a mixed-methods approach that triangulates both qualitative and quantitative data across multiple data sources to identify trends and key findings to identify priority areas, focus populations, and problem statements. This approach maximizes the validity of the findings by leveraging stakeholder perceptions, experiences, and input enhanced by the quantitative data. Primary data sources include data collected directly for the purpose of the SPP. For example, primary data sources include transcripts collected during community input sessions, key informant interviews, and survey data. The quantitative data utilized in the assessment are primarily from secondary sources, in which the County synthesized key findings from analyses completed by local, state government agencies, and third-party organizations and data from Marin County's BHRS data sets.

Prior to writing the assessment, the strategic planning team reviewed several key reports and documents to provide context and insight for the SPP. The team documented key methods, findings, and ideas that were essential to highlight and address in the SPP. Our review included the following documents and reports:

- ❖ County of Marin Department of Health and Human Services, *Continuum of Substance Use Services Strategic Plan, 2015-2020*
- ❖ County of Marin, Department of Health and Human Services, *Strategic Plan to Achieve Health and Wellness Equity, 2018*
- ❖ County of Marin Behavioral Health and Recovery Services, *2015-2020 Continuum of Substance Use Services Strategic Plan – Interim Evaluation Report, 2019*

### Limitations of Data Assessment

1. **Timeline of Secondary Data:** This assessment draws upon quantitative data sources which includes data from previous years. Wherever possible, the county used the most recently published data available. In cases where more-recent data wasn't available, findings may not necessarily reflect the lived experiences, trends, or emerging events shaping the community needs when this plan was being written.
2. **Small Sample Sizes:** Much of the quantitative data analyzed for the assessment includes small numbers of individuals for some demographic groups, as these groups represent a small percentage of Marin County's population. As a result, the estimates provided may be unreliable, making it difficult to detect trends or see accurate patterns in the data. Our mixed-methods approach to the data analysis aims to yield more meaningful and accurate results by combining different types of data from multiple sources.

3. **Reliability of Self-reported Data:** Most of the primary data in the assessment is based on self-reported data from the community listening sessions, listening sessions, and surveys. Different factors may influence the validity of self-reported data. For example, the amount of time elapsed since an event occurred may lead participants to under- or over-report information. Participants may also provide inaccurate information to present themselves or their issue in an acceptable or favorable manner. This social responding is also a threat to reliability of self-reported data. Despite these limitations, direct feedback from Marin County residents and individuals with lived experience as a SUS client and/or family member of a client are integral parts of the assessment process for the Strategic Prevention Plan.
4. **Changes in Law or Policy:** Changes in federal or state law, or local policies, may also influence a variety of factors that inform the assessment. Rates of substance consumption and access to treatment, or public perceptions of harm change over time when new laws are introduced. The government's approach to addressing these issues are shaped in-tandem with the community's prioritized risk factors or issues needing to be addressed. For example, with the state-wide legalization of recreational consumption of cannabis for individuals 21 years and older, counties may shift their priorities away from addressing adult cannabis use. As such, contributing factors data may lose their relevance.

## Qualitative Data Sources & Findings

### Community Engagement Methodologies

Marin BHRS-SUS collaborated with other county departments to assess cross-system planning needs, address service improvements, and identify focus populations in order to streamline community engagement data collection events such as community listening sessions and community planning surveys. Community listening sessions collected input across systems that included housing, mental health, and substance use. Six different brown bag sessions were facilitated between September 17, 2019 and October 8, 2019 at different locations throughout the County. BHRS-SUS compiled and coded the transcripts for assessment purposes. Each brown bag session sought to document employee perspectives to the following discussion questions:

- ❖ What are your ideas for effective strategies to reduce disparities and provide culturally responsive mental health and substance use services?
- ❖ What are your ideas for partnerships or other strategies for better integrating/coordinating service delivery to support clients?
- ❖ What do you think is working well that should continue or could serve as a model to be replicated? Any recommendations of other existing and/or innovative approaches?

### Community Listening Sessions

#### Date of Events:

West Marin – June 18, 2019  
 Novato – July 22, 2019  
 San Rafael – August 1, 2019  
 Marin City – August 5, 2019  
 Central Marin – August 14, 2019  
 Spanish Speaking Residents – September 26, 2019  
 Prevention & Early Intervention – August 27, 2019  
 Substance Use Services & Treatment – October 2, 2019  
 Family Members of People with Lived Experience – October 9, 2019  
 Older Adults – October 24, 2019

#### Populations Included/Demographics of Participants:

Marin County Residents, Marin County staff, BHRS Consumers/Family Members, BHRS Service Providers

**Description:** The community listening sessions were an essential cornerstone to Marin County's approach for community engagement in the development of SPP. The County used the Strategic Prevention Framework (SPF) and content analysis to identify key themes regarding the evolving needs of Marin County residents. This analytic approach allowed staff to systematically process data from each listening session to identify patterns and themes within and across data sources. Marin County BHRS, in collaboration with several other County departments, facilitated multiple community listening sessions to retrieve input about community priorities relative to Substance Use Disorder Prevention (SUD Pv).

#### Summary of Key Findings:

- Fear, stigma, and shame limit the accessibility to SUD Pv efforts especially for communities of color, immigrants, and/or non-English speaking communities.
- Individuals leaving the criminal justice system lack linkages to SUD Pv and other support services when reintegrating in the community.
- Transition Age Youth (TAY) and LGBTQ+/TAY are identified at greater risk for substance use and in need of stronger connections to community resources.
- Older adults and LGBTQ+ older adults face additional barriers such as social isolation and patterns of substance use that are not as well understood; thereby increasing their risk of negative consequences.
- Early education and information campaigns (community-wide and for parents) were identified as a significant need by family members of people with lived experience and Latinx communities.
- Latinx communities also identified the need to enhance capacity of current behavioral health initiatives by expanding community outreach for these initiatives.
- Parents prioritized the need to begin SUD Pv education before high school and educate parents around mental health and substance use.

Community Planning Survey	
<b>Dates Administered:</b> July 2019 – October 2019	<b>Populations Included/Demographics of Participants:</b> Marin County Residents
<p><b>Description:</b> The <i>Community Planning Survey 2019</i> was developed in collaboration with Marin County MHSA and Community Development Agency staff and administered between July and September 2019. The survey was made designed to collect anonymous feedback from County residents in which respondents were asked to indicate the following:</p> <ul style="list-style-type: none"> <li>❖ Critical services and support needs for residents living in Marin County</li> <li>❖ Populations of residents who are underserved and the barriers to address</li> <li>❖ Potential strategies, risk factors, and barriers, and potential strategies related specifically to SUD Pv services</li> </ul> <p>The <i>Community Planning Survey</i> reached over 316 individuals combined between both the English (n=224) and Spanish (n=92) versions of the survey. Survey respondents represented communities from across the County, but most heavily Novato, San Rafael, and West Marin. The majority of English-language survey respondents were White (67%), followed by Latinx (11%) and Asian (9%). All respondents to the Spanish-language version of the survey reported their race/ethnicity as Latinx. For both language versions of the survey, the majority of respondents (57%) indicated their age range as 25-59 years old.</p> <p>The survey was marketed using snowball and referral sampling methods. The survey was advertised online and through the community listening sessions. Individuals in attendance to at those events were encouraged to send the survey link to their networks, and so on. Additionally, Marin County BHRS and partner agencies invited community leaders to complete the survey if they were unable to attend a listening session.</p> <p><b>Summary of Key Findings:</b></p> <ul style="list-style-type: none"> <li>• 76% of survey respondents identified a lack of organizational capacity as being the most significant obstacle to meeting the needs of underserved populations.</li> <li>• 41% of survey respondents identified prevention and intervention activities specific to populations experiencing high-risk behaviors (e.g. children of family members with mental health and/or substance use conditions; binge drinking, those using high potency THC cannabis products, etc.) as effective interventions to address substance use in the community.</li> <li>• 36% of survey respondents also identified services to increase social connection and community engagement (e.g. Inter-generational programming, mentoring) as effective interventions to address substance use in the community.</li> <li>• Survey respondents identified the following as the most significant risk factors in the community that contribute to substance use: Anxiety/depression (71%); lack of social connection or isolation (49%); experiencing trauma (46%); family history of behavioral health issues (39%); and availability of alcohol and drugs (38%) .</li> <li>• 38% of survey respondents identified stigma as a significant barrier to accessing behavioral health services.</li> </ul>	

- Survey respondents emphasized the need to address social isolation and poor social supports by enhancing community connections and creating an inclusive culture of mutual aid (e.g. more formalized agreements between community groups and different stakeholder groups to lend each other assistance in the case of emergencies or other traumatic events).

## Quantitative Data Sources & Findings

The quantitative data analysis included detailed assessment of SUD Pv trends, data points that seem abnormal or lie outside the expected range, and health disparities utilizing the four types of quantitative data:

1. **Consumption Data:** Patterns of substance use for the County population by gender, age, race, and ethnicity.
2. **Contributing Factors Data:** Risk and protective factors that influence acceptance and use of substances.
3. **Consequence Data:** Negative impacts of consuming substances for the County population by gender, age, race, and ethnicity.
4. **Capacity Data:** Resources available at the local level to address priority areas of prevention, as well as approaches to addressing gaps in current capacity to carryout strategies.

The following secondary quantitative data sources were reviewed and analyzed for the assessment:

- ❖ *Indicators of Alcohol and Other Drug Consumption in California Counties: Marin County*, Center for Applied Research Solutions (CARS) and the Department of Health Care Services (DHCS), July 2019
- ❖ *Indicators of Alcohol and Other Drug Contributing Factors in California Counties: Marin County*, Center for Applied Research Solutions (CARS) and the Department of Health Care Services (DHCS), July 2019
- ❖ *Indicators of Alcohol and Other Drug Risk and Consequences for California Counties: Marin County*, Center for Applied Research Solutions (CARS) and the Department of Health Care Services (DHCS), July 2019
- ❖ County of Marin Behavioral Health and Recovery Services, *2015-2020 Continuum of Substance Use Services Strategic Plan – Interim Evaluation Report, 2019*
- ❖ CalOMS/BHIS Admissions to Treatment data from 2015-2020

**Indicators of Alcohol and Other Drug Consumption in California Counties: Marin County, Center for Applied Research Solutions (CARS) and the Department of Health Care Services (DHCS)**

**Date of Publication:**

July 2019

**Populations Included/Demographics of**

**Participants:**

Marin County Residents

Provides relevant indicator data currently available to assess substance use consumption at the Marin County level (when available). Data presented in this report is cumulative of data collected from sources such as the National Survey on Drug Use and Health, Marin County Department of Finance Population Projections, California Healthy Kids Survey, California Department of Education, California Health Interview Survey, and Opioid Overdose Surveillance Dashboard.

**Summary of Key Findings:**

- In 2015-17, 25% of Marin County's 11th graders reported binge drinking compared to 12% for the statewide average.
- 2015-16 binge drinking rates are higher among 11th graders and non-traditional<sup>3</sup> students (25% and 24%) compared to the state (11.6%).
- In 2015-16, juveniles reported binge drinking in the past month more significantly in Marin County (55%) compared to the state (5%).
- 40.0% of Marin County 11th graders reported current alcohol use in 2015-16 and 38% of non-traditional students compared to 23% for the state.
- In 2015-17, 60% of Marin County 11<sup>th</sup> graders reported any alcohol use in their lifetime, which is lower than reported in 2015-16 (62%) but is still higher than the state average of 43%.
- In 2015-17, 10% of youth in 11<sup>th</sup> grade report vaping/e-cigarette use in the past 30 days.
- In 2015-16, 57% of non-traditional students and 39% of 11th graders reported any use of vaping/e-cigarettes, both higher than state average (32%).
- Juveniles in Marin County reported higher frequency of e-cigarette use in past month compared to state average (49% vs. 20%) in 2015-16.
- In 2015-16, marijuana use in the last month is higher among 11<sup>th</sup> graders and non-traditional students in Marin County (30% and 46%) compared to the state (17%).
- In 2015-17, 47% of 11<sup>th</sup> graders in Marin County reported marijuana use in their lifetime. Lifetime marijuana use is higher among 11th graders and non-traditional students in Marin County (49% and 7%) compared to the state (32%), as reported in 2015-16. This is also slightly greater (by 2%) compared to the previous 2015-17 reporting year.
- In 2015-17, 22% of youth using marijuana reported zero attempts to quit.

<sup>3</sup> The term "non-traditional students" generally refers to students who are 24-years and older. However, age is a proxy used to capture students from a variety of backgrounds that balance various responsibilities that prevent them from attending school full time or completing on the standard school schedule. See <https://nces.ed.gov/pubs/web/97578e.asp> for more information.

- In 2012-14, slightly more 18-25-year-olds reported nonmedical use of pain relievers in the past year compared to the state average (9.2% vs. 8.8%). Nonmedical use of pain relievers for every other age group was on par with the state average rates.
- 2015-16, 30% of non-traditional students reported any prescription painkiller, tranquilizer, or sedative misuse in their lifetime compared to 12% statewide.
- In 2009-11, 19% of 11th grade Marin County students reported initiation of illegal drug or pill use to get high (by age 16). Far fewer began in grade 7 (4%) or grade 9 (13%). Rates were almost identical for students across the state for the 2008-10 and 2009-11 reports. County and State rates changed minimally between the reports.
- In 2015-17, 20% of all Marin County 11<sup>th</sup> graders report prescription pain killer, diet pills or other stimulant use in their lifetime.

**Indicators of Alcohol and Other Drug Contributing Factors in California Counties: Marin County, Center for Applied Research Solutions (CARS) and the Department of Health Care Services (DHCS)**

**Date of Publication:**

July 2019

**Populations Included/Demographics of**

**Participants:**

Marin County Residents

Provides relevant indicator data currently available to assess substance use contributing factors at the Marin County level (when available). Data presented in this report is cumulative of data collected from sources such as the National Survey on Drug Use and Health, Marin County Department of Finance Population Projections, California Healthy Kids Survey, California Department of Education, California Health Interview Survey, and Opioid Overdose Surveillance Dashboard.

**Summary of Key Findings:**

- Levels of disapproval about using marijuana decreased for youth as they age (64% disapproval in 7th grade compared to 36% in 11th grade) in 2009-11.
- In 2008-10 to 2012-14, fewer Marin County (along with the 3 other counties) residents age 12 and over perceived great risk of harm in monthly marijuana use (22%) than similar-aged residents around the state (28%).
- In 2015-16, 16% of 7th grade students, 70% of 9th grade students and 80% of 11th grade students perceived that it would be very easy or fairly easy to obtain marijuana. These rates are much higher than the state rates for 9th and 11th grade (51% and 67%, respectively). Further, they represent increases over the 2007-09 County ratings for those grades.
- In 2015-16, County youth reporting the perception of great risk by drinking alcohol occasionally was highest among 7th grade students (24%) than for students in 9<sup>th</sup> or 11<sup>th</sup> grades (16% and 14%, respectively). Marin students' rates are considerably different than California percentages for 9th and 11th grade (31% and 31%, respectively). Compared to previous reports, County rates dipped sharply in 2015-16, whereas student perception of great risk around the state has been edging upward over four reporting periods.



- In 2015-16, youth levels of perceived risk from binge drinking once or twice a week decrease from 7th (24%) to 11th grades (14%); the difference is greater for non-traditional students, with 31% reported binge drinking once or twice a week.
- In 2015-16, 27% of 7th grade students, 71% of 9th grade students and 79% of 11th grade students reported the perception that it would be very easy or fairly easy to obtain alcohol. These rates were much higher than the state rates for 9th and 11th grades (53% and 65%, respectively) and represent an increase over 2007-09 levels for County 9th and 11th grade students.
- The number of alcohol retail outlets increased in Marin County from 727 in 2008-09 to 798 in 2017-18.
- Mental health hospitalizations for youth 15-19 years old were slightly higher (10.2 per 1,000) than the statewide rate (9.8 per 1,000) in 2016.
- In 2016, 14% of 9<sup>th</sup> graders and 11% of 11<sup>th</sup> graders reported having considered suicide in the past 12 months.
- Fewer youth report high levels of meaningful participation in school as they age (26% in 7<sup>th</sup> grade compared to 16% in 11<sup>th</sup> grade) in 2015-16. Also in 2015-16, 26% of 9<sup>th</sup> graders and 20% of 11<sup>th</sup> graders reported having experienced some type of bias-related harassment in the last 12 months.
- Gains have been measured in the following protective factors regarding youth: increased graduation rate (including African Americans and Latinx), decreased high school drop-out rate, decreased high school non-completion rate, high levels of caring adult relationships, feelings of school connectedness, decreased suspension rate, and decreased expulsion rate.

**Indicators of Alcohol and Other Drug Risk and Consequences for California Counties: Marin County, Center for Applied Research Solutions (CARS) and the Department of Health Care Services (DHCS)**

**Date of Publication:**

July 2019

**Populations Included/Demographics of**

**Participants:**

Marin County Residents

Provides relevant indicator data currently available to assess consequences of substance use at the Marin County level (when available). Data presented in this report is cumulative of data collected from sources such as the National Survey on Drug Use and Health, Marin County Department of Finance Population Projections, California Healthy Kids Survey, California Department of Education, California Health Interview Survey, and Opioid Overdose Surveillance Dashboard.

**Summary of Key Findings:**

- Marijuana arrests also accounted for 60%, the majority of all juvenile related drug arrests in 2016. However, declines in marijuana-related arrests are anticipated for more current data since the legalization of the recreational use of marijuana.
- Consequences of substance use are experienced at higher rates based on race and ethnicity:
  - African American adults experience the highest rate of arrests, ER visits, and deaths related to substance use (AOD overall and alcohol only).

- Latinx individuals experience the second highest rate of arrest related to alcohol and drug use in 2016.
- Adults ages 30 – 69 years old generally experience the greatest consequences from substance use including higher rates of motor vehicle accidents, arrests, hospitalizations, and deaths than any other age group.
- Both the alcohol-involved collision rate (54.8 from 48.9 per 100,000) and percent of alcohol involved collisions (10% from 9%) increased in 2015 to 2016, yet are below the state benchmarks.
- Hospitalization rate for alcohol use increased slightly in 2014 from 2013 (91.2 from 89.3 per 100,000) and exceeded the state average rate (88.3) for second year in a row.
- Hospitalization rate for drug use decreased in 2014 from 2013 (41.4 from 43.7 per 100,000) and remains below state average rate (55.9).
- Death rate due to drug use increased in 2013 from 2012 (8.1 from 7.9 per 100,000) and remains slightly below state average rate (8.5) for third year in a row.
- ER visits due to unspecified or mixed drug use accounted for the majority (40%) of all drug-related ER visits in 2014.
- Opioid use accounted for the highest rate of drug-related hospitalizations in 2014.

***County Estimates of Opioid Use Disorder and Treatment Needs in California, California County***  
***Spotlight: Marin County, Urban Institute***

**Date of Publication:**  
March 2018

**Populations Included/Demographics of Participants:**  
Marin County Residents

States epidemiological data on consumption, consequences, prescriptions, and treatment of opioids and related drugs specifically for Marin County. Source is located at <https://www.urban.org/sites/default/files/marin.pdf>.

**Summary of Key Findings:**

In 2016:

- An estimated 11,823 people ages 12 years and older (5%) misused opioids in Marin County.
- An estimated 2,129 people (1%) ages 12 and older had an opioid use disorder (OUD), defined as opioid abuse or dependence, in Marin County.
- Approximately one-fifth of those who misuse opioids have an OUD.
- There were 12 opioid overdose deaths in Marin County.
- There are up to 938 people with OUD in the county without local access to Medically Assisted Treatment (MAT), such as buprenorphine or methadone.

<b>California Opioid Overdose Surveillance Dashboard</b> <i>Prepared by California Department of Public Health - Injury and Violence Prevention Branch (formerly the Safe and Active Communities Branch)</i>	
<b>Date of Publication:</b> January 2020	<b>Populations Included/Demographics of Participants:</b> Marin County Residents
<p>The dashboards and data available through this application are the result of ongoing collaboration between the California Department of Public Health (CDPH), Office of Statewide Health Planning and Development (OSHPD), Department of Justice, and the California Health Care Foundation. The dashboard and surveillance reports are available at: <a href="https://skylab.cdph.ca.gov/ODdash/">https://skylab.cdph.ca.gov/ODdash/</a></p> <p><b>Summary of Key Findings:</b></p> <ul style="list-style-type: none"> <li>The mortality rate from opioid overdose is higher for Marin County 15-19-year-olds (6.63 per 100) and 35-39-year-olds (13.96 per 100) compared to the state mortality rates (1.84 and 6.68 per 100, respectively) in 2018.</li> <li>In 2018, ED visits related to opioid (excluding heroin) misuse occurred at higher rates than the state for the following age groups:             <ul style="list-style-type: none"> <li>15-19-year-olds (13.3 vs. 11.4 per 100)</li> <li>25-29-year-olds (55.7 vs. 17.0 per 100)</li> <li>30-34-year-olds (34.1 vs. 15.9 per 100)</li> <li>35-39-year-olds (20.9 vs. 13.8 per 100)</li> </ul> </li> <li>In 2018, hospitalizations related to opioid (excluding heroin) misuse occurred at higher rates than the state for the following age groups:             <ul style="list-style-type: none"> <li>25-29-year-olds (18.6 vs. 4.2 per 100)</li> <li>30-34-year-olds (8.5 vs. 3.8 per 100)</li> <li>35-39-year-olds (6.98 vs. 3.74 per 100)</li> <li>45-49-year-olds (10.0 vs. 5.7 per 100)</li> <li>50-54-year-olds (14.8 vs. 10.1 per 100)</li> </ul> </li> <li>In 2018, hospitalizations related to opioid and benzodiazepine misuse occurred at higher rates than the state for the following age groups:             <ul style="list-style-type: none"> <li>30-34-year-olds (8.51 vs 0.68 per 100)</li> <li>45-49-year-olds (5 vs 0.97 per 100)</li> <li>50-54-year-olds (9.86 vs. 1.28 per 100)</li> <li>65-69-year-olds (5.54 vs. 3.4 per 100)</li> </ul> </li> </ul>	

<b>California Healthy Kids Survey</b>	
<b>Date of Publication:</b> February 2019	<b>Populations Included/Demographics of Participants:</b> Marin County Residents
<p>The California Healthy Kids Survey (CHKS) is the largest and most comprehensive regular assessment of students, staff, and parents to document data on school climate and safety, learning supports and barriers, engagement, as well as youth development, health, and well-being. The data also provides insight into the scope and nature of youth behaviors, attitudes, and learning conditions that are</p>	

essential to addressing substance use prevention efforts. The CHKS 2015-2017 results for Marin County are available at [https://data.calschls.org/resources/Marin\\_County\\_1517\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Marin_County_1517_Sec_CHKS.pdf)

**Summary of Key Findings:**

- A majority (63%) of youth in 11<sup>th</sup> grade report alcohol or drug use in their lifetime (2015-17) with alcohol and marijuana being the two most used substances.
- Of youth who are currently using drugs and alcohol, only 2% of 9<sup>th</sup> graders and 3% of 11<sup>th</sup> graders have made attempts to quit (2015-17).
- Certain risk factors are prevalent for 11<sup>th</sup> graders (2015-17), such as having considered suicide in the past year (89%), low levels of meaningful participation in school (16%), and experiencing bias-related harassment (26%).

***Friday Night Lights (FNL) Participant Survey***

**Date of Publication:**

2018-2019 School Year

**Populations Included/Demographics of**

**Participants:**

Novato High School Students (n=497)

Novato High FNL youth created and administered a survey to 497 of their peers about their vaping habits and how youth were accessing vaping products. Novato High FNL hopes their findings will inform future local advocacy efforts as the County continues to work at reducing the alarming vaping rates.

**Summary of Key Findings:**

- 53% of youth who vape borrowed vapes from their peers.
- 31% bought a vape device from a fellow student.
- 36% of students say that they are against vaping, as opposed to 9% who see no harm and 45% who are neutral.

## Key Findings Summary of Needs

The synthesis of both quantitative and qualitative data on needs are summarized by substance of use and key demographic populations of concern in the section below. This summary presents trends, outliers [data that differs significantly from what is expected], and changes that have occurred overtime and/or when compared to other benchmarks, such as state averages. These key findings form the foundation for how Marin County will formulate and prioritize strategies for substance use prevention for the years 2020-2025.

### Underage Alcohol Use

- **Marin County youth report higher levels of lifetime and current alcohol use and binge drinking compared to statewide averages overall and by significant margins.**

In 2015-17, 60.0% of Marin County 11<sup>th</sup> graders reported any alcohol use in their lifetime. This is lower than reported in 2015-16 (62%) but remains well above the state average of 43%. The County's 11<sup>th</sup> graders in 2015-17 also reported binge drinking (23%). This is a slight decrease from 2015-16 (25%). However, a substantially higher percentage of Marin County 11<sup>th</sup> graders (25%) binge drink than youth around the state overall (12%).

- **Marin youth also minimize the harm or risk associated with drinking alcohol and binge drinking compared to statewide averages overall and by significant margins.**

Youth in Marin, Solano, and Sonoma counties consistently report great risk from binge drinking once or twice weekly at levels below state averages. Marin County youth specifically reported great risk by drinking alcohol occasionally at almost half the rate of state averages for 9<sup>th</sup> and 11<sup>th</sup> grades (16% vs 31% and 14% vs 31%, respectively) in 2015-2016. Additionally, levels of perceived risk from binge drinking once or twice a week decrease as youth age from 7<sup>th</sup> (24%) to 11<sup>th</sup> grades (14%); the difference is greater for non-traditional students, with 31% reported binge drinking once or twice a week.

- **Youth report the perception that alcohol is easy to obtain at a higher rate than the statewide average and compared to previous years.**

In 2015-16, the vast majority of students in 9<sup>th</sup> grade (70%) and 11<sup>th</sup> grade (80%) reported the perception that it would be easy to obtain alcohol at rates higher than state averages for these grades (51% and 67%, respectively). In 2015-16, 11% more 9<sup>th</sup> graders and 6% more 11<sup>th</sup> graders said alcohol was easier to obtain than in 2009-11.

- **Marin County youth also face a number of other risk or contributing factors that influence high rates of alcohol use.**

In 2015-17, 14% of 9<sup>th</sup> graders and 11% of 11<sup>th</sup> graders report having considered suicide in the past 12 months. Fewer youth report high levels of meaningful participation in school as they age (26% in 7<sup>th</sup> grade compared to 16% in 11<sup>th</sup> grade) in 2015-16. Additionally, 26% of 9<sup>th</sup> graders and 20% of 11<sup>th</sup> graders report having experienced some type of bias-related harassment in the last 12 months.

## **Underage Marijuana Use**

Much of the data available regarding underage marijuana use predates California's Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) that legalized the recreational consumption of marijuana and related products for adults ages 21 and over.<sup>4</sup> MAUCRSA was passed by the California legislature in June 2017. As such, findings are more likely to be pronounced currently than reflected in the older data sets below.

- **Marin County youth report high levels of marijuana use.**

In 2015-17, 47% of 11<sup>th</sup> graders in Marin County reported marijuana use in their lifetime. Lifetime marijuana use is also higher among 11th graders and non-traditional students in Marin County (49% and 72%, respectively) compared to 11<sup>th</sup> graders around the state (32%). Of youth using marijuana, 22% report zero attempts to quit.

- **Marin County youth demonstrate greater acceptance of marijuana use and low perception of harm.**

Levels of disapproval about using marijuana decreased for youth as they age (64% disapproval in 7th grade to 36% in 11th grade) in 2009-11. The same trend is seen for levels of perceived risk from using marijuana which also decrease for youth as they age from 2008-10 to 2012-14. The most significant drop in perceived risk is observed in youth between 9<sup>th</sup> (21%) and 11<sup>th</sup> (15%) grades compared to state rates (36% and 30%, respectively) in 2015-16.

- **Marin County youth report the perception that marijuana is easy to obtain at a higher rate than the statewide rate and compared to previous years.**

In 2015-16, 16% of 7<sup>th</sup> grade students, 70% of 9<sup>th</sup> grade students and 80% of 11<sup>th</sup> grade students perceived that it would be very easy or fairly easy to obtain marijuana. These rates are much higher than the State rates for 9<sup>th</sup> and 11<sup>th</sup> grade (51% and 67%, respectively). Further, they represent increases over the 2007-09 County ratings for those same grade levels.

- **Vaping marijuana is of significant concern to the Marin County community.**

According to the data, 10% of youth in 11<sup>th</sup> grade report vaping/e-cigarette use in the past 30 days (2015-17). Vaping use is much higher for non-traditional students compared to traditional 11<sup>th</sup> grade students (57% and 39% respectively), and both are higher than their corresponding state benchmark at 32% respectively. Similar trends are observed for Marin County juveniles (youth under 18 years old), a higher percentage of whom report vaping/e-cigarette use in the past month (29%) and lifetime use overall (49%) compared to state averages (7% and 20%, respectively).

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<sup>4</sup> For additional information regarding California's passing of the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), see: <https://cannabis.ca.gov/cannabis-legislation/>.

Novato High School served as the Roadmap Chapter and focused their efforts on reducing the use of vaping on campus and in the community. Novato High FNL youth created and administered a survey to 497 of their peers about their vaping habits and how youth were accessing vaping products. The youth found that 53% of youth who vape borrowed vapes from their peers and 31% bought it from a fellow student. The survey also found that only 36% of students say that they are against vaping as opposed to 9% who see no harm and 45% who are neutral.

### **Prescription Drug Misuse, including Opioids**

- **Opioid use is a significant risk factor for hospitalization.**

In 2018, hospitalizations related to opioid (excluding heroin) misuse occurred at higher rates than the state for adults between the ages of 25 through 54 years of age. The rate of hospitalization was at or near twice the statewide rate for hospitalization for Marin County adults in the following age ranges: 25-29-year-olds (18.6 vs. 4.2 per 100); 30-34-year-olds (8.5 vs. 3.8 per 100); 35-39-year-olds (6.98 vs. 3.74 per 100); and 45-49-year-olds (10.0 vs. 5.7 per 100).

- **Opioid use is a significant risk factor for emergency room visits, especially for youth and young adults.**

In 2018, ED visits related to opioid (excluding heroin) misuse occurred at higher rates than the state for youth and adults between the ages of 15 and 39 years old. The increased rate of ED visits is most pronounced among 25-29-year-olds (55.7 per 100) compared to the state average rate for the same age group (16.99 per 100). Additional age groups in which this trend is observed include: 15-19-year-olds (13.26 vs. 11.35 per 100); 30-34-year-olds (34.05 vs. 15.9 per 100); and 35-39-year-olds (20.94 vs. 13.83 per 100).

- **Opioid use is a significant risk factor for accidental death due to overdose.**

In 2016, there were 12 preventable deaths due to opioid overdose in Marin County. Opioid misuse affects 11,823 people in Marin County ages 12 and older overall, and 2,129 individuals are estimated to have an opioid use disorder (OUD) in 2016. The mortality rate from opioid overdose is higher for Marin County 15-19-year-olds (6.6 per 100) and 35-39-year-olds (14.0 per 100) compared to the state mortality rates (1.8 and 6.7 per 100, respectively) in 2018.

- **High school age youth report early initiation of illegal drug or pill use by the age of 16.**

In 2009-11, 19% of 11th grade Marin County students reported initiation of illegal drug or pill use to get high (by age 16). Far fewer began in grade 7 (4%) or grade 9 (13%). Rates were almost identical for students across the state for the 2008-10 and 2009-11 reports.



- **Nontraditional students and other young adults report using prescription painkillers, both at higher rates and for nonmedical uses, compared to statewide averages.**

In 2015-16, 30% of nontraditional students reported any prescription painkiller, tranquilizer, or sedative misuse in their lifetime compared to 12% statewide. Additionally, slightly more 18-25-year-olds reported nonmedical use of pain relievers in the past year compared to the state average (9.2% vs. 8.8%) in 2012-14. Nonmedical use of pain relievers for every other age group was on par with the state average rates.

### **Cross-Cutting Risk Factors or Needs**

*These issues came up consistently across the continuum in both prevention and treatment. While most of these factors will be addressed through substance use outreach and treatment initiatives, Marin County BHRS SUS will work to address these needs as appropriate through primary prevention. For example, BHRS will engage more diverse communities in prevention work and partner with other agencies similarly addressing these risk factors and needs. Additional information about how Marin County BHRS SUS plans to enhance its capacity to address these cross-cutting risk factors are included in Chapter III – Capacity Building.*

- **Organizational capacity to educate, inform, and address the root causes of addiction for Marin County residents is limited.**

In the 2019 *Community Planning Survey*, 76% of survey respondents identified a lack of organizational capacity as being the most significant obstacle to meeting the needs of underserved populations. Latinx families and parents of high school-aged youth also identified the need to expand community outreach and education regarding SUD Pv. More education about both SUD Pv and mental health was requested by parents for parents as well. These efforts could take the form of early education campaigns for youth and broader information or marketing initiatives for parents. Survey respondents also identified the following as the most significant risk factors in the community that contribute to the root causes substance use and should be directly addressed by SUD service providers: Anxiety/depression (71%); lack of social connection or isolation (49%); experiencing trauma (46%); family history of behavioral health issues (39%); and availability of alcohol and drugs (38%) .

- **Some populations of residents in Marin County are at higher risk of substance misuse and abuse, such as children of family members who are substance affected, LGBTQ+ transition age youth and older adults, communities of color, immigrant communities, and individuals re-entering the community from prison or jail.**

In the 2019 *Community Planning Survey*, 41% of respondents identified prevention and intervention activities specific to populations experiencing high-risk behaviors (e.g. children of family members with mental health and/or substance use conditions; binge drinking, those using high potency THC cannabis products, etc.) as effective interventions to address substance use in the community. In addition, 38% of survey respondents identified stigma as a significant barrier to accessing behavioral health services that limit accessibility to SUD Pv efforts especially for communities of color, immigrants, and/or non-English speaking communities.



2019 *Community Listening Session* attendees said that individuals leaving the criminal justice system lack linkages to SUD Pv and other support services when reintegrating in the community. Additionally, older adults and LGBTQ+ older adults face additional barriers such as social isolation and patterns of substance use that are not as well understood; thereby increasing their risk of negative consequences.

## Priority Areas, Risk Factors/Consequences, and Problem Statements

### Priority Area 1: Underage alcohol use

**Goal:** Decrease underage alcohol use.

**Problem Statement:** Underage alcohol use rates are high in Marin County because youth have a low perception of harm from alcohol use and binge drinking, and youth access alcohol easily.

Priority Area: Underage alcohol use	Importance		Changeability		Priority Rank
	Low	High	Low	High	
1. Youth have low perception of harm of alcohol use and binge drinking.		X		X	2
2. Youth report that alcohol is easily accessed.		X		X	1
3. There are more alcohol retailers now than in the past.		X	X		
4. Most alcohol impaired car accidents involved young adults/TAY.		X	X		
5. Youth have low perception of harm.		X	X		
6. Youth are experiencing mental health issues (e.g. thoughts of suicide, anxiety/depression, etc.)		X	X		

### Priority Area 2: Underage marijuana use

**Goal:** Decrease underage marijuana use.

**Problem Statement:** High rates of youth marijuana use is a priority for Marin County because youth have a low perception of harm of marijuana use and from vaping marijuana; youth access marijuana easily; and peers are tolerant of marijuana use.

Priority Area: Underage marijuana use	Importance		Changeability		Priority Rank
	Low	High	Low	High	
1. Peers are tolerant of marijuana use.		X		X	3
2. Youth have low perception of harm of vaping marijuana.		X		X	2
3. Youth report that marijuana is easily accessed.		X		X	1

### Priority Area 3: Prescription drug misuse, including opioids

**Goal:** Decrease prescription drug (including opioids) misuse and harms associated with misuse, particularly among youths and young adults.

**Problem Statement:** High prescription drug misuse rates, including opioids, continue to be a priority to address for Marin County because of the high number of accidental deaths due to opioid overdose; high rate of opioid-related ED visits; high rate of opioid-related hospitalizations; and the high rate of early initiation ages to illegal pill use for youth.

Priority Area: Prescription drug misuse, including opioids	Importance		Changeability		Priority Rank
	Low	High	Low	High	
1. Opioids account for the highest rate of drug-related hospitalizations.		X		X	3
2. Opioid-related ED visits occur at much higher rate for older youth and young adults.		X		X	2
3. Youth report early initiation of illegal drug or pill use by the age of 16.		X		X	4
4. Prescription drug, including opioid, misuse can cause accidental death due to overdose.		X		X	1

## Capacity Assessment

The “Capacity Assessment” identifies the County’s and community’s ability to develop, implement, and monitor substance use prevention activities through the provision of staff, groups, and partnerships. Marin County BHRS has identified the following resources that add to its capacity to carry out substance use prevention services.

### Current Capacity

#### County Staff

Marin County BHRS Substance Use Services department is made up of the following staff and positions:

Below are the Department’s staff positions and FTE levels dedicated to substance use prevention. Approximately 15% of Marin’s SABG allocation is used to support County administrative activities, the remaining cost of SUD staff’s salaries and benefits are supported by County General Funds.

Position/Title	FTE	Primary Duties
<b><i>Prevention [Administration]</i></b>		
Senior Program Coordinator	1.0 FTE	<ul style="list-style-type: none"> <li>Contracts Management: Program Development, Compliance Monitoring, Training and Technical Assistance; Strategic County/HHS Initiatives</li> </ul>
<b><i>Prevention and Treatment</i></b>		
BHRS Division Director	1.0 FTE	<ul style="list-style-type: none"> <li>Serves as County Alcohol &amp; Drug Administrator; plans, organizes, and directs the operations, performance, staff and resources of the continuum of substance use services</li> </ul>

#### County SABG-Funded Prevention Providers

- ❖ **Central Marin Police Authority:** Implements the West Marin Coalition for Health Youth (additional detail below).
- ❖ **Resource Development Associates:** Evaluator for the Marin County 2015 – 2020 Continuum of Services Strategic Prevention Plan. Consultant for developing the Marin County 2020 – 2025 Continuum of Services Strategic Prevention Plan.
- ❖ **San Geronimo Valley Community Center:** Implements the West Marin Coalition for Healthy Youth (additional detail below).
- ❖ **The Social Changery:** Provides consultation on media campaigns, including developing and implementing the Cannabis Decoded campaign, updating the Marin Prevention Network website, and designing initiatives related to stigma reduction and various prevention initiatives.
- ❖ **Youth Leadership Institute:** Supports youth leadership in the Marin Prevention Network, the Marin County Youth Commission, and Friday Night Live/Club Live.
- ❖ **SUD Pv Consultant:** Provides capacity building training and technical assistance to the Marin Prevention Network partners and providers.

## **County Coalitions/Groups**

- ❖ **Marin Prevention Network** (County-led): The Marin Prevention Network is comprised of representatives from various Community Coalitions, County staff and community stakeholders. The Marin Prevention Network seeks to change community norms, policies, and laws that affect the availability, promotion, sale, and use of alcohol and other drugs to create a community environment that promotes healthy choices and reduces risk. Action Teams are currently focusing on the following campaigns: Social Host Ordinance/Restorative Justice; Vaping; Cannabis; Raising the Bar; Responsible Retailing; and Prevention Resources.
- ❖ **RxSafe Marin** (Lead): RxSafe Marin is a broad-based community coalition dedicated to reducing harm from prescription drug abuse and saving lives. The Coalition is comprised of the following Action Teams: Community-Based Prevention; Intervention, Treatment and Recovery; Law Enforcement; Prescribers and Pharmacists; and Data Collection and Monitoring.

## **Community-Based Coalitions and Groups (Funded partially by SABG)**

- ❖ **West Marin Coalition for Healthy Youth**: The West Marin Coalition for Healthy Youth was created to change community norms with respect to underage use of alcohol, tobacco and other drugs. Their mission is to mobilize across all sectors of the community and work collaboratively to significantly reduce the incidence of underage use of alcohol, tobacco and other drugs.
- ❖ **Marin Healthy Youth Partnership (MHYP)** (Ross Valley, Larkspur and Corte Madera): MHYP works collaboratively to reshape community norms that drive youth substance use. They partner with young people, families, schools and other community organizations to promote a thriving environment.
- ❖ **Marin Friday Night Live Network**: Youth Leadership Institute staffs eight Chapters and works with young people to help identify issues in their communities, conduct research, and implement media and policy campaigns.

## **Community-Based Coalitions and Groups (Partner)**

- ❖ **Youth for Justice**: Alcohol Justice works with young people to organize and develop prevention strategies in the Canal neighborhood of San Rafael. They empower youth to address the harms caused by alcohol and other drugs in their neighborhood.
- ❖ **Mill Valley Aware**: Mill Valley Aware sponsors education and events to provide ways for teens and parents to connect and support each other around the issues of teen alcohol and drug use.
- ❖ **Smoke Free Marin Coalition**: The Smoke-Free Marin Coalition provides educational support for local communities and residents for their public health and safety from the hazards of drifting smoke, tobacco and e-cigarette smoke or vapor, and youth access to addictive products such as Flavor/Menthol tobacco and vape products.
- ❖ **Marin County Youth Commission**: The Commission's goal is to act as a political voice for young people — particularly those in underserved populations, including youth of color, youth with disabilities, homeless youth, rural youth, and LGBTQ youth — by engaging with the Marin County Board of Supervisors and other policy makers.

## **Other County Partners**

In addition to the numerous coalition and community partners noted above, other collaborative partners include: County-operated and community-based behavioral health providers; County Public Health, Social Services and Whole Person Care units; Medi-Cal Managed Care Health Plan and primary health care providers; criminal justice partners such as the Probation Department, Public Defender, District Attorney and Superior Court; Marin County Office of Education and local schools; and the Marin County Advisory Board on Alcohol and Other Drugs. Marin County collaborates with these partners on both prevention and treatment efforts, which include strategic program development efforts, leveraging resources to support substance use programs and services, and coordinating efforts to achieve broader impact.

## **Workforce Development**

Marin County provides extensive training and technical assistance to contracted providers and community stakeholders directly and through contracted consultants. Marin BHRS also oversees a Workforce, Education and Training initiative, which offers training on various evidence-based practices and provides scholarships to local residents to become certified alcohol and drug counselors. Marin BHRS also prepares and implements an annual training plan which is tailored to the specific system and individual-level needs of our staff and partners.

To ensure providers are competent in the services provided, Marin contracts with an independent evaluator as well as conducts onsite monitoring visits with all providers. Marin also embraces a continuous quality improvement culture and routinely uses performance and outcome data, as well as feedback provided through listening sessions and participant surveys, to assess and inform efforts.

## Resource and Community Readiness

The Resource Readiness Table below provides an overview of the resources available to Marin County BHRS to address each of the priority areas identified in the community needs assessment. Each priority area uses the following indicators for each resource category:

- ❖ (+) = Existing sufficient resources
- ❖ (n/a) = Resources that are unnecessary
- ❖ (-) = Insufficient resources, or resources that do not current exist
- ❖ (+/-) = Resources that are neither insufficient or totally sufficient

Priority areas where resources do not currently exist or are insufficient will be discussed in greater detail in the section following the table below.

Resource Readiness Table				
Enter (+), (n/a), or (-) to measure resources for each priority issues.		Priority Areas		
		UD	MJ	Rx Drug
Community Resources	Community awareness	+/-	+/-	+/-
	Specialized knowledge about Pv research, theory, and practice	+	+	+
	Practical Experience	+	+	+
	Political/policy knowledge	+	+	+
Fiscal Resources	Funding	-	-	-
	Equipment, computers, Xerox, etc.	+	+	+
	Promotion and advertising	+	-	-
Human Resources	Competent staff	+	+	+
	Training	+	+	+
	Consultants	+	+	+
	Stakeholders	+	+	+
	Other agency partners	+	+	+
	Community Leaders	+	+	+
Organizational Resources	Vision and mission statement	+	+/-	+
	Clear and consistent organizational patterns and policies	-	+	+
	Adequate fiscal resources for implementation	-	-	-
	Technological resources	+	+	+
	Specialized knowledge about Pv research, theory, and practice	+	+	+
UD = Underage alcohol use; MJ = Underage marijuana use; Rx Drug = Prescription drug misuse				

### Summary of the Resource Gaps:

1. **Community Awareness:** Many Marin County residents are aware that underage drinking is an issue, and of the harmful consequences of underage alcohol use. However, fewer adults

understand the influence that role modeling has on underage drinking and could benefit from additional education and information to address that gap. Similarly, there has been substantial activity and messaging to increase community awareness about underage marijuana use and prescription drug misuse; however, permissive norms and adult modeling persists.

2. **Funding:** Demand for SUD Pv services is greater than the resources available to provide them in the community.
3. **Promotion and Advertising:** Marin County BHRS-SUS is still in the beginning stages of launching a new marketing and social media campaign that will promote education and information dissemination regarding marijuana and opioid use.
4. **Vision and mission statement:** Although Marin County provided leadership and public health messaging to communities considering storefronts and delivery services for recreational marijuana, Marin County has not yet articulated or disseminated a clear vision and mission statement for addressing marijuana use.
5. **Adequate fiscal resources for implementation:** There is insufficient funding to implement prevention strategies to address all risk factors identified during the needs assessment process. While there are several initiatives focused on messaging to address underage alcohol use, there are very few resources dedicated to advertising and messaging around underage marijuana use or prescription drug misuse.

## Capacity Challenges/Gaps

As part of the needs assessment, Marin County BHRS includes an overview of the capacity challenges or gaps for both the agency and the community that contribute to the identified priority areas for substance use prevention (areas identified with a “-” or “+/-” from the *Resource Readiness Table* above). Each priority area indicated includes an overview of the challenges or gaps related to community readiness, community resources, fiscal resources, human resources, and organizational resources that will be addressed in later sections of the 2020-2025 SPP.

Priority Areas:	Underage Drinking	Underage Marijuana Use	Rx Drug Misuse
<b>Community Readiness</b>	<b>Stage 8: Confirmation/Expansion</b> Although permissive norms around alcohol use exist, there are community leaders and prevention efforts have been underway for many years to address these issues. The community-based coalitions and groups are reviewing and evaluating underage drinking prevention efforts, including using data for planning purposes.	<b>Stage 6: Initiation</b> Although permissive norms around marijuana exist, the community is mobilizing around vaping. There are also some broader efforts to decrease youth cannabis use that are underway. Stakeholders recognize the need to expand services and campaigns to address youth marijuana youth more urgently now than in the past.	<b>Stage 8: Confirmation/Expansion</b> Many of the efforts to date have focused on and impacted adults and their prescribers (mainly through RxSafe Marin). Community members are ready to expand current efforts to focus on prevention services for youth and young adults, though specific initiatives are still being identified.
<b>Community Resources</b>	Lack of community awareness of the consequences of underage drinking perpetuates permissive norms. Youth do not perceive underage drinking as harmful, and peer norms and activities permit underage drinking due to this systemic lack of awareness.	Lack of community awareness of the consequences of youth marijuana, particularly vaping marijuana, that has resulted in an increase in use. Youth do not perceive marijuana use as harmful, and vaping may facilitate marijuana use to youth at earlier ages.	Lack of community awareness of the consequences of prescription drug use is identified as a major contributing factor to misuse. Unclear norms regarding prescription drug use, and potential lack of connection to social and community institutions or efforts contribute to the lack of awareness.
<b>Fiscal Resources</b>	There is insufficient funding to meet the need that supports both broad and deep underage drinking prevention efforts for all youth in the County.	There is insufficient funding to meet the need that supports both broad and deep marijuana and vaping use prevention efforts for all youth in the County. There is insufficient funding	There is insufficient funding to meet the need that supports both broad and deep prescription drug misuse prevention efforts for County residents. There is insufficient funding for the advertising of



		for advertising the harmful effects of youth marijuana and vaping use.	potential harmful effects of prescription drug misuse and promotion of alternatives to prescription drug misuse.
<b>Human Resources</b>	<i>N/A (no negatives in the Resource Readiness Table)</i>	<i>N/A (no negatives in the Resource Readiness Table)</i>	<i>N/A (no negatives in the Resource Readiness Table)</i>
<b>Organizational Resources</b>	There is lack of clear and consistent roles and responsibilities between different stakeholder groups in prevention efforts, inconsistent follow-through towards goals and objectives, and lack of timely evaluation and monitoring of consequences of underage drinking to inform ad hoc changes to strategies. There is inadequate funding or other resources allocated toward preventing underage drinking.	There is a lack of clarity in addressing youth marijuana and vaping use because it is an emerging trend that lacks more comprehensive data on needs and consequences. There is inadequate funding or other resources allocated toward preventing youth marijuana and vaping use. Lack of organizational vision with regards to marijuana use has prevented specific policymaking in this area as well.	As efforts have been largely focused on the adult population, there is inadequate funding or other resources allocated toward preventing youth/young adult prescription drug misuse.

## Cultural Competence and Sustainability

Marin County BHRS incorporated culturally competent and sustainable approaches to conducting the needs assessment. In addition to the approaches discussed in the assessment methodology section of this chapter, additional approaches are summarized by the following efforts:

Sustainability	Cultural Competence
<ul style="list-style-type: none"> <li>Utilized data collection as an opportunity to identify champions and leaders, both in the County and in the community. This approach leverages existing knowledge and skills that will increase the County's effectiveness in reaching its 5-year prevention goals.</li> <li>Conducted listening sessions with staff and community leaders interested in leading prevention efforts.</li> <li>Recruited community members with skills or specialized knowledge of the substance use prevention needs of Marin County residents.</li> </ul>	<ul style="list-style-type: none"> <li>Used both qualitative and quantitative data to identify populations that endure disparities due to substance use issues.</li> <li>Worked with the community throughout the assessment to identify the needs and priorities to address for substance use prevention.</li> <li>Collected and used cultural competence-related information/data by creating resources and hosting community listening sessions in the County's threshold languages.</li> <li>Created a process for identifying culturally relevant risk and protective factors and other underlying conditions by triangulating prevention data with data from other County departments who serve overlapping populations.</li> <li>Used community events and listening sessions to share information with the community about the County's cultural competency efforts and resources.</li> </ul>

### Cultural Specificity in Data Collection

Marin County BHRS-SUS has made it a priority to engage marginalized and underserved populations most impacted by health inequity in this assessment. In addition to incorporating a health equity lens in the presentation and interpretation of the assessment data, Marin County also created multiple forums to incorporate the voices of people with lived experience of substance use, those within and/or living or being among communities of color, and those who are immigrants. Below is the summary of the specific strategies Marin County used in its data collection that were culturally specific:

- ❖ **Community Listening Sessions:** Marin County BHRS and partner agencies hosted a series of community listening sessions, including several that focused on underserved populations and communities.
- ❖ **Community Planning Survey:** The survey component of Marin County's community engagement approach was made available in English and Spanish. Over 92 Marin County residents participated

in the Spanish-language version of the survey to indicate their highest priority substance use prevention needs and their ideas to enhance ongoing prevention efforts.

## Chapter III – Capacity Building

### Capacity Building Plans

Plans to address the gaps in the County’s capacity to carryout substance use prevention services are detailed in the following tables.

Priority Area 1: Underage alcohol use	
Community Readiness Stage: Stage 8 – Confirmation/Expansion	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
<b>Community Resources:</b>	
1. Partner with the Marin Prevention Network to identify and coordinate shared priorities and strategies.	Year 1
2. Continue implementation and evaluation of initiatives to increase community awareness of underage alcohol use and strategies to address the issue [e.g. Raising the Bar, Social Host Ordinance implementation and enforcement, etc.].	Years 1 – 5
3. Provide technical assistance and training to Coalitions and other Marin Prevention Network partners to effectively implement strategies to address underage drinking.	Years 1 – 5
4. Enhance the Marin Prevention Network website to share information with community members and stakeholders on underage drinking prevention efforts.	Years 1 - 2
<b>Organizational Resources:</b>	
1. Engage Marin Prevention Network to identify, align and coordinate shared priorities and strategies.	Year 1
2. Issue RFPs to increase the number and diversity of communities, especially communities of color and other underserved groups, addressing underage drinking.	Year 1
3. Issue RFP for a contractor to provide media/messaging related to increasing community awareness of underage drinking.	Year 1
4. Issue RFP for a contractor to provide training/technical assistance to Coalitions and other Marin Prevention Network partners to effectively implement strategies to address underage drinking.	Year 1
<b>Human Resources:</b>	
N/A (no negatives identified in the Resource Readiness Table in Chapter 2)	
<b>Fiscal Resources:</b>	
1. Identify other partners with shared priorities and strategies in order to identify opportunities to leverage funding and/or capacity [e.g. Mental Health Services Act, Marin Prevention Network Partners, Schools, etc.].	Years 1 – 2
2. Seek grant funding opportunities that align with underage drinking priority area.	Years 1 - 5

<b>Priority Area 2: Underage marijuana use</b>	
<b>Community Readiness Stage: Stage 6 - Initiation</b>	
<b>Course of Action</b> (e.g. training, coalition building, mobilization efforts)	<b>Proposed Timeline</b>
<b>Community Resources:</b>	
1. Partner with the Marin Prevention Network and Smoke Free Marin Coalition to identify and coordinate shared priorities and strategies pertaining to underage marijuana use.	Year 1
2. Provide technical assistance and training to Coalitions and other Marin Prevention Network partners to effectively implement and evaluate strategies to address underage marijuana use.	Years 1 – 5
3. Enhance the Marin Prevention Network website to share information with community members and stakeholders on underage drinking prevention efforts.	Years 1-2
<b>Organizational Resources:</b>	
1. Engage Department of Health and Human Services leadership to develop and disseminate a vision and mission specific to underage marijuana use.	Year 1
2. Issue RFPs to increase the number and diversity of communities, especially communities of color and other underserved groups, addressing underage marijuana use.	Year 1
3. Issue RFP for a contractor to provide media/messaging related to increasing community awareness of underage marijuana use.	Year 1
4. Issue RFP for a contractor to provide training/technical assistance to Coalitions and other Marin Prevention Network partners to effectively implement strategies to address underage marijuana use.	Year 1
<b>Human Resources:</b>	
N/A (no negatives identified in the Resource Readiness Table in Chapter 2)	
<b>Fiscal Resources:</b>	
1. Identify other partners with shared priorities and strategies in order to identify opportunities to leverage funding and/or capacity [e.g. Mental Health Services Act, Marin Prevention Network partners, Schools, etc.].	Years 1 – 2
2. Seek grant funding opportunities that align with youth marijuana use priority area.	Years 1 - 5

<b>Priority Area 3: Prescription drug misuse</b>	
<b>Community Readiness Stage: Stage 8 – Confirmation/Expansion</b>	
<b>Course of Action</b> (e.g. training, coalition building, mobilization efforts)	<b>Proposed Timeline</b>
<b>Community Resources:</b>	
1. Partner with RxSafe Marin Community-Based Prevention Action Team to identify opportunities to coordinate existing and/or expand shared priority strategies and capacity.	Year 1
2. Enhance the Marin Prevention Network and/or RxSafe Marin websites to share information with community members and stakeholders on youth and young adult prescription drug misuse.	Years 1 – 2

3. Partner with the Marin Prevention Network and Marin County Office of Education to include pertinent information in the Community of Concern (or similar) informational communication to parents/families of young people.	Years 1 - 5
<b>Organizational Resources:</b> 1. Ensure/provide additional Health and Human Services staffing to the RxSafe Marin Community-Based Prevention Action Team to support implementation of youth/young adult focused prevention initiatives.	Years 1 - 5
<b>Human Resources:</b> N/A (no negatives identified in the Resource Readiness Table in Chapter 2)	
<b>Fiscal Resources:</b> 1. Identify other partners with shared priorities and strategies in order to identify opportunities to leverage funding and/or actions [e.g. RxSafe Marin, Marin Prevention Network partners, Schools, etc.] 2. Seek grant funding opportunities that align with prescription drug misuse priority area.	Years 1 – 2  Years 1 - 5

## Cultural Competence and Sustainability

Marin County BHRS incorporated culturally competent and sustainable approaches to capacity building strategies. Capacity building approaches to support cultural competence and sustainability are documented below:

Sustainability	Cultural Competency
<ul style="list-style-type: none"> <li>Convened and provided training and technical assistance to engage stakeholders in prevention efforts</li> <li>Developed and promoted a list of accessible and available resources for prevention efforts</li> <li>Leveraged efforts with other entities with shared priority strategies, actions, and capacity</li> </ul>	<ul style="list-style-type: none"> <li>Examined community resources and readiness</li> <li>Ensured Marin Prevention Network, RxSafe Marin and other planning groups included stakeholders, such as youth, family members, community coalition representatives, etc.</li> <li>Ensured that tools and technology were culturally appropriate (e.g. prevention and outreach materials were available in Marin's threshold languages – English and Spanish)</li> <li>Required all staff and contracted providers to participate in cultural competency training at least annually</li> <li>Identified opportunities to expand prevention efforts that will engage broader and more diverse communities (e.g. coalitions from other geographic areas in Marin; focusing school-based efforts in schools with disproportionate rates of substance use and risk factors)</li> <li>Plan to issue RFPs to increase the diversity of providers who will provide capacity building support to the County</li> </ul>

## Chapter IV – Planning

Based on the priority areas and capacity building plans, Marin County HHS developed a set of comprehensive substance use prevention strategies to be implemented over the course of the next five years. These strategies are evidence-based, meaning that the different types of activities, curriculums, and events detailed in this plan have shown to reduce the risk of individuals engaging in substance use through rigorous research. Marin County’s prevention approach encompasses a continuum of strategies that span from individual-focused (e.g., education initiatives) through to countywide policy development (e.g., Social Host Ordinance). These strategies were developed through a partnership between Behavioral Health and Recovery Services and Public Health, and in close coordination with a network of community stakeholders. Combined with plans to expand the community and county’s capacity to further prevent substance use, the *Strategic Prevention Plan 2020-2025* will be integral to addressing the prevention needs of Marin County residents and health inequities faced by the County’s most underserved communities.

### Data-Based Strategies

The following evidence-based prevention strategies will be implemented by Marin County BHRS SUS to address the priority substance use prevention needs:

#### Priority Area 1: Underage alcohol use

Risk Factors	Protective Factors	Strategy
<ol style="list-style-type: none"> <li><b>Youth have low perception of harm of alcohol use and binge drinking. (individual)</b></li> <li><b>Youth report that alcohol is easily accessed. (individual, peer, family, community)</b></li> </ol>	Current laws regarding supplying alcohol to minors need continued enforcement. (2)	Information Dissemination
		Education
	Educate youth and adults about harmful effects of underage drinking, binge drinking, and supplying alcohol to minors. (1)	Alternative Activities
		Community-Based Process
	Increase education in the schools and alternative community-based activities to increase social and coping skills. (1)	Environmental
	Social norm media campaign to address youth access and perceptions of harm related to underage alcohol use. (1)	

**Priority Area 2: Underage marijuana use**

Risk Factors	Protective Factors	Strategy
<ol style="list-style-type: none"> <li><b>Peer norms are accepting of marijuana use. (individual, peer, family, community)</b></li> <li><b>Youth have low perception of harm of vaping marijuana. (individual)</b></li> <li><b>Youth report that marijuana is easily accessed. (individual, peer, family, community)</b></li> </ol>	Current laws regarding supplying marijuana to minors need continued enforcement. (3)	Information Dissemination
		Education
	Educate youth and adults about harmful effects of underage marijuana use and supplying marijuana to minors. (1, 2)	Alternative Activities
	Social norm media campaign to address youth access and perceptions of harm related to underage marijuana use. (1, 2)	Community-Based Process
	Increase education in the schools and alternative community-based activities to increase social and coping skills. (1,2)	Environmental



### Priority Area 3: Prescription drug misuse, including opioids

Risk Factors	Protective Factors	Strategy
1. <b>Opioids account for the highest rate of drug-related hospitalizations. (individual)</b>	Expand the RxSafe Marin prevention work to include additional focus on youth and young adult prescription drug misuse. (1, 2, 3, 4)	Information Dissemination
2. <b>Opioid-related ED visits occur at much higher rate for older youth and young adults. (individual)</b>	Provide information to parents/caregivers, youth, adults and the medical community to increase awareness on prescription drug misuse. (3, 4)	Education
3. <b>Youth report early initiation of illegal drug or pill use by the age of 16. (individual, peer, family)</b>	Increase knowledge among parents/caregivers and youth regarding illegal drug or pill use by youth. (3)	Community-Based Process
4. <b>Prescription drug, including opioids, misuse can cause accidental death due to overdose. (individual, community)</b>	Social norm media campaign to address youth access related to illegal drug or pill use. (3, 4)	Environmental
	Increase education in the schools and alternative community-based activities to increase social and coping skills. (3, 4)	

### Summary of Data-Based Strategies:

- 1. Information Dissemination strategies** will be co-coordinated with the Marin Prevention Network (MPN) through social media campaigns, outreach at community events, and distributing information resources among the MPN partner organizations throughout the County. Information dissemination strategies effectively increase knowledge and awareness of the nature, harms, and extent of alcohol and other drug use, as well as the prevention services to address them. Thus, Marin BHRS will be leveraging specific protective factors such as social norm media campaigns, awareness campaigns, and ongoing prevention partnerships to address the perception of harm associated with alcohol and other drug use, as well as to mitigate the risk of accidental overdose.
- 2. Education strategies** will be implemented with the County's prevention partners such as school districts and community-based organizations. These strategies focus on providing youth, parent and community-based education to facilitate conversations about the harms of substance use and perceptions around use, and to foster life and social skill building. These efforts are intended to reduce drug and alcohol perception of need, acceptance, and use initiation.

- 3. Alternative Activities strategies** provide constructive outlets for youth to engage in prosocial activities creative pursuits to decrease the time available for alcohol or other drug consumption. Marin County BHRS SUS will leverage partnerships with schools and community-based organizations to support alternative activities. Similar to other strategies, Alternative Activities are intended to reduce drug and alcohol perception of need, acceptance and use initiation.
- 4. Community-Based Process strategies** will be implemented to enhance the community's capacity to more effectively address the substance use needs of Marin County residents. Marin County BHRS SUS will do the following:

  - ❖ Continue developing its role with the MPN and RxSafe Marin to identify opportunities to coordinate existing and/or expand shared priority strategies and capacity.
  - ❖ Enhance the MPN and/or RxSafe Marin websites to share information with community members and stakeholders on youth and young adult prescription drug misuse.
  - ❖ Issue RFPs to increase the number and diversity of communities, especially communities of color and other underserved groups, involved in addressing substance use prevention.
  - ❖ Provide technical assistance and training to coalitions and other MPN partners to effectively implement and evaluate substance use prevention strategies.
- 5. Environmental strategies** are an important component to continuing Marin County's policy-oriented work geared at impacting access, misuse and community norms related to alcohol and other drugs. Initiatives will focus on the continuing efforts related to social host ordinances, responsible beverage service initiatives, reducing access and availability, and other healthy retail environment strategies.

**Priority Area 1: Underage alcohol use**

**Problem Statement:** Underage alcohol use rates are high in Marin County because youth have a low perception of harm from alcohol use and binge drinking, and youth access alcohol easily.

**Goal:** Decrease underage alcohol use.

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
<p><b>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from consuming alcohol occasionally will increase to 19% from baseline (14%) as measured by CHKS.</b></p> <p><b>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from binge drinking once or twice per week will increase to 19% from baseline (14%) as measured by CHKS.</b></p> <p><b>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that alcohol is fairly or very easy to access will decrease to 66% and 74%, respectively, from baseline (71% and 79%, respectively) as measured by CHKS.</b></p>	Environmental	By 2021, there will be at least five (5) Coalitions representing diverse stakeholders and communities across Marin County that will address underage alcohol use.	By 2023, the five (5) Coalitions will report an increase in ability to identify, implement and evaluate culturally relevant and community-specific evidence-based strategies for addressing underage alcohol use.	By 2025, the percentage of Marin County 11 <sup>th</sup> grade students that report perceived great risk from consuming alcohol occasionally increased to 19% from baseline (14%) as measured by CHKS.	CHKS
	Community Based Process				PPSDS
	Education				Parent/ caregiver norms pre-post surveys
	Information Dissemination	By 2022, each of the five (5) coalitions will have identified at least one initiative to address underage alcohol use and developed an action plan to address. <i>[Examples of initiatives will vary by community need and readiness and may include implementing new or updating or enforcing existing policies, such as Social Host Ordinances, school alcohol policies, Responsible Beverage Service policies, alcohol outlet density, Lee Law, etc.].</i>	By 2023, each of the five (5) coalitions will have implemented their action plan to address an initiative focused on underage alcohol use.	By 2025, the percentage of Marin County 11 <sup>th</sup> grade students that report perceived great risk from binge drinking once or twice per week increased to 19% from baseline (14%) as measured by CHKS.	Healthy Retail Survey
	Alternative Activities		By 2023, there will be at least two media campaigns that address underage alcohol use (e.g. Raising the Bar; youth-led messaging).	By 2025, the percentage of Marin County 9 <sup>th</sup> and 11 <sup>th</sup> grade students who report that alcohol is fairly or very easy to access decreased to	Youth Development Survey
		By 2021, partner with at least three middle and/or high schools to support	By 2023, at least 25% of youth participating in underage alcohol use initiatives at the three middle and/or high schools will report an increased		Coalition Functioning Instrument
					Review of Program Documents [e.g. Coalition Minutes and Action Plans; Media Campaign Materials]

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		<p>underage alcohol use initiatives, such as providing educational events (e.g. speaker series with follow-up curricula support) and supporting youth development initiatives (e.g. FNL/CL). <i>[Marin County will prioritize efforts with schools that report high levels of easy access to alcohol and low perceived risk of alcohol use and binge drinking].</i></p> <p>By 2021 (and annually), develop and distribute at least one middle or high school parent/ caregiver-focused informational/ marketing campaign on underage alcohol use.</p>	<p>awareness of risks associated with underage alcohol use and binge drinking.</p> <p>By 2024, at least 25% of parents/caregivers will report an increase in knowledge of strategies to reduce underage alcohol use as measured by a Parent Norms Survey.</p> <p>By 2022 (and in 2025), there will be improvement in at least one indicator of underage alcohol retail access or advertising as measured by the Healthy Retail Survey.</p>	<p>66% and 74%, respectively, from baseline (71% and 79%, respectively) as measured by CHKS.</p>	
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**Priority Area 2: Underage marijuana use**

**Problem Statement:** High rates of youth marijuana use is a priority for Marin County because youth have a low perception of harm of marijuana use and from vaping marijuana; youth access marijuana easily; and peers are tolerant of marijuana use.

**Goal:** Decrease underage marijuana use.

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
<p><b>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students that report perceived great risk from smoking marijuana once or twice a week will increase to 43% and 32%, respectively, from baseline (38% and 27%) as measured by CHKS.</b></p> <p><b>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that marijuana is fairly or very easy to access will decrease to 65% and 75%, respectively, from baseline (70% and 80%, respectively) as measured by CHKS.</b></p> <p><b>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report strong disapproval with using marijuana once or more per month will increase to 45% from baseline (40%) as measured by CHKS.</b></p>	Environmental	By 2021, there will be at least five (5) Coalitions representing diverse stakeholders and communities across Marin County that will address underage marijuana use.	By 2023 the five (5) Coalitions will report an increase in ability to identify, implement and evaluate culturally relevant and community-specific evidence-based strategies for addressing underage marijuana use.	By 2025, the percentage of Marin County 9 <sup>th</sup> and 11 <sup>th</sup> grade students that report perceived great risk from smoking marijuana once or twice a week increased to 43% and 32%, respectively, from baseline (38% and 27%) as measured by CHKS.	CHKS
	Community Based Process				PPSDS
	Education				Parent/ caregiver norms pre-post surveys
	Information Dissemination	By 2022, each of the five (5) coalitions will have identified at least one initiative to address underage marijuana use and developed an action plan to address. <i>[Examples of initiatives will vary by community need and readiness and may include implementing new or updating or enforcing existing policies, such as Social Host Ordinances, school marijuana policies, responsible retailing policies, dispensary density, etc.]</i>	By 2023, each of the five (5) coalitions will have implemented their action plan to address an initiative focused on underage marijuana use.	By 2025, the percentage of Marin County 9 <sup>th</sup> and 11 <sup>th</sup> grade students who report that marijuana is fairly or very easy to access decreased to 65% and 75%, respectively, from baseline (70% and 80%, respectively) as measured by CHKS.	Youth Development Survey
	Alternative Activities		By 2023, there will be at least two media campaigns that address underage marijuana use.		Coalition Functioning Instrument
			By 2023, at least 25% of youth participating in underage marijuana use initiatives at the three middle and/or high schools will report an increased awareness of risks associated		Review of Program Documents [e.g. Coalition Minutes and Action Plans; Media Campaign Materials]
		By 2021, partner with at least three (3) middle and/or high schools to support underage marijuana use		By 2025, the percentage of Marin County 11 <sup>th</sup> grade	

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		<p>initiatives, such as providing educational events (e.g. speaker series with follow-up curricula support) and supporting youth development initiatives (e.g. FNL/CL). <i>[Marin County will prioritize efforts with schools that report high levels of easy access to and approval of marijuana use and low perceived risk of marijuana use].</i></p> <p>By 2021 (and annually), develop and distribute at least one middle or high school parent/ caregiver-focused informational/ marketing campaign on underage marijuana use.</p>	<p>with underage marijuana use.</p> <p>By 2024, at least 25% of parents/caregivers will report an increase in knowledge of strategies to reduce underage marijuana use as measured by a Parent Norms Survey.</p>	<p>students that report strong disapproval with using marijuana once or more a month increased to 45% from baseline (40%) as measured by CHKS.</p>	
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**Priority Area 3: Prescription drug misuse, including opioids**

**Problem Statement:** High prescription drug misuse rates, including opioids, continue to be a priority to address for Marin County because of the high number of accidental deaths due to opioid overdose; high rate of opioid-related ED visits; high rate of opioid-related hospitalizations; and the high rate of early initiation ages to illegal pill use for youth.

**Goal:** Decrease prescription drug (including opioids) misuse and harms associated with misuse, particularly among youths and young adults.

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
<b>By 2025, the number of deaths due to opioid overdose for Marin County youth (15-19 years) and adults (35-39 years) will decrease to 3 per 100 and 10 per 100, respectively, as compared to baseline (6.63 per 100 and 13.96 per 100) as measured by OSHPD.</b>	Environmental	By 2021 (and annually), partner with the RxSafe Marin Coalition to identify at least two initiatives to address access to and misuse of prescription drugs, including opioids <i>[Examples of initiatives may include implementing new, updating, or enforcing existing policies, such as Social Host Ordinance, enhancing safe drug disposal access, enhancing naloxone education and distribution].</i>	By 2022, RxSafe Marin Coalitions will have implemented the action plan to address at least two initiatives annually focused on prescription drug misuse, including opioids.	By 2025, the number of deaths due to opioid overdose for Marin County youth (15-19 years) and adults (35-39 years) decreased to 3 per 100 and 10 per 100, respectively, as compared to baseline (6.63 per 100 and 13.96 per 100) as measured by OSHPD.	CHKS
	Community Based Process		By 2022 (and annually), there will be at least one media campaign that addresses youth and adult prescription drug misuse, including opioids.	By 2025, the rate of opioid-related ED visits for Marin County youth (15-19 years) and adults (25-29) decreased to 10 per 100 and 50 per 100, respectively as compared to baseline (13.26 per 100 and 55.7 per 100, respectively) as measured by OSHPD.	PPSDS
	Education				Office of Statewide Health Planning and Development (OSHPD)
<b>By 2025, the rate of opioid-related ED visits for Marin County youth (15-19 years) and adults (25-29) will decrease to 10 per 100 and 50 per 100, respectively as compared to baseline (13.26 per 100 and 55.7 per 100, respectively) as measured by OSHPD.</b>	Information Dissemination	By 2021 (and annually), identify at least one (1) media campaign related to preventing early initiation of youth prescription drug misuse and impacting adult prescription drug misuse, including opioids. <i>[Examples of campaigns may focus on youth access to prescription drugs, promoting safe storage and disposal of prescription medications, increasing knowledge of the impacts of prescription drug misuse,</i>	By 2024, at least 25% of youth participating in initiatives at the three (3) middle and/or high schools will report reduced access to and an increased awareness of risks associated youth prescription drug misuse.	By 2025, the rate of opioid-related hospitalizations for Marin County adults (25-29 years) decreased to 14 per 100 as compared to baseline (18.6 per 100) as measured by OSHPD.	Parent/Caregiver Norms Survey
			By 2024, at least 25% of parents/caregivers will report an increase in knowledge of strategies to		Youth Development Survey
<b>By 2025, the rate of opioid-related hospitalizations for Marin County adults (25-29 years) will decrease to 14 per 100 as compared to baseline (18.6 per 100) as measured by OSHPD.</b>					Review of Program Documents (e.g. RxSafe Marin Minutes and Action Plans; Media



<p><b>By 2025, the number of Marin County 11<sup>th</sup> grade students who report early initiation of illegal drug or pill use will decrease to 14% as compared to baseline (19%) as measured by CHKS.</b></p>		<p><i>messaging to healthcare providers on addressing overdose prevention, and addressing stigma related to prescription drugs, including opioids]</i></p> <p>By 2021 (and annually), develop and distribute at least one middle or high school parent/ caregiver-focused informational/ marketing campaign on youth prescription misuse, including opioids.</p> <p>By 2022, partner with at least three (3) middle and/or high schools to support youth-focused school-based initiatives. <i>[Examples include providing a speaker series with follow-up curricula support, supporting youth development initiatives (e.g. FNL/CL), and supporting school and community-based youth Wellness Centers].</i></p> <p><i>[Marin County will prioritize efforts with schools that report high levels of early initiation and use of prescription drugs, including opioids].</i></p>	<p>reduce underage prescription drug misuse as measured by a Parent Norms Survey.</p>	<p>By 2025, the number of Marin County 11<sup>th</sup> grade students who report early initiation of illegal drug or pill use decreased to 14% as compared to baseline (19%) as measured by CHKS.</p>	<p>Campaign Materials)</p>
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## Planning Process Overview

Marin County BHRS SUS solicited input on the plan's prevention strategies in a variety of ways. Prevention strategies were developed through the following:

- **Marin Prevention Network (MPN):** Marin County facilitated a strategy brainstorm session with the MPN on January 14, 2020. During this brainstorm session, MPN members and the County reviewed ongoing strategies and discussed innovative ideas suggested by meeting attendees. The meeting concluded with an activity where members rated the extent to which each strategy was working, working but modifications were needed, or a change of course was required. These ratings are reflected in the proposed updated strategies set forth in this current *Strategic Prevention Plan 2020-2025*.
- **Community Planning Survey:** The Community Planning Survey solicited strategies to improve prevention services from County residents. The top three most frequent suggestions related to substance use prevention services included community education, community building activities that enhance social connectedness, and increasing the number of safe spaces where community members can congregate. These as well as other suggestions were considered by the County and incorporated where appropriate into prevention or capacity building plans for 2020-2025.
- **Marin Community Listening Sessions and Cross Departmental Planning Meetings:** Marin County BHRS SUS regularly engages several other County departments and BHRS teams in the planning of substance use prevention services. Marin County BHRS SUS meets regularly with the Division of Public Health, BHRS Prevention and Early Intervention Services and the continuum of children's and adult mental health planned services teams. The purpose of these meetings was to review needs assessment data, develop plans for engaging stakeholders in planning, to vet the ideas proposed by stakeholder groups, and introduce complimentary strategies to incorporate into this plan. Marin BHRS also incorporated recommendations gathered from the Community Listening Sessions, one of which exclusively focused on prevention and early intervention.

The County's prevention approach will be brought into alignment with the Marin County Department of Health and Human Services *Strategic Plan to Achieve Health and Wellness Equity 2018* as additional prevention providers are brought into contract that focus on underserved communities and reducing disparities.

## Cultural Competence and Sustainability

During the planning phase, Marin County BHRS ensured future sustainability of prevention services by incorporating the input from a diverse group of stakeholders from the community, its formalized

prevention network, and from other County departments. Stakeholders provided input from multiple perspectives that included people with lived experience, policy experts, epidemiologists, counselors, family members, and individuals from underserved communities to ensure balanced approaches to prevention services. The selected strategies are also reflective of the needs of the community as a result from the needs assessment conducted as part of this planning process.

Additionally, Marin County BHRS SUS took measures to ensure these plans are reflective of the demographics and target populations it plans to serve. The Community Planning Survey was conducted in both English and Spanish and distributed widely through multiple County departments and their community-based contracted providers to reach a diverse cross section of Marin County residents. Integrating culturally competent trainings for staff and service elements are already standard practice for County and community-based providers that will continue with this new plan. Additional headway to achieve health equity in prevention services will be made through capacity building plans to enhance the County's ability to better serve underserved communities through the expansion of its provider network.

## Chapter V – Implementation

Based on the strategies identified in “Chapter IV – Planning,” Marin County BHRS describes how these strategies will be implemented in collaboration with the community. Each prevention strategy’s implementation is described in detail in a corresponding table with the Priority Area it is intended to address.

### Priority Area 1: Underage alcohol use

Program/Intervention: Coalitions			
Goal: Decrease Underage Drinking			
<b>Objective(s):</b> <ol style="list-style-type: none"> <li>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from consuming alcohol occasionally will increase to 19% from baseline (14%) as measured by CHKS.</li> <li>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from binge drinking once or twice per week will increase to 19% from baseline (14%) as measured by CHKS.</li> <li>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that alcohol is fairly or very easy to access will decrease to 66% and 74%, respectively, from baseline (71% and 79%, respectively) as measured by CHKS.</li> </ol>			
IOM Category(ies): Universal		Population(s): Adults/Youth	
Major Tasks	Timeline	Responsible Party	Strategy
Draft and release two Requests for Proposals (RFP) – One for Coalitions and one for Coalition technical assistance	July – September 2020	Marin HHS	CBP
Select and contract with at least (5) Coalitions that represent diverse communities and populations across Marin County	October – December 2020	Marin HHS	CBP
Select and contract with one provider of technical assistance support to the Coalitions	October – December 2020	Marin HHS	CBP
Recruit diverse membership to participate within each of the five (5) Coalitions, such as having coalition members that are municipal staff, parents, youth, school staff, law enforcement, etc.	October 2020 – March 2021	Contracted Coalitions  Contracted Coalition Technical Assistance Provider	CBP
Provide training and technical assistance to Coalitions: Examples: Coalition development, selecting culturally	October 2020 - June 2021	Marin HHS	Educ., CBP

appropriate strategies, action plan development, policy development, etc.		Contracted Coalition Technical Assistance Provider	
Develop and implement an Environmental Strategies Action Plan, which includes at least one initiative (annually) aimed at addressing underage drinking	March 2021 (and update at least annually) - ongoing	Contracted Coalitions  Contracted Coalition Technical Assistance Provider	CBP  Env't
Evaluate process and outcome indicators to determine progress towards goals using the Coalition Functioning Instrument and review of Coalition documents (e.g. meeting minutes, action plans, and other materials)	Ongoing	Marin HHS  Contracted Evaluator	CBP

**Program/Intervention: Speaker Series**

**Goal: Decrease Underage Drinking**

**Objective(s):**

1. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from consuming alcohol occasionally will increase to 19% from baseline (14%) as measured by CHKS.
2. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from binge drinking once or twice per week will increase to 19% from baseline (14%) as measured by CHKS.
3. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that alcohol is fairly or very easy to access will decrease to 66% and 74%, respectively, from baseline (71% and 79%, respectively) as measured by CHKS.

IOM Category(ies): Universal, Selective      Population(s): Youth (Middle/High School Students), Parents/Families

Major Tasks	Timeline	Responsible Party	Strategy
Engage Marin Prevention Network (MPN) and Coalitions to identify priorities that could be supported through an annual speaker series	Jul 2021 – September 2021	Marin HHS  Marin Prevention Network	CBP
Outreach to middle and/or high schools to solicit interest and engage in planning priorities for the Speaker Series curriculum and logistics for implementation	August 2021 – December 2021	Marin HHS  Marin Prevention Network  Education Partners	CBP
Contract with speaker(s) to present on the risks and impacts of underage alcohol use and binge drinking and implement in at least five (5) schools annually	January – May 2022 (and annually)	Marin HHS	ID, Educ.

Evaluate process and outcome indicators to determine progress towards goals using a participant survey.	January – May 2022 (and annually)	Marin HHS  Contracted Evaluator	CBP
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Program/Intervention: Friday Night Live (FNL)			
Goal: Decrease Underage Drinking			
<p>Objective(s):</p> <ol style="list-style-type: none"> <li>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from consuming alcohol occasionally will increase to 19% from baseline (14%) as measured by CHKS.</li> <li>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from binge drinking once or twice per week will increase to 19% from baseline (14%) as measured by CHKS.</li> <li>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that alcohol is fairly or very easy to access will decrease to 66% and 74%, respectively, from baseline (71% and 79%, respectively) as measured by CHKS.</li> </ol>			
IOM Category(ies): Selective, Universal	Population(s): Youth/Middle-High School Students		
Major Tasks	Timeline	Responsible Party	Strategy
Draft and release a Request for Proposals (RFP) for FNL contractor(s)	July – September 2020	Marin HHS	CBP
Select and contract with an organization to implement FNL in Marin County	October – December 2020	Marin HHS	CBP
Implement FNL Chapters in at least three (3) school sites	January – June 2021 August – June (annually thereafter)	Contracted Provider	FNL CBP, Alt.
Contractor staff attends FNL Training	Annually	Marin HHS  Contracted Provider	Educ.  FNL
Evaluate process and impact of FNL efforts, including administration of the Youth Development Survey	Annually	Contracted Provider  Contracted Evaluator	FNL CBP

Program/Intervention: Media Campaign			
Goal: Decrease Underage Drinking			
<p>Objective(s):</p> <ol style="list-style-type: none"> <li>1. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from consuming alcohol occasionally will increase to 19% from baseline (14%) as measured by CHKS.</li> <li>2. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report perceived great risk from binge drinking once or twice per week will increase to 19% from baseline (14%) as measured by CHKS.</li> <li>3. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that alcohol is fairly or very easy to access will decrease to 66% and 74%, respectively, from baseline (71% and 79%, respectively) as measured by CHKS.</li> </ol>			
IOM Category(ies): Universal, Selective		Population(s): Parents/Families and Youth	
Major Tasks	Timeline	Responsible Party	Strategy
Draft and release a Request for Proposals (RFP) for a media/marketing organization to design and implement an Underage Drinking media campaign	July – September 2020	Marin HHS	CBP
Select and contract with a media/marketing organization	October – December 2020	Marin HHS	CBP
Engage the Marin Prevention Network and Coalitions to identify priorities that could be supported through media campaigns and a parent/caregiver educational marketing piece	January 2021 – April 2021 (and annually)	Marin HHS/Marin Prevention Network Media Contractor	CBP, ID
Engage the Marin County Office of Education, Marin Prevention Network, and Coalition partners to develop content and disseminate annually a parent, caregiver, or retailer educational marketing piece	January 2021 – August 2021 (and annually)	Marin HHS /Marin Prevention Network Marin County Office of Education	ID
Develop and implement at least one (1) media campaign annually targeted to parents, caregivers, or retailers to address underage alcohol use	January 2021 - Ongoing	Marin HHS/Marin Prevention Network Media Contractor	ID
Evaluate process and outcome indicators to determine progress towards goals using a Parent Norms Survey and Healthy Retail Survey	Annually (Parent Norms Survey: Biennial)	Marin HHS/Marin Prevention Network Evaluation Contractor	CBP

## Priority Area 2: Underage marijuana use

Program/Intervention: Coalitions			
Goal: Decrease underage marijuana use			
<p>Objective(s):</p> <ol style="list-style-type: none"> <li>1. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students that report perceived great risk from smoking marijuana once or twice a week will increase to 43% and 32%, respectively, from baseline (38% and 27%) as measured by CHKS.</li> <li>2. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that marijuana is fairly or very easy to access will decrease to 65% and 75%, respectively, from baseline (70% and 80%, respectively) as measured by CHKS.</li> <li>3. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report strong disapproval with using marijuana once or more per month will increase to 45% from baseline (40%) as measured by CHKS.</li> </ol>			
IOM Category(ies): Universal		Population(s): Adults/Youth	
Major Tasks	Timeline	Responsible Party	Strategy
Draft and release two Requests for Proposals (RFP) – One for Coalitions and one for Coalition technical assistance	July – September 2020	Marin HHS	CBP
Select and contract with at least (5) Coalitions that represent diverse communities and populations across Marin County	October – December 2020	Marin HHS	CBP
Select and contract with one provider of technical assistance support to the Coalitions	October – December 2020	Marin HHS	CBP
Recruit diverse membership to participate within each of the five (5) Coalitions, such as having coalition members that are municipal staff, parents, youth, school staff, law enforcement, etc.	October 2020 – March 2021	Contracted Coalitions  Contracted Coalition Technical Assistance Provider	CBP
Provide training and technical assistance to Coalitions: Examples: Coalition development, selecting culturally appropriate strategies, action plan development, policy development, etc.	October 2020 - June 2021	Marin HHS  Contracted Coalition Technical Assistance Provider	Educ., CBP
Develop and implement an Environmental Strategies Action Plan, which includes at least one initiative (annually) aimed at addressing underage marijuana use	March 2021 (and update at least annually) - ongoing	Contracted Coalitions  Contracted Coalition Technical Assistance Provider	CBP  Env't
Evaluate process and outcome indicators to determine progress towards goals using the Coalition Functioning Instrument and review of Coalition	Ongoing	Marin HHS  Contracted Evaluator	CBP

documents (e.g. meeting minutes, action plans, and other materials)			
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Program/Intervention: Speaker Series			
Goal: Decrease underage marijuana use			
<p>Objective(s):</p> <ol style="list-style-type: none"> <li>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students that report perceived great risk from smoking marijuana once or twice a week will increase to 43% and 32%, respectively, from baseline (38% and 27%) as measured by CHKS.</li> <li>By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that marijuana is fairly or very easy to access will decrease to 65% and 75%, respectively, from baseline (70% and 80%, respectively) as measured by CHKS.</li> <li>By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report strong disapproval with using marijuana once or more per month will increase to 45% from baseline (40%) as measured by CHKS.</li> </ol>			
IOM Category(ies): Universal, Selective	Population(s): Youth (Middle/High School Students), Parents/Families		
Major Tasks	Timeline	Responsible Party	Strategy
Engage Marin Prevention Network and Coalitions to identify priorities that could be supported through an annual speaker series	Jul 2021 – September 2021	Marin HHS Marin Prevention Network	CBP
Outreach to middle and/or high schools to solicit interest and engage in planning priorities for the Speaker Series curriculum and logistics for implementation	August 2021 – December 2021	Marin HHS Marin Prevention Network Education Partners	CBP
Contract with speaker(s) to present on the risks and impacts of underage marijuana use and implement in at least five (5) schools annually	January – May 2022 (and annually)	Marin HHS	ID, Educ.
Evaluate process and outcome indicators to determine progress towards goals using a participant survey	January – May 2022 (and annually)	Marin HHS Contracted Evaluator	CBP



**Program/Intervention: Friday Night Live (FNL)**

**Goal: Decrease underage marijuana use**

**Objective(s):**

1. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students that report perceived great risk from smoking marijuana once or twice a week will increase to 43% and 32%, respectively, from baseline (38% and 27%) as measured by CHKS.
2. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that marijuana is fairly or very easy to access will decrease to 65% and 75%, respectively, from baseline (70% and 80%, respectively) as measured by CHKS.
3. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report strong disapproval with using marijuana once or more per month will increase to 45% from baseline (40%) as measured by CHKS.

IOM Category(ies): Selective, Universal		Population(s): Youth/Middle-High School Students	
Major Tasks	Timeline	Responsible Party	Strategy
Draft and release a Request for Proposals (RFP) for FNL contractor(s)	July – September 2020	Marin HHS	CBP
Select and contract with an organization to implement FNL in Marin County	October – December 2020	Marin HHS	CBP
Implement FNL Chapters in at least three (3) school sites	January – June 2021 August – June (annually thereafter)	Contracted Provider FNL	CBP, Alt.
Contractor staff attends FNL Training	Annually	Marin HHS  Contracted Provider FNL	Educ.
Evaluate process and outcome indicators to determine progress towards goals using the Youth Development Survey	Annually	Contracted Provider FNL  Contracted Evaluator	CBP

**Program/Intervention: Media campaign**

**Goal: Decrease underage marijuana use**

**Objective(s):**

1. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students that report perceived great risk from smoking marijuana once or twice a week will increase to 43% and 32%, respectively, from baseline (38% and 27%) as measured by CHKS.
2. By 2025, the percentage of Marin County 9<sup>th</sup> and 11<sup>th</sup> grade students who report that marijuana is fairly or very easy to access will decrease to 65% and 75%, respectively, from baseline (70% and 80%, respectively) as measured by CHKS.
3. By 2025, the percentage of Marin County 11<sup>th</sup> grade students that report strong disapproval with using marijuana once or more per month will increase to 45% from baseline (40%) as measured by CHKS.

IOM Category(ies): Universal, Selective

Population(s): Parents/Families and Youth

Major Tasks	Timeline	Responsible Party	Strategy
Draft and release a Request for Proposals (RFP) for a media/marketing organization to design and implement a Underage Marijuana Use media campaign	July – September 2020	Marin HHS	CBP
Select and contract with a media/marketing organization	October – December 2020	Marin HHS	CBP
Engage the Marin Prevention Network and Coalitions to identify priorities that could be supported through media campaigns and a parent, caregiver, or retailer educational marketing piece	January 2021 – April 2021 (and annually)	Marin HHS/Marin Prevention Network Media Contractor	CBP, ID
Engage the Marin County Office of Education, Marin Prevention Network, and Coalition partners to develop content and disseminate annually a parent, caregiver, or retailer educational marketing piece	January 2021 – August 2021 (and annually)	Marin HHS /Marin Prevention Network Marin County Office of Education	ID
Develop and implement at least one (1) media campaign annually targeted to parents, caregivers, or retailers to address underage marijuana use	January 2021 - Ongoing	Marin HHS/Marin Prevention Network Media Contractor	ID
Evaluate process and outcome indicators to determine progress towards goals using a Parent Norms Survey and Healthy Retail Survey	Annually (Parent Norms Survey: Biennial)	Marin HHS/Marin Prevention Network Evaluation Contractor	CBP

## Priority Area 3: Prescription drug misuse, including opioids

### Program/Intervention: RxSafe Marin Coalition

**Goal: Decrease prescription drug (including opioids) misuse and harms associated with misuse, particularly among youths and young adults.**

**Objective(s):**

1. By 2025, the number of deaths due to opioid overdose for Marin County youth (15-19 years) and adults (35-39 years) will decrease to 3 per 100 and 10 per 100, respectively, as compared to baseline (6.63 per 100 and 13.96 per 100) as measured by OSHPD.
2. By 2025, the rate of opioid-related ED visits for Marin County youth (15-19 years) and adults (25-29) will decrease to 10 per 100 and 50 per 100, respectively as compared to baseline (13.26 per 100 and 55.7 per 100, respectively) as measured by OSHPD.
3. By 2025, the rate of opioid-related hospitalizations for Marin County adults (25-29 years) will decrease to 14 per 100 as compared to baseline (18.6 per 100) as measured by OSHPD.
4. By 2025, the number of Marin County 11<sup>th</sup> grade students who report early initiation of illegal drug or pill use will decrease to 14% as compared to baseline (19%) as measured by CHKS.

IOM Category(ies): Universal

Population(s): Adults/Youth

Major Tasks	Timeline	Responsible Party	Strategy
Provide training and technical assistance to Rx Safe Marin, if needed: Examples: Coalition development, selecting culturally appropriate strategies, action plan development, policy development, etc.	October 2020 - June 2021	Marin HHS  Contracted Coalition Technical Assistance Provider	Educ., CBP
Develop and implement an Environmental Strategy Action Plan, which includes: <ul style="list-style-type: none"> <li>• At least one initiative aimed at addressing access to and misuse or prescription drugs, including opioids, among adults;</li> <li>• At least one initiative aimed at addressing access to and misuse of prescription drugs, including opioids, among youth and young adults; and</li> <li>• Strategies to partner with at least three middle/high schools to support school-based initiatives addressing youth prescription drug use.</li> </ul>	March 2021 (and update at least annually) - ongoing	RxSafe Marin  Contracted Coalition Technical Assistance Provider	CBP Env't
Evaluate process and outcome indicators to determine progress towards goals using the Coalition Functioning Instrument and review of RxSafe Marin documents (e.g. meeting minutes, action plans, and other materials)	Ongoing	Marin HHS  Contracted Evaluator	CBP

Program/Intervention: Media campaign			
<b>Goal: Decrease prescription drug (including opioids) misuse and harms associated with misuse, particularly among youths and young adults.</b>			
<b>Objective(s):</b>			
<ol style="list-style-type: none"> <li>1. By 2025, the number of deaths due to opioid overdose for Marin County youth (15-19 years) and adults (35-39 years) will decrease to 3 per 100 and 10 per 100, respectively, as compared to baseline (6.63 per 100 and 13.96 per 100) as measured by OSHPD.</li> <li>2. By 2025, the rate of opioid-related ED visits for Marin County youth (15-19 years) and adults (25-29) will decrease to 10 per 100 and 50 per 100, respectively as compared to baseline (13.26 per 100 and 55.7 per 100, respectively) as measured by OSHPD.</li> <li>3. By 2025, the rate of opioid-related hospitalizations for Marin County adults (25-29 years) will decrease to 14 per 100 as compared to baseline (18.6 per 100) as measured by OSHPD.</li> <li>4. By 2025, the number of Marin County 11<sup>th</sup> grade students who report early initiation of illegal drug or pill use will decrease to 14% as compared to baseline (19%) as measured by CHKS.</li> </ol>			
IOM Category(ies): Universal, Selective		Population(s): Parents/Families and Youth	
Major Tasks	Timeline	Responsible Party	Strategy
Draft and release a Request for Proposals (RFP) for a media/marketing organization to design and implement a prescription drug misuse media campaign	July – September 2020	Marin HHS	CBP
Select and contract with a media/marketing organization	October – December 2020	Marin HHS	CBP
Engage RxSafe Marin and the Marin Prevention Network to draft messaging that could be supported through media campaigns targeting the following topics: <ul style="list-style-type: none"> <li>• Risks/harms of youth early initiation of illegal pill use</li> <li>• Risks/harms of young adult prescription misuse</li> <li>• Parent and caregiver knowledge about youth prescription drug misuse</li> </ul>	January 2021 – April 2021 (and annually)	Marin HHS/Marin Prevention Network/ Rx Safe Marin  Media Contractor	CBP, ID
Engage the Marin County Office of Education and Coalition partners to develop content and disseminate annually a parent/caregiver educational marketing piece	January 2021 – August 2021 (and annually)	Marin HHS /Marin Prevention Network/ RxSafe Marin  Marin County Office of Education	ID
Develop and implement at least one (1) media campaign annually aimed to address prescription drug misuse, including opioids	January 2021 - Ongoing	Marin HHS/Marin Prevention Network/ Rx Safe Marin  Media Contractor	ID

Evaluate process and outcome indicators to determine progress towards goals using a Parent Norms Survey	Annually (Parent Norms Survey: Biennial)	Marin HHS/Marin Prevention Network/ Rx Safe Marin  Evaluation Contractor	CBP
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## Continuing Interventions and/or Sub-Contractors

The interventions Marin County BHRS plans to implement are either evidence-based or promising practices that have shown through research to improve outcomes and/or reduce risk factors. Marin County BHRS will continue several programs as part of its approach to preventing substance use and related problems from 2020 – 2025. Friday Night Light (FNL) is an evidence-based program to engage youth in alternative activities and substance use prevention education at school sites. FNL will promote afterschool programs as an alternative to substance use for youth, as well as educate participating youth about the harms associated with substance use. FNL will be essentially to delivering prevention programming aimed at addressing both underage drinking and marijuana use. Additionally, youth substance use prevention programming will be augmented with the Speaker Series, as have been implemented in previous years and will also address underage drinking and marijuana use. RxSafe Marin will also be integral to continuing substance use prevention work but will pivot slightly to incorporate more strategies addressing youth and young adult prescription drug misuse, including opioids.

## New Interventions and/or Sub-Contractors

Marin County BHRS is focused on expanding the current network of coalitions and providers engaged in preventing substance use and related problems in the community. Marin County BHRS will be expanding its efforts by leveraging the current community coalition model, exemplified by the Marin Prevention Network, by increasing the number of coalitions to cover different geographies and populations of the County. The expansion of community coalitions will increase the diversity of County residents involved in substance use prevention activities over the next five years.

Marin County BHRS will implement new media and marketing campaigns throughout the County. This strategy has been minimally used in past strategic prevention plans and is intended to impact social norms and further engage County residents in substance use prevention messaging.

## Sub-Contractor Selection

Marin County BHRS will adhere to its Selective Provider Contracting Policy and Procedure to guide the Request for Proposal (RFP) process for vendors that will carry out substance use prevention programs and interventions. All contracting opportunities are advertised on the HHS's website: <https://www.marinhhs.org/RFP>. Potential applicants may subscribe to the website's RSS feed to receive email updates when contracting opportunities are published related to this strategic prevention plan.

Marin County BHRS will also notify the community of these potential contracting opportunities by making announcements during community and coalition convenings and by describing contracting opportunities to the provider community through email and department newsletters.

The *Marin County Strategic Prevention Plan 2020-2025* will be referenced in the description of the funding opportunity. Applicants will be asked to review the SPP prior to submitting their application to ensure their proposal aligns with the goals and objectives of this plan.

## Cultural Competence and Sustainability

Marin County BHRS continued its partnership with the community in the development of these implementation plans ensure their sustainability and culture competence by doing the following:

Sustainability	Cultural Competence
<ul style="list-style-type: none"> <li>• Solidified partner and stakeholder involvement for every priority area and goal.</li> <li>• Ensured a procurement process to obtain services with the best return on investment.</li> <li>• Assessed strategies to maximize data collection and allow measurement of program implementation and effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• Involved the community in the implementation of the SPP through the community survey and community listening sessions.</li> <li>• Included the perspectives of County staff on plans through work sessions and brainstorm.</li> <li>• Created a feedback loop for communicating efforts and successes by maintaining accessibility to individuals in the community.</li> </ul>

## Chapter VI – Evaluation

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Marin County BHRS uses evaluation to systematically assess the quality and effectiveness of services it is providing to Marin County residents. Substance use prevention services and strategies will be evaluated in order to establish how much progress the County is making towards its substance use prevention goals. Additionally, evaluation helps us to identify areas for improvement and where adjustments need to be made in our approach to meeting the substance use prevention needs of our community.

### Evaluation Plan Summary

The strategies implemented as part of this plan will be evaluated using mixed methods, meaning both qualitative and quantitative data will be analyzed to assess the implementation, effectiveness, and impact of prevention services. The evaluation encompasses data from:

- Records, documents, contracts, meeting notes, and interviews from various County departments, contracted providers, coalition members, and clients
- Results from surveys and assessments conducted of prevention service recipients
- Reports and analyses from evaluators of County-wide data sets that establish trends and rates observed within the community

The main questions that will be considered in the evaluation are:

1. *To what extent are strategies being implemented as intended and in an appropriate timeline?*
2. *To what extent are strategies effective or beneficial for those populations reached by them and are there any negative effects?*
3. *To what extent are these strategies alleviating the problems they are intended to address within the community?*

Marin County BHRS has both internal and external resources to assist in carrying out this evaluation plan. The County's Prevention Coordinator will be integral to coordinating the many aspects of the evaluation plan for prevention services and monitoring contracts for all service providers. In addition, Marin County BHRS contracts with external evaluators to ensure a high-quality and objective analysis of the quality and effectiveness of all County substance use prevention services.

Our partners in evaluation follow strict industry standards for conducting high quality research that includes using validated assessment instruments, powerful software tools for manipulating and analyzing large data sets, and highly regarded analytic approaches tailored to the unique needs of the Marin County community. At all stages of evaluation, client confidentiality is preserved by strictly following all local, state, and federal laws that govern the uses of protected health information. All of Marin County's evaluations of health services are conducted using de-identified or aggregated data, meaning that data cannot be re-traced to individual clients.

The analysis and reporting that results from evaluation activities inform both County and Coalition plans for addressing the prevention needs of Marin County residents. Having regularly updated analysis and reporting ensures that our planning efforts address issues or problems as they emerge. For example, results from surveys implemented with youth receiving education services are communicated right back to the Coalition groups who coordinate the development of education session curriculums. Based on those results, Coalition groups can implement changes to the curriculums to improve their results. This creates a closed-loop feedback cycle between planning, implementation, and evaluation for continuous quality improvement in prevention services. For more detailed information about our plans to evaluation prevention services and strategies, see the table below.



Outcomes (Degree of Change: Short-Term, Intermediate, and Long-Term) from the logic model(s)	Performance Measures How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Indicators/ Data Source (CHKS, etc.)	Roles and Responsibilities (Who collects data? Position title, peer leader, outside expert)	Timeframe (E.g. Before, during, and after program)
<b>Short-term Outcomes</b>					
Five established Coalitions (A,MJ)	Executed contracts with coalition organizations	Record comparisons	PPSDS	Prevention Coordinator	Before
At least one initiative identified to address by Coalitions (A,MJ)	Action plan submitted and approved	Record comparisons	PPSDS	Prevention Coordinator	Before
Increase in middle and/or high school partners (A,MJ, Rx)	MOUs executed with school sites	Record comparisons	PPSDS	Prevention Coordinator	Before
At least three FNL chapters identified for further program development (A, MJ)	Executed contracts with FNL provider(s) and sites	Record comparisons	PPSDS	Prevention Coordinator	Before
RxSafe Marin identifies two initiatives to address access and misuse of Rx drugs, including opioids	Action plan submitted and approved	Record comparisons Interviews	PPSDS	Prevention Coordinator	Before
Develop and distribute at least one middle or high school parent/ caregiver-focused informational/ marketing campaign (A, Mj, Rx)	Parent/ caregiver informational/ marketing campaign idea developed	Record comparisons Observations	PPSDS	Prevention Coordinator	Before
<b>Intermediate Outcomes</b>					
Increase in Coalition's ability to identify, implement, and evaluate culturally relevant and community specific strategies (A, Mj)	Change in level of self-reported functioning over time	Surveys	Coalition Functioning Instrument	Prevention Coordinator	During

Five Coalition + RxSafe Marin Action Plans implemented (A, Mj, Rx)	Initiative materials and curriculum developed and approved	Record comparisons Interviews	PPSDS	Prevention Coordinator	During
Increase in number of media campaigns developed and distributed (A, Mj, Rx)	# of marketing campaigns submitted and approved for release annually	Observations Record comparisons	PPSDS	Prevention Coordinator	Before During
25% of participating youth report increased awareness of risks associated with substance use (A/Mj/Rx)	% change in self-reported knowledge of risks pre and post	Surveys	Youth Development Survey	Prevention Coordinator	During After
25% of participating parents/caregivers report increased knowledge of prevention strategies (A,Mj, Rx)	% change in self-reported knowledge of prevention strategies pre and post	Surveys	Parent/caregiver norms pre-post surveys	Prevention Coordinator	During After
One indicator of underage alcohol retail access or advertising will improve	% change in responses between surveys collected over time	Surveys	Healthy Retail Survey	Prevention Coordinator	During After
<b>Long-term Outcomes</b>					
5% increase in number of 11 <sup>th</sup> grade students that report great risk from consuming alcohol occasionally	% change in self-reported knowledge of risks over time	Surveys	CHKS	Outside expert	Before After
5% increase in number of 11 <sup>th</sup> grade students that report great risk from binge drinking once or twice per week	% change in self-reported knowledge of risks over time	Surveys	CHKS	Outside expert	Before After
5% decrease from baseline of 9 <sup>th</sup> and 11 <sup>th</sup> grade students who report alcohol is fairly or very easy to access	% change in self-reported knowledge of access over time	Surveys	CHKS	Outside expert	Before After

5% increase from baseline of 9 <sup>th</sup> and 11 <sup>th</sup> grade students who report perceived great risk from smoking marijuana once or twice a week	% change in self-reported knowledge of risks over time	Surveys	CHKS	Outside expert	Before After
5% decrease from baseline of 9 <sup>th</sup> and 11 <sup>th</sup> grade students who report that marijuana is fairly or very easy to access	% change in self-reported knowledge of access over time	Surveys	CHKS	Outside expert	Before After
5% increase in 11 <sup>th</sup> graders that report strong disapproval with using marijuana once or more a month	% change in self-reported rating of disapproval over time	Surveys	CHKS	Outside expert	Before After
Decrease in rate of deaths due to opioid overdose by age group	Change in rate of deaths due to opioid overdose over time	Hospital and County records	OSHPD	Outside expert	Before After
Decrease in rate of opioid-related ED visits by age group	Change in rate of opioid-related ED visits over time	Hospital records	OSPHD	Outside expert	Before After
Decrease in rate of opioid-related hospitalizations by age group	Change in rate of opioid-related hospitalizations over time	Hospital records	OSPHD	Outside expert	Before After
5% decrease in 11 <sup>th</sup> grade students who report early initiation of illegal drug or pill use	% change by age of illegal drug or pill use initiation over time	Surveys	CHKS	Outside expert	Before After

## Dissemination Plan

Marin County BHRS will use the following plan to disseminate the work of our community of prevention service providers. Additionally, the results of evaluation activities and associated tasks will be regularly discussed and refined at Marin Prevention Network meetings. The Marin Prevention Network represents a complete cross-section of stakeholders representing County staff, contracted provider organizations, evaluators, prevention Coalition members, neighborhood groups, family members, and people with lived experience with substance use. As appropriate, considerations for the language and format of results will be made to ensure they are received in a culturally competent format. Documentation communicating evaluation results will be made available on the County's website: <https://www.marinhhs.org/substance-use-prevention>.

Audience	Annual/ Evaluation Reports	Fact Sheets & Infographics	Brochures & Posters	Press Release	Town Mtgs
County Executives	✓			✓	
Nonprofit and Community Leaders	✓	✓	✓	✓	✓
Community Coalitions	✓	✓	✓		✓
Neighborhood Groups & Associations	✓	✓	✓		✓
Media		✓		✓	

## Cultural Competence and Sustainability

Marin County BHRS has fully integrated the tasks needed to conduct the evaluation planning process in a culturally competent manner. The following steps will be taken to ensure this process continues:

Sustainability	Cultural Competence
<ul style="list-style-type: none"> <li>Analyze collected data by special populations to better assess disparities in outcomes.</li> <li>Review processes, outcomes, and effectiveness of Pv efforts to ensure underserved groups are being reached.</li> <li>Develop recommendations to improve quality of the Pv effort from multiple perspectives that includes County staff, contracted provider organizations, family members, and people with lived experience.</li> <li>Create an evaluation reports and other documentation aids to maximize the dissemination of results to diverse stakeholder groups.</li> </ul>	<ul style="list-style-type: none"> <li>Include the community and/or target populations in the evaluation and data collection process to ensure historically underserved groups are included in the process.</li> <li>Develop performance outcomes to evaluate and monitor health disparities to close the gap in health inequities for historically underserved communities.</li> <li>Report reflecting diversity and cultural relevance to maximize engagement in the continuous improvement process of prevention strategies.</li> </ul>