



# ALCOHOL, TOBACCO, AND OTHER DRUGS PREVENTION STRATEGIC PREVENTION PLAN



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Solano County Health and Social Services Department  
Public Health Division  
Health Promotion and Community Wellness Bureau

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# INTRODUCTION AND COUNTY OVERVIEW

## BACKGROUND

A Strategic Plan to Reduce Rates of Alcohol, Tobacco and Other Drugs Use in Solano County was first developed in 2000-2001 at the direction of the Solano County Board of Supervisors. The plan was initially funded at approximately \$1.5 million per year for program implementation, plus approximately \$150,000 per year for administration and evaluation, solely through Tobacco Master Settlement Agreement funds. Since then, the strategic plan has been updated three times—once in 2005, again in 2008, and once more in 2011. The first planning process resulted in the identification and development of a set of strategies that, when working together, would reduce rates of alcohol, tobacco and other drugs (ATOD) use in Solano County. A Reducing Rates of ATOD Coalition (RRC) was established to provide oversight and to work with Solano County Health and Social Services staff to shepherd the ATOD Prevention Strategic Plan. The responsibility for prevention was given to the Public Health Division, Health Promotion and Community Wellness Bureau (HPCWB) in July 2011; the Services/Treatment functions were given to the Deputy Director of the Mental Health Division. During this same period, an oversight committee did not remain intact during an intended merger of the RRC with the Health Access Coalition; both coalitions were disbanded and neither was meeting at the time the 2011 – 2018 plan was written.

The Solano County Board of Supervisors has repeatedly confirmed its commitment to reduce the rates of use of alcohol, tobacco, and other drugs by continuing support for ATOD prevention strategies. Since FY 2008-2009, the Board of Supervisors shifted the funding source for this work to County General Funds; in addition, the funds available decreased. Since 2010, the Board of Supervisors sets aside funding for ATOD prevention strategies (approximately \$392,000) and is supplemented by Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

As a result of the disbandment of the RRC, Solano County supported the establishing of an Alcohol, Tobacco and Other Drug (ATOD) Prevention Collaborative which adopted bylaws in 2015 to promote collaboration among organizations to lead ATOD prevention efforts in all jurisdictions in Solano County. The ATOD Prevention Collaborative and local ATOD prevention coalitions were integrally involved in the development of this plan.

The Solano County Board of Supervisors continues to support strategies that will reduce rates of substance use and abuse and related problems among its residents. The Board has stated its goal that Solano County will have the lowest rates of alcohol, tobacco, and drug use among youth of any county in California.

## SOLANO COUNTY COMMUNITY PROFILE

Solano County is geographically located in an area that provides a blend of rural and suburban lifestyles, as well as easy access to urban amenities. Situated midway between San Francisco and Sacramento, Solano County covers approximately 821 square miles and is home to rolling hillsides, waterfronts and fertile farmland. The County limits residential and commercial development outside of cities, thus preserving approximately 80 percent of the land for open space or agricultural uses. Approximately 95 percent of Solano County residents live within the city limits. Solano County is proud of its strategic location, natural and human resources, history of responsible land-use planning and attractive quality of life. Solano County is home to Travis Air Force Base.



As of January 1, 2017, the Department of Finance estimates the population of Solano County to be 436,023, with a majority the County’s residents (76%) living in the three largest cities— Vallejo, Fairfield, and Vacaville. The following chart shows the change in population from 2010 to 2017 in Solano cities and the unincorporated areas, and the percentage of county population in each area in 2017.<sup>1</sup>

City/Area	2010 Population	2017 Population	Change in Population 2010 to 2017	2017 % of County Population
Benicia	26,997	27,695	698	6%
Dixon	18,351	19,298	941	4%
Fairfield	105,321	114,157	8,836	26%
Rio Vista	7,360	9,019	1,659	2%
Suisun City	28,111	29,295	1,187	7%
Vacaville	92,428	98,456	6,028	23%
Vallejo	115,942	118,280	2,338	27%
<i>Total Population in Cities</i>	<i>395,225</i>	<i>416,200</i>	<i>20,975</i>	<i>95%</i>
Unincorporated Areas	18,790	19,823	879	5%
<i>County Total</i>	<i>414,015</i>	<i>436,023</i>	<i>22,008</i>	<i>100%</i>

The 2011-2015 American Community Survey estimates that Solano County is comprised of the following racial/ethnicity mixture: 53.8% White, 15.1% Asian, 13.9% Black, .8% Native Hawaiian and other Pacific Islander, .6% American Indian and Alaska Native, and 7.1% multiracial (reporting two or more races).<sup>2</sup> Persons of Hispanic or Latino origin represent 25.3% of Solano County’s population. There is tremendous diversity among each of the seven cities. Most of Benicia and Rio Vista residents are White, at 71.9% and 78.7%, respectively, while Vallejo is only 42.8% White. Vallejo is the most

racially diverse of the cities, with 21.1% Black 23.9% Asian American, and 42.8% White residents, followed closely by Suisun City with 21.7% Black, 20.2% Asian American, and 35.2% White. About 25% of Vallejo and Suisun City residents are of Hispanic or Latino origin. Dixon has the highest percentage of residents of Hispanic or Latino origin at 39.9%.<sup>2</sup> In 2016, 22.6% of the Solano population was under the age of 18.<sup>3</sup>

According to the County Health Rankings and Roadmaps, as of 2017, Solano County ranks as the 27<sup>th</sup> healthiest among California’s 58 counties; up from 32 in 2015.<sup>4</sup> These rankings are based on overall health outcomes (length of life, and quality of life), and overall health factors (health behaviors, clinical care, social and economic factors, and physical environment). Although Solano County seems to be improving in their health ranking, there are still areas within the County with significant health disparities. These disparities are especially apparent in cities with drastically different economic conditions. For example, the city of Vallejo has the second lowest average per capita income in Solano County at \$26,087 (2015 dollars)<sup>3</sup>, which is markedly lower than the highest countywide per capita income of \$43,938<sup>4</sup> in the neighboring city of Benicia. According to the 2014 Community Health Interview Survey (CHIS), 39.9% of Vallejo residents responded that they have ever been diagnosed with asthma, which is higher than any of the cities in Solano County.<sup>5</sup> In comparison to other cities in Solano County, Vallejo also has the lowest life expectancy at 78.7 years of age. According to *A Community Health Needs Assessment of the Solano County Health Service Area*, Vallejo residents have high hospitalization rates for diabetes (231.18 per 10,000 population), heart disease (260.45 per 10,000 population), and asthma (114.59 per 10,000 population), which are all higher than Solano County rates at 194.13, 234.79, and 102.22 respectively.<sup>6</sup>

The 2015 per capita income (from 2011-2015) in Solano County is \$29,185 (in 2015 dollars); 12% of county residents live in poverty. Benicia has the lowest percentage of people falling below the poverty level at 5.4%. The two cities with lowest per capita income are also the cities with the highest percentage of people living in poverty. Vallejo has the highest percentage of people living below the poverty level at 18.3%, and Suisun City has 14.3% of people living in poverty.<sup>3</sup>

City	2015 per capita income (in 2015 dollars; 2011-2015)	Percentage of people living in poverty
Benicia	\$43,938	5.4%
Dixon	\$26,380	13.9%
Fairfield	\$27,415	13.2%
Rio Vista	\$35,828	11.7%
Suisun City	\$24,987	14.3%
Vacaville	\$30,183	10.7%
Vallejo	\$26,087	18.3%
<b>Solano County (all)</b>	<b>\$29,185</b>	<b>12.0%</b>

*Solano County per Capita Income and People Living in Poverty, 2015*

## **OVERVIEW OF SOLANO COUNTY ALCOHOL, TOBACCO AND OTHER DRUG PREVENTION PLANNING**

The new Solano County Strategic Prevention Plan (SPP) seeks to continue efforts in reducing the rates of alcohol, tobacco, and other drugs (ATOD) use, abuse, and related community impact. This current Strategic Prevention Plan is based on the Strategic Prevention Framework (SPF). An extensive amount of local data was compiled and reviewed to inform data-driven decisions that reflect current needs and assets. The SPP covers fiscal years 2018/19 through 2022/23 and updates the fiscal year 2012/13 through 2017/18 plan. The plan is supplemented by communications with stakeholders including the members of the Solano County ATOD Prevention Collaborative, local city ATOD prevention coalitions, ATOD prevention contractors, the Solano County Tobacco Prevention and Education Program, county prevention staff, and the evaluation consultant.

The overarching goals of the Solano County Strategic Prevention Plan are to:

1. Delay initial use of alcohol, tobacco, and other drugs (marijuana [cannabis], opioids, heroin, prescription drugs, etc.) among children and youth in Solano County.
2. Reduce the overall proportion of Solano County children and youth who use alcohol, tobacco, and other drugs.
3. Reduce the impact of alcohol, tobacco, and other drugs on communities, families, and individuals, largely through policy and environmental prevention strategies.

## **VISION, MISSION, CORE VALUES AND GUIDING PRINCIPLES**

The **Vision** of Solano Public Health Division is, “Healthy People—Healthy Community.” In the Solano Substance Abuse Prevention Program, the vision of Healthy People – Healthy Community includes healthy individuals, families and communities free from alcohol, tobacco and other drug problems.

The **Mission** of Solano Public Health is to optimize the health of the community through individual and population-based services which promote health and safety through prevention and treatment of disease and injury. Reducing rates of ATOD use is an integral part of achieving this mission. The Solano Substance Abuse Prevention Program’s mission is to reduce community and individual problems related to alcohol abuse, tobacco use, and other drug abuse, especially in youth. We will accomplish this through environmental, systems change, youth development, education and community mobilization strategies.

**Core Values** of Solano Public Health:

- Prevention is the key to community health.
- Families are healthy when quality of life, healthy development, and healthy behaviors are promoted across all life stages.
- All Individuals have the right to be treated with fairness, respect, and dignity in a culturally and linguistically appropriate way.



- Health equity is achieved, disparities eliminated, and the health of all groups is improved by influencing the social, economic, environmental and political factors that influence positive health outcomes.
- Increased access to quality client-centered medical care, public health services, and information will enhance the health and well-being of all people served.
- Partnerships and collaboration with community members and organizations are critical to achieving community health.
- The ethical practice of public health involves a commitment to excellence and continuous improvement in services and education, delivered with integrity and accountability.

### **GUIDING PRINCIPLES**

County prevention staff will continue to utilize the New Spectrum of Prevention: A Model for Public Health Practice (T. Rattray, W. Brunner, J. Freestone, 4/2002) as a guiding framework for planning and coordination within the SPF. The Spectrum of Prevention has six strategies or bands:

1. Influencing policy and legislation
2. Changing organizational practices
3. Fostering coalitions and networks
4. Educating providers
5. Promoting community education
6. Strengthening individual knowledge and skills

By its very structure, the Spectrum of Prevention guides prevention specialists to design plans that impact different aspects of an individual's or community's experience. The ATOD Prevention Collaborative, local ATOD prevention coalitions, prevention providers, and others giving input to the Strategic Prevention Plan, were encouraged to use the Spectrum of Prevention as a tool that helps people think through a comprehensive approach to complex community public health issues and that helps coordinate activities along multiple dimensions or from multiple agencies. In addition, the bands of the Spectrum align well with the Center for Substance Abuse Prevention (CSAP) strategies.

Additional guiding principles for the Strategic Prevention Plan include ensuring that the prevention plan, and its goals, objectives, and strategies:

- Are based on data regarding needs and assets
- Follow a logic model
- Are evidence-based
- Are achievable
- Are comprehensive
- Are of an appropriate scope and scale to impact the problem
- Connect with other opportunities in the community, other cities, or the county as a whole
- Involve partners that value and utilize best practice standards

- Leverage ATOD prevention funding to increase resources, ensuring the sustainability of prevention efforts.

**THE STRATEGIC PREVENTION FRAMEWORK**

The Strategic Prevention Framework (SPF) was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and was designed to assist coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in ATOD problems. The following seven steps of the SPF provide a systematic approach to evidence based outcome oriented prevention planning:



<b>Assessment</b>	Profile population needs, resources, and readiness to address problems and gaps in service delivery
<b>Capacity</b>	Mobilize and/or build human, financial and organizational resource capacity to address need; convene partnerships/coalitions; assess readiness; and improve cultural competency.
<b>Planning</b>	Develop a comprehensive strategic plan with goals, objectives and strategies aimed at meeting prevention needs.
<b>Implementation</b>	Implement prevention plan containing evidence-based prevention programs, policies and practices, and infrastructure activities.
<b>Evaluation</b>	Monitor and measure process and outcome data of implemented programs, policies, and practices for effectiveness and sustainability to continuously refine and improve prevention services, effectively apply resources, and appropriately develop the work force.
<b>Sustainability</b>	Integrate into ongoing operations to ensure that prevention values and processes are firmly established, partnerships are strengthened, and resources are secured long term.
<b>Cultural Competence</b>	Be able to communicate with audiences with diverse geographic, ethnic, racial, cultural, economic, social and linguistic backgrounds.

# NEEDS ASSESSMENT

## OVERVIEW OF ASSESSMENT PROCESS

In June 2016, Solano County Health Promotion and Community Wellness Bureau (HPCWB) embarked on a comprehensive needs and resource assessment process. Highlights of that process included extensive collection of current ATOD county and state data compiled and presented by the evaluation consultant; and taking steps to build capacity of ATOD Prevention Coordinators within each provider contract to conduct a local SPF process within their respective city and with their local coalition to identify data, needs, assets and to establish alcohol, tobacco, and other drugs (ATOD) prevention goals.

With the help of the evaluation consultant, HPCWB reviewed California Healthy Kids Survey (CHKS) data to assess trends in ATOD use among 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders, past 30-day use rates, age of onset, perceived harm, and perceived accessibility. In addition to assessing trend patterns, the current ATOD prevention contractors concurrently completed individual community needs assessments for the cities of Benicia, Dixon, Rio Vista, Suisun City, and Vallejo using the SPF process. HPCWB prevention staff researched and analyzed data for the cities of Fairfield and Vacaville to gather additional data and assess the needs of the community.

## METHODOLOGY

The needs assessment for the 2018/2019 to 2022/2023 Strategic Prevention Plan builds on and updates the current 2012/2013 to 2017/2018 plan. Where available, the same data sources were used to allow for valid trend analysis. As with the earlier plan, the current plan was conducted utilizing local data with respect to need, resources and capacity, as well as reflecting and confirming community priorities with stakeholders.

Evaluation reports from ATOD prevention contracts were utilized, including the 2009, 2013, and the 2015-16 Tri-Ethnic Community Readiness Survey report. ATOD prevention contractor reports provided process evaluation and compliance checks data, as well as information on local policy and enforcement efforts.

Gathering input from community partners was important when writing the county plan. Since June 2016, HPCWB worked with the ATOD Prevention Coordinators to gather data to update their local goals and objectives. In June 2016, the Coalition and Policy support contractor provided two SPF trainings for the ATOD Prevention Coordinators with the goal of building capacity around the SPF process. In January and May 2017, the evaluation consultant presented Solano County ATOD data and trends to the ATOD Prevention Coordinators and ATOD Prevention Collaborative, respectively.

In June 2017, HPCWB developed a timeline for using the SPF process to develop the SPP which was shared with the ATOD Prevention Coordinators. The ATOD Prevention Coordinators completed their local needs assessments at the same time that County staff completed the plan. From June – December

2017, seven SPF workshops were held for the ATOD Prevention Coordinators. Drafts of the Assessment, Capacity and Planning phases of the SPF process were shared and vetted with the ATOD Prevention Collaborative, ATOD Prevention Coordinators, and their respective local coalitions. A high-level overview was also provided to the Solano County Alcohol and Drug Advisory Board.

To gather a more comprehensive and unique perspective from within each city in the county, HPCWB developed a Key Informant Interview Guide (*see Appendix A for questions*). The ATOD Prevention Coordinators in the cities of Benicia, Dixon, Rio Vista, Suisun City, and Vallejo each identified and interviewed 6 community members who would have first-hand knowledge of ATOD use in their respective community; HPCWB staff identified and interviewed 1 community member in the city of Fairfield, and 3 community members in the city of Vacaville.

**CORE DATA SETS AND INDICATORS**

**To assess trends over time, HPCWB collected County and State secondary data.** Key data sources include: California Healthy Kids Survey (CHKS), California Health Interview Survey (CHIS), California State Board of Equalization, California Department of Alcoholic Beverage Control, American Lung Association State of Tobacco Control Report, California Viral Hepatitis Surveillance Data, California Opioids Surveillance Dashboard, and Department of Motor Vehicle data on alcohol- and drug-impaired driving

**Primary data was collected using the following sources:** key informant interviews, Healthy Stores for a Healthy Community, local retailer compliance checks data, Indicators of Alcohol and Other Drug Risk and Consequences for California Counties. The **indicators** reviewed included:

- |   |  |
|---|--|
| Youth Tobacco Use in the Past 30 Days               | Number of Tobacco Retailers                                  |
| Youth Alcohol Use in the Past 30 Days               | Density of Tobacco Retailers (Population)                    |
| Youth Binge Drinking in the Past 30 Days            | Number of Communities with Tobacco Retail License Ordinances |
| Youth Marijuana (Cannabis) Use in the Past 30 Days  | Number of Communities with Social Host Ordinances            |
| Youth Prescription Drug Use in the Past 30 Days     | Number of Liquor Licenses                                    |
| Perceived Harm of Frequent Tobacco Use              | Density of Liquor Licenses (Population)                      |
| Perceived Harm of Frequent Alcohol Use              | Alcohol and Tobacco Sales to Minors                          |
| Perceived Harm of Frequent Marijuana (Cannabis) Use | Community Impact of Drinking and Driving:                    |
| Perceived Harm of Frequent Prescription Drug Use    | Fatalities in Alcohol-Involved Accidents                     |
| Ease of Access to Tobacco                           | Parties in Alcohol-Involved Accidents                        |
| Ease of Access to Alcohol                           | Adult Smoking Prevalence                                     |
| Ease of Access to Marijuana (Cannabis)              | Adult Binge Drinking   |
| Ease of Access to Prescription Drugs                | Peer Disapproval of Tobacco Use                              |
| Youth Perception of School Safety                   | Peer Disapproval of Alcohol Use                              |
| Youth School Connectedness                          | Peer Disapproval of Marijuana (Cannabis) Use                 |
| School Suspension/Expulsion                         | Peer Disapproval of Prescription Drug Use                    |

### **LIMITATIONS OF SURVEY DATA**

A common concern raised about survey data is whether students answer surveys honestly. Research consistently shows that when carefully administered and students are assured that their answers are confidential and anonymous, that results have a high degree of validity, even when questions ask about sensitive issues such as substance use.

There is a further limitation related to youth perception of harm of ATOD use. Specifically, in 2007, the CHKS questions related to perceptions of harm were changed, making the data more useful in the future, but difficult to interpret for trends since 2007. In the past, the survey questions inquired about perceptions of harm related to “frequent use,” which may be open to a wide range of interpretation on the part of students responding to survey questions. This question was replaced with two questions that better define the frequency of use in the question. Responses for perceived harm for tobacco, alcohol, and marijuana (cannabis) all indicate lower perceptions of harm. However, it is likely that the more specific questions contribute to this change and thus it should not be considered a trend, but rather more likely due to the question’s wording. The 2015-16 CHKS did not ask about age of onset, so the most recent data is not available for comparison.

In 2014, due to an increasing problem at the national level, Solano County began tracking students who had used prescription drugs that were not prescribed to them. Currently, State level data is not available for comparison.

Overall, the data highlights an issue in Solano County regarding access and availability. Specifically, youth describe “easy” access and availability of ATOD; thus, this plan includes a specific emphasis on reducing youth access and availability of ATOD through community-based environmental prevention strategies complemented by awareness-raising through education and media. In order to achieve the necessary grass roots mobilization for this type of prevention work, the plan includes strategies for community capacity building, technical assistance and training. Opportunity for impact, collaboration, expertise and readiness were considered when prioritizing focus areas for the strategic plan.

**OVERVIEW OF FINDINGS**

Solano County suffers from multiple social and health consequences because of alcohol, tobacco and other drug use among youth and adult populations. Various factors in the environment contribute to high substance use rates among youth, including community norms favorable toward use as well as access and availability. At the same time, protective factors fostered through local coalitions, community based organizations, schools and social service providers help to mitigate the impact of ATOD use.

Data from the California Healthy Kids Survey demonstrates that youth substance use continues to be a concern in Solano County, but 2009 to 2016 trends show rates of past 30-day use remained stable or decreased.

**YOUTH ALCOHOL USE**

Although rates are declining across the board, alcohol is still the primary drug of choice for Solano County youth. Results from the 2015-2016 California Healthy Kids Survey (CHKS) show that rates for past 30-day alcohol use are the lowest since tracking began in 2003 (*Chart 1*). Rates have declined steadily since 2007. In 2015-16, past 30-day alcohol use was reported by 6% of 7<sup>th</sup> graders (down from a high of 16% in 2009), 14% of 9<sup>th</sup> graders (down from a high of 30% in 2005), and 23% of 11<sup>th</sup> graders (down from a high of 36% in 2005). The 2015-2016 CHKS data also shows that 8% of 11<sup>th</sup> graders, 5% of 9<sup>th</sup> graders and 1% of 7<sup>th</sup> graders reported consuming at least one drink on 3 or more days within the past 30 days.<sup>7</sup>

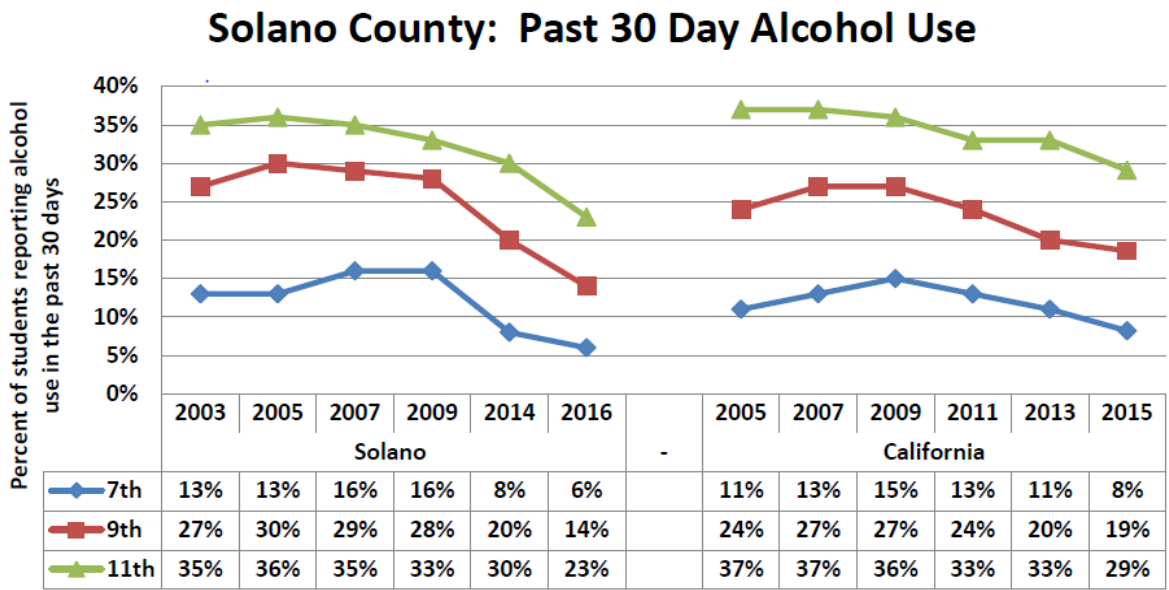


CHART 1 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003 - 2016

According to the Centers for Disease Control (CDC), binge drinking is associated with many health problems. Some of the health consequences of binge drinking include, but are not limited to, the following: violence, sexually transmitted disease, unintentional injuries such as car crashes and alcohol poisoning, memory and learning problems, and alcohol dependence.<sup>8</sup>

Past 30-day binge drinking rates have decreased and are the lowest reported since 2003, but rates of binge drinking double between 9<sup>th</sup> and 11<sup>th</sup> grade from 6% to 12%. Chart 2 shows Solano countywide rates for past 30-day binge drinking are the lowest reported since tracking began in 2003. In 2015-16, past 30-day binge drinking was reported by 2% of 7<sup>th</sup> graders (down from a high of 8% in 2009), 6% of 9<sup>th</sup> graders (down from a high of 17% in 2009), and 12% of 11<sup>th</sup> graders (down from a high of 23% in 2007). In comparison to California statewide data, Solano County youth reported lower rates of past 30-day use for alcohol and binge drinking.<sup>7</sup>

### Solano County: Past 30 Day Binge Drinking (5 or more drinks in one episode)

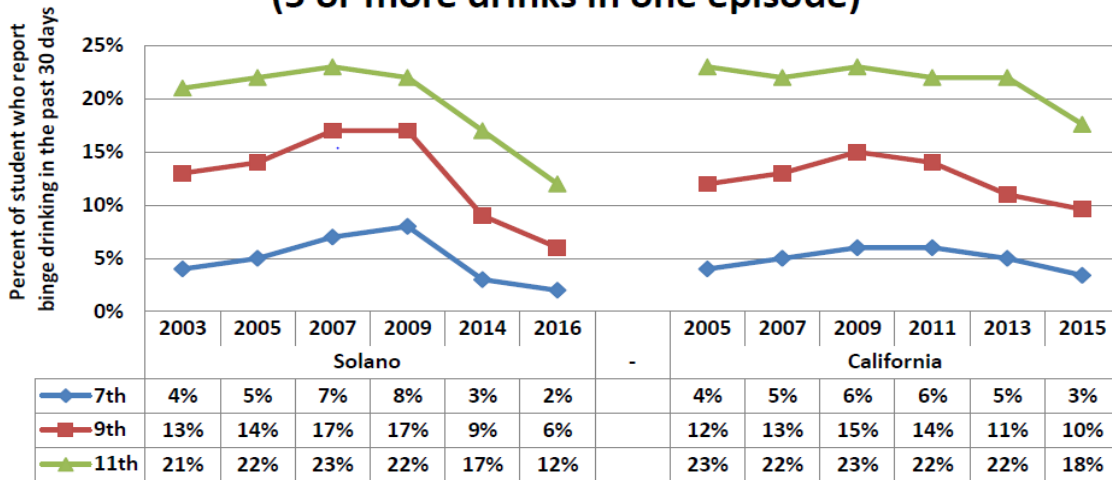


CHART 2 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003 - 2016

### CONSEQUENCES OF ALCOHOL USE

#### Driving Under the Influence (DUI) Deaths and Arrests

Drinking and driving or alcohol-impaired driving is dangerous. According to the CDC, of the 1,132 traffic deaths among children between 0 to 14 in 2015, 16% involved an alcohol-impaired driver.<sup>9</sup> The chart shows a comparison of alcohol-involved driving deaths in Solano County, California, and the nation. Since 2009, Solano

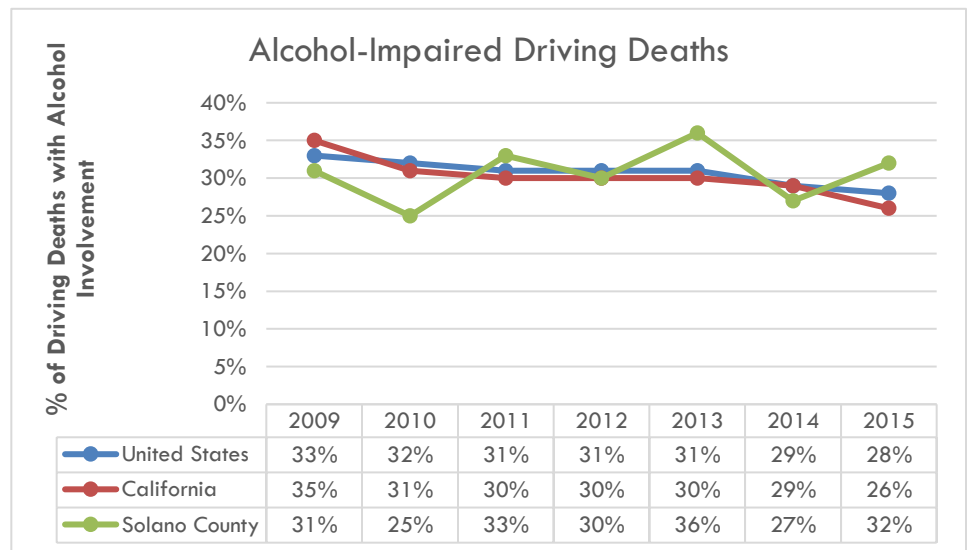


CHART 3 SOURCE: COUNTY HEALTH RANKINGS AND ROADMAPS

County's alcohol-impaired driving deaths have fluctuated to sometimes being higher and lower compared to state and national data. At 32%, Solano County has a higher percentage of alcohol-impaired driving deaths compared to 26% in California, and 28% nationwide.<sup>4</sup>

The California Department of Motor Vehicles' *Annual Report of the California DUI Management Information System, 2015* reported that there were 65 crashes that resulted in fatalities or injuries in Solano County in 2012 that were alcohol- or drug-related.<sup>10</sup> The largest percentage of these were drivers who were alcohol-impaired with a blood alcohol concentration (BAC) of 0.08% or above— 50.8% of crashes. A little over a quarter (26.2%) of crashes resulting in injuries or fatalities involved drivers that had a BAC between .01% and .049%, but were not considered alcohol-impaired. Drivers who were drug impaired were involved in 15.4% of crashes involving fatalities or injuries, and drivers who were both alcohol- and drug-impaired were involved in 3.5% of fatalities or injuries.<sup>10</sup>

Solano County	Total	Alcohol Impaired (BAC .08% and Above)		Not Known if Alcohol Impaired (BAC .05%-.079%)		NOT Alcohol Impaired (BAC .01%- .049%)		Drug- and Alcohol-Involved (All Levels)		Drug-Involved	
		N	%	N	%	N	%	N	%	N	%
		65	33	50.8%	3	4.6%	17	26.2%	2	3.5%	10

TABLE 1 SOURCE: CALIFORNIA DEPARTMENT OF MOTOR VEHICLES, 2015

The number of DUI arrests in Solano County decreased between 2010 and 2013 from 1,720 to 1,339. The change from 2010 to 2013 was a decrease of almost 22%. In 2013, most Solano County DUI arrests—96.8%—were misdemeanor arrests; 2.7% were felony arrests and 0.5% were juvenile arrests. In 2013, of those people who were arrested, 101 were convicted of misdemeanor DUI, 37 were convicted for felony DUI, 18 were convicted for under 18 DUI, and 196 were convicted for alcohol- or drug-related reckless driving.<sup>10</sup>

Drivers ages 21-30 are most frequently arrested for DUI (2013), followed by those aged 31-40, and 41-50. Even though it is illegal for persons under age 21 to consume alcohol, in 2013, 67 drivers between the ages of 18-20 were arrested for DUI and 7 drivers under the age of 18 were arrested for DUI. People arrested who are 18 and older are more likely to be males; however, over half (n=4) of the drivers arrested who were under age 18 were females. Drivers who are white make up the largest percentage of arrests for all ages, followed by Hispanic drivers for those under age 30 and by Black drivers age 41 or over.<sup>10</sup>

	Age	Total	Sex				Race/Ethnicity							
			Male		Female		White		Hispanic		Black		Other	
			N	%	N	%	N	%	N	%	N	%	N	%
Solano County	Under 18	7	3	42.9%	4	57.1%	3	42.9%	2	28.6%	1	14.3%	1	14.3%
	18-20	67	48	71.6%	19	28.4%	31	46.3%	25	37.3%	3	4.5%	8	11.9%
	21-30	585	438	74.9%	147	25.1%	278	47.5%	161	27.5%	83	14.2%	63	10.8%
	31-40	300	229	76.3%	71	23.7%	135	45.0%	85	28.3%	55	18.3%	25	8.3%
	41-50	207	147	71.0%	60	29.0%	107	51.7%	41	19.8%	47	22.7%	12	5.8%
	51-60	124	105	84.7%	19	15.3%	73	58.9%	18	14.5%	26	21.0%	7	5.6%
	61-70	43	40	93.0%	3	7.0%	22	51.2%	6	14.0%	13	30.2%	2	4.7%
	71 and Above	6	5	83.3%	1	16.7%	2	33.3%	2	33.3%	1	16.7%	1	16.7%
	Total	1339	1015	75.8%	324	25.9%	651	45.5%	340	25.4%	229	17.1%	119	8.9%

TABLE 2 SOURCE: CALIFORNIA DEPARTMENT OF MOTOR VEHICLES, 2015



### Homelessness

Homelessness is an important and growing concern for Solano County. According to the 2017 *Homeless Point-in-Time Census and Survey Comprehensive Report* for Solano County, there is an estimated total of 1,232 individuals experiencing homelessness. The 2017 data shows a 14% increase in the total number of homeless individuals compared to 2015. Twenty percent of those experiencing homelessness are under the age of 25, which is over 3 times more than in 2015 (6% under the age of 25). Substance use was reported as one of the top three responses for a cause of homelessness, and responses were slightly higher than previously (15% compared to 13% in 2015). Thirty one percent of respondents reported that alcohol and drug counseling might have helped them prevent homelessness. Drug or alcohol abuse was reported as being one of the health conditions that keep homeless individuals from holding a job, taking care of themselves, and living in stable housing.<sup>11</sup>

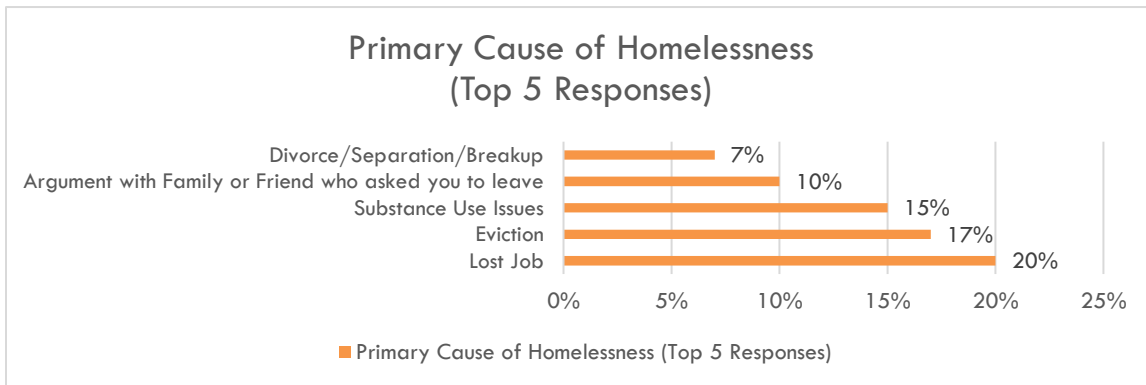


CHART 4 SOURCE: HOMELESS POINT-IN-TIME CENSUS, 2007

### Long-Term Health Risks

Excessive alcohol use can lead to the development of chronic diseases and other serious problems. The most common chronic diseases that one can develop are high blood pressure, stroke, liver disease, digestive problems, cancer, and heart disease.<sup>12</sup> As mentioned previously, Vallejo has the highest rate of hospitalization for heart disease in Solano County, and Solano County’s rate is 234.79 per 10,000, which is higher than the state benchmark of 222.00 per 10,000.<sup>6</sup>

### CONTRIBUTING FACTORS OF ALCOHOL USE

#### Youth Perception of Harm

Although alcohol use among Solano County youth has been declining, fewer youth are perceiving frequent alcohol use as harmful. Frequent alcohol use is defined as having five or more drinks once or twice a week. The following chart from 2003 – 2016 CHKS data shows the trends of Solano County

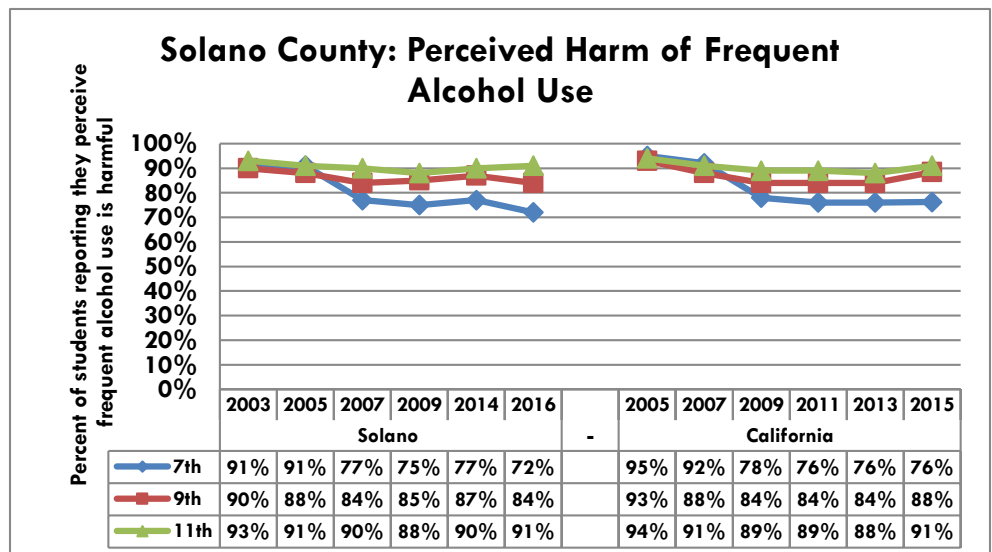


CHART 5 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003-2016

youths perceived harm of frequent alcohol use. Data shows that 7<sup>th</sup> and 9<sup>th</sup> grade students are less likely to report that they think frequent alcohol use is harmful, while 11<sup>th</sup> grade students reported slightly higher perception of harm than past years. Older students are more likely to perceive frequent alcohol use is harmful than younger students. In 2015-16, the percentage of students reporting frequent alcohol use is harmful was 72% of 7<sup>th</sup> graders (down from 77% in 2007), 84% of 9<sup>th</sup> graders (same as 2007), and 91% of 11<sup>th</sup> graders (down slightly from 90% in 2007). Compared to California statewide rates, Solano countywide rates of perceived harm are lower among 7<sup>th</sup> and 9<sup>th</sup> graders.<sup>7</sup>

**Retail Availability/Access**

Reported ease of access to alcohol is decreasing for Solano County youth, however more than half of 9<sup>th</sup> and two-thirds of 11<sup>th</sup> graders report it is “very easy” or “fairly easy” to obtain alcohol. The environment of availability contributes to the accessibility of alcohol for youth. In 2015-2016, 30% of Solano County 11<sup>th</sup> graders reported that it would be “fairly easy” or “very easy” to get alcohol from a store.<sup>7</sup>

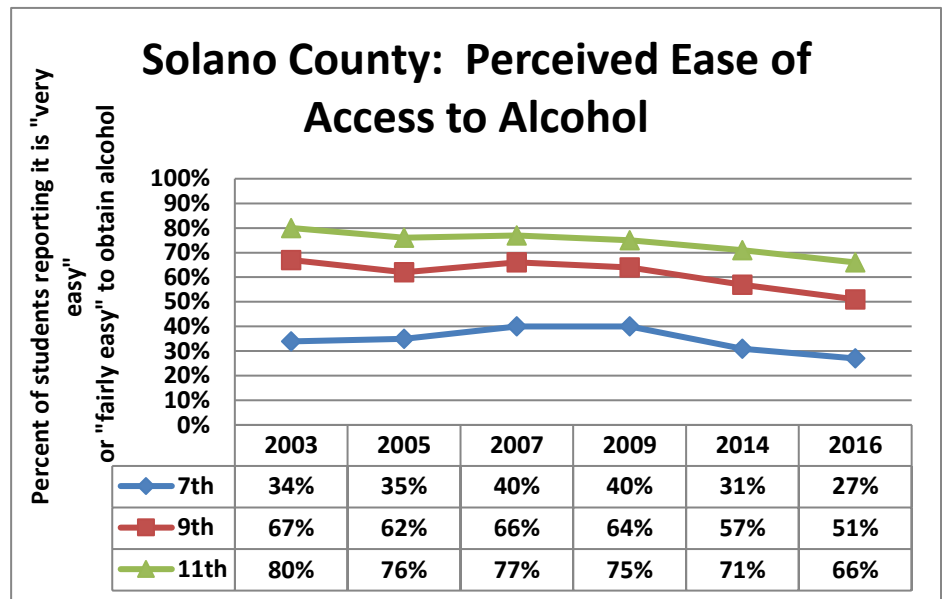


CHART 6 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003-2016

In July 2017, the California Department of Alcoholic Beverage Control Retail License showed that there were 736 active retail licenses in Solano County, 429 on-sale (i.e. restaurants, bars, etc.) and 307 off-sale (i.e. grocery stores, liquor stores, etc.). Overall, the number of liquor licenses increased by 42 from 694 in 2012 to 736 in 2017. Twenty-four on-sale licenses were added, an increase of almost 6% from 405 to 429, and 18 off-sale licenses were added, an increase of a little over 6% from 289 to 307. The number of liquor licenses increased from 2012 to 2017 in cities of Dixon, Rio Vista, Vacaville, and Vallejo. The City of Fairfield experienced a decrease in retail licenses. (Note that data was not available for the unincorporated area in 2012.) This is shown in the following table.<sup>13</sup>

**Solano County Cities Liquor Licenses, 2012 compared to 2017**

CITY	# ON-SALE LICENSE 2012	# ON-SALE LICENSE 2017	# OFF-SALE LICENSE 2012	# OFF-SALE LICENSE 2017	TOTAL # LICENSES 2012	TOTAL # LICENSES 2017
Benicia	47	43	20	24	67	67
Dixon	21	31	24	25	45	56
Fairfield	112	107	70	73	182	180
Rio Vista	11	12	12	12	23	24
Suisun	24	26	22	20	46	46
Vacaville	101	115	71	77	172	192
Vallejo	89	92	70	75	159	167
Unincorporated	NA	3	NA	1	NA	4
<b>Total</b>	<b>405</b>	<b>429</b>	<b>289</b>	<b>307</b>	<b>694</b>	<b>736</b>

TABLE 3 SOURCE: CALIFORNIA ALCOHOLIC BEVERAGE CONTROL

Solano County participated in the Healthy Stores for a Healthy Community (HSHC) campaign—a statewide and local collaboration between tobacco use prevention, nutrition and alcohol prevention partners. The following chart represents the state’s analysis of 83 stores surveyed for the percent of alcohol retail stores that sold each type of alcohol product. For all types of alcohol products except beer, Solano County has higher percentages compared to the state.<sup>14</sup>

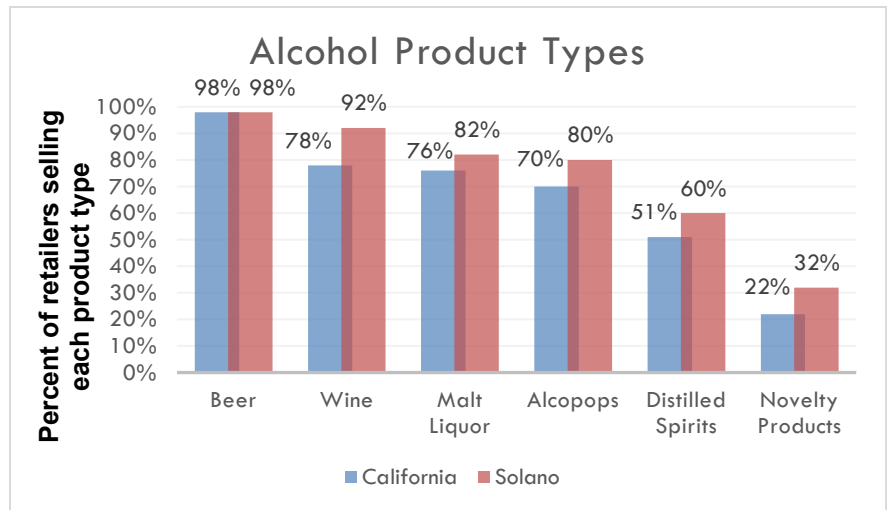


CHART 7 SOURCE: HEALTHY STORES FOR A HEALTHY COMMUNITY, 2016

Results from the HSHC survey<sup>14</sup> also revealed that of the stores surveyed that sold alcohol in Solano County:

- 65% had alcohol ads near candy/toys (3ft.) or below 3 feet
- 57% had alcohol ads on exterior storefront
- 25% displayed alcopops near non-alcoholic beverages (1ft.)
- 50% displayed alcoholic products in a large floor display.

These results are higher than the state results, which were 34%, 50%, 21%, and 35% respectively.

### Sales to Minors

To reduce the access and availability of alcohol to youth from retail sources, compliance checks were conducted within Solano County cities. For FY 2016-2017, only the cities of Benicia, Suisun City and Vacaville conducted and reported alcohol compliance checks. The combined alcohol compliance rate was 95%. Benicia had a total of 22 compliance checks, with a 91% compliance rate. Suisun City had a total of 8 compliance checks, with a 100% compliance rate.<sup>15</sup> Vacaville conducted 138 compliance checks, and yielded a 95% compliance rate. The table below shows the comparison of past years’ alcohol compliance checks throughout Solano County.

	Alcohol FY2016-17			Comparison to Past Years							
	# of Attempts	# that passed	Percent Passed FY 2017	FY2016	FY11-12	FY10-11	FY 09-10	FY 08-09	FY 07-08	FY 06-07	FY 05-06
<b>Benicia</b>	22	20	91%	58%	95%	96%	94%	98%	89%	100%	92%
<b>Dixon</b>	na	na	na	na	97%	100%	92%	92%	97%	100%	92%
<b>Fairfield</b>	na	na	na	na	98%	96%	91%	89%	91%	83%	71%
<b>Rio Vista</b>	not done this year		na	80%	87%	87%	93%	100%	Not Done	100%	86%
<b>Suisun City</b>	8	8	100%	100%	100%	100%	100%	82%	100%	84%	93%
<b>Vacaville</b>	138	131	95%	na	94%	96%	97%	91%	97%	91%	93%
<b>Vallejo</b>	not done this year		na	na	na	na	89%	97%	87%	100%	75%
<b>All Cities</b>	168	159	95%	85%	95%	96%	92%	91%	91%	94%	86%

TABLE 4 SOURCE: BOSMA CONSULTING, 2016

In addition, Rio Vista passed a Responsible Beverage Service ordinance in May 2016 requiring Responsible Beverage Server (RBS) training for alcohol outlet employees in the city, institutionalizing a long-standing practice of hosting RBS training. RBS training sessions help those who serve alcohol learn how to recognize fake identifications and teach them how and when to refuse service or sales of alcohol to intoxicated individuals. Suisun City is actively working on a Conditional Use Permit (CUP) to restrict placement of alcohol outlets near youth-sensitive areas.

**Social Availability/Access**

The retail environment of Solano County is not the only factor that contributes to youth alcohol use. Various social environments present youth with access to alcohol. Most Solano County youth report they think it would be easy to obtain alcohol from older friends or siblings, and parties or gatherings. More than half of 11<sup>th</sup> graders reported that they think it is easy to obtain alcohol by having an adult purchase it for them or get it from home.<sup>7</sup>

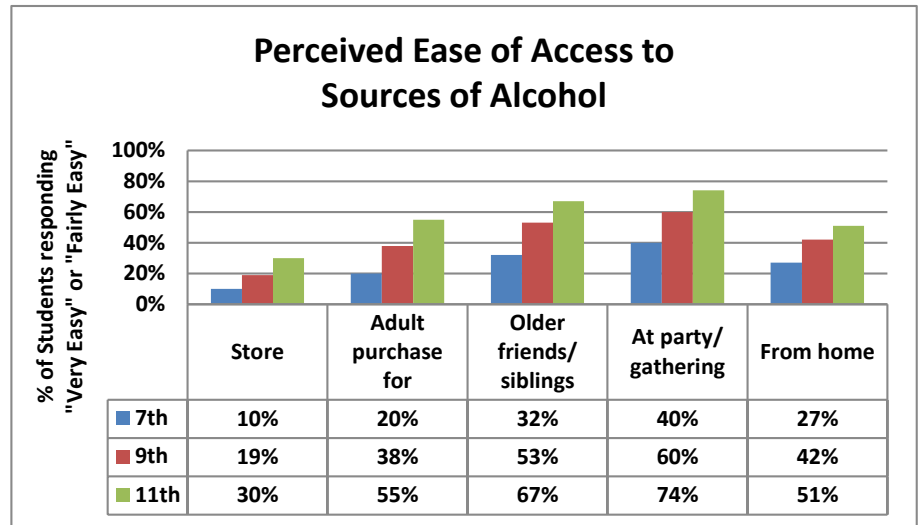


CHART 8 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, 2016

Until 2014, every city in Solano County had a Social Host Ordinance (SHO) on the books, or an ordinance that enables party enforcement around underage drinking (Fairfield). The city of Dixon repealed their SHO in 2014, citing that it was not being utilized. Solano County does not have such an ordinance for the unincorporated portion of the county. Although only approximately 5% of the County’s residents live in the unincorporated parts of the county, having a county ordinance is viewed as an important and necessary adjunct to the cities’ Social Host Ordinances. In fact, at least one city noted that underage drinking parties happened outside the city limits, beyond the jurisdiction of city police. A county ordinance covering the unincorporated areas of the county might help with enforcement in these areas.

SHOs are not fully utilized in some cities, with little or no enforcement in some cases. Community awareness of SHOs is low. In some cases, cities are doing more to encourage officers to enforce the SHO—for example, Benicia has done in-service trainings about it to officers and meets with new officers to educate them on the SHO, how to enforce it, and the reasons behind it. Individual cities have done some local promotion to increase awareness of the SHO and to inform parents of the risks of hosting underage drinking parties. A countywide media campaign on social hosting was carried out several years ago. In 2017, Solano County ran a countywide alcohol media campaign—*Don’t Serve Teens*—during prom, graduation, and end of the school year season (May/June) to discourage serving teens alcohol. The campaign ran on various media outlets—electronic billboards, the local radio station (KUIC), and on the Pandora internet radio.

## YOUTH MARIJUANA (CANNABIS) USE

Marijuana (cannabis) is the second most widely used drug among youth. Solano 2015-2016 countywide rates for past 30-day marijuana (cannabis) use are the lowest reported since tracking began in 2003 for 7th and 9th graders, and lower than all but one year for 11th graders. In 2015-16, past 30-day marijuana (cannabis) use was reported by 4% of 7<sup>th</sup> graders (down from a high of 8% in 2009), 10% of 9<sup>th</sup> graders (down from a high of 19% in 2009), and 18% of 11<sup>th</sup> graders (down from a high of 24% in 2014, and less than any year but 2003 when the rate was 17%).<sup>7</sup>

### Solano County: Past 30 Day Marijuana Use

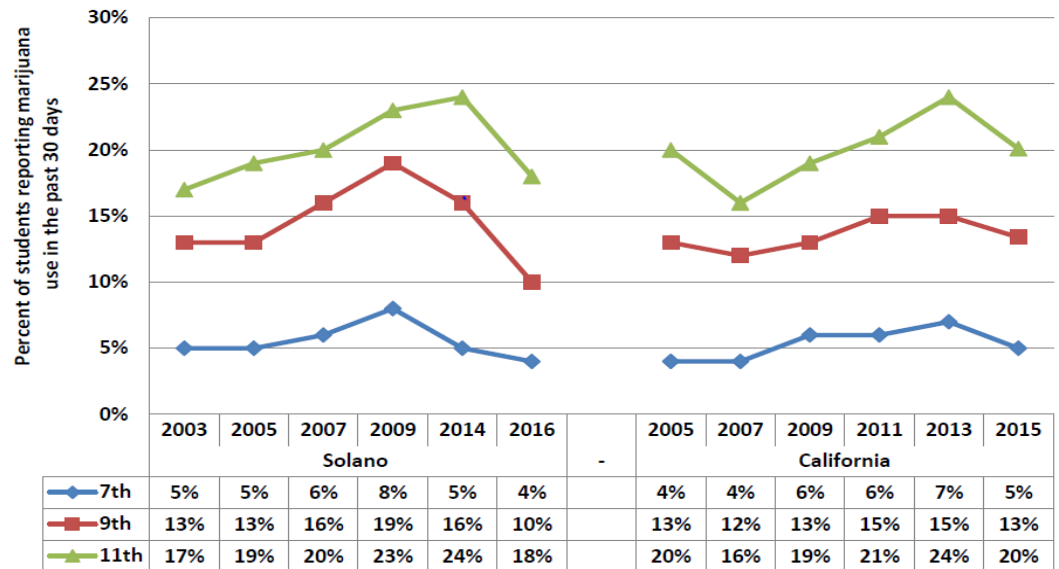


CHART 9 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, 2003-2016

Although marijuana (cannabis) use has been declining in Solano County, it is noted that in November of 2016 California voters passed Proposition 64, also known as the Adult Use of Marijuana Act (AUMA). Proposition 64 legalizes the recreational use of marijuana (cannabis) for adults 21 years or older, as well as allows for establishment of businesses that support various aspects of marijuana (cannabis) production including dispensaries, distribution, cultivation, testing and manufacturing for recreational purposes. It is unknown what impact the legalization of recreational marijuana (cannabis) for adults will have on youth access and rates of youth use.

### CONSEQUENCES OF MARIJUANA (CANNABIS) USE Brain and Mental Health

Colorado Department of Public Health and Environment (CDPHE) released a 2016 data report on public health impacts related to marijuana (cannabis). CDPHE reported that marijuana (cannabis) use negatively affects the developing brain in areas that are involved in executive functions like memory, attention, learning, retention, and impulse control. Adolescents and young adults are more likely to experience psychotic symptoms, such as hallucinations and paranoia.<sup>16</sup> Since local data is not available, Solano County is relying on data from states that have already approved recreational marijuana (cannabis), and have studied the public health impacts within their community.

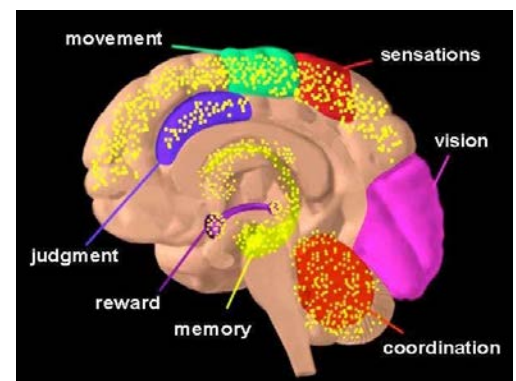


FIGURE 1 SOURCE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

### ***DUI and Crashes***

The National Institute on Drug Abuse (NIDA) states that marijuana (cannabis) is the drug most frequently found in the blood of drivers involved in crashes.<sup>17</sup> In 2013-2014, the U.S. Department of Transportation National Highway Traffic Safety Administration conducted four national surveys to estimate the prevalence of alcohol and drug use by drivers. Results of the survey found that 13% of evening and weekend drivers who were voluntarily surveyed tested positive for tetrahydrocannabinol (THC).<sup>17</sup> They also report that marijuana (cannabis) users are 25% more likely to be involved in a crash compared to drivers with no evidence of marijuana (cannabis).

### ***Marijuana (Cannabis) Edibles Poisoning***

The availability of marijuana (cannabis) edibles has been an increasing concern in Solano County. Marijuana (cannabis) edibles are products such as cookies, sodas, brownies, and candies that have been made with THC—the active ingredient in marijuana (cannabis). Because marijuana (cannabis) edibles are inconspicuous, a few cities in Solano County report students have brought edibles on campus. In one case, a student at a local high school brought brownies infused with marijuana (cannabis) and shared it with other students; one of the students ended up having to go to the hospital. Marijuana (cannabis) in edibles can take longer than smoked marijuana (cannabis) to take effect, and the effects can last longer.<sup>18</sup> Since the effects take longer to feel when consuming edibles, some people may eat too much which can lead to poisoning and/or serious injury. Since the amount of THC varies in marijuana (cannabis) edibles, controlling how much THC is consumed is challenging.<sup>18</sup>



FIGURE 2 SOURCE: WASHINGTON POST

Currently marijuana (cannabis) edible products are in child friendly packaging, often indistinguishable from similar snack foods, which can potentially lead to children accidentally consuming them. Colorado Department of Public Health and Environment found strong evidence that more unintentional marijuana (cannabis) exposures of children occur in states with increased legal access to marijuana (cannabis). Colorado estimates that about 14,000 homes in the state are not storing marijuana (cannabis) edibles safely, leading to accidental consumption by children. The state also found that child resistant packaging prevents exposure of young children to potentially harmful substances including THC; and implementing child resistant packaging of edibles is one of their report's major recommendations.<sup>16</sup>

**CONTRIBUTING FACTORS OF MARIJUANA (CANNABIS) USE**

**Youth Perception of Harm**

Although marijuana (cannabis) use among Solano County youth has been declining, and 2016 consumption rates are less than 2015 state rates for all grade levels, youth are less likely to think frequent use of marijuana (cannabis) is harmful than any year since 2003. Frequent use of marijuana (cannabis) is defined as smoking once or twice a week. For all ages, perceived harm is lower than in 2007: 72% of 7th graders compared to 76%; 76% of 9th graders compared to 82%; and 74% of 11th graders compared to 84%.<sup>7</sup> Overall, Solano County’s 2016 rates are lower than the state’s 2015 rates for all grade levels.

**Solano County: Perceived Harm of Frequent Marijuana Use**

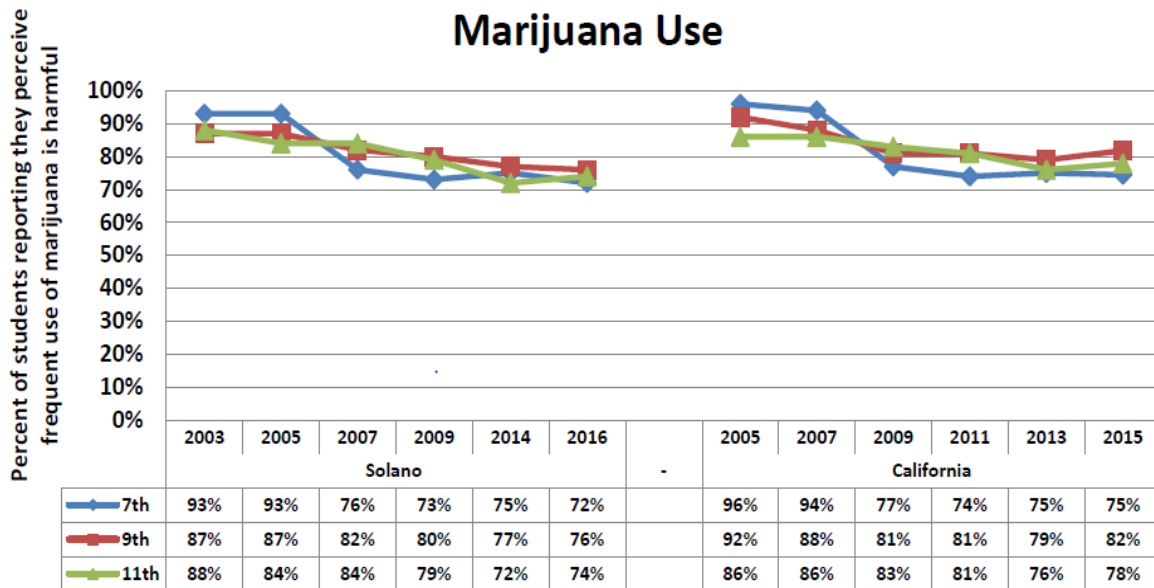


CHART 10 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003-2016

**Availability/Access**

Many Solano County youth report that it would be easy to obtain marijuana (cannabis) from various sources. The following chart shows results from CHKS 2016 that over half of 11<sup>th</sup> graders reported that they think it is “very easy” or “fairly easy” to obtain marijuana (cannabis) at parties/gatherings, from older friends/siblings, and at school (69%, 64%, 60% respectively). Ninth grade students also reported the same sources as the

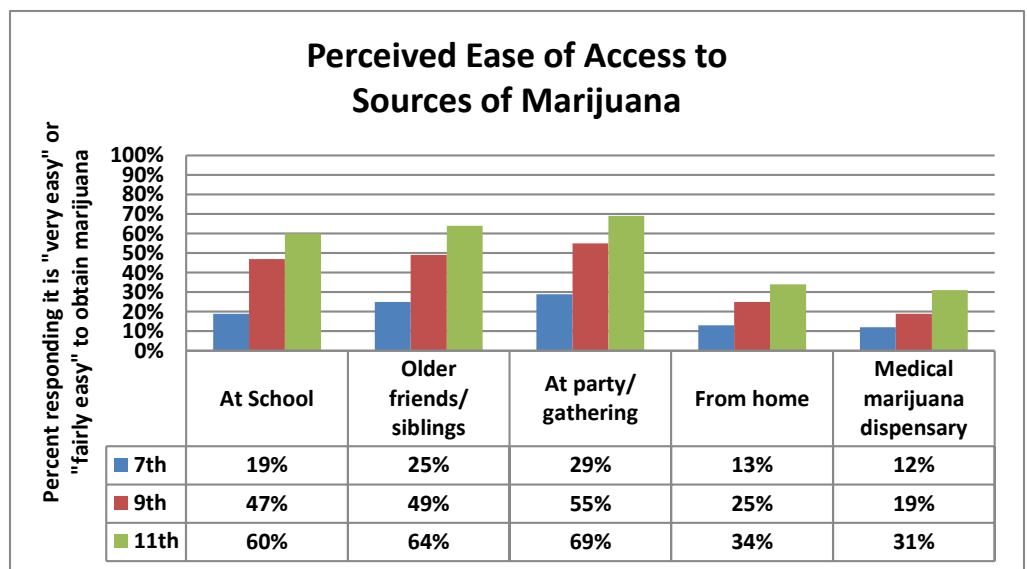


CHART 11 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

easiest sources for marijuana (cannabis). Medical marijuana (cannabis) dispensaries (MMDs) are a source that 31% of 11<sup>th</sup> graders, 19% of 9<sup>th</sup> graders, and 12% of 7<sup>th</sup> graders reported that it is “very easy” or “fairly easy” to obtain marijuana (cannabis).<sup>7</sup> Such easy perceived access among young people is concerning, and validates the importance of AUMA restricting legal marijuana (cannabis) use and purchase to adults age 21 or older.

With the passage of AUMA, the number of marijuana (cannabis) dispensaries—both recreational and medical—will likely begin to increase in Solano County. Vallejo and Dixon are the only cities in Solano County that currently allow medical marijuana (cannabis) dispensaries (MMDs). Vallejo currently has a total of 11 MMDs, and Dixon allows for 2 MMDs. Vallejo recently passed an ordinance restricting MMDs from locating within 1,000 feet of schools (but not other youth-sensitive locations). The ordinance requires that MMDs demonstrate they were in operation and received a Vallejo tax certificate prior to April 23, 2013, and continued to pay the marijuana (cannabis) tax. Other cities and the County had previously passed moratoriums on the establishment of MMDs. However, each local jurisdiction in Solano County is in the process of drafting an ordinance for marijuana (cannabis) regulations, which can include establishment of various medical and non-medical marijuana (cannabis) businesses; distribution, manufacturing, testing, and retail are some of the allowed businesses that can be included in local ordinances. The City of Rio Vista is currently the only city in Solano County to have passed a Cannabis Regulations Ordinance to address AUMA; the ordinance took effect in September 2017. The ordinance prohibits outdoor cultivation, but allows for indoor cultivation of no more than 6 plants in a private residence or in a detached, secure enclosure. The ordinance also allows for cannabis dispensaries, with no limit on the number of dispensaries allowed.

Solano County students reported that in some cases parents facilitate access to marijuana (cannabis). Thirty-six percent of 11<sup>th</sup> graders reported that they have friends whose parents allow youth their age to use marijuana (cannabis) at parties or gatherings in their homes. Ten percent of 11<sup>th</sup> graders also reported that a parent/guardian had given them marijuana (cannabis) with permission.<sup>7</sup>

### Solano County: Adult Provision of Marijuana

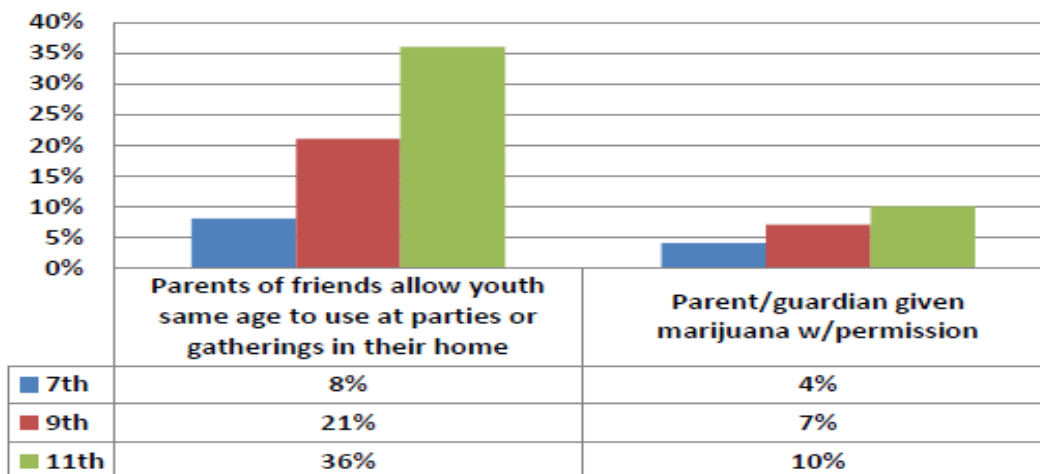


CHART 12 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016



## YOUTH TOBACCO USE

Solano countywide rates for past 30-day tobacco use are the lowest reported since tracking began in 2003. Tobacco use is defined as smoking cigarettes. Since 2009, rates have declined steadily and substantially after some increases. In 2015-16, past 30-day tobacco use was reported by 1% of 7<sup>th</sup>

### Solano County: Past 30 Day Tobacco Use

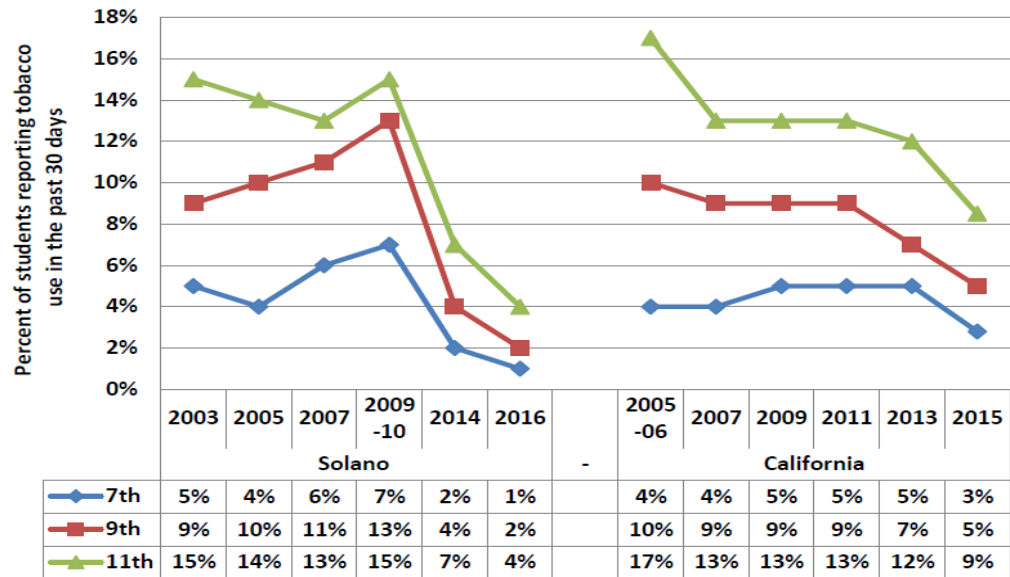


CHART 13 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003-2016

graders (down from a high of 7% in 2009-10), 2% of 9<sup>th</sup> graders (down from a high of 13% in 2009-10), and 4% of 11<sup>th</sup> graders (down from a high of 15% in 2003 and 2009-10). Overall, Solano County youths' past 30-day tobacco use is lower than statewide rates.<sup>7</sup>

Although Solano County youth tobacco rates are declining, 12% of 7<sup>th</sup>, 26% of 9<sup>th</sup>, and 36% of 11<sup>th</sup> grade students reported that they had "ever used electronic cigarettes or other vaping device" in 2015-16.<sup>7</sup> The use of electronic cigarettes and vaping devices is a rapidly emerging trend, especially among youth and young adults. These devices are typically used for or contain nicotine, flavorings, and other additives, but they can also be used for other drugs besides nicotine. In 2015-2016, in Solano County, 27% of 11<sup>th</sup> graders reported that they had used a vaping device to inhale marijuana (cannabis), hash, or cannabis oil.<sup>7</sup>

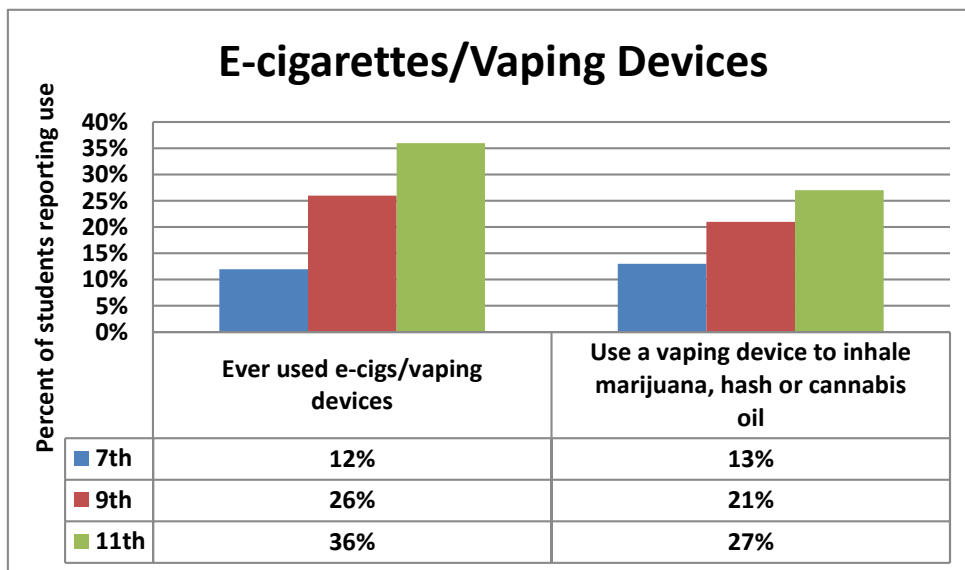


CHART 14 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

**CONSEQUENCES OF TOBACCO USE**

**Health Effects of Tobacco Use**

According to the CDC, cigarette smoke is the “leading preventable cause of death in the United States”. Ninety percent of lung cancer deaths, and 8 out of 10 deaths from chronic obstructive pulmonary disease (COPD) are a result of smoking.<sup>19</sup> Solano County has COPD and lung cancer hospitalization rates that are higher than the state benchmark. The 2016 *A Community Health Needs Assessment of the Solano County Health Service Area* indicated that Solano County’s lung cancer hospitalizations rate is 10.06 per 10,000 population, and hospitalizations for COPD is 183.83 per 10,000 population; the state benchmark is 7.95/10,000 and 154.44/10,000 respectively. Hospitalizations due to lung cancer by race show that Native Americans in Solano County had the highest rates at 17.47 per 10,000 population; followed by Whites (15.81/10,000) and Blacks (11.23/10,000). Data also indicates that Blacks (266.01), Whites (254.95), and Native Americans (242.02) also have higher rates of COPD hospitalizations per 10,000 population.<sup>6</sup>

**Contributing Factors of Tobacco Use**

**Youth Perception of Harm**

Past 30-day use for all of Solano County youth has decreased since 2003, but fewer students report occasional tobacco use as harmful. Solano County 11<sup>th</sup> graders have reported perceived harm at similar rates since 2007. Older students are more likely to say they think tobacco use is harmful (90% of 11th graders compared to 73% of 7th graders). All students are less likely to think tobacco use is harmful in recent years than in 2003 and 2005. Solano County students are less likely to think frequent tobacco use is harmful than the California statewide rates.<sup>7</sup>

**Solano County: Perceived Harm of Frequent Tobacco Use**

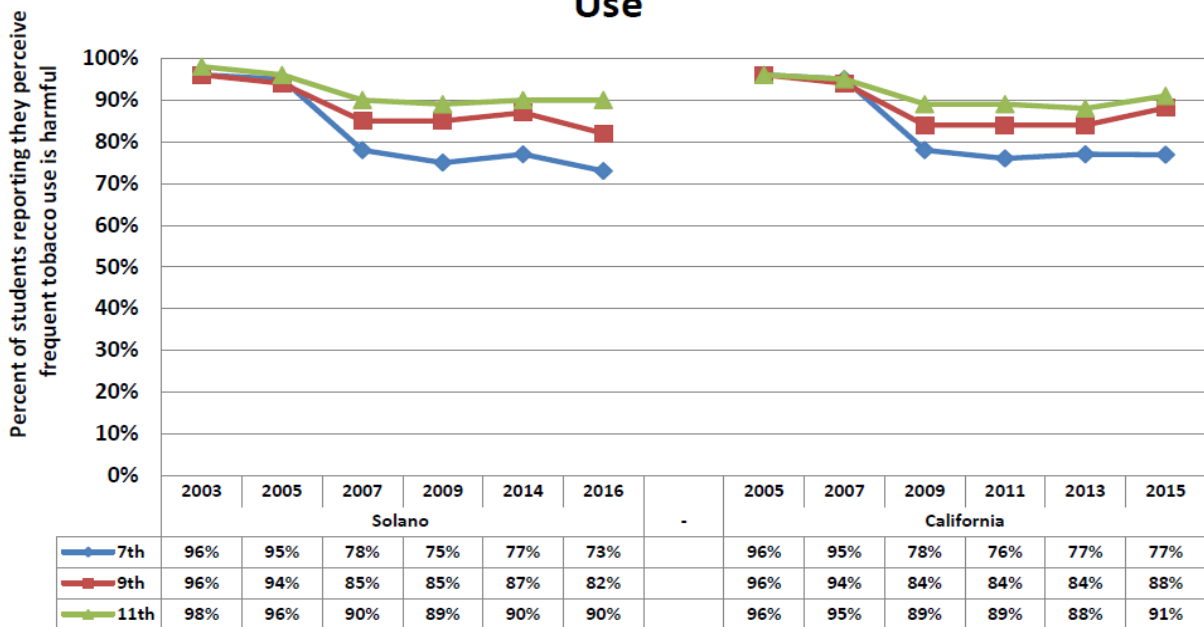


CHART 15 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2003 - 2016

**Availability/Access**

Solano County youth report similar ease of access to cigarettes as for electronic cigarettes and other vaping devices. The 2015-2016 CHKS data shows that nearly 60% of 11<sup>th</sup> grade students reported it is “very easy” or “fairly easy” to obtain cigarettes (57%) and electronic cigarettes/vaping devices (58%).<sup>7</sup> Reported ease of access increased with each grade level.

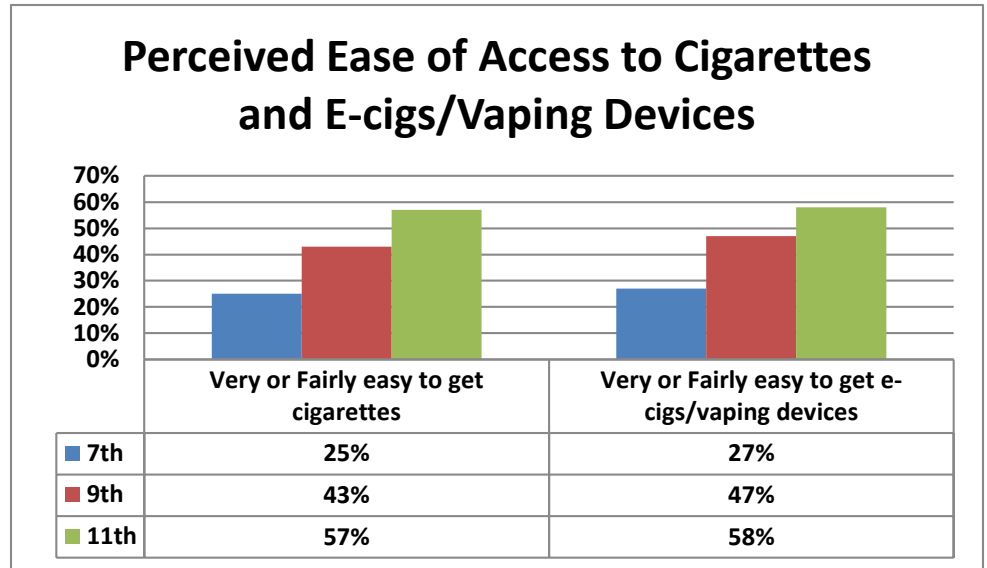


CHART 16 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

As mentioned previously, the environment contributes to the access and availability to ATOD. As of April 2017, the California State Board of Equalization shows that there are a total of 315 tobacco retailers in Solano county.<sup>20</sup> These figures do not distinguish outlets located in or population of the unincorporated areas of the county. Table 5 depicts the density of tobacco retailers in Solano County cities. Overall, Solano County cities average one tobacco outlet per 1,322 people. This ranges from a low (meaning higher density of outlets) of 1 outlet for every 742 people in Dixon to a high (meaning lower density) of 1 outlet for every 1,831 people in Suisun City. Rio Vista is the smallest city by population (2%) and is home to 3% of the tobacco retailers.<sup>20</sup>

**2017 Tobacco Retailers in Solano County Cities**

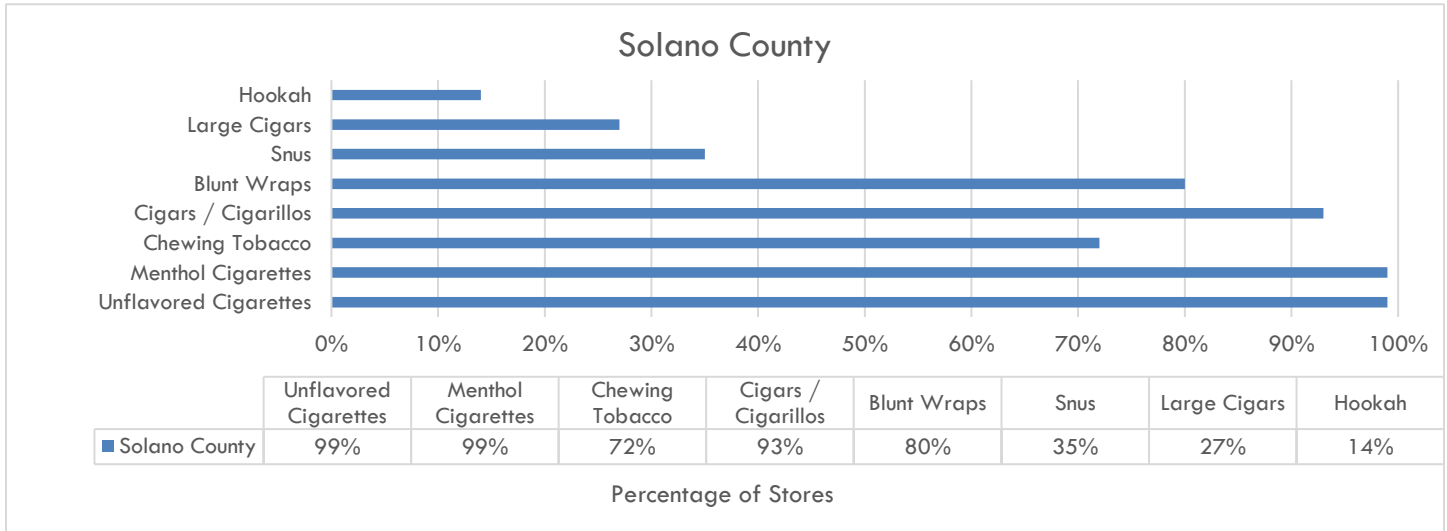
CITY	Total # of Retailers	Percentage of Retailers	Total Population	Percentage of Population	Population per Outlet
Benicia	20	6%	27,695	7%	1385
Dixon	26	8%	19,298	5%	742
Fairfield	64	20%	114,157	27%	1784
Rio Vista	10	3%	9,019	2%	902
Suisun City	16	5%	29,295	7%	1831
Vacaville	64	20%	98,456	24%	1538
Vallejo	115	37%	118,280	28%	1029
County Total*	315	100%	416,200	100%	1322

\*Excludes County Unincorporated

Table 5

Source: California State Board of Equalization

The following chart represents HSHC data that was collected from a representative sample of 199 tobacco retailers in Solano County.<sup>21</sup> These results broke down the types of tobacco products being sold by the surveyed store. Most of the stores sell flavored tobacco products that are more frequently used by youth to initiate smoking (menthol), as well as those most appealing (flavored tobacco products) and affordable to youth (cigars or cigarillos).



**CHART 17 SOURCE: HEALTHY STORES FOR A HEALTHY COMMUNITY, 2016**

Results from the 2016 HSHC survey of tobacco retailers in Solano County also revealed that:

- 87% sold fruit or sweet non-cigarette tobacco products
- 99% sold menthol and unflavored cigarettes
- 45% sold vape pens and 43% had e-cigarettes, vapor devices, or e-liquids placed on or next to the counter(s) in the main checkout area
- 31% had e-cigarettes, vapor devices, or e-liquids advertised on windows/glass doors.<sup>21</sup>

According to the American Lung Association 2016 State of Tobacco Control Report Card, none of the jurisdictions in Solano County have a tobacco retail licensing (TRL) ordinance.<sup>22</sup> Three cities have actively worked on tobacco retail licensing ordinances: Vallejo has been exploring an ordinance for several years and the Vallejo Community Change Coalition had formed a committee that is focused on passing a TRL. The Benicia Youth Action Coalition is currently pursuing a TRL. Vacaville AWARE, with the assistance of an AWARE TRL subcommittee, began work on a TRL including community awareness efforts as well as conducting a survey and gathering signatures of support. Vallejo’s Fighting Back Partnership is currently working to pass a TRL in Vacaville. The state of California passed legislation in 2016 that supports all Solano County tobacco prevention efforts, by raising the legal age to purchase cigarettes to 21 years beginning January 1, 2017 and adding the use of e-cigarettes to non-smoking laws.

Solano cities scored poorly in the American Lung Association 2016 State of Tobacco Control Report Card, all receiving grades of D or F.<sup>22</sup> Since the release of the Report Card scores, various cities in Solano

County have put in place some ordinances that restrict secondhand smoke in outdoor areas, including recreation areas and transportation waiting areas. In April 2017, both the cities of Benicia and Suisun City adopted smoke-free parks ordinances. The city of Benicia successfully adopted a smoking ordinance-making public parks, recreation facilities and trails smoke-free. The updated ordinance includes a comprehensive definition of smoking which includes electronic smoking devices (ESDs) and marijuana (cannabis) smoke. Suisun City passed a smoking ordinance that bans smoking in all of Suisun City’s parks and recreation areas, as well as at any amusement events that take place in town. Vallejo has implemented restrictions on smoking in common areas of housing units, and in May 2017, the city passed an ordinance that prohibits smoking within 25 feet of ticket, boarding, or waiting areas of public transportation. In September 2017, the City of Fairfield passed a smoking ordinance which prohibits outdoor smoking in Downtown Fairfield within 25 feet of doorways and windows.

### Sales to Minors

To reduce the access and availability of tobacco to youth from the retail environment, compliance checks were conducted within Solano County cities. For FY 2016-2017, only the cities of Benicia, Suisun City, and Vacaville conducted and reported tobacco compliance checks. The combined tobacco compliance rate was 90%. Benicia had a total of 29 compliance checks, with a 93% compliance rate, Suisun City had a total of 8 compliance checks, with an 88% compliance rate, and Vacaville had a total of 233 compliance checks, with a 90% compliance rate. The table below shows the comparison to past years’ tobacco compliance checks in Solano County.<sup>15</sup>

	Tobacco FY 2016-17			Comparison to Past Years							
	# of Attempts	# that passed	Percent Passed FY 2017	FY2016	FY11-12	FY10-11	FY 09-10	FY 08-09	FY 07-08	FY 06-07	FY 05-06
<b>Benicia</b>	29	27	<b>93%</b>	<b>83%</b>	<b>92%</b>	<b>84%</b>	<b>89%</b>	90%	93%	89%	93%
<b>Dixon</b>	na	na	<b>na</b>	<b>na</b>	<b>100%</b>	<b>97%</b>	<b>78%</b>	82%	86%	95%	97%
<b>Fairfield</b>	na	na	<b>na</b>	<b>na</b>	<b>88%</b>	<b>87%</b>	<b>85%</b>	92%	97%	57%	84%
<b>Rio Vista</b>	not done this year		<b>na</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>86%</b>	80%	<i>Not Done</i>	100%	89%
<b>Suisun City</b>	8	7	<b>88%</b>	<b>90%</b>	<b>100%</b>	<b>100%</b>	<b>95%</b>	88%	100%	77%	100%
<b>Vacaville</b>	233	209	<b>90%</b>	<b>90%</b>	<b>98%</b>	<b>95%</b>	<b>96%</b>	80%	100%	96%	94%
<b>Vallejo</b>	not done this year		<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	100%	87%	91%	93%
<b>All Cities</b>	<b>270</b>	<b>243</b>	<b>90%</b>	<b>89%</b>	<b>96%</b>	<b>93%</b>	<b>89%</b>	88%	95%	90%	93%

TABLE 6 SOURCE: BOSMA CONSULTING, 2017

\*Data for Vacaville was acquired through correspondence with the Vacaville Police Department\*

## YOUTH PRESCRIPTION DRUG USE

Prescription drug misuse is a major public health problem. The Department of Health and Human Services (HHS) reported that in 2015, 12.5 million people in the U.S. misused prescription opioids. HHS reports that 1 in 9 youth or 11.4% of young people aged 12 to 25 used prescription drugs nonmedically within the past year.<sup>23</sup> The National Institute of Drug Abuse (NIDA) states that “youth who abuse prescription medications are also more likely to report use of other drugs”.<sup>24</sup> Studies reveal that prescription drug abuse leads to higher rates of other substance use—such as marijuana (cannabis), heroin, cocaine, and other illicit drugs.<sup>24</sup>

In 2014, Solano County began tracking students who had used prescription drugs that were not prescribed to them. Solano countywide rates of students who reported prescription drug use declined from 2014 to 2016: from 4% to 3% of 7th graders, from 8% to 5% of 9th graders, and from 9% to 7% of 11th graders.<sup>7</sup>

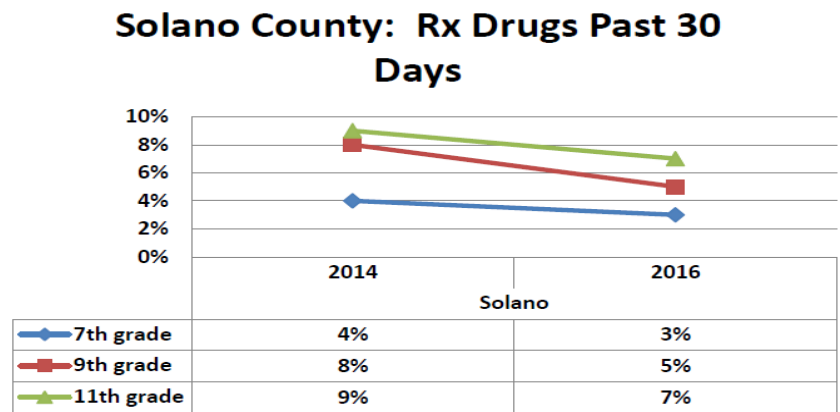


CHART 18 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2014-2016

## CONSEQUENCES OF PRESCRIPTION DRUG USE

### Deaths and Overdose

The most recent data from the California Opioid Overdose Surveillance Dashboard (CaOOSD) shows that in 2016, there were 1,925 deaths in California due to opioids. In 2016, Solano County had 14 opioid overdose deaths, and in 2015, Solano County had 47 opioid overdose emergency department visits and 56 opioid overdose hospitalizations. The cities of Vallejo (14.11/100,000), Rio Vista (8.59/100,000), and Benicia (4.8/100,000) have the highest rates per 100,000 residents of opioid overdose.<sup>25</sup>

### Increase in Heroin Use

The strongest risk factor for starting heroin use is the past misuse of prescription opioids. The CDC indicates that the transition from opioid use to heroin use may contribute to the progression of addiction. Three out of four new heroin users who inject the drug reported that they have abused prescription drugs prior to using heroin. In 2015, there were nearly 13,000 people nationwide who died from a heroin-related overdose.<sup>26</sup> The following image from the CDC depicts the increase of heroin use in the United States. Heroin use among young adults aged 18 to 25 years has more than

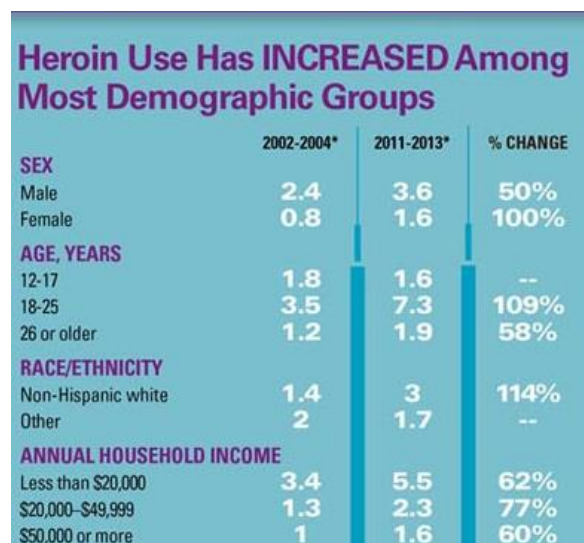


FIGURE 3 SOURCE: CDC

doubled within the past decade.<sup>27</sup> Most recent data for heroin use in Solano County is not available, and using data from the CDC is important to depict the correlation between opioid use and heroin use.

Hepatitis C is a liver disease that is spread when blood from a person infected with the virus enters the body of someone who is not infected. The virus is most commonly spread by sharing needles or other equipment to inject drugs. The California Department of Public Health (CDPH) has shown a growing percentage of newly reported chronic hepatitis C cases in California due to recent transmission. Rates of newly reported hepatitis C cases have increased by over 40% (from 8.3 to 11.7 per 100,000) among males ages 15-19 in California. 20-29-year-old males in California also showed a marked increase from 2007 to 2015, composing 4.6% of new cases in 2007 and 9.4% in 2015.<sup>28</sup>

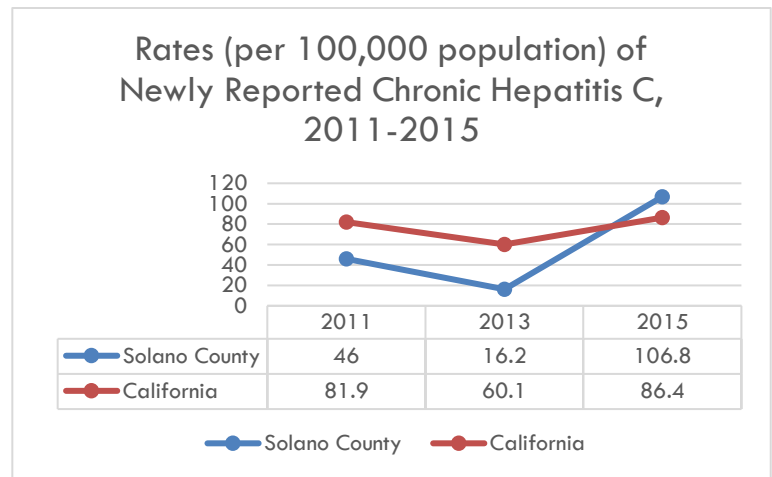


CHART 19 SOURCE: CALIFORNIA DEPRATMENT OF PUBLIC HEALTH (CDPH)

Whites, African Americans, and American Indian/Alaska Native are disproportionately affected by hepatitis C in California. In 2015, Whites comprised 59.9% of newly reported cases, but represent 40% of the California population; African Americans comprised 12% of newly reported cases, but represent 6% of the population, and American Indian/Alaska Natives comprised 1.2% of newly reported cases, but represent 0.6% of the population. Out of the 52 reporting counties in California, Solano County is ranked as the 16<sup>th</sup> worst county with the highest newly reported hepatitis C cases; showing a 132.3% increase from 2011-2015.<sup>28</sup>

**CONTRIBUTING FACTORS OF PRESCRIPTION DRUG USE**

**Youth Perception of Harm**

Although most Solano County students are not using prescription drugs nonmedically, perception of harm has decreased for 9<sup>th</sup> graders. Older students are more likely to think using prescription drugs not prescribed to them is harmful. Rates for 7<sup>th</sup> and 11<sup>th</sup> graders were the same from 2014 to 2016, and 9<sup>th</sup> graders perceiving prescription drugs to be harmful declined from 88% in 2014 to 84% in 2016; no state level comparison is available.<sup>7</sup>

**Solano County: Perceived Harm Rx Drug Use**

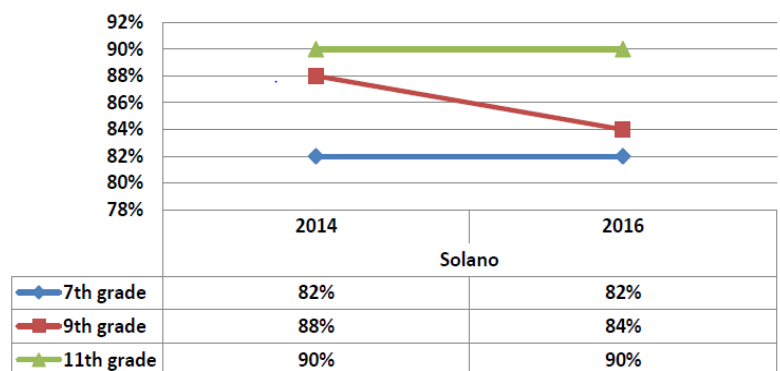


CHART 20 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2014-2016

**Availability/Access**

An increase in prescribing of opioids is a key factor in the increase in prescription overdoses. In 2016, California reported 23,684,377 opioid prescriptions. Solano County reported 342,969 (702.9/1,000 people) opioid prescriptions in 2016.<sup>23</sup>

Young people perceive that they are able to obtain prescription drugs without a prescription. According to CHKS 2016 data, 18% of Solano County 7<sup>th</sup> graders, 26% of 9<sup>th</sup> graders, and 30% of 11<sup>th</sup> graders reported that it would be “very easy” or “fairly easy” to obtain prescription drugs that were not prescribed to them from home. Six percent of 7<sup>th</sup> graders, 12% of 9<sup>th</sup> graders, and 17% of 11<sup>th</sup> graders reported attending parties or gatherings where people their age were using prescription drugs that were not prescribed to them.<sup>7</sup>

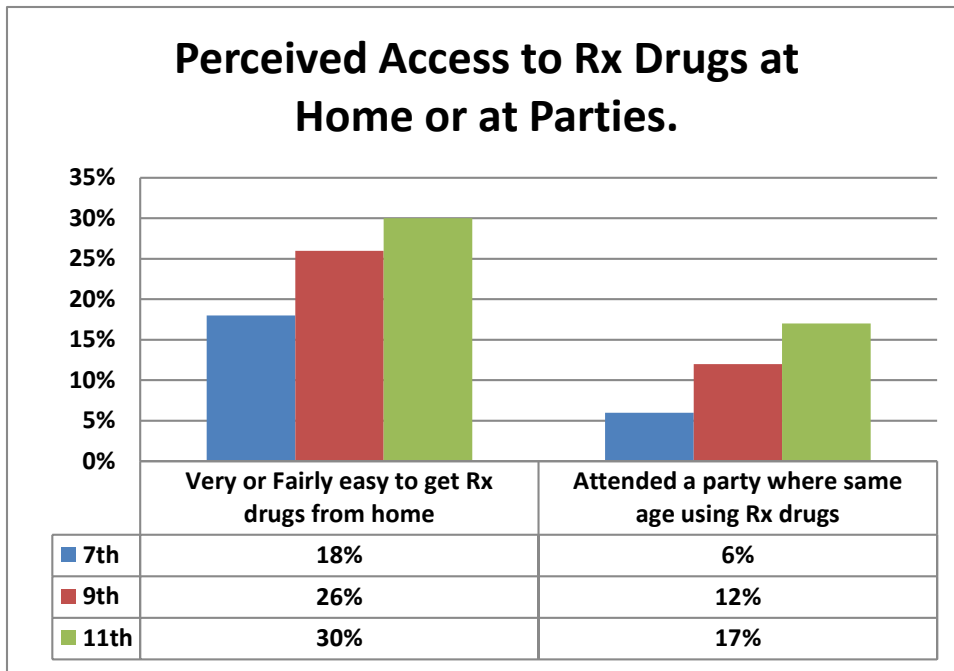


CHART 21 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016



**OVERALL CONSEQUENCES TO SUBSTANCE USE**

**School Suspensions and Expulsions**

The most recent data from Education Data Partnership shows that in the year 2014-15, there were a total of 9,646 suspensions (7,986 out of school suspensions, 1,660 in school suspensions) and 85 expulsions within Solano County. Of the 9,646 suspensions, 15 (0.9%) in school and 825 (10.3%) out of school suspensions were drug related. Of the 85 expulsions, 21 (25%) were drug related.<sup>29</sup>

**OVERALL CONTRIBUTING FACTORS TO SUBSTANCE USE**

**Youth School Connectedness**

*School Connectedness: Strategies for Increasing Protective Factors Among Youth*, published by the CDC and Department of Health and Human Services, emphasizes that school connectedness is an important protective factor that helps youth avoid behaviors that can place them at risk for adverse health and educational outcomes.<sup>30</sup> School connectedness is defined as students having the belief that adults and peers in their school care about their learning and overall well-being. When students feel connected at school, they are more likely to engage in healthy behaviors and can succeed academically.

Most Solano County youth reported “High” or “Moderate” overall school connectedness.<sup>7</sup> Older students are more likely to report low levels of connectedness. Across the board, meaningful participation needs the greatest improvement, as most youth reported “Low” in that category.

**Solano County Students School Environment, Connectedness, and Academic Motivation (2015-16 CHKS)**

Percent of students scoring High, Moderate, and Low in Assets (%)	Grade 7			Grade 9			Grade 11			NT		
	H	M	L	H	M	L	H	M	L	H	M	L
<b>School Environment</b>												
Total Assets	30	55	15	24	53	23	27	53	20	23	53	24
Caring Relationships: Adult in School	32	53	15	25	55	19	31	54	15	29	54	18
High Expectations: Adult in School	50	41	8	41	47	12	41	48	11	35	53	13
Meaningful Participation	13	51	36	10	47	43	12	44	45	8	44	48
<b>School Connectedness Scale</b>	46	41	13	38	47	15	33	50	16	29	51	20
<b>Academic Motivation</b>	40	42	18	32	45	23	29	45	26	16	43	41

TABLE 7 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

**School Safety**

When students do not feel safe at school because of bullying or harassment, it is considered a significant public health problem. From 2011-2013, 43.1% of Solano County 7<sup>th</sup> graders, 34.7% of 9<sup>th</sup> graders, and 32.3% or 11<sup>th</sup> reported that they had experienced bullying and/or harassment.<sup>31</sup> Being a victim of bullying or harassment can lead to “significant emotional pain and trauma” and “some turn to alcohol and drugs as a way to cope”.<sup>32</sup>

According to multiple studies, bullying can lead to severe trauma for those who suffered bullying. *The Lancet Psychiatry* states that bullying leads to “higher propensity toward anxiety and depression, which

are common trauma-related triggers of substance abuse”.<sup>33</sup> According to CHKS, a little more than half of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> Solano County students feel “very safe” or “safe” at school.<sup>7</sup>

**Perceived Safety at School (Solano County CHKS 2015-16)**

Perceived Safety at School	7th	9th	11th	NT
Very safe	17%	13%	12%	20%
Safe	41%	39%	39%	31%
Neither safe nor unsafe	30%	37%	39%	41%
Unsafe	7%	7%	7%	5%
Very unsafe	5%	5%	4%	4%

TABLE 8 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

### Lack of Activities

Interviews conducted with community members indicate they feel that the lack of community activities contributes to substance use in their community. Many community members quoted that “youth are bored, curious, using in groups recreationally for fun and as an outlet” or that “small, boring bedroom communities” and “lack of parent supervision because parents work” are reasons why youth are using substances.

### Community Norms/Attitudes

Data from the Tri-Ethnic Community Readiness (TECR) survey conducted in 2015-16 shows slight improvement on the countywide aggregate measure of Community Readiness. Vallejo is the only city in the Vague Awareness stage; Benicia, Fairfield, and Rio Vista scored in the Preplanning state; Suisun City and Vacaville are in the Preparation state. The survey was not conducted in Dixon in 2015-16. Since 2013 administration of the survey, Community Readiness scores increased in Rio Vista, Suisun City, and Vacaville; scores decreased for Benicia, Fairfield and Vallejo. Most changes were small, except for Rio Vista (which increased over 1 point) and Suisun City (which increased nearly 1 point).<sup>34</sup>

Tri Ethnic Community Readiness Survey 2009 to 2015 by City (overall scores)						
City	2009	2013	2015	Change 2009 to 2013	Change 2013 to 2015-16	Change 2009 to 2015-16
Benicia	4.89	4.78	4.61	-0.11	-0.17	-0.28
Dixon	4.42	4.36	NA	-0.06	NA	NA
Fairfield	4.49	4.86	4.47	0.37	-0.39	-0.02
Rio Vista	3.33	4.25	4.5	0.92	0.25	1.17
Suisun City	4.7	4.28	5.48	-0.42	1.2	0.78
Vacaville	5.06	5.39	5.17	0.33	-0.22	0.11
Vallejo	4.18	3.69	3.86	-0.49	0.17	-0.32
<b>Solano Countywide</b>	<b>4.44</b>	<b>4.52</b>	<b>**4.69</b>	<b>0.08</b>	<b>0.17</b>	<b>0.25</b>

\*\*2015/16 Solano Countywide scores do not include Dixon TABLE 9 SOURCE: BOSMA CONSULTING, 2017

**Perceived Parental/Peer Disapproval**

Most youth in Solano County think their parents would disapprove of them using alcohol, tobacco, marijuana (cannabis), or prescription drugs not prescribed to them. Older students are less likely to think parents will disapprove of use than younger students, although perception of disapproval is above 80% of for all ages and substances.<sup>7</sup> Information gathered from interviews with community members indicates that there is less stigma surrounding alcohol and marijuana (cannabis), and that adults do not understand or are not aware that alcohol and marijuana (cannabis) are a problem with their children.

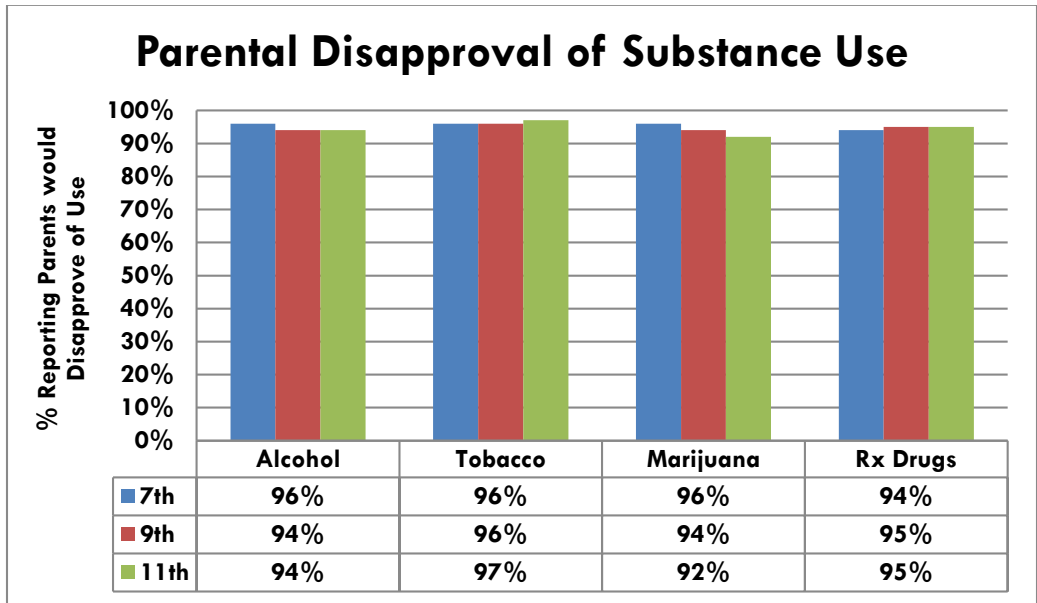


CHART 22 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

Most Solano County youth think that their peers would disapprove of them using alcohol, tobacco, marijuana (cannabis) or prescription drugs not prescribed to them, however they are less likely to think peers would disapprove of use than parents. Youth are least likely to think peers would disapprove of marijuana (cannabis) use. As with parents, students become less likely to think peers will disapprove of them using substances as they get older.<sup>7</sup> Of note, 64% of 11<sup>th</sup> graders report that their peers would disapprove of them using marijuana (cannabis), which is much lower than for the other substances.

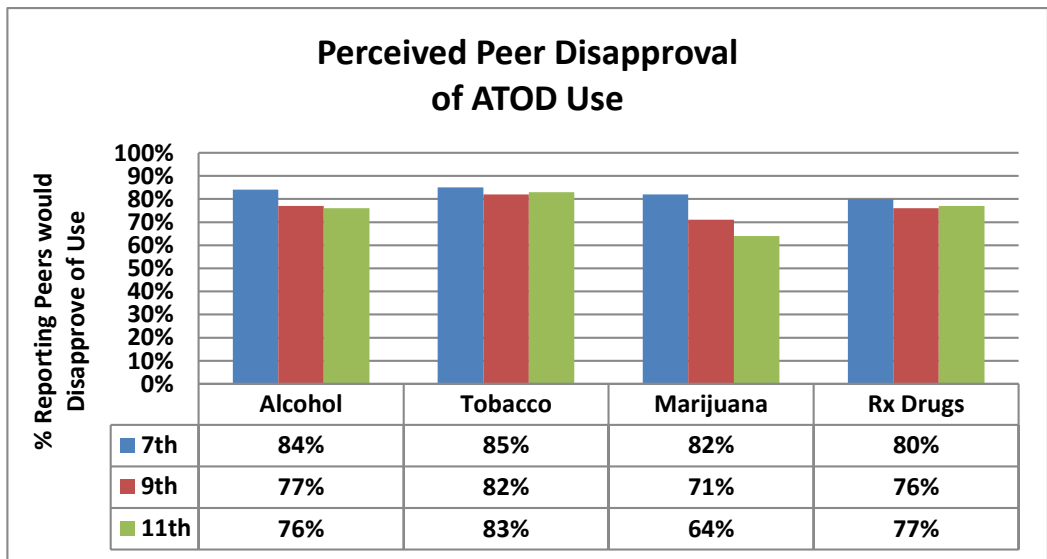


CHART 23 SOURCE: CALIFORNIA HEALTHY KIDS SURVEY, SOLANO COUNTY, 2015-2016

### Adult Use

In Solano County, the percentage of adults who are current smokers increased from 12.4% in 2014 to 14.1% in 2015, a 13.7% increase. The biggest increase of adult substance use is seen in adult binge drinking within the past year. From AskCHIS, in 2015, 43.3% of adults reported binge drinking in the past year; an increase of 53% in just one year.<sup>36</sup>

Research shows that the effects of substance use disorders are felt by the entire family. Substance use disorders affect each family member in different ways, but for children the risk of developing a substance use disorder is increased.<sup>35</sup>

<i>SOLANO COUNTY ADULT SUBSTANCE USE</i>					
	<b>2007</b>	<b>2009</b>	<b>2012</b>	<b>2014</b>	<b>2015</b>
<i>ADULT CURRENT SMOKERS</i>	<b>17.6%</b>	<b>24.2%</b>	<b>15.2%</b>	<b>12.4%</b>	<b>14.1%</b>
<i>ADULT BINGE DRINKING IN PAST YEAR</i>	<b>29.0%</b>	<b>32.3%</b>	<b>26.5%</b>	<b>28.3%</b>	<b>43.3%</b>

TABLE 10 SOURCE: ASKCHIS

### Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) such as substance misuse by parents within the home may be risk factors that significantly contribute to substance use among youth. Substantial evidence connects ACEs to a myriad of substance use issues: early initiation of alcohol consumption, tobacco use during adulthood, prescription and illicit drug use, drug dependency, and self-reported addiction. ACEs also have a dose-response relationship to many social, behavioral, and health issues such as cardiovascular disease.<sup>37</sup>

Although county-level data is currently lacking to measure the magnitude of ACEs in our community, the topic warrants further investigation and we would like to explore local avenues for collaboration regarding these issues.

## PRIORITY AREAS AND CORRESPONDING RISK AND PROTECTIVE FACTORS

The table below represents the risk and protective factors that exist in Solano County. The risk factors that are bolded represent the pertinent factors to address for each priority area. The protective factors that are bolded represent the factors that Solano County already has in place.

Priority Area	Risk Factor	Protective Factor
Alcohol	<ol style="list-style-type: none"> <li>1. <b>Acceptance of substance use</b></li> <li>2. <b>Health disparities exist</b></li> <li>3. <b>Laws, policies, and/or ordinances are unclear or inconsistently enforced</b></li> <li>4. <b>Lack of parenting/family management</b></li> <li>5. <b>Neighborhood/school/community is not safe</b></li> <li>6. No/low perception of harm</li> <li>7. <b>No/low school/community involvement</b></li> <li>8. <b>Norms are unclear or encourage use</b></li> <li>9. <b>Past/current substance use by family members</b></li> <li>10. Peer Use</li> <li>11. <b>Substances are accessible</b></li> <li>12. <b>Substances are available</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Disapproval of substance use (social norms)</li> <li>2. Health disparities are minimal</li> <li>3. Laws, policies, and/or ordinances are consistently enforced</li> <li>4. Positive parenting/family management</li> <li>5. School/community is safe</li> <li>6. <b>Med/high perception of harm</b></li> <li>7. Med/high school/community involvement</li> <li>8. Norms are clear and encourage non-use</li> <li>9. Positive parental involvement</li> <li>10. <b>Peers disapprove of substance use</b></li> <li>11. Access to substances is minimal</li> <li>12. Availability to substances is minimal</li> </ol>
Marijuana (Cannabis)	<ol style="list-style-type: none"> <li>1. <b>Acceptance of substance use</b></li> <li>2. <b>Laws, policies, and/or ordinances are unclear or inconsistently enforced</b></li> <li>3. <b>Lack of parenting/family management</b></li> <li>4. <b>Neighborhood/school/community is not safe</b></li> <li>5. <b>No/low perception of harm</b></li> <li>6. <b>No/low school/community involvement</b></li> <li>7. <b>Norms are unclear or encourage use</b></li> <li>8. <b>Past/current substance use by family members</b></li> <li>9. Peer Use</li> <li>10. <b>Substances are accessible</b></li> <li>11. <b>Substances are available</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Disapproval of substance use (social norms)</li> <li>2. Laws, policies, and/or ordinances are consistently enforced</li> <li>3. Positive parenting/family management</li> <li>4. School/community is safe</li> <li>5. Med/high perception of harm</li> <li>6. Med/high school/community involvement</li> <li>7. Norms are clear and encourage non-use</li> <li>8. Positive parental involvement</li> <li>9. <b>Peers disapprove of substance use</b></li> <li>10. Access to substances is minimal</li> <li>11. Availability to substances is minimal</li> </ol>

Tobacco	<ol style="list-style-type: none"> <li>1. <b>Health disparities exist</b></li> <li>2. Laws, policies, and/or ordinances are unclear or inconsistently enforced</li> <li>3. <b>Lack of parenting/family management</b></li> <li>4. <b>Neighborhood/school/community is not safe</b></li> <li>5. <b>No/low school/community involvement</b></li> <li>6. Norms are unclear or encourage use</li> <li>7. <b>Past/current substance use by family members</b></li> <li>8. Peer Use</li> <li>9. <b>Substances are accessible</b></li> <li>10. <b>Substances are available</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Health disparities are minimal</li> <li>2. <b>Laws and ordinances are consistently enforced</b></li> <li>3. Positive parenting/family management</li> <li>4. School/community is safe</li> <li>5. Med/high school/community involvement</li> <li>6. <b>Norms are clear and encourage non-use</b></li> <li>7. Positive parental involvement</li> <li>8. <b>Peers disapprove of substance use</b></li> <li>9. Access to substances is minimal</li> <li>10. Availability to substances is minimal</li> </ol>
Prescription Drug	<ol style="list-style-type: none"> <li>1. Acceptance of substance use</li> <li>2. <b>Lack of parenting/family management</b></li> <li>3. <b>Neighborhood/school/community is not safe</b></li> <li>4. No/low perception of harm</li> <li>5. <b>No/low school/community involvement</b></li> <li>6. <b>Past/current substance use by family members</b></li> <li>7. Peer Use</li> <li>8. <b>Substances are accessible</b></li> <li>9. <b>Substances are available</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Disapproval of substance use (social norms)</b></li> <li>2. Positive parenting/family management</li> <li>3. School/community is safe</li> <li>4. <b>Med/high perception of harm</b></li> <li>5. Med/high school/community involvement</li> <li>6. Positive parental involvement</li> <li>7. <b>Peers disapprove of substance use</b></li> <li>8. Access to substance is minimal</li> <li>9. Availability to substance is minimal</li> </ol>

## PRIORITY AREAS AND PROBLEM STATEMENTS

### Problem Statements

1. **Priority Area:** Marijuana (Cannabis)

**Problem Statement:** Solano County youth report easy access to marijuana (cannabis) and low perception of harm.

2. **Priority Area:** Alcohol

**Problem Statement:** Alcohol is still the primary substance used by Solano County youth, and more than half of 9<sup>th</sup> and 11<sup>th</sup> graders report easy access to alcohol.

3. **Priority Area:** Tobacco

**Problem Statement:** Solano County youth report easy access to cigarettes, e-cigarettes, and other vaping devices, and use of electronic smoking devices is increasing.

4. **Priority Area:** Prescription Drugs

**Problem Statement:** Although few Solano County youth report use of prescription drugs, many report easy access to prescription drugs. Compared to 9<sup>th</sup> and 11<sup>th</sup> graders, 7<sup>th</sup> grade Solano County youths' perception of harm for prescription drugs is lower. Perception of harm also decreased for 9<sup>th</sup> graders.

Although Solano County has identified four priority areas and problem statements for each, an assessment of the county's current capacity may reduce the number of priority areas. If after it is assessed that Solano County does not have the current capacity to focus on all four areas, plans to build capacity may be implemented. An extensive justification will be provided in the *Capacity Findings Summary* section of this plan.

## CURRENT CAPACITY

To understand current capacity, it is important to appreciate the backdrop of capacity that has been built gradually, sometimes has eroded, and sometimes has been strengthened in multiple venues over the years. Through the very process of advocating for the Tobacco Master Settlement Agreement (MSA) funds (initially in 2000 and ongoing) to be used to reduce rates of ATOD and to improve health access in Solano County, the Solano County Board of Supervisors', and key leadership stakeholders' awareness of, and support for the importance of ATOD issues increased.

Solano County has an active Alcohol and Drug Advisory Board. The County also has a very active and engaged Tobacco Education Coalition with over 26 years of environmental prevention and community policy experience; this coalition was very instrumental in providing information to the Board of Supervisors resulting in their initial decision to dedicate some of the Tobacco MSA dollars to reduce rates of ATOD. Initially, Solano County had developed capacity in a Reducing Rates of Alcohol, Tobacco and Other Drugs Coalition (RRC), but the RRC was disbanded after June 2011. City Teams were established in each of Solano County's seven cities at the same time the RRC was established. City Teams undertook local programming, often including school-based prevention programs or provision of prevention programming to youth in after-school activities. These programs were required to be evidence-based if county funds were used. Some cities also did environmental prevention work—social host ordinances were passed in all cities, all cities conducted compliance checks for many years, and several cities offered Responsible Beverage Server trainings. Other than Vallejo, cities adopted medical marijuana (cannabis) dispensary moratoriums some of which have been rescinded following the passage of Proposition 56. When MSA dollars were no longer available, the County began supporting ATOD prevention efforts with county general funds, a significant commitment on the part of the county during a time of tight budgets. A Drug Free Communities (DFC) grant was obtained from 2009 to 2014 to support environmental prevention efforts and capacity building throughout the county ATOD programs, although an attempt to reapply for a second five years of funding was unsuccessful in 2014. DFC funding places a strong emphasis on funding coalitions, so the demise of the RRC may have contributed to the application being unsuccessful as well as the lack of policy efforts in the area of prescription drug abuse. Since FY2010-11, the County has utilized SAPT prevention dollars to help support city level work.

As County HPCWB staff assessed how to most effectively support ATOD prevention and reduction efforts in cities, it became clear that a focus on environmental prevention strategies was needed (as described in the FY2012/13 through FY2017/18 Strategic Prevention Plan). To increase focus on environmental prevention, the County issued a Request for Proposals (RFP) in 2014, which required applicants to demonstrate a coalition approach and to propose types of environmental strategies upon which their city would work. The county awarded contracts to the cities of Benicia, Rio Vista, Suisun City, Vacaville, and to the community based organization Fighting Back Partnership (FBP). Awarded contracts funded the cities' and FBP's local coalitions: Benicia Youth Action Coalition, Rio Vista Alliance, Suisun City ATOD Prevention Coalition, Vacaville Advocating for Wellness Adolescent Recovery &



Education (AWARE) coalition, and the Vallejo Community Change Coalition. To coordinate efforts countywide, the County also solicited applications for a contractor to establish a countywide ATOD Prevention Collaborative and facilitate collaboration between city efforts and provide support, training, and technical assistance to the five funded agencies. An RFP to evaluate the ATOD program was also issued and awarded, to assess progress while also supporting ATOD prevention efforts with data on outcomes and issues.

As of FY2016, the five city-level coalitions were holding meetings regularly, recruiting new members, and creating local level work plans to undertake policy at varying levels. The city coalitions all developed strategic work plans using the Midwest Academy Strategy chart, to help them think through how to strategically increase community awareness of an ATOD issue in their city, mobilize community support, and move policy efforts forward. Policy work is less comfortable for coalitions in some cities, while others have successfully passed policies. The ATOD Prevention Collaborative staff provides support and training to the prevention coordinators in the funded cities to assist them and their local coalitions to undertake policy work.

HPCWB staff also modified the former All City Team Meeting approach, where City Team staff met monthly with County staff to discuss issues, address contract items, and occasionally receive training. This meeting was modified in FY2015-16 funding cycle, and is now an ATOD Prevention Contractors Meeting, which focuses solely on internal contract compliance issues, more tightly focusing the purpose of this group. Contractors receive updates, can discuss issues, and are solicited before meetings for agenda items, as well as having the opportunity to share information with each other about their local successes and challenges.

Two cities, Dixon and Fairfield, chose not to respond to the RFP for ATOD Prevention funding in 2014. Staff from the community based organization Fighting Back Partnership (FBP) are currently working on building capacity in the city of Dixon. For FY 2017/2018, FBP staff will work with community partners to establish an ATOD Prevention Coalition in the cities of Dixon and possibly in Fairfield.

In conducting the capacity building phase of the SPF, several groups of key current stakeholders that were identified for additional discussion and capacity analysis are the HPCWB staff, local coalitions, Prevention Coordinators, other prevention providers, and the Tobacco Education Coalition.

#### **HEALTH PROMOTION AND COMMUNITY WELLNESS BUREAU (HPCWB) STAFF**

Since July 2011, HPCWB staff has been responsible for substance abuse primary prevention. Two veteran staff members have in-depth knowledge of the SPF steps, Centers for Substance Abuse Prevention (CSAP) strategies, and practical experience working collaboratively with local advisory groups, service providers, and coalitions. The Substance Abuse Prevention program consists of 5 staff—the Senior Health Services Manager, Supervising Health Education Specialist, Health Services Manager, Senior Health Education Specialist, and the Health Education Specialist. Both the Senior Health Services

Manager and Supervising Health Education Specialist earned Master's Degrees in Public Health and have over twenty years of experience each in planning, implementing, and evaluating primary prevention programs. The other three staff are relatively new to their roles in substance abuse prevention for Solano County. The Health Services Manager earned a Master's Degree in Social Ecology and has over 20 years of experience in public health, 15 of which were in managing primary prevention programs. The Senior Health Education Specialist earned a Master's Degree in Public Administration and has over nine years of experience in primary prevention programs and working with at-risk populations. The Health Education Specialist earned a Master's Degree in Public Health and has 3 years of public health experience working with diverse communities on chronic disease prevention efforts.

The Senior Health Services Manager administers the HPCWB with its community wellness programs including Injury Prevention, Tobacco Prevention and Education Program, Alcohol, Tobacco, and Other Drugs Prevention, and significant initiatives in Chronic Disease Prevention, including a new Oral Health Program. She works to integrate the primary prevention programs across content areas; in fact, ATOD use and abuse impacts many of the programs listed and inroads are being made to continue innovative projects that cross "program and bureau lines". The Supervising Health Education Specialist (.35 FTE) for Substance Abuse Prevention is also the current Tobacco Prevention and Education Program Project Director, and is an expert on tobacco prevention and cessation. She uses her expertise, likewise to integrate ATOD efforts across the Strategic Prevention Plan and integrate it with work of the California Tobacco Control Program (CTCP) scope of work. The Health Services Manager (.40 FTE) initiated and managed a violence prevention program for 13 years, and often integrated those projects with other prevention projects, including ATOD. She has an extensive history addressing racial and other health inequities, coalition building, program design utilizing an upstream approach, and public speaking and training. She recently managed a 3-year chronic disease prevention grant, over \$3 million from the CDC, that was focused on policy and environmental change. The Senior Health Education Specialist (1.0 FTE) serves as the Prevention Coordinator for Substance Abuse Prevention and has experience in implementing evidence-based curricula that empowered youth with the knowledge, skills, and social-emotional tools to support them in making healthy decisions. The Health Education Specialist (.40 FTE) will support Substance Abuse Prevention efforts throughout the county as needed.

## **COUNTY PROGRAMS**

### ***Friday Night Live (FNL)***

The Solano County Office of Education (SCOE) has rebuilt and coordinated the FNL Solano County Youth Coalition. The coalition is comprised of students representing schools from the different cities within Solano County. These students serve as leaders in their school-based FNL chapters. In addition, SCOE develops and supports FNL chapters in local school districts. The FNL Solano County Youth Coalition collaborates to complete countywide projects that focus on improving the health and safety of their community when it comes to ATOD, addiction, bullying and violence.

### ***Marijuana (Cannabis) Policy Efforts***

HPCWB has been working with local SAPT providers on policy efforts regarding the regulation of legalized recreational marijuana (cannabis). Community education efforts are incorporated to reduce access and availability of marijuana (cannabis) to minors from retail and other sources within Solano County. The City of Vallejo developed an educational marijuana (cannabis) policy campaign which emphasized the dangers of youth marijuana (cannabis) use and which works towards reducing youth access and availability of marijuana (cannabis). Local cities have hosted marijuana (cannabis) forums and discussions for community members to voice their opinions and concerns about future regulations. Marijuana (cannabis) policy efforts will continue to be a focus for HPCWB, especially with the recent AUMA passage and local jurisdiction marijuana (cannabis) ordinances in planning phases.

### ***Mobilizing to Impact Retail Environment (MIRE)***

Mobilizing to Impact Retail Environment (MIRE) is a project conducted periodically within Solano County in concert with the Tobacco Prevention and Education Program. Substance abuse prevention refers to it as MIRE, but it is actually the statewide and local Healthy Stores for a Healthy Community (HSHC) campaign. MIRE consists of team members, and recruited youth and adults who are trained on various projects—such as retail data collection, Geographic Information Systems (GIS) mapping, community mobilization, and prevention policy. Activities include volunteer recruitment, data collection, data analysis and interpretation, educational material development, community and policy education points, listening sessions with the community stakeholders and policy makers, and formulation of a policy strategy chart. Activities in MIRE assist in identifying clear retail environment policy goals for communities.

### ***Social Host Ordinance (SHO)***

Solano County had planned to work on a project to develop a Social Host Ordinance for the unincorporated areas of Solano County to ensure all jurisdictions were covered by a SHO. However, Dixon rescinded its SHO in late 2011. County prevention staff were focused on other projects and then were short staffed and unable to pursue a SHO. However, Benicia and other cities have continued to educate their communities regarding their respective ordinances.

### ***Tobacco Retail Licensing Policy***

Staff and coalition members in the cities of Vacaville and Benicia have been working towards reducing the access and availability of tobacco to youth from retailers and other sources through the adoption of a Tobacco Retail License (TRL). Fighting Back Partnership has been leading a TRL Subcommittee in Vacaville to spearhead TRL efforts there. The TRL Subcommittee consists of youth from the City of Vacaville who conduct outreach events, meet with local city council members to educate them on TRL, obtain letters of support from local community members and organizations, and other activities to support the adoption of a TRL ordinance in Vacaville.

The City of Benicia's Benicia Youth Coalition (BYAC) has been leading the TRL efforts within their city. Team members and recruited partners receive and conduct training on TRL development, conduct

research, develop and implement plans for community mobilization, policy efforts and other environmental work. BYAC partners with the local police department and conducts tobacco compliance checks, and has developed a retailer recognition program for community education and positive reinforcement of policy goals.

## **COUNTY PROVIDERS**

### ***City of Benicia***

The Benicia Youth Action Coalition (BYAC) encourages healthy growth of Benicia youth. The coalition sponsors comprehensive programs, maximizes available resources, and coordinates activities that will reduce the use of alcohol, tobacco, and other drugs by Benicia's youth. BYAC's top 3 focus areas are:

1. Working towards environmental strategies that will change the underage use of alcohol, tobacco and other drugs
2. Providing educational youth programs and events to keep youth engaged in the community and maintain a healthy lifestyle
3. Retain focus in the community through educational and social marketing efforts to help reduce underage use of ATOD.

### ***City of Rio Vista***

The Rio Vista Alliance promotes a healthy community, free from the devastating impact of substance abuse on children, adults, family and community. The Alliance advocates for increased recreational and educational activities for children. They also support enacting realistic city ordinances and policies controlling the sale and distribution of alcohol and drugs in their community. They will continue to promote a strong social message to their residents regarding the harmful effects of Alcohol, Tobacco and Other Drugs. The Rio Vista Alliance's top focus areas are:

1. Developing alcohol policies to protect youth from underage alcohol use; and
2. Offering Responsible Beverage Service trainings to businesses and volunteer groups to learn how to sell and serve alcohol responsibly.

### ***City of Suisun City***

The Suisun City ATOD Prevention Coalition has been educating youth in their community since 2002. The group is currently working to reduce access and availability of marijuana (cannabis) from retail and other sources. The Suisun City ATOD Prevention Coalition also partners with schools and promotes Red Ribbon week. The Coalition is also pursuing a Conditional Use Permit regulation alcohol outlets.

### ***Fighting Back Partnership (FBP)***

Fighting Back Partnership is a community based organization that has partnered with Solano County in efforts to improve place-based factors impacting health in the cities of Vallejo, Fairfield, Vacaville, and Dixon so that families and youth are protected from the negative impacts of alcohol, tobacco, other drugs, and other harmful products. Vallejo Community Change Coalition (VCCC) is focusing on reducing access and availability of alcohol, tobacco, and marijuana (cannabis) to youth in Vallejo. VCCC also focuses on reducing exposure to secondhand smoke and has an established Smoke-Free Outdoors Committee to assist that effort, which is funded through the California Tobacco Control Program.

### ***Solano County Office of Education (SCOE)***

The Solano County Office of Education's (SCOE) Youth Development Services provides opportunities to engage youth as active members of the community, safe and healthy programs that enhance self-esteem, achieve academic excellence, and learn teamwork and good citizenship. Thus, youth are better prepared for success in a career and college pathway. SCOE's top 3 focus areas are:

1. ATOD Prevention – Solano Friday Night Live, Tobacco Use Prevention Education, Solano Youth Coalition and Safe and Healthy Kids;
2. Youth Adult Partnerships – Solano Youth Coalition and Solano Friday Night Live; and
3. Youth Leadership and Enrichment – Participation in programs such as North Bay Academic Decathlon, Elementary Spelling Bee, Academic Bowl, Solano Student Art Faire, Solano Friday Night Live, and Solano Youth Coalition.

### ***COUNTY COALITIONS/GROUPS***

#### ***Alcohol, Tobacco, and Other Drugs (ATOD) Prevention Collaborative***

Solano County participates in the ATOD Prevention Collaborative that is made up of community members committed to reducing ATOD use among youth in Solano County. Members of the collaborative include: Benicia Police Department, Cal Maritime, City of Suisun City, City of Rio Vista, Dixon Family Services, Fighting Back Partnership, Rio Vista Care, Solano County Office of Education, Solano County Public Health, and Vacaville Police Department. In 2016, an ATOD Marijuana Subcommittee was established to focus on reducing youth availability and access to marijuana (cannabis) in Solano County.

#### ***Solano County Tobacco Education Coalition (TEC)***

The Solano County Tobacco Education Coalition (TEC) has over 26 years of experience advocating for sustainable, population-based policy, environmental and systems change strategies. TEC members have a long track record of successful community mobilization. In 1990, long before the statewide smoke-free workplace law, the TEC worked with the Tobacco Prevention and Education Program (TPEP) and the Solano County Board of Supervisors to pass an ordinance for 100% smoke-free workplaces and restaurants — one of the first nine 100% smoke-free ordinances in California and the first one that included 100% smoke-free restaurants.

The TEC was established in 1990, as an advisory and advocacy coalition to TPEP, the Local Lead Agency for Tobacco Control in Solano County. TEC volunteers have stayed dedicated to the mission, “to reduce tobacco use and exposure to secondhand in Solano County.” One third of the present membership has steadfastly served on the Coalition since the beginning, and brings valuable community relationships and strong experience in creating population-based tobacco use norm changes.

A partial list of TEC demonstrated successes includes: collaboration with the American Lung Association, COMMIT Vallejo, and North Bay Health Resources Center to pass vending machine ordinances in Vallejo, Vacaville, and Fairfield; 100% Smoke-free workplaces and restaurants in Vallejo, Fairfield, and Vacaville; smoke-free parks ordinances in Benicia, Suisun City, and Vacaville and convinced

the local Proposition 10 Commission to put tobacco policies, including divestment, cessation and reducing secondhand smoke, into contractor agreements. Current work focuses on reducing the density of tobacco retailers in Dixon, developing partnerships with others in addressing ACEs, developing a tobacco prevention youth coalition, as well as working to ensure local jurisdictions update their existing ordinances to match the updated definitions adopted by the state for smoking and tobacco products in order to further protect exposure to aerosol from electronic smoking devices and smoke from other plant-based material including marijuana (cannabis).

### **WORKFORCE DEVELOPMENT**

To ensure that the substance abuse prevention staff and stakeholders are competent in the services they are responsible for providing, HPCWB invests in providing training, and sending staff and stakeholders to various trainings hosted by the Community Prevention Initiative (CPI) and other prevention organizations.

#### ***Community Prevention Initiative (CPI) Regional Trainings***

Every year, CPI hosts a regional training for all County Alcohol and Other Drugs (AOD) administrators, County Prevention Coordinators, local prevention providers, and other community agencies. Themes of the trainings are based on the guiding principles of the Strategic Prevention Framework (SPF). The 2017 Regional Training focused on using cultural competence to guide prevention efforts. Local prevention providers and HPCWB were invited to attend the training to gain knowledge on how to support specific populations through culturally competent substance use disorder prevention strategies

#### ***CPI Grant Writing Training***

To assist with the financial sustainability of local coalition efforts, a grant writing training is periodically provided for local prevention providers and other community agencies to build their skills in order to seek grant funding. HPCWB collaborates with CPI in hosting the *Writing Successful Grants* training. Building capacity around grant writing is a key strategy in sustaining ATOD programs in the future.

#### ***SPF Trainings***

During FY 2016 – 2017, HPCWB recognized that current SAPT funded prevention coordinators needed support to conduct a city needs assessment utilizing the SPF process. An action plan was developed in March 2017 to build prevention coordinators' capacity to implement the SPF process. Multiple SPF planning trainings were held to better assist the coordinators, and a timeline was created for accountability. With the help of the ATOD Prevention Collaborative and policy support contractor, HPCWB staff provided feedback and technical assistance to prevention coordinators on their local needs assessment.

**CAPACITY ASSESSMENT**  
**RESOURCE READINESS**

**Table 11: Resource Readiness Assessment**

Enter (✓), (n/a), or (-) to measure resources for each priority area		Priority Areas			
		Alcohol	Marijuana (Cannabis)	Tobacco	Prescription Drugs
Community Resources	Community Awareness	✓	Limited	✓	-
	Specialized knowledge about Pv research, theory, and practice	Limited	-	✓	-
	Practical experience	Limited	-	✓	-
	Political/policy knowledge	Limited	-	✓	-
Fiscal Resources	Funding	✓	✓	✓	-
	Equipment: computer, Xerox, etc.	✓	✓	✓	-
	Promotion and advertising	✓	✓	✓	-
Human Resources	Competent Staff	✓	✓	✓	increasing
	Training	✓	in progress	✓	Limited
	Consultants	✓	in progress	✓	Limited
	Volunteers	✓	-	✓	-
	Stakeholders	Limited	Limited	✓	Limited
	Other agency partners	✓	-	✓	Limited
	Community leaders	Limited	-	✓	Limited
Organizational Resources	Vision and mission statement	✓	✓	✓	-
	Clear and consistent organizational patterns and policies	✓	-	✓	-
	Adequate fiscal resources for implementation	Can use more	Can use more	✓	-
	Technological resources	N/A	N/A	N/A	N/A
	Specialized knowledge about Pv research, theory, and practice	✓	Limited	✓	Limited

## **COMMUNITY READINESS**

The Tri-Ethnic Community Readiness (TECR) Survey was administered in each of the seven Solano County cities in 2009 and 2013. In 2015/2016, the Survey was re-administered in the five cities that are participating in ATOD prevention programming through Solano County Health and Social Services and one other city, providing three data points to compare. The TECR Survey is a tool that provides an assessment of each city's *community readiness* to tackle alcohol, tobacco, and other drugs issues for their youth. The Survey was developed by the University of Colorado (Edwards, 2000), and is a recommended tool by the Substance Abuse and Mental Health Services Administration (SAMHSA) for coalitions seeking to gain more knowledge of the community's perception of an issue.

The TECR Survey is administered using a structured interview conducted by telephone with key stakeholders to assess the broader community's perceptions and awareness of the issue. Interviews are recorded (with permission of participants), then transcribed. Two qualitative data analysts code and score the transcripts using an anchored rating scale for each dimension. The two analysts reconcile their scores to determine a final score in each domain of readiness. Individual scores are combined into one city score in each dimension; dimension scores are then combined for an overall readiness score.

The survey protocol recommends interviewing 4 to 6 stakeholders in each community. For Solano County, six stakeholders were interviewed in each city. ATOD Prevention Coordinators in each city assisted with identification of the key stakeholders to interview. To assess the broader community's perceptions of the issue, stakeholders were chosen for their awareness of the community, but ideally were *not* actively engaged in the local ATOD coalition's work. Interviews were conducted in late winter and early spring in both 2009 and 2013, and in late summer in 2015. (The sixth city was administered six months later in spring 2016.)

It is important to remember that a measure of readiness assesses the knowledge and understanding *of the general community, not just the people actively involved in the prevention effort*. One would anticipate that active members of a city's local ATOD coalitions would have a high level of awareness of the level of youth ATOD problems in the community and of the strategies that are being implemented to reduce youth use and related problems. The TECR Survey helps inform us about the broader community's perception and awareness. This allows us to get a measurable score at baseline and then to assess ongoing progress that cities are making on community attitudes, awareness and efforts around youth substance use. Thus, the 2009 results serve as baseline (the first year the survey was administered), the 2013 results are the first measure of progress towards increasing awareness in the community, and the current report looks at progress as of 2015-16.



### ***Description of Levels of Readiness***

The Tri-Ethic Community Readiness survey provides the status of the community in six domains:

- A. Community efforts: extent of efforts, programs, policies in place
- B. Community knowledge about efforts: extent of community knowledge of existence and effectiveness of efforts
- C. Leadership: extent to which appointed leaders and influential community members understand and support efforts
- D. Community climate: prevailing community attitude toward the issue
- E. Community knowledge about the issues: extent that community members understand the causes of the problem, consequences, and community impact
- F. Resources related to the issue: extent of local resources—people, time, money, space, etc.—available to support efforts.

Within the six domains, there are nine stages of readiness:

1. No awareness: not recognized by community or leaders as issue
2. Denial/resistance: some members recognize issue, but little recognition it occurs locally
3. Vague awareness: awareness of local concern but little motivation to do anything about the issue
4. Preplanning: Clear recognition that something must be done, there may be a group addressing it; efforts are not focused and detailed yet.
5. Preparation: Active leaders begin planning in earnest and community offers modest support of efforts
6. Initiation: Enough information available to justify efforts; activities are underway.
7. Stabilization: Activities are supported by administrators or community decision makers; staff are trained and experienced
8. Confirmation/expansion: Efforts in place; community members feel comfortable using services, support expansions; local data are regularly obtained
9. High level of community ownership: Detailed and sophisticated knowledge exists about prevalence, causes, and consequences; effective evaluation guides new directions; model is applied to other issues.

**Stages of Readiness**

The following table shows the countywide changes in readiness scores for each domain and overall at baseline in 2009, again in 2013, and in 2015-16. **These scores are aggregated from the seven city scores.** The combined county-wide community readiness score for the cities in Solano County is 4.69 or the Preplanning stage, increasing just slightly from 2009 when it was 4.44 and 2013 when it was 4.52. The table below shows scores with two decimal points, to help readers understand the movement within a domain. Overall 2015-2016 scores from the six cities that participated in the survey range from 3.86 to 5.48. Some of Solano County cities are aware that there is a substance use problem in the community and that something ought to be done, but there is limited motivation to take action. Other cities are in the Preplanning stage which indicates that there is clear recognition of a substance use problem, but there is not a clear idea on how to address the problem. A couple of the cities are in the Preparation stage which indicates the community has begun planning and is focused on practical details.

<b>Table 12: Solano Countywide Tri-Ethnic Community Readiness Survey 2009 to 2015-16</b>						
<b>Domain</b>	<b>2009</b>	<b>2013</b>	<b>2015-16</b>	<b>Change 2009 to 2013</b>	<b>Change 2013 to 2015</b>	<b>Change 2009 to 2015</b>
<b>Domain A: Community Efforts</b>	6.3	6.31	6.1	0.01	-0.21	-0.2
<b>Domain B: Community Knowledge about Efforts</b>	3.9	3.86	4.21	-0.04	0.35	0.31
<b>Domain C: Leadership</b>	4.38	4.57	4.97	0.19	0.4	0.59
<b>Domain D: Community Climate</b>	3.7	3.67	3.98	-0.03	0.31	0.28
<b>Domain E: Community Knowledge about ATOD Use/Risks/Harms</b>	3.7	3.76	3.8	0.06	0.04	0.1
<b>Domain F: Resources Available</b>	4.64	4.93	5.07	0.29	0.14	0.43
<b>Total Score</b>	<b>4.44</b>	<b>4.52</b>	<b>4.69</b>	<b>0.08</b>	<b>0.17</b>	<b>0.25</b>

*2015-2016 countywide scores do not include Dixon*

### **Capacity Findings Summary**

HPCWB completed a resource readiness assessment to identify if Solano County has sufficient resources to implement prevention services for alcohol, marijuana (cannabis), tobacco, and prescription drugs. The areas of fiscal, human, organization, and community resources were assessed throughout the county to determine if Solano County is “resource ready” for each priority area. HPCWB staff found that community resources were limited or non-existent in the areas of marijuana (cannabis) and prescription drugs in part because limited data is available for them, particularly prescription drugs, and working on marijuana (cannabis) in an era of legalization is new. More resources were available for alcohol and even more for tobacco. Despite SAPT contractors pursuing prevention efforts to address alcohol use among youth for several years, community knowledge about prevention research, theory, and practice remain minimal. Community norms and interest in potential financial gain to local jurisdictions with commercial marijuana (cannabis) activities present challenges to promulgating effective local regulations to address youth marijuana (cannabis) use. Focused efforts on community awareness and education are necessary to protect youth in Solano County. HPCWB found that there is not sufficient capacity in all four resource areas to commit to working on all four priority areas at this time. Although the priority area of tobacco ranked high in community and resource readiness, efforts in tobacco prevention will be pursued through Solano County’s *Tobacco Prevention and Education Program (TPEP)*, the Tobacco Education Coalition, and their partners. With the influx of Proposition 56 funds, TPEP will likely have greater capacity to work in multiple jurisdictions. The priority of prescription drugs ranked low in community resource and readiness. Therefore, Solano County will not focus on prescription drugs at this time, but may decide to add this as a priority area during the life of this plan. Thus, Solano County is resource and community ready to proceed with priority areas of alcohol and marijuana (cannabis). Despite some limitations on community and human resources for marijuana (cannabis), the need to address this substance is high. Based on the resource readiness assessment, Solano County appears ready to continue with a focus on alcohol.

### Capacity Challenges

Upon completion of the resource readiness assessment, HPCWB identified challenges/gaps for each priority area identified. Although Solano County will only focus on the priority areas of alcohol and marijuana (cannabis), staff felt it was important for future prevention efforts to identify the challenges/gaps for the areas of tobacco and prescription drugs. HPCWB staff found similar challenges/gaps across all 4 areas, but there are a few that are critical in understanding the need for pursuing prevention efforts. For example, a challenge for the area of alcohol is that Fairfield is home to an Aneheuser-Busch Brewery and the company sponsors various events and concerts throughout Solano County. The following capacity challenges tables identify the challenges/gaps in detail for the areas of alcohol, marijuana (cannabis), tobacco, and prescription drugs.

**Table 13: Capacity Challenge for Alcohol**

		Priority Area: <b>Alcohol</b> <i>Readiness Level: Across all communities included range is 3.86 to 5.48</i>
		<b>Challenges/Gaps</b>
<b>Resource Components</b>	<b>Community</b>	<ul style="list-style-type: none"> <li>- Limited in knowledge of political environment and/or relations with local decision-makers</li> <li>- Lack of alcohol ordinances/laws in community and/or ordinances may not be enforced</li> <li>- Need for more individual/resident involvement in other Solano communities</li> <li>- How to engage community without offering financial incentives or compensation for participation</li> <li>- Fairfield is home to an Aneheuser-Busch Brewery and the company sponsors various events and concerts throughout Solano County</li> <li>- Some prevention coordinators have limited experience in policy efforts</li> <li>- Prevention coordinators, community coalition members, and new prevention staff have limited knowledge about prevention research, theory and practice</li> <li>- Changes in elected officials</li> </ul>
	<b>Fiscal</b>	<ul style="list-style-type: none"> <li>- This did not stand out as a challenge. Additional funds would allow for more comprehensive campaigns in multiple jurisdictions.</li> </ul>
	<b>Human</b>	<ul style="list-style-type: none"> <li>- Minimal collaboration with stakeholders and community leaders/champions</li> <li>- Some prevention coordinators have limited experience in utilizing data to identify problems as well as to develop, implement and evaluate comprehensive strategies to address the problem</li> <li>- Some prevention coordinators have limited knowledge of resources that could assist</li> <li>- Some prevention coordinators have difficulty working on policy efforts within their own city government</li> <li>- FTE of prevention coordinators may be not sufficient to meet the needs</li> </ul>
	<b>Organizational</b>	<ul style="list-style-type: none"> <li>- Not enough funding to provide prevention efforts in the community</li> </ul>

**Table 14: Capacity Challenge for Marijuana (Cannabis)**

Priority Area: <b>Marijuana (Cannabis)</b>		
<i>Readiness Level: Across all communities included range is 3.86 to 5.48</i>		
<b>Challenges/Gaps</b>		
<b>Resource Components</b>	<b>Community</b>	<ul style="list-style-type: none"> <li>- Limited knowledge of political environment and/or relations with local decision-makers</li> <li>- Need for more individual/resident involvement in other Solano communities</li> <li>- Community does not generally recognize marijuana (cannabis) use as a problem. Community norms surrounding marijuana (cannabis) may encourage or tolerate marijuana (cannabis) use</li> <li>- How to engage community without offering financial incentives or compensation for participation</li> <li>- Some prevention coordinators have limited experience in policy efforts</li> <li>- Prevention coordinators, community coalition members, and new prevention staff have limited knowledge about prevention research, theory and practice</li> <li>- 58.39% of Solano County residents voted “Yes” on Proposition 64</li> <li>- Changes in elected officials</li> </ul>
	<b>Fiscal</b>	<ul style="list-style-type: none"> <li>- This did not stand out as a challenge. Additional funds would allow for more comprehensive campaigns in multiple jurisdictions.</li> </ul>
	<b>Human</b>	<ul style="list-style-type: none"> <li>- Minimal collaboration with stakeholders and community leaders/champions</li> <li>- Some prevention coordinators have limited experience in utilizing data to identify problems as well as to develop, implement and evaluate comprehensive strategies to address the problem</li> <li>- Some prevention coordinators have limited knowledge of resources that could assist</li> <li>- Some prevention coordinators have difficulty working on policy efforts within their own city government</li> <li>- Minimal local consultants regarding effective policy and model regulations for marijuana (cannabis)</li> <li>- FTE of prevention coordinators may be not sufficient to meet the needs</li> </ul>
	<b>Organizational</b>	<ul style="list-style-type: none"> <li>- Public Health’s Marijuana (Cannabis) Position Statement regarding recreational use is still in progress</li> <li>- Limited specialized knowledge about prevention research, theory, and practice for regulating marijuana (cannabis)</li> </ul>

**Table 15: Capacity Challenge for Tobacco**

		Priority Area: <b>Tobacco</b>
		<i>Readiness Level: Across all communities included range is 3.86 to 5.48</i>
		<b>Challenges/Gaps</b>
<b>Resource Components</b>	<b>Community</b>	<ul style="list-style-type: none"> <li>- Some prevention coordinators have limited experience in policy efforts</li> <li>- Prevention coordinators, some local jurisdiction coalitions, and new prevention staff have limited knowledge about prevention research, theory and practice</li> <li>- Limited knowledge of political environment and/or relations with local decision-makers</li> <li>- Changes in elected officials</li> <li>- New prevention contractor staff</li> <li>- Clear messages from “staff” who can convene local coalitions as to rationale to work on an issue (data) as well as effective or likely effective strategies to positively impact the problem</li> <li>- Some feel that everything is already “done” with tobacco</li> <li>- Need for more individual/resident involvement in other Solano communities</li> <li>- How to engage community without offering financial incentives or compensation for participation</li> </ul>
	<b>Fiscal</b>	<ul style="list-style-type: none"> <li>- Still need more funding to meet CDC recommendation of \$9.15 per resident</li> <li>- Interventions are designed for the general population rather than specific groups who are the target of the industry</li> </ul>
	<b>Human</b>	<ul style="list-style-type: none"> <li>- Some prevention coordinators have limited experience in utilizing data to identify problems as well as to develop, implement and evaluate comprehensive strategies to address the problem</li> <li>- Some prevention coordinators have limited knowledge of resources that could assist</li> <li>- Some prevention coordinators have difficulty working on policy efforts within their own city government</li> <li>- FTE of prevention coordinators may be not sufficient to meet the need</li> </ul>
	<b>Organizational</b>	<ul style="list-style-type: none"> <li>- None</li> </ul>

**Table 16: Capacity Challenge for Prescription Drugs**

Priority Area: <b>Prescription Drugs</b>		
<i>Readiness Level: Across all communities included range is 3.86 to 5.48</i>		
<b>Challenges/Gaps</b>		
<b>Resource Components</b>	<b>Community</b>	<ul style="list-style-type: none"> <li>- Limited knowledge of political environment and/or relations with local decision-makers</li> <li>- Need for more individual/resident involvement in other Solano communities</li> <li>- How to engage community without offering financial incentives or compensation for participation</li> <li>- Some prevention coordinators have limited experience in policy efforts</li> <li>- Prevention coordinators, local community coalition members, and new prevention staff have limited knowledge about prevention research, theory and practice</li> <li>- Community does not think that prescription drug use is an issue in their community</li> <li>- Changes in elected officials</li> </ul>
	<b>Fiscal</b>	<ul style="list-style-type: none"> <li>- Other than Drug Free Communities funding which ended in 2014, there has not been additional funding used in any efforts to address prescription drug abuse nor have policy efforts been undertaken</li> </ul>
	<b>Human</b>	<ul style="list-style-type: none"> <li>- Minimal collaboration with stakeholders and community leaders/champions</li> <li>- Some prevention coordinators have limited experience in utilizing data to identify problems as well as to develop, implement and evaluate comprehensive strategies to address the problem</li> <li>- Some prevention coordinators limited knowledge of resources that could assist</li> <li>- Some prevention coordinators have difficulty working on policy efforts within their own city government</li> <li>- FTE of prevention coordinators may be not sufficient to meet the need</li> </ul>
	<b>Organizational</b>	<ul style="list-style-type: none"> <li>- Lack of adequate fiscal resources for implementation</li> </ul>

***Cultural Competence and Sustainability***

Ensuring cultural competence is one of the values that deeply infuse the work of the HPCWB staff. Cultural competence has been accomplished in many ways, first and foremost by involving community members in the planning process. Having the community own the project or program and having “grapevine” word-of-mouth referrals and input on how to implement projects increases quality and commitment. In July 2017, HPCWB staff and ATOD Prevention Coordinators were given the opportunity to attend a no-cost Cultural Competence training that was hosted by the Community Prevention Initiative (CPI). HPCWB staff ensured that data for populations that endure disparities were included in the data collection and analysis.

To ensure that prevention values and processes are firmly established, partnerships are strengthened, and resources are secured long term, HPCWB prevention staff will utilize data collection (e.g. Key Informant Interviews) as an opportunity to identify champions and leaders within the community. HPCWB prevention staff will also encourage local coalitions to recruit community members with particular skills in ATOD prevention.

## CAPACITY BUILDING

Capacity building is essential to working with community partners and in keeping HPCWB staff competent in ATOD prevention efforts. HPCWB is committed to professional development and supports advanced training of all ATOD prevention staff. Recent trainings have included topics on general plan development, grant writing, public policy, marijuana (cannabis) regulations, adverse childhood experiences (ACEs), structural racism, working with LGBTQ communities, and media advocacy.

Over the past 3 years, HPCWB funded a technical assistance (TA) provider to assess ATOD prevention coordinators' training needs related to implementing ATOD prevention policy efforts. The TA provider as well as the Evaluator provided trainings on how to complete a Midwest Academy Strategy chart, the Strategic Prevention Framework process, developing educational materials, and how to analyze data. HPCWB staff will continue to assess the training needs, and provide technical assistance to agencies and community members to further increase capacity and the community's ability to reduce ATOD related problems among youth. HPCWB staff plans to use the Strategic Prevention Plan to guide all aspects of ATOD planning as well as to guide the Request for Proposal (RFP) or Request for Qualifications (RFQ) process for FY 18/19 prevention service providers.

To foster continual improvement and focus upon cultural competence, HPCWB staff and community partners will continue to attend cultural competence trainings throughout the lifespan of this plan. Some HPCWB staff members have already attended training on the Solano County Racial Equity Toolkit (see **Appendix B**). Additional HPCWB prevention staff, once trained on the tools, will apply it when initiating activities contained in this SPP. The ATOD prevention contractors will subsequently be trained on the toolkit. HPCWB will also plan to develop a resource binder that will include a list of accessible and available resources for prevention efforts.

HPCWB prevention staff will seek opportunities to collaborate with different sectors and stakeholders. Engaging stakeholders from different sectors, especially those who do not necessarily work directly in prevention, opens opportunities for Public Health staff to be involved in important conversations, decisions, and funding opportunities. Stakeholders that HPCWB prevention staff can actively engage include local coalitions and collaboratives listed below, but not limited to:

- Solano Kids Thrive and First 5
- Greater Bay Area Child Abuse Prevention Council Coalition
- Tobacco Education Coalition (TEC)
- Healthy Families America (HFA) with the Maternal, Child, and Adolescent Health Bureau
- Bay Area Regional Health Inequities Initiative (BARHII)
- California ACEs Action
- Child Abuse Prevention Council
- The Children's Alliance
- The Solano Partnership Against Violence and The Family Justice Center



Table 17 and Table 18 depict the course of action that Solano County will take to address the challenges/gaps relative to the four resource components (Community, Fiscal, Human, Organizational) that were identified in Tables 13 and 14. As part of the SPF workshops in assessing capacity, each ATOD Prevention Coordinator identified their needs, and opportunities for collaboration for future capacity building. Several themes that emerged from the ATOD Prevention Coordinators' assessment include:

- The need for trainings on coalition building, prevention theories and practices, cultural competence
- The need for more resources and funding
- The need to identify work on which all ATOD Prevention Coordinators can collaborate, such as efforts in marijuana (cannabis) policies and community awareness
- The need to implement campaigns to inform community members
- The need for more community outreach at events and educational media messages to be more visible in the community
- The need for greater collaboration with community organizations and potential stakeholders.

		<b>Table 17: Capacity Building Plan for Alcohol</b>	
		<b>Course of Action</b> <i>(e.g. training, coalition building, mobilization efforts)</i>	<b>Proposed Timeline</b>
<b>Resource Components</b>	<b>Community</b>	- Educate the community on local ordinances—Social Host Ordinance, etc. <ul style="list-style-type: none"> <li>Outreach at community events: health fairs, Unity Day, July 4<sup>th</sup> celebrations, etc.</li> </ul>	Ongoing
		- Increase readiness of partners and the community to address the issues <ul style="list-style-type: none"> <li>Offer trainings to community partners</li> <li>Meet one-on-one with public opinion leaders</li> <li>Host community events to share information (using CHKS data, etc.) and discuss youth alcohol use</li> <li>Ask stakeholders to share information within their own sectors</li> <li>Convene focus groups to get input on prevention plans, media messages, strategies, and educational material development</li> <li>Conduct Midwest Academy Strategy process to develop informed policy efforts</li> </ul>	Within the 1 <sup>st</sup> 6 months of this plan; annually thereafter
		- Utilize media to increase community awareness <ul style="list-style-type: none"> <li>Submit articles to local newspapers, church bulletins, club newsletters, etc.</li> <li>Share information on relevant websites and social media outlets</li> </ul>	Ongoing
		- Develop and run an alcohol prevention campaign during high-risk seasons for youth consumption—prom, graduation, summer	Annually during high-risk seasons
	<b>Fiscal</b>	- Empower local contractors to procure additional funding through grant writing workshops, and additional TBD resources	Ongoing, but workshop held every 3 years
	<b>Human</b>	- Coalition Building <ul style="list-style-type: none"> <li>Require local coalitions to create a solid leadership and structure (either via bylaws, etc.)</li> <li>Create a procedure on recruiting/orienting new members</li> <li>Create and implement a plan for how to sustain local coalitions (e.g. planned communication, recognition of member contributions, celebrate successes, etc.)</li> </ul>	Within 3 months from start of plan
		- With feedback and suggestions from ATOD prevention staff, develop a resource binder for all contractors with lists of mandated trainings, suggested trainings, accessible/available resources in the community, and other relevant topics	Within 2 months from start of plan
		- Develop (if not available), implement, and monitor a training plan for all ATOD prevention coordinators, prevention staff, and local coalition members which could include public speaking, Midwest Academy strategy process, cultural competence, GIS mapping. Offer same trainings to ATOD Prevention Collaborative members.	Ongoing and assessed annually

	<ul style="list-style-type: none"> <li>- Collaborate with stakeholders and community leaders/champions including, but not limited to: <ul style="list-style-type: none"> <li>▪ Local businesses: Chambers of Commerce and others</li> <li>▪ Law enforcement: Sheriff, local police departments, probation</li> <li>▪ University and research institutions: Touro University, Cal Maritime, Solano Community College</li> <li>▪ Healthcare providers: Partnership HealthPlan of California, Kaiser, North Bay, Sutter, Federally Qualified Health Centers, community clinics</li> <li>▪ Neighborhood and cultural associations</li> <li>▪ Youth-serving agencies and institutions</li> <li>▪ Family Resource Centers</li> </ul> </li> </ul>	Ongoing
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		<b>Table 18: Capacity Building Plan for Marijuana (Cannabis)</b>	
		<b>Course of Action</b> <i>(e.g. training, coalition building, mobilization efforts)</i>	<b>Proposed Timeline</b>
<b>Resource Components</b>	<b>Community</b>	- Educate the community on local and state ordinances <ul style="list-style-type: none"> <li>Outreach at community events: health fairs, Unity Day, July 4<sup>th</sup> celebrations, etc.</li> </ul>	Ongoing, heavy in years 1 and 2 because policies are still new
		- Develop and run a marijuana (cannabis) prevention campaign during high-risk seasons—4/20	Annually during high-risk seasons
		- Increase readiness of partners and the community to address the issues <ul style="list-style-type: none"> <li>Hold community forums and offer presentations to relevant stakeholders and community leaders with grass-roots involvement</li> <li>Offer trainings to community partners</li> <li>Meet one-on-one with public opinion leaders</li> <li>Host community events to share information (using CHKS data, etc.) and discuss youth marijuana (cannabis) use</li> <li>Ask stakeholders to share information within their own sectors</li> <li>Convene focus groups to obtain input on prevention plans, media messages, strategies, and educational material development</li> <li>Conduct Midwest Academy process to develop informed policy efforts</li> <li>Targeted training or educational presentations on cannabis and current local policy developments (including model draft ordinances), especially for those who work with youth (educators, school resource officers, faith-based, recreation staff, after-school programs, local coalitions, parent groups).</li> </ul>	Ongoing, heavy in years 1 and 2 because policies are still under development and/or new
		- Train ATOD Prevention staff and contractors on how to utilize current local data to present scope and magnitude of issue	Ongoing, around the time CHKS data is released (tentatively July 2018 and 2020)
		- Solano County Public Health will have a clearly defined vision and message not directed at adult recreational use, but aiming to protect youth with specific strategies (i.e.: curbing predatory marketing practices via local regulatory policy)	Developed before plan start (Jul 2018)
		- Utilize media to increase community awareness <ul style="list-style-type: none"> <li>Submit articles to local newspapers, church bulletins, club newsletters, etc.</li> <li>Share information on relevant websites and social media outlets</li> </ul>	Ongoing
	<b>Fiscal</b>	- Empower local contractors to procure additional funding through grant writing workshops, and additional TBD resources	Ongoing, but workshop held every 3 years
		- Identify funds for surveillance	Ongoing

	<b>Human</b>	<ul style="list-style-type: none"> <li>- Inquire if the state can develop, implement, and monitor a training plan for all ATOD prevention coordinators, prevention staff, and local coalition members—such as coalition building, community organizing, gathering and utilizing local data, public speaking, Midwest Academy, cultural competence, GIS mapping, policy analysis and development, etc. Also, trainings can be offered to ATOD Prevention Collaborative members.</li> <li>- Develop core prevention coordinator competencies through identified training</li> </ul>	On-going and assessed annually
		<ul style="list-style-type: none"> <li>- With feedback and suggestions from ATOD prevention staff, develop a resource binder for all contractors with lists of mandated trainings, suggested trainings, accessible/available resources in the community, and other relevant topics</li> </ul>	Within 2 months from start of plan
		<ul style="list-style-type: none"> <li>- Research availability of technical assistance from content experts (CPI, etc.) or develop training internally if needed</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>- Collaborate with stakeholders and community leaders/champions including, but not limited to: <ul style="list-style-type: none"> <li>▪ Local businesses: Chambers of Commerce and others</li> <li>▪ Law enforcement: Sheriff, local police departments, probation</li> <li>▪ University and research institutions: Touro University, Cal Maritime, Solano Community College</li> <li>▪ Healthcare providers: Partnership HealthPlan of California, Kaiser, North Bay, Sutter, Federally Qualified Health Centers (FQHCs), community clinics</li> <li>▪ Neighborhood and cultural associations</li> <li>▪ Youth-serving agencies and institutions</li> <li>▪ Family Resource Centers</li> </ul> </li> </ul>	Ongoing
	<b>Organizational</b>	<ul style="list-style-type: none"> <li>- Work with County staff to finalize a clear Public Health Position Statement for recreational use that aligns with Public Health’s mission</li> </ul>	Complete by July 2018
		<ul style="list-style-type: none"> <li>- Seek credible information and materials on cannabis and policy (i.e.: California Department of Public Health’s Let’s Talk Cannabis, learnaboutsam.org, gettingitrightfromthestart.org)</li> <li>- Disseminate information to relevant staff to increase content knowledge</li> <li>- Hold trainings with content experts</li> </ul>	Ongoing, heavy in Year 1 to ensure staff and contractors are knowledgeable on content area

# PLANNING

## DATA-BASED STRATEGIES

HPCWB prevention staff met and discussed prioritization of risk and protective factors with the purpose of identifying strategies and intended outcomes to address the problem statements, and priority areas and goals that were identified during the assessment phase of the process. HPCWB prevention staff determined the priorities of alcohol and marijuana (cannabis) based on 1) Importance, 2) Changeability, 3) Opportunities, 4) Reach to Population, and 5) Acceptance of Strategies. Prior to identifying strategies and outcomes to address the problem statements, HPCWB prevention staff used criteria provided by the Department of Health Care Services (DHCS) for selecting evidence-based strategies, such as effectiveness, conceptual, and practical fit (*see Table 19 below*).

**Table 19: Criteria for Strategy Selection**

Criteria	Considerations
<b>Effectiveness</b>	Is the intervention effective? Does the intervention demonstrate evidence of effectiveness, which means that it has been evaluated and found to be effective under a set of circumstances?
<b>Conceptual Fit</b>	Will the intervention influence the selected risk or protective factor? Will the intervention produce positive outcomes with the priority area or risk and protective factors? Does the intervention target a relevant population and/or context (e.g. youth, parents, retailers, law enforcement)?
<b>Practical Fit</b>	Is the intervention feasible? Does the community have the necessary resources to implement the intervention? Is there synergism? Does the intervention add to or reinforce other prevention interventions? Is the community ready? Will stakeholders and the community support the intervention? Is the intervention culturally relevant? Will the cultural group(s) that are the focus of the intervention be receptive to it? Are they involved in the planning and implementation?

Upon discussion and utilizing the identified criteria for prioritization, HPCWB prevention staff determined the highest ranked risk and protective factors and the aligned strategies that meet the criteria mentioned (*See Table 20*).

**Table 20: Ranked Risk/Protective Factor and Aligned Strategy**

Priority Area	Risk Factor	Protective Factor	Strategy
<b>Alcohol</b>	- <b>Laws, policies, and/or ordinances are unclear or inconsistently enforced</b>	- Laws, policies, and/or ordinances are consistently enforced	- Environmental - Community-Based Process - Information Dissemination - Education
	- <b>Substances are accessible</b>	- Access to substances is minimal	
	- No/low perception of harm - Peer Use of substance use	- <b>Med/high perception of harm</b> - <b>Peers disapprove of substance use</b>	- Education - Information Dissemination
	- <b>No/low school/community involvement</b>	- Med/high school/community involvement	- Alternative - Community-Based Process
	- <b>Norms are unclear or encourage use</b>	- Norms are clear and encourage non-use	- Environmental - Community-Based Process - Information Dissemination
<b>Marijuana (Cannabis)</b>	- <b>Laws, policies, and/or ordinances are unclear or inconsistently enforced</b>	- Laws, policies, and/or ordinances are consistently enforced	- Environmental - Information Dissemination
	- <b>Substances are accessible</b>	- Access to substances is minimal	
	- <b>Substances are available</b>	- Availability to substances is minimal	
	- <b>No/low perception of harm</b> - Peer Use of substance use	- Med/high perception of harm - <b>Peers disapprove of substance use</b>	- Education - Information Dissemination - Environmental
	- <b>No/low school/community involvement</b>	- Med/high school/community involvement	- Alternative - Community-Based Process
	- <b>Lack of parenting/family management</b>	- Positive parenting/family management	- Education - Information Dissemination
	- <b>Acceptance of substance use</b> - <b>Norms are unclear or encourage use</b>	- Disapproval of substance use (social norms) - Norms are clear and encourage non-use	- Information Dissemination - Environmental

*Note: Risk factors and protective factors are grouped together in grids as proposed strategies will address multiple factors.*

## LOGIC MODELS

**Table 21: Alcohol Logic Model**

<p><b>Priority Area:</b> Alcohol</p> <p><b>Problem Statement:</b> Alcohol is still the primary substance used by Solano County youth, and more than half of 9<sup>th</sup> and 11<sup>th</sup> graders report easy access to alcohol.</p> <p><b>Contributing Factors:</b> 1) Alcohol is accessible to youth through social access; 2) Alcohol is accessible to youth through retail access; 3) Teens have a favorable attitude towards drinking; 4) Parents do not believe that youth alcohol use is bad compared to other substances; and 5) Lack of community youth activities and low school/community connectedness.</p> <p><b>Goal:</b> Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.</p>					
Objectives	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
<p>1. By 2023, reduce the percentage of 11<sup>th</sup> graders who report “very easy” and “fairly easy” access to alcohol from a store from 30% (2015/2016 CHKS) to 27% as measured by CHKS.</p>	<p>Environmental</p>	<p>By 2020, 75 alcohol outlets will be checked for compliance checks annually across three jurisdictions.</p>	<p>By 2022, compliance with laws regarding sales to minors and adult provision of alcohol conducted through alcohol compliance checks in the 3 jurisdictions will be at 98% compliance.</p>	<p>By 2023, the percentage of 11<sup>th</sup> graders who report “very easy” and “fairly easy” access to alcohol from a store will decrease from 30% (2015/2016 CHKS) to 27% as measured by CHKS.</p>	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Police compliance checks data</li> <li>- RBS or L.E.A.D Training attendance</li> <li>- Adopted CUP Ordinance or RBS Ordinance</li> <li>- Healthy Stores for a Healthy Community observation data</li> <li>- Coalition training attendance</li> <li>- Post-tests for coalition training</li> <li>- Coalition functioning survey</li> </ul>
		<p>By 2020, 3 jurisdictions will recruit 30 retailers (total) to complete a RBS or L.E.A.D (License Education on Alcohol and Drugs) training.</p>	<p>By 2022, 2 jurisdictions will either adopt a Conditional Use Permit ordinance related to alcohol retailers and their proximity to schools and other child sensitive areas or will adopt a Responsible Beverage Service ordinance.</p>		
		<p>By 2020, 2 jurisdictions will engage in a Healthy Stores for a Healthy</p>	<p>By 2022, there will be a 3% reduction in alcoholic beverages</p>		



		Community campaign to reduce access to unhealthy products including alcohol.	on/next to the main checkout counter in retail establishments as measured by Healthy Stores for a Healthy Community observation data.		
	Community-Based Process	By 2019, ATOD prevention coalitions who are working in the priority area of alcohol will attend alcohol policy focused trainings identified by Solano County to increase their knowledge about prevention research, theory, practice, and how to incorporate cultural competence and work on adverse childhood experiences (ACEs).	By 2022, 3 local ATOD prevention coalitions will demonstrate knowledge about prevention research, theory, practice, cultural competence and ACEs as measured by post-tests, changes in behavior, and an increase in environmental strategy engagement.		
2. By 2023, reduce the percentage of 9 <sup>th</sup> and 11 <sup>th</sup> graders reporting social access to alcohol (i.e.: siblings, parents, homes) by 3% for each social access point as measured by CHKS.	Information Dissemination	By 2020, culturally relevant campaigns directed at parents and families to increase awareness of the consequences of social hosting, and the importance of securing and/or locking up alcohol to reduce youth social access to alcohol will be implemented in at least 4 jurisdictions.	By 2022, adults will exhibit a 3% increase in awareness of legal consequences of providing alcohol to minors as measured by a baseline intercept survey established in the first year (FY 18/19). (Evaluation of social norms campaign will report increase in awareness and self-	By 2023, the percentage of 9 <sup>th</sup> and 11 <sup>th</sup> graders reporting social access to alcohol (i.e.: siblings, parents, homes) will decrease by 3% for each social access point as measured by CHKS.	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Intercept surveys</li> <li>- Program attendance for parent education program</li> <li>- Pre/Post-tests for parent education program</li> </ul>

			reported behavior related to responsible social hosting).		
	Parent Education	By 2020, 45 parents will participate in educational programs annually.	By 2022, parents will increase their knowledge about the harmful consequences of underage drinking by 5% as measured by pre/post-tests.		
3. By 2023, teens will increase peer disapproval of underage alcohol use by 3% for 9 <sup>th</sup> and 11 <sup>th</sup> graders who report “very wrong” and “wrong” as measured by CHKS.	Teen Education	By 2020, recruit 25 11 <sup>th</sup> grade students to participate in a peer/leader program annually.	By 2022, teens who report peer disapproval of alcohol use will increase by 2% for 9 <sup>th</sup> and 11 <sup>th</sup> graders who report “very wrong” and “wrong” as measured by CHKS.	By 2023, the percentage teens who report peer disapproval of alcohol use will increase by 3% for 9 <sup>th</sup> and 11 <sup>th</sup> graders who report “very wrong” and “wrong” as measured by CHKS.	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Program attendance for peer/leader program</li> </ul>
	Information Dissemination	By 2020, implement a countywide media campaign to address the dangers of underage drinking.			
4. By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 9 <sup>th</sup> and 11 <sup>th</sup> graders.	Alternative	By 2020, collaborate with 2 local youth or youth-serving organizations to develop and implement youth activities.	By 2021, recruit 50 students to participate in youth alternative activities.	By 2023, the percentage of teens who report high “high/moderate” school/community connectedness will increase by 3% for 9 <sup>th</sup> and 11 <sup>th</sup> graders.	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Attendance/sign in log for youth alternative activities</li> <li>- Tri-Ethnic Community Readiness (TECR) Survey</li> </ul>
			By 2022, 1 jurisdiction will collaborate with local community organizations to implement and promote a youth ATOD prevention summit.		

	Community-Based Process	By 2020, offer 2 trainings to community partners on strategies/best practices to addressing youth alcohol use.	By 2022, community readiness to address the issues of youth alcohol use will improve by 1 stage of readiness as measured by the Tri-Ethnic Community Readiness Survey.		
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**Table 22: Marijuana (Cannabis) Logic Model**

<p><b>Priority Area:</b> Marijuana (Cannabis)  <b>Problem Statement:</b> Solano County 11<sup>th</sup> grade youths report easy access to marijuana (cannabis) and low perception of harm.  <b>Contributing Factors:</b> 1) Marijuana (cannabis) is accessible to youth through social access; 2) Marijuana (cannabis) is accessible to youth through retail access; 3) Teens have a favorable attitude towards marijuana (cannabis) use; 4) No clear understanding of local and state laws surrounding marijuana (cannabis); 5) Lack of community youth activities and low school/community connectedness; and 6) The recent passage of AUMA creates acceptance of marijuana (cannabis) use (social norms).  <b>Goal:</b> Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</p>					
Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
<p>1. By 2023, reduce the percentage of 11<sup>th</sup> graders reporting social access to marijuana (cannabis) (i.e.: older friends/siblings, parties/gatherings, parents, homes) by 3% for each social access point as measured by CHKS.</p>	<p>Environmental</p>	<p>By 2020, hold 3 community forums to empower the community and stakeholders to advocate to add language on marijuana (cannabis) to any current social host ordinances or create a social host ordinance specifically for marijuana (cannabis).</p>	<p>By 2021, 2 jurisdictions will have amended any social host ordinances to include language on marijuana (cannabis) or created a social host ordinance specifically for marijuana (cannabis).</p>	<p>By 2023, the percentage of 11<sup>th</sup> graders reporting social access to marijuana (cannabis) (i.e.: older friends/siblings, parties/gatherings, parents, homes) will decrease by 3% for each social access point as measured by CHKS.</p>	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Community forum attendance</li> <li>- Amended SHO and/or adopted SHO</li> <li>- Intercept Surveys</li> </ul>
		<p>By 2020, culturally relevant campaigns directed at parents and families to increase awareness on the consequences of social hosting specifically around marijuana (cannabis) will be implemented in at least 4 jurisdictions.</p>	<p>By 2022, adults will exhibit a 3% increase in awareness of legal consequences of providing marijuana (cannabis) to minors as measured by a baseline intercept survey established in the first year (FY 18/19). (Evaluation of social norms campaign will report increase in</p>		

			awareness and self-reported behavior related to responsible social hosting).		
	Information Dissemination	By 2020, culturally relevant media campaigns directed at youth to curb peer access, highlighting health and legal consequences of using and providing marijuana (cannabis) will be implemented in at least 4 jurisdictions.	By 2022, 11 <sup>th</sup> graders will exhibit a 3% increase in perception of harm as measured by CHKS.		
2. By 2023, reduce the percentage of 11 <sup>th</sup> graders who report “very easy” and “fairly easy” access to marijuana (cannabis) by 3% as measured by CHKS.	Environmental	By 2019, 1 jurisdiction will include periodic marijuana (cannabis) compliance checks in their marijuana (cannabis) ordinance.	By 2021, 1 jurisdiction will conduct marijuana (cannabis) compliance checks for all retailers in their jurisdiction.	By 2023, the percentage of 11 <sup>th</sup> graders who report “very easy” and “fairly easy” access to marijuana (cannabis) will be reduced by 3% as measured by CHKS.	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Marijuana (cannabis) compliance checks data</li> <li>- Marijuana (cannabis) Responsible Seller Ordinance training attendance</li> <li>- Adopted Marijuana (cannabis) Responsible Seller Ordinance</li> <li>- Intercept Surveys</li> <li>- Post-tests for coalition training</li> <li>- Coalition functioning survey</li> </ul>
		By 2021, a responsible seller ordinance training will be developed and 3 jurisdictions will educate the community and train stakeholders on the importance of adopting a mandated marijuana (cannabis) responsible seller ordinance training.	By 2023, 3 jurisdictions will have adopted a mandated marijuana (cannabis) responsible seller ordinance for marijuana (cannabis) retailers.		
	Information Dissemination	By 2020, develop an educational campaign	By 2022, communities will increase their		

		on current local and state policies (including model draft ordinances) that will be implemented in at least 4 jurisdictions.	knowledge about local and state laws surrounding marijuana (cannabis) as measured by a baseline intercept survey established in the first year (FY 18/19).		
	Community-Based Process	By 2019, ATOD coalitions who are working in the priority area of marijuana (cannabis) will attend marijuana (cannabis) policy focused trainings identified by Solano County to increase their knowledge about prevention research, theory, practice, and how to incorporate cultural competence and work on adverse childhood experiences (ACEs).	By 2022, 3 local ATOD coalitions will demonstrate knowledge about prevention research, theory, and practice as well as cultural competence and ACEs as measured by post-tests, changes in behavior, and an increase in environmental strategy engagement.		
3. By 2023, teen perception of harm for youth marijuana (cannabis) use will increase by 3% for 11 <sup>th</sup> graders.	Information Dissemination	By 2020, culturally relevant media and outreach strategies to increase youth awareness of risks associated with youth marijuana (cannabis) use will be implemented in 4 jurisdictions.	By 2022, teen perception of harm for youth marijuana (cannabis) use will increase by 2% for 11 <sup>th</sup> graders as measured by CHKS.	By 2023, teen perception of harm for youth marijuana (cannabis) use will increase by 3% for 11 <sup>th</sup> graders as measured by CHKS.	- CHKS

4. By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 11 <sup>th</sup> graders.	Alternative	By 2020, collaborate with 2 local youth and/or youth-serving organizations to develop and implement youth activities.	By 2021, recruit 50 students to participate in youth alternative activities.  By 2022, 1 jurisdiction will collaborate with local community organizations to implement and promote a youth ATOD prevention summit.	By 2023, the percentage of teens who report high “high/moderate” school/community connectedness will increase by 3% for 11 <sup>th</sup> graders.	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Attendance/sign in log for youth alternative activities</li> <li>- TECR Surveys</li> </ul>
	Community-Based Process	By 2020, offer 2 trainings to community partners on strategies/best practices to addressing youth marijuana (cannabis) use.	By 2022, community readiness to address the issues of youth marijuana (cannabis) use will improve by 1 stage of readiness as measured by the TECR Survey.		
5. By 2023, reduce by 3% the percentage of 11 <sup>th</sup> graders who report that they have “friends whose parents allow youth their age to use marijuana at parties/gatherings in their homes” and who “report that a parent/guardian had given them marijuana with permission”.	Parent Education	By 2020, 45 parents will participate in educational programs annually.	By 2022, parents will increase their knowledge about the harmful consequences of youth marijuana (cannabis) use by 5% as measured by pre/post tests.	By 2023, 11 <sup>th</sup> graders who report that they have “friends whose parents allow youth their age to use marijuana at parties/gatherings in their homes” and who “report that a parent/guardian had given them marijuana with permission” will decrease by 3% as measured by CHKS.	<ul style="list-style-type: none"> <li>- CHKS</li> <li>- Attendance for parent educational programs</li> <li>- Pre/Post-tests</li> </ul>
	Information Dissemination	By 2020, culturally relevant social marketing campaigns directed at parents to help them start the conversation and discourage youth marijuana (cannabis) use will be implemented in at least 4 jurisdictions.			

## COLLABORATION WITH THE PLANNING PROCESS

To develop the prevention plan, HPCWB substance abuse prevention staff reviewed each city's Tri-Ethnic Community Readiness (TECR) Survey report and their respective local needs assessments. Planning included sharing the highlights of proposed strategies from the SPP planning draft with the ATOD Prevention Collaborative. From an analysis of the ATOD problems, contributing factors and resources, goals and objectives for Fiscal Years 2018 through 2023 were developed.

The prevention plan includes a strong focus on the retail environment, social sources, policy adoption and implementation, and media campaigns as key environmental strategies to change community norms and reduce access and availability. The plan also includes educating the community at large as well as specific segments including city leaders and elected officials regarding the importance of addressing substance abuse issues as the TECR results indicated that the cities in Solano County scores for Community Knowledge range from 3.33 to 4.43 on a scale of 1 to 9 (1 low readiness, 9 high degree of readiness) with respect to substance use/abuse as an issue. In addition, educating youth on the consequences of substance use is imperative because 2015/2016 CHKS data indicates that youth perception of harm for both alcohol and marijuana (cannabis) has been decreasing.

## SUSTAINABILITY AND CULTURAL COMPETENCE

Given that ATOD prevention will be a significant need in Solano County for the foreseeable future, planning for sustainability from the very beginning of one's work, and continually checking back for new data inputs, and evaluating outcomes is critically important to sustaining those efforts that are effective and need to continue, while eliminating or modifying those objectives or activities that are not working nor showing promise. To meet the needs of the local communities, Solano County HPCWB prevention staff utilized a planning process that focused on selecting sustainable, culturally competent interventions overall, and in the following areas.

### Sustainability

- **Engage stakeholders:** Contracted providers in 5 of 7 Solano cities were engaged along with their respective coalitions to identify and address the important ATOD youth problems and contributing factors in their communities to better identify effective, culturally relevant prevention strategies.
- **Encourage involvement in the selection of policies, programs, and strategies:** In support of providers conducting a local SPF process, providers were asked to identify prevention policies and strategies that would fit community needs.
- **Consider adaptability of the identified prevention efforts; ensure they reflect the needs of the community:** Internal meetings of the HPCWB were conducted to ensure that identified prevention efforts would meet the identified community needs.

### Cultural Competence

- **Planning groups should mirror community demographics and target populations:** HPCWB prevention staff and the ATOD prevention coordinators are representative of the racial/ethnic



diversity of the community they serve. HPCWB prevention staff and the ATOD prevention coordinators collaborated to identify and address the important ATOD youth problems and contributing factors in their communities to better identify effective, culturally relevant prevention strategies.

- ***Target disparities with planning strategies:*** When identifying strategies, HPCWB took the culture of the community into account. HPCWB will ensure that media messages will be field tested with specific cultural groups in order to develop culturally relevant campaigns.
- ***Make sure community history and existing prevention efforts are considered:*** The proposed prevention interventions incorporated ideas and strategies to maintain and build effectiveness of current prevention services.
- ***Build cultural competence skills among the people who will participate in the planning process:*** HPCWB prevention staff and ATOD prevention contractors participated in a regional cultural competency training to learn more about how to develop and implement culturally relevant prevention approaches. HPCWB prevention staff also participated in county provided trainings such as Reaching and Serving LGBTQ People, and Advancing Racial Equity.

# IMPLEMENTATION

## OVERVIEW OF IMPLEMENTATION PROCESS

The following work plan is for FY 2018/19 – FY 2022/23. Unless noted, most implementation tables have a timeline developed for the 1<sup>st</sup> and 2<sup>nd</sup> year of the plan; adjustments for subsequent years will be made, as needed. Due to limited resources, policy efforts to address alcohol will begin in Year 3 (FY 2020/21) of the plan. With the passage of AUMA, HPCWB prevention staff feel that it is important to prioritize marijuana (cannabis) efforts, thus the 1<sup>st</sup> and 2<sup>nd</sup> year of the plan will mostly be focused on marijuana (cannabis) prevention efforts. HPCWB prevention staff built the work plan around priority areas, goals and strategies outlined in the strategic plan. HPCWB prevention staff identified strategies that focus on increasing knowledge and building skills in community partners and stakeholders, as well as strategies that would impact a large number of people at the community level. The implementation plan is comprehensive and employs five of the six Center for Substance Abuse Prevention (CSAP) strategies.

## IMPLEMENTATION PLANS

### *Implementation Tables to Address Youth Alcohol Use*

**Strategy:** Information Dissemination (ID), Education (ED), Community-Based Process (CBP), Environmental (ENV), Alternatives (ALT)

<b>Program/Intervention</b>	Compliance Checks (Annual)		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11th graders who report “very easy” and “fairly easy” access to alcohol from a store from 30% (2015/2016 CHKS) to 27% as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Outreach to Law Enforcement and educate on the importance of conducting compliance checks	Jul – Aug	County and Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials
2. Recruit decoys	Aug – Sep	Provider (TBD)	ENV: Surveillance Activities
3. Conduct compliance checks	Sep – Nov	Provider (TBD)	ENV: Surveillance Activities
4. Issue press release (when checks are completed)	Sep – Nov	Provider (TBD)	ID: Multi-Media Dissemination
5. Recruit decoys	Jan – Feb	Provider (TBD)	ENV: Surveillance Activities
6. Conduct compliance checks	Feb – Apr	Provider (TBD)	ENV: Surveillance Activities
7. Issue press release (when checks are completed)	Feb – Apr	Provider (TBD)	ID: Multi-Media Dissemination
8. Evaluation Report	May – Jun	County	CBP: Evaluation Services

<b>Program/Intervention</b>	Responsible Beverage Service (RBS)/Licensee Education on Alcohol and Drugs (L.E.A.D) Training (Annual)		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11th graders who report “very easy” and “fairly easy” access to alcohol from a store from 30% (2015/2016 CHKS) to 27% as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Schedule training time with consultant and confirm logistics	Jul – Aug	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
2. Contact retailers/promote training	2 months before training date	Provider (TBD)	ENV: Community and Neighborhood Mobilization
3. Conduct Training	Within first 6 months	Provider (TBD)	ENV: TTA—Commercial Host Liability

<b>Program/Intervention</b>	Conditional Use Permit (CUP) or RBS Policy Effort		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11th graders who report “very easy” and “fairly easy” access to alcohol from a store from 30% (2015/2016 CHKS) to 27% as measured by CHKS		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Complete Midwest Academy Strategy Chart	Jul Year 3	Provider (TBD)	CBP: Assessing Community Needs/Assets
2. Develop educational materials	Aug – Sep	County and Provider (TBD)	ID: Printed Material Development
3. Community education presentations	Sep – Jun	County and Provider (TBD)	ENV: TTA – Professional and Community Development
4. Develop and disseminate media messaging to community	Sep – Jun	County and Provider (TBD)	CBP: Assessing Community Needs/Assets ID: Multi-Media Dissemination
5. Collect evidence of support through signed petition	Sep – Jun	Provider (TBD)	ENV: Community and Neighborhood Mobilization
6. Train coalition members to present at city council/planning commission meeting	Jul (YR 4)	Provider (TBD)	CBP: Training and Technical Assistance (TTA)
7. Develop and disseminate earned media (letters to the editor, etc.)	Aug – Apr	Provider (TBD)	ID: Printed Material Development and Printed Material Dissemination
8. Coalition members present at city council/planning commission meetings	Aug – May	Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials, Public Use Restrictions Development
9. Ongoing technical support and evaluation	Ongoing in Year 3 and Year 4	County	CBP: Training and Technical Assistance (TTA), Evaluation Services

<b>Program/Intervention</b>	Healthy Store for a Healthy Community (HSHC) Campaign		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11th graders who report “very easy” and “fairly easy” access to alcohol from a store from 30% (2015/2016 CHKS) to 27% as measured by CHKS		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Develop and disseminate fact sheet based on 2016 HSHC data (broken down by city)	Jul – Aug	County	ID: Printed Material Development and Printed Material Dissemination
2. Participate in HSHC Sub-Committee Tobacco Education Coalition(TEC)	Ongoing	County and Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
3. Recruit youth and adult volunteers	Jan – Jun (2019)	County and Provider (TBD)	ENV: Community and Neighborhood Mobilization
4. HSHC data collection training and collect data	Jan – Jun (2019)	County and Provider (TBD)	CBP: Training and Technical Assistance (TTA), Evaluation Services
5. Identify and train an alcohol prevention spokesperson	Feb – Mar (2020)	County and Provider (TBD)	CBP: Training and Technical Assistance (TTA)
6. Regional media event to present data (regional)	March (2020)	County and Provider (TBD)	ID: SUD Prevention Presentations
7. Analyze local HSHC data	Mar – Jun (2020)	County and Provider (TBD)	CBP: Evaluation Services
8. Host a local forum on HSHC data	Jun (2020)	County and Provider (TBD)	ID: SUD Prevention Presentations
9. Planning with HSHC Sub-Committee	Jul – Sep (2020)	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
10. Educate and mobilize coalition members on healthy beverage retail standards	Sep – Jun (FY 20/21)	Provider (TBD)	ENV: Community and Neighborhood Mobilization
11. Provide education to retailers and formally request retailers to move alcoholic beverages	Jul - Jun (FY 21/22)	Provider (TBD)	ENV: Healthy Retailer Initiative

<b>Program/Intervention</b>	Social Host Campaign		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 9 <sup>th</sup> and 11 <sup>th</sup> graders reporting social access to alcohol (i.e.: siblings, parents, homes) by 3% for each social access point as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Develop intercept survey to use as baseline	Jul – Aug	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
2. Conduct intercept survey	Aug – Sep	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
3. Compile and analyze data	Sep	County and Provider (TBD)	CBP: Assessing Community Needs/Assets

4. Research and/or develop possible media campaigns	Sep – Oct	County	CBP: Assessing Community Needs/Assets
5. Conduct focus groups with the community to gather feedback on cultural appropriateness of media	Oct – Dec	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
6. Contact media outlets to discuss media placement and run dates	Dec – Feb	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
7. Run media campaign during high risk seasons for youth consumption	Mar – Jun	Provider (TBD)	ENV: Community Norms Marketing
8. Evaluation of campaign messages/reach	Jun	County and Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Dangers of Underage Drinking Campaign		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, teens will increase peer disapproval of underage alcohol use by 3% for 9 <sup>th</sup> and 11 <sup>th</sup> graders who report “ <i>very wrong</i> ” and “ <i>wrong</i> ” as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Research and/or develop possible media campaigns	Jul – Sep	County	CBP: Assessing Community Needs/Assets
2. Conduct focus groups with teens to gather feedback on cultural appropriateness of media	Sep – Nov	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
3. Contact media outlets to discuss media placement and run dates	Dec – Feb	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
4. Run media campaign during high risk seasons for youth consumption	Mar – Jun	Provider (TBD)	ENV: Community Norms Marketing
5. Evaluation of campaign messages/reach	Jun	County and Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Friday Night Live (FNL) Mentoring		
<b>Goal(s)</b>	Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, teens will increase peer disapproval of underage alcohol use by 3% for 9 <sup>th</sup> and 11 <sup>th</sup> graders who report “ <i>very wrong</i> ” and “ <i>wrong</i> ” as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Identify schools using the Solano County Racial Equity Toolkit and invite schools to participate in the FNL Mentoring program	Aug – Dec	County and Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
2. Identify 1 FNL Coordinator and 1 FNL Mentoring Coordinator	Jan – Feb	County and Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
3. Identify an advisor at each site	Jan – Feb	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
4. Establish contracted number of sites, and define number of mentors and protégés	Mar 2019	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration

5. Implement recruitment, application, and screening process for Mentors	Sept – Oct 2019	Provider (TBD)	ED: Peer Leader/Helper Programs
6. Train Mentors	Oct – Nov	Provider (TBD)	ED: Peer Leader/Helper Programs
7. Provide orientation for Protégés and their parent(s)/guardian(s)	Nov – Dec	Provider (TBD)	ED: Peer Leader/Helper Programs
8. Match Mentors and Protégés	Jan	Provider (TBD)	ED: Peer Leader/Helper Programs
9. Hold weekly mentor sessions	Jan – May	Provider (TBD)	ED: Peer Leader/Helper Programs, Mentoring
10. Close out sessions/celebration	May	Provider (TBD)	ED: Peer Leader/Helper Programs
11. Evaluate	Jun	Provider (TBD)	CBP: Evaluation Services

**IMPLEMENTATION TABLES TO ADDRESS YOUTH MARIJUANA (CANNABIS) USE**

**Strategy:** Information Dissemination (ID), Education (ED), Community-Based Process (CBP), Environmental (ENV), Alternatives (ALT)

<b>Program/Intervention</b>	Social Host Ordinance (SHO) Specific to Marijuana (Cannabis)		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11 <sup>th</sup> graders reporting social access to marijuana (cannabis) (i.e.: older friends/siblings, parties/gatherings, parents, homes) by 3% for each social access point as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Complete Midwest Academy Strategy Chart	Jul	Provider (TBD)	CBP: Assessing Community Needs/Assets
2. Identify and work with other agencies/organizations to collaborate efforts	Jul – Jun	Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials
3. Create and develop presentation on the importance of amending SHO or adopting SHO specific to marijuana (cannabis)	Aug – Sep	Provider (TBD)	CBP: Assessing Community Needs/Assets
4. Train coalition members how to present to community groups and agencies, and at city council/planning commission meetings	Sep - Oct	Provider (TBD)	CBP: Training and Technical Assistance (TTA)
5. Schedule presentation dates with community groups and agencies	Sep – Oct	Provider (TBD)	ENV: Community and Neighborhood Mobilization
6. Presentations to community groups and agencies to mobilize communities about SHO	Oct – Jun 4 per month	Provider (TBD)	ENV: TTA—Professional and Community Development
7. Collect evidence of support through signed petitions	Oct – Jun (2019)	Provider (TBD)	ENV: Community and Neighborhood Mobilization
8. Collaborate with local law enforcement to amend SHO or propose adoption of a SHO specific for marijuana (cannabis)	Jul – Jun (2019)	Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials
9. Develop annual report of activities and outcomes regarding progress of SHO efforts	Jul – Aug (2019)	Provider (TBD)	CBP: Evaluation Services
10. Coalition members present to stakeholders and at city council/planning commission meetings	Sep – Nov (2019)	Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials
11. Ongoing technical support and evaluation	Ongoing in Year 1 and Year 2	County	CBP: Training and Technical Assistance (TTA), Evaluation Services

<b>Program/Intervention</b>	Social Host Campaign		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11 <sup>th</sup> graders reporting social access to marijuana (cannabis) (i.e.: older friends/siblings, parties/gatherings, parents, homes) by 3% for each social access point as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Develop intercept survey to use as baseline	Jul – Aug	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
2. Conduct intercept survey	Aug – Sep	Provider	CBP: Assessing Community Needs/Assets
3. Compile and analyze data	Sep	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
4. Research and/or develop possible media campaigns	Sep – Oct	County	CBP: Assessing Community Needs/Assets
5. Conduct focus groups with the community to gather feedback on cultural appropriateness of media	Oct – Dec	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
6. Contact media outlets to discuss media placement and run dates	Dec – Feb	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
7. Run media campaign	Mar – Jun	Provider (TBD)	ENV: Community Norms Marketing
8. Evaluation of campaign messages/reach	June	County and Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Media campaigns directed at youth to curb peer access, highlighting health and legal consequences of using and providing marijuana (cannabis)		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11 <sup>th</sup> graders reporting social access to marijuana (cannabis) (i.e.: older friends/siblings, parties/gatherings, parents, homes) by 3% for each social access point as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Research and/or develop possible media campaigns	Jul – Sep	County	CBP: Assessing Community Needs/Assets
2. Conduct focus groups with teens to gather feedback on cultural appropriateness of media	Sep – Nov	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
3. Contact media outlets to discuss media placement and run dates	Dec – Feb	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
4. Run media campaign during high risk seasons for youth consumption	Mar – Jun	Provider (TBD)	ENV: Community Norms Marketing
5. Evaluation of campaign messages/reach	Jun	County and Provider (TBD)	CBP: Evaluation Services



<b>Program/Intervention</b>	Marijuana (Cannabis) Compliance Checks		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11 <sup>th</sup> graders who report “ <i>very easy</i> ” and “ <i>fairly easy</i> ” access to marijuana (cannabis) by 3% as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Identify and work with other agencies/organizations to collaborate efforts	Jul	Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials
2. Create and develop presentation/materials (ex. factsheet, brochure, power point, etc.) on the importance of including periodic compliance checks in jurisdiction’s marijuana (cannabis) ordinance	Jul – Aug	Provider (TBD)	ID: Multi-Media Development, Printed Material Development
3. Schedule presentation dates with community groups and agencies	Jul – Aug	Provider (TBD)	ENV: Community and Neighborhood Mobilization
4. Presentations to community groups and agencies to mobilize communities about marijuana (cannabis) compliance checks	Aug – Sep	Provider (TBD)	ID: Multi-Media Dissemination, Printed Materials Disseminated, SUD Prevention Presentations
5. Presentation to stakeholders	Sep – Nov	Provider (TBD)	ENV: Community and Neighborhood Mobilization

<b>Program/Intervention</b>	Educational campaign on current local and state policies		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11 <sup>th</sup> graders who report “ <i>very easy</i> ” and “ <i>fairly easy</i> ” access to marijuana (cannabis) by 3% as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Develop intercept survey to use as baseline	Jul – Aug	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
2. Conduct intercept survey	Aug – Sep	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
3. Compile and analyze data	Sep	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
4. Research and/or develop possible media campaigns	Sep – Oct	County	CBP: Assessing Community Needs/Assets
5. Conduct focus groups with the community to gather feedback on cultural appropriateness of media	Sep – Oct	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
6. Contact media outlets to discuss media placement and run dates	Oct – Nov	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
7. Run media campaign	Dec – Jun	Provider (TBD)	ENV: Community Norms Marketing
8. Evaluation of campaign messages/reach	Jun	County and Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Responsible Seller Ordinance (marijuana [cannabis])		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, reduce the percentage of 11 <sup>th</sup> graders who report “very easy” and “fairly easy” access to marijuana (cannabis) by 3% as measured by CHKS.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Complete Midwest Academy Strategy Chart	Jul	Provider (TBD)	CBP: Assessing Community Needs/Assets
2. Research elements required for an effective responsible seller training	Jul – Aug	County	ENV: Local and/or State Regulation Development
3. Collaborate with community partners and stakeholders on developing a responsible seller training/ordinance	Aug – Dec	County and Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration ENV: Local and /or State Regulation Development
4. Develop presentations and educational materials (ex. brochure, factsheet, etc.)	Aug – Sep	County and Provider (TBD)	ID: Multi-Media Development, Printed Material Development
5. Community education presentations	Sep – Jun	County and Provider (TBD)	ENV: Community and Neighborhood Mobilization
6. Develop and disseminate media messaging to community	Sep – Jun	County and Provider (TBD)	ID: Printed Material Development and Printed Material Dissemination
7. Collect petition support	Sep – Jun	Provider (TBD)	ENV: Community and Neighborhood Mobilization
8. Train coalition members to present at city council/planning commission meetings	Jul (YR 2)	Provider (TBD)	CBP: Training and Technical Assistance (TTA)
9. Develop and disseminate earned media (letters to the editor, etc.)	Aug-Apr	Provider (TBD)	ID: Printed Material Development and Printed Material Dissemination
10. Coalition members present at city council/planning commission meetings	Aug-Apr	Provider (TBD)	ENV: Efforts with City, County, Tribal, and/or State Officials
11. Ongoing technical support and evaluation	Ongoing in Year 1 and Year 2	County	CBP: Training and Technical Assistance (TTA), Evaluation Services

<b>Program/Intervention</b>	Media/Outreach strategies to community		
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.		
<b>Objective(s)</b>	By 2023, teen perception of harm for youth marijuana (cannabis) use will increase by 3% for 11 <sup>th</sup> graders.		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Research and/or develop possible outreach materials and media campaigns	Jul – Sep	County	CBP: Assessing Community Needs/Assets
2. Conduct focus groups with teens to gather feedback on cultural	Sep – Nov	County and Provider (TBD)	CBP: Assessing Community Needs/Assets

appropriateness of media and outreach materials			
3. Outreach at community/school events	Nov – Jun	Provider (TBD)	ID: Community/School Outreach Events
4. Contact media outlets to discuss media placement and run dates	Dec – Feb	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
5. Run media campaign	Mar – Jun	Provider (TBD)	ENV: Community Norms Marketing
6. Evaluation of campaign messages/reach	Jun	County and Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Marketing campaign to encourage parents to talk to their child about marijuana (cannabis) use
<b>Goal(s)</b>	Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.
<b>Objective(s)</b>	By 2023, reduce by 3% the percentage of 11 <sup>th</sup> graders who report that they have <i>“friends whose parents allow youth their age to use marijuana at parties/gatherings in their homes”</i> and who <i>“report that a parent/guardian had given them marijuana with permission”</i> .
<b>IOM</b>	Universal

<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Research and/or develop possible media campaigns	Jul – Sep	County	CBP: Assessing Community Needs/Assets
2. Conduct focus groups with parents of teens to gather feedback on cultural appropriateness of media	Sep – Nov	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
3. Contact media outlets to discuss media placement and run dates	Dec – Feb	Provider (TBD)	ID: Community/School Outreach Events
4. Run media campaign during high risk seasons for youth consumption	Mar – Jun	Provider (TBD)	ENV: Community Norms Marketing
5. Evaluation of campaign messages/reach	Jun	County and Provider (TBD)	CBP: Evaluation Services

### Implementation Tables to Address Youth Alcohol Use and Marijuana (Cannabis) Use

The following implementation tables include strategies that will address both youth alcohol use and marijuana (cannabis) use. Note that each strategy will include two goals and two objectives (one each for the priority area of alcohol, and marijuana [cannabis]). The goals and objectives that will address youth marijuana (cannabis) use are highlighted in green.

**Strategy:** Information Dissemination (ID), Education (ED), Community-Based Process (CBP), Environmental (ENV), Alternatives (ALT)

<b>Program/Intervention</b>	Capacity Building		
<b>Goal(s)</b>	<p>Goal 1: Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.</p> <p>Goal 2: Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</p>		
<b>Objective(s)</b>	<p>Objective 1: By 2023, reduce the percentage of 11th graders who report “very easy” and “fairly easy” access to alcohol from a store from 30% (2015/2016 CHKS) to 27% as measured by CHKS.</p> <p>Objective 2: By 2023, reduce the percentage of 11th graders who report “very easy” and “fairly easy” access to marijuana (cannabis) by 3% as measured by CHKS.</p>		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Research and develop a resource binder for coalitions with mandated/suggested trainings, accessible/available ATOD prevention resources in the community, and other relevant topics	Jul – Aug	County	CBP: Training and Technical Assistance (TTA)
2. Collaborate with Solano County Office of Education and school administrators to add questions to the California Healthy Kids Survey (CHKS) Custom Module and/or include additional modules to better assess risk and protective factors and inform prevention services planning.	Jul – Sep	County and Provider (TBD)	CBP: Evaluation Services
3. Develop and create a solid leadership and structure for coalitions; create procedure on recruiting/orienting new coalition members; retention plan for coalition members	Jul – Dec	County or Provider (TBD)	CBP: Training and Technical Assistance (TTA)
4. Identify and collaborate with agencies/coalitions/committees working on efforts to address adverse childhood experiences (ACEs).	Jul – Jun	County and Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
5. Provide orientation and overview of the binder to ATOD Prevention	Aug – Sep	County	CBP: Training and Technical Assistance (TTA)

Coordinators (contracted providers) and coalition members			
6. ATOD Prevention Coordinators and coalition members will attend ATOD policy focused trainings to increase their knowledge about prevention research, theory, practice, and how to incorporate cultural competence and work on adverse childhood experiences (ACEs).	Sep – Jun	County or Provider (TBD)	CBP: Training and Technical Assistance (TTA)
7. ATOD Prevention Coordinators will implement developed coalition structure, recruitment, orientation, and retention plan.	Jan – Jun	Provider (TBD)	CBP: Coalition/Workgroup Activities
8. Identify at least 6 key respondents from each community to answer questions for a Tri-Ethnic Community Readiness Survey	Dec – Jan	County and Provider (TBD)	CBP: Assessing Community Needs/Assets
9. Conduct Tri-Ethnic Community Readiness Survey and transcribe interviews	Jan – Apr	Evaluator (TBD)	CBP: Assessing Community Needs/Assets, Evaluation Services
10. Score the interviews and calculate average dimension scores	Apr – May	Evaluator (TBD)	CBP: Evaluation Services
11. Prepare a Tri-Ethnic Community Readiness report for each community	May – Jun	Evaluator (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Parent Project		
<b>Goal(s)</b>	<p>Goal 1: Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.</p> <p>Goal 2: Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</p>		
<b>Objective(s)</b>	<p>Objective 1: By 2023, reduce the percentage of 9<sup>th</sup> and 11<sup>th</sup> graders reporting social access to alcohol (i.e.: siblings, parents, homes) by 3% for each social access point as measured by CHKS.</p> <p>Objective 2: By 2023, reduce by 3% the percentage of 11th graders who report that they have “friends whose parents allow youth their age to use marijuana at parties/gatherings in their homes” and who “report that a parent/guardian had given them marijuana with permission”.</p>		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Send facilitator to training (if needed)	Jul	County and Provider (TBD)	CBP: Training and Technical Assistance (TTA)
2. Develop pre/post-test questions that will measure increase of knowledge about the harmful consequences of underage drinking and youth marijuana	Jul – Aug	County	CBP: Evaluation Services

(cannabis) use			
3. Outreach to organizations to implement Parent Project	Jul – Sep	Provider (TBD)	ID: Community/School Outreach Events
4. Outreach to parents and encourage them to participate in Parent Project	Sep – Nov	Provider (TBD)	ID: Community/School Outreach Events
5. Orientation Kick-Off	Dec	Provider (TBD)	ED: Parenting/Family Management Services
6. Implement 10 weeks of Parent Project presentations	Jan – Mar	Provider (TBD)	ED: Parenting/Family Management Services
7. Compile and analyze pre/post-test	Mar	Provider (TBD)	CBP: Evaluation Services
8. Outreach to other parents and encourage them to participate in a second set of Parent Project classes	Jan – Mar	Provider (TBD)	ID: Community/School Outreach Events
9. Orientation Kick-Off	Mar	Provider (TBD)	ED: Parenting/Family Management Services
10. Implement 10 weeks of presentations	Apr – Jun	Provider (TBD)	ED: Parenting/Family Management Services
11. Compile and analyze pre/post-test	Jun	Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Friday Night Live (FNL)		
<b>Goal(s)</b>	<p>Goal 1: Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.</p> <p>Goal 2: Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</p>		
<b>Objective(s)</b>	<p>Objective 1: By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 9<sup>th</sup> and 11<sup>th</sup> graders.</p> <p>Objective 2: By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 11<sup>th</sup> graders.</p>		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Attend the annual California Friday Night Live Partnership (CFNLP) Leadership Training	Jul	Provider (TBD)	CBP: Training and Technical Assistance (TTA)
2. In partnership with CFNLP, offer training to other FNL chapters	Jul – Nov	Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
3. Organize, develop, and implement a Solano County-wide FNL chapter	Jul – Nov	Provider (TBD)	ALT: Youth/Adult Leadership Activities
4. Continue FNL implementation	Aug – Jun	Provider (TBD)	ALT: Youth/Adult Leadership Activities
5. Complete the FNL Youth Development survey	Apr – Jun	Provider (TBD)	CBP: Evaluation Services

<b>Program/Intervention</b>	Trainings to Community Partners		
<b>Goal(s)</b>	<p>Goal 1: Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.</p> <p>Goal 2: Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</p>		
<b>Objective(s)</b>	<p>Objective 1: By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 9<sup>th</sup> and 11<sup>th</sup> graders.</p> <p>Objective 2: By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 11<sup>th</sup> graders.</p>		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Research and identify trainings (e.g. cultural competence, policy analysis and development, GIS mapping, etc.)	Jul – Aug	County	CBP: Assessing Community Needs/Assets
2. Outreach to community partners at events/fairs/meetings to garner interest	Sep – Nov	County	ID: SUD Prevention Presentations, Community/School Outreach Events
3. Contact training coordinator and schedule training(s); finalize logistics	Nov – Dec	County	CBP: Intra/Inter-Agency Coordination/Collaboration
4. Promote training(s)	Dec – Jan	County	ID: Printed Materials Development/Disseminated, Social Media Maintenance
5. Host trainings for community partners, and distribute pre/post-tests	Jan – Jun	County	ENV: TTA—Professional and Community Development
6. Compile and analyze pre/post-tests after each training	Ongoing, after each training	County	CBP: Assessing Community Needs/Assets, Evaluation Services

<b>Program/Intervention</b>	ATOD Youth Summit (annual, starting Year 2)		
<b>Goal(s)</b>	<p>Goal 1: Reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions in Solano County.</p> <p>Goal 2: Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</p>		
<b>Objective(s)</b>	<p>Objective 1: By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 9<sup>th</sup> and 11<sup>th</sup> graders.</p> <p>Objective 2: By 2023, teens who report “high/moderate” school/community connectedness will increase by 3% for 11th graders.</p>		
<b>IOM</b>	Universal		
<b>Major Tasks</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>CSAP Strategy and Service Activity</b>
1. Identify community organizations that host a youth conference/summit	Jul – Aug Year 2	County and/or Provider (TBD)	CBP: Training and Technical Assistance (TTA)
2. Collaborate with identified community organizations on planning for a youth conference/summit and include some focus on ATOD	Aug – Nov	County and/or Provider (TBD)	CBP: Intra/Inter-Agency Coordination/Collaboration
3. Assist in creating promotional materials	Dec - Jan	County and/or Provider (TBD)	ID: Printed Materials Development/Disseminated, Social Media Maintenance
4. Promote to youth and encourage participating in the youth conference/summit	Feb – Mar	County and/or Provider (TBD)	ID: Community/School Outreach Events
5. Implement youth conference/summit	Apr – June	Provider (TBD)	ID: Community/School Outreach Events



## **NEW INTERVENTIONS**

*Please note that the following interventions are those that Solano County did not identify in the previous FY 2012/13 – FY 2017/18 SPP.*

### ***Parent Project***

The Parent Project is a parenting skills program created specifically for parents with difficult or out-of-control adolescents. Parents learn and practice specific prevention and intervention strategies to allay destructive behaviors—truancy, alcohol and other drug use, gang participation or other criminal behavior, running away, violence and suicide. Parents are self-referred or can be referred to Parent Project classes by officers in the field, juvenile detectives, diversion programs, court systems, mental health professionals, or school officials. HPCWB and/or contracted providers intend to do outreach to increase self-referrals.

### ***Dangers of Underage Drinking Campaign***

To highlight the dangers of underage drinking, HPCWB and/or contracted providers will develop tailored media campaigns targeted at youth, parents, and adults. Multiple campaign messages will be utilized to increase awareness of the consequences of underage drinking.

### ***Friday Night Live (FNL) Mentoring***

FNL Mentoring provides opportunities for youth to be in ongoing, mutually beneficial, caring relationships which can strengthen a young person's resiliency to challenges in life. The FNL Mentoring program trains high school-aged youth to mentor middle school-aged youth in structured ongoing one-on-one relationships to increase connectedness.

### ***Social Host Ordinance Specific to Marijuana (Cannabis)***

Advocating to add language on marijuana (cannabis) to any current social host ordinances or creating a social host ordinance specifically for marijuana (cannabis) is important to reduce youth social access to marijuana (cannabis). Parents and families need to be aware of the consequences of social hosting specifically around marijuana (cannabis).

### ***Marijuana (Cannabis) Campaigns***

Multiple marijuana (cannabis) campaigns messages will be developed with the goal of increasing youth perception of harm and reducing youth access to marijuana (cannabis). Tailored media campaigns will target youth, parents, and adults to address the following: risks of youth marijuana (cannabis) use, legal consequences of providing marijuana (cannabis) to youth, encourage parents/guardians to start the conversation and discourage youth marijuana (cannabis) use, and current local and state marijuana (cannabis) policies.

### ***Marijuana (Cannabis) Compliance Checks***

Regular compliance checks provide the foundation for ensuring marijuana (cannabis) retailers follow state and local laws with respect to not selling to minors. Working on efforts to include periodic marijuana (cannabis) checks into a local jurisdiction's marijuana (cannabis) ordinances can prevent

marijuana (cannabis) sales to youth. Presentations to community groups and agencies will be utilized to mobilize communities about the importance of mandated marijuana (cannabis) compliance checks.

### ***Responsible Seller Ordinance for Marijuana (Cannabis)***

In order to address the concern for responsible serving practices that prevent sales to minors and over selling to adults, the County and/or jurisdictions will work on efforts to adopt a Responsible Seller Ordinance specific to marijuana (cannabis).

### ***SUB-CONTRACTOR SELECTION***

Implementation of the various services and activities of the new plan will likely require the County to issue one or more Request(s) for Proposals (RFP) or Request(s) for Qualifications (RFQ). Thus, at this time it is not possible to determine the responsible party for FY 18-19 and beyond. To solicit requests for proposals or qualifications from corporations, non-profit organizations, agencies, or individuals, Solano County General Services Department will release the RFPs or RFQ's and post on the Solano County website. The SPP will be promoted by HPCWB prevention staff in 2 to 3 community presentations just prior to or at the same time the RFPs or RFQs are being released.

During the RFP process, each candidate will have the opportunity to propose a completed proposal that includes elements detailing organizational capacity and qualifications, scope of work, project description and evaluation, and budget. If an RFQ is issued, candidates will have an opportunity to list their capacity and qualifications for projects for which HPCWB is seeking assistance. Individuals, organizations and agencies will need to meet the minimum qualifications as outlined in each specific RFP/Q. Providers who propose to implement direct services within the community (e.g. policy, parent education classes) will be required to have demonstrated a minimum of 2 years' experience implementing similar ATOD prevention activities, with preference points given to local experience in Solano County and to demonstrated strong experience in the specific area of focus.

Each funded service provider will be required to submit detailed work plans, budgets and budget narratives for the activities that they will implement to meet each goal and objective for each fiscal year. They will also be required to submit quarterly progress reports to communicate efforts and successes. These reports and participation will help identify midcourse corrections for the plan and/or help in the development of the strategic prevention plan. Depending on the outcome of the RFP/Q process, HPCWB and the County retain the right to also enter into purchase orders for selected activities if, and as needed, in accordance with the County's Purchasing Policies and Procedures.

### ***SUSTAINABILITY AND CULTURAL COMPETENCE***

#### ***Sustainability***

- ***Develop action plans to solidify partner and stakeholder involvement:*** HPCWB prevention staff has been working closely with local ATOD prevention coordinators on their local SPF process. ATOD prevention coordinators were asked to create implementation plans for strategies that would focus on impacting the community. Identified strategies in this plan build upon increasing

the capacity of local coalitions to address alcohol and/or marijuana (cannabis) issues identified in this SPP.

- ***Begin data collection to assess effectiveness:*** HPCWB prevention staff and funded service providers will collect data that will be analyzed to assess effectiveness; this includes the Tri-Ethnic Community Readiness survey, pre/post-tests, campaign evaluation/reach, etc. School districts in Solano County have already scheduled their start date to administer the California Healthy Kids Survey (CHKS) for the 2017/2018 school year. Quarterly progress reports will detail the progress of each implemented prevention efforts through process evaluation.

### **Cultural Competence**

- ***Involve the community in the implementation of the SPP:*** Current ATOD prevention efforts are largely being implemented by funded service providers who live in the communities they serve; HPCWB prevention staff anticipates this to continue. To further involve the community in the implementation of the SPP, HPCWB prevention staff will encourage funded ATOD providers to hire qualified people representative of the community to implement the strategies described in this plan. As noted in the implementation tables, materials and media messages will be tested with focus communities prior to use. Evaluation measures will strive to include measures of cultural relevance and competence.
- ***Create a feedback loop for communicating efforts and successes:*** Funded service providers will be required to submit quarterly progress reports that detail their progress in their respective scope of work, challenges, and successes. Information from the progress reports will be used to develop reports for dissemination to the community and stakeholders. Community feedback will be used to determine if changes to the SPP and/or activities are needed.
- ***Pilot Solano County Racial Equity Toolkit originally developed by Governments Advancing Racial Equity (GARE), and adapted and updated by the Solano County Advancing Racial Equity Team:*** Use of this toolkit (*see Appendix B*) will be piloted while implementing at least one of the media campaigns related to cannabis, and to other aspects of implementation as applicable.

# EVALUATION

## EVALUATION PLAN

Solano County is committed to ongoing evaluation of its Strategic Prevention Plan programming and efforts. County staff members have extensive expertise in use of evaluation results; in addition, the County contracts for external evaluation services. In 2018, the County will issue a Request for Proposals (RFP) or Request for Qualifications (RFQ) for external evaluation services; a requirement for selection will be demonstrated expertise and familiarity with the Tri-Ethnic Community Readiness Survey.

Every element of the logic model will be evaluated through process evaluation, outcome evaluation, or both. The following pages present evaluation indicators, methods, and timelines for evaluating short, intermediate, and long term outcomes of the SPP logic models.

### *Analysis*

Evaluation reporting will occur at least annually, providing a comprehensive assessment of all activity for the previous year. Some results will be disseminated to ATOD prevention contractors immediately, such as training results and intercept survey results, so the information can be used immediately for program planning, message development, and improvements to guide work. Main analysis activities for each method will be:

- **Process evaluation** will monitor the number and amount of activities, compared to planned implementation, and identifying barriers or challenges that hampered implementation, or opportunities and conditions that facilitated implementation.
- **The Tri-Ethnic Community Readiness Survey** will be administered in 2019 and 2022 using a defined protocol with 4 to 7 stakeholders in each community to assess levels of readiness between 1 and 9 (with 1 being lowest and 9 being highest level of readiness) across six domains. The stakeholder surveys will be scored by two analysts; their results will be reconciled to obtain a score for each domain and an overall readiness score for the community. Qualitative themes from individual interviews will also be provided, to provide information on areas of challenge or opportunity.
- **California Healthy Kids Survey (CHKS) data** will be analyzed in 2018, 2020, and 2022, looking at population level changes for 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders for substance use, perception of harm, peer/parent disapproval, access, and risk and protective factors. A Custom Module will be implemented to assess specific access sources. The percentage of students reporting in these areas will be collected in each year the survey is administered, and compared to trends for previous years to monitor changes over time. HPCWB prevention staff will also work with the Solano County Office of Education to implement the Resilience and Youth Development module to gather additional data to better inform work on ACEs.
- **Content analysis** of provider quarterly reports for implementation of plan, assess that activities are evidence-based and have an environmental focus; content analysis will also examine

training content, educational campaigns for content and cultural relevance, and ordinance language.

- **Policy Adoption** will be monitored and assessed. Policy progress will be monitored to assess progress toward policy systems and/or environmental changes even if efforts have not resulted in passage at the time of the evaluation.
- **Compliance checks** will be assessed both for sufficient number of checks and percentage passing checks. Annual compliance check results will be compared to past years to assess trends in compliance.
- **Training Pre/Post-tests** will be analyzed for percentage/frequencies of attendees reporting changes in knowledge and understanding.
- **Intercept surveys** will be analyzed for percentage/frequencies of respondents who report knowledge and understanding of harms and risks of youth marijuana (cannabis) and alcohol use, and for adult behavior to prevent youth from obtaining substances.
- **Coalition functioning surveys** will be analyzed by city/coalition with frequencies/percentages and compared to trends over time.

#### ***Evaluation Questions and Matrix***

The table on the following page shows the main evaluation questions that will guide assessment of the Strategic Prevention Plan from FY 2018/19 – FY 2022/23. More specific evaluation plans for each element of the alcohol and marijuana (cannabis) logic models follows.

**SOLANO COUNTY STRATEGIC PREVENTION PLAN EVALUATION QUESTIONS MATRIX**

<b>Evaluation Question</b>	<b>Information Needed/Indicators</b>	<b>Source of Information</b>	<b>Methods</b>	<b>Timeline</b>
<b>1) To what extent is the Solano County Strategic Prevention Plan being implemented successfully?</b>	<b>Process evaluation data monitoring implementation of elements of the SPP</b>	The main source of data for process evaluation will be the providers' (TBD) required quarterly reports. Reporting forms will be developed by county staff to ensure that provider reports cover all elements of the Implementation Plan.	Process evaluation methodology  Prevention staff will be required to develop a process evaluation tracking form based on the Implementation Plan and each provider's Scope of Work.	Planning and development of Process Evaluation Framework: July to August 2018  Updated quarterly throughout 2018 to 2023.
<b>2) To what extent are environmental policies and initiatives being implemented?</b>	<b>Process evaluation will assess progress on policy efforts</b>  <b>Outcome evaluation will assess successful policy adoption</b>	Provider reports, Coalition Meeting Minutes and Agendas, public hearing agendas and minutes (from City Councils)  Final policy language	Content analysis of the policy progress and assessment of final ordinance language	Ongoing to coincide with policy work. (More information on timeline appears in detailed tables in the logic model evaluation plans.)
<b>3) To what extent are local ATOD coalitions and local communities developing ATOD expertise and enhanced capacity to address marijuana (cannabis) and alcohol use among Solano County youth?</b>	<b>Records of trainings</b>  <b>Knowledge of community and coalition members</b>  <b>Evidence and research informs initiatives</b>	Coalition Members  Training content  Coalition meeting minutes and training schedules	Biennial Coalition Functioning Survey to assess coalition knowledge, capacity and functioning  Pre/Post-tests after trainings  Content analysis of minutes and training agendas	Survey—biennially  Pre/Post-tests ongoing after each training  Content analysis ongoing
<b>4) To what extent are youth and adult community members informed and knowledgeable of harms and risks of youth</b>	<b>Youth Knowledge of risks/harms</b>  <b>Adult Knowledge of risks/harms</b>	CHKS surveys  Adult community members  Parents/guardians in	CHKS data  Intercept surveys  Pre/Post-training surveys	2018, 2020, 2022  Ongoing to coincide with educational campaign and class

substance use?		prevention classes		activities
5) To what extent are Solano County cities prepared and committed to addressing youth alcohol and marijuana (cannabis) use?	Readiness of communities	Key stakeholders in each city	Tri-Ethnic Community Readiness Survey	Jan – June 2019 Jan – June 2022
6) To what extent has youth access to marijuana (cannabis) and alcohol been reduced?	Youth perception on access to alcohol and marijuana (cannabis) overall and from specific sources  Reduced access from retail sources  Reduced access from homes	CHKS survey  Compliance checks  Social Host Enforcement data	Analyze CHKS data  Analyze compliance checks data  Analyze SHO enforcement data	2018, 2020, 2022  Annually  Annually
7) To what extent have youth rates of alcohol and marijuana (cannabis) use been reduced?	Youth use rates	CHKS survey	Analyze CHKS data	2018, 2020, 2022

## EVALUATION MATRIX FOR ALCOHOL LOGIC MODEL

Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<p><b>Goal: By 2023, reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions within Solano County.</b></p>						
<p><b>1. Retail Access</b></p>						
<p><b>Short term (by 2020):</b> 75 Alcohol outlets will be checked for compliance annually across 3 jurisdictions</p>	<ul style="list-style-type: none"> <li>• Law enforcement outreach (meetings +/- contacts)</li> <li>• Decoys recruited</li> <li>• # of alcohol outlets checked and results (pass/ fail)</li> </ul>	<p><b>Process evaluation:</b></p> <p>Records and reports of # of contacts with law enforcement; # and names of decoys recruited and trained; list of alcohol outlets;</p> <p>Press release issued</p> <p><b>Outcome evaluation:</b></p> <p>Law enforcement reports of results of checks; prevention staff calculates compliance rate.</p>	<p>1-Provider reports which will include Law Enforcement Data Report Form, and decoy attendance record</p>	<p>Providers (TBD) record and report; collect results from law enforcement agency; provide to county staff</p>	<p>June 2020</p>	<p>Press Release after every compliance check operation</p>



<p><b>Short term (by 2020):</b> 30 retailers complete RBS or LEAD training</p>	<ul style="list-style-type: none"> <li>• Outreach to retailers completed</li> <li>• Training attendance</li> </ul>	<p><b>Process evaluation:</b></p> <p>Documentation of outreach and attendance logs</p> <p><b>Outcome evaluation:</b></p> <p>Increased knowledge by attendees</p>	<p>1-Provider reports w/outreach log</p> <p>2-Attendance sheets from trainings</p> <p>3-Training evaluation</p>	<p>Providers (TBD) document outreach;</p> <p>Prevention staff creates post-training evaluation form (or alternatively, trainer’s form is used); form administered by Provider at end of training;</p> <p>Prevention staff assesses</p>	<p>September to December in Year 1</p>	
<p><b>Short term (by 2020):</b> 2 jurisdictions will engage in a <b>Healthy Stores for Healthy Community</b> campaign to reduce access to unhealthy products including alcohol</p>	<ul style="list-style-type: none"> <li>• Fact sheet development</li> <li>• Participation in HSHC Sub-committee</li> <li>• # of Youth and adult volunteers recruited</li> <li>• Training completed</li> </ul>	<p><b>Process evaluation:</b></p> <p>Documentation of attendance in HSHC Sub-committee; volunteers recruited; training provided</p> <p><b>Outcome evaluation:</b></p> <p>Satisfaction and increased knowledge by training attendees</p>	<p>1-Provider reports w/participation logs, fact sheet sample</p> <p>2-Attendance sheets</p> <p>3-Post training evaluation form</p>	<p>Providers (TBD) document outreach, administer and collect attendance sheets;</p> <p>Prevention staff creates training form (if not provided by trainer) and analyzes</p>	<p>Jan to March 2019</p>	<p>Share HSHC factsheet on VibeSolano website</p>
<p><b>Short term (by 2019):</b> Community Coalition members are trained in prevention research, theory, practice, cultural competence and ACEs</p>	<ul style="list-style-type: none"> <li>• Attendance at trainings</li> <li>• Post-tests for each training attended</li> </ul>	<p><b>Process evaluation:</b></p> <p>Attendance at trainings</p> <p><b>Outcome evaluation:</b></p> <p>Satisfaction and increased knowledge</p>	<p>1-Provider reports on training opportunities offered</p> <p>2-Attendance sheets</p> <p>3-Post training evaluation form</p>	<p>Providers (TBD) administer and collect attendance sheets;</p> <p>Prevention staff creates training form (if not provided by</p>	<p>Ongoing as trainings are offered</p>	<p>Bi-annual progress summary of trainings provided, number of community coalition members trained, and increase of knowledge; shared with DHCS</p>

		by training attendees		trainer) and analyzes		
<b>Intermediate (by 2022):</b> Outlets in 3 jurisdictions that sell alcohol have <b>98% compliance</b> with Minimum Legal Drinking Age (MLDA) laws	<ul style="list-style-type: none"> <li># of alcohol outlets checked and results (if they pass or fail)</li> </ul>	<p><b>Process evaluation:</b></p> <p>Law enforcement outreach #'s, records of decoys recruited and trained; Press release issued</p> <p><b>Outcome evaluation:</b></p> <p>Law enforcement reports of results of compliance checks; Prevention staff calculates aggregate compliance rate</p>	1-Provider reports which will include Law Enforcement Data Report Form, and decoy attendance record	Providers (TBD) record and report; collect results from law enforcement agency; provide to county staff	Annually in June	Press Release after every compliance check operation
<b>Intermediate (by 2022): Conditional Use Permit</b> restricting proximity of outlets to child-sensitive areas <b>or an RBS</b> adopted in 2 jurisdictions	<ul style="list-style-type: none"> <li>Policy progress</li> <li>Midwest Academy Chart</li> <li>Educational materials developed</li> <li>Adopted CUP or RBS ordinance</li> </ul>	<p><b>Process evaluation:</b></p> <p>Policy progress</p> <p><b>Outcome evaluation:</b></p> <p>Adoption of policy</p>	<p>1-Provider reports documenting policy progress, coalition meeting minutes, drafts of ordinances, educational materials, attendance at City Council meetings and/or Planning Commission meetings</p> <p>2-Policy adoption</p>	<p>Providers (TBD) document and report activity;</p> <p>Prevention staff assesses policy progress</p>	Ongoing via quarterly reports	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2022): 3% reduction in alcohol placement near checkout counter</b> as measured	<ul style="list-style-type: none"> <li>HSHC observation data</li> </ul>	<p><b>Process evaluation:</b></p> <p>Observations take place; local data analyzed and forum</p>	1-Provider reports documenting training participants, retailer visits	<p>Providers (TBD) document and report activity</p> <p>Community</p>	Jan – June 2019	Bi-annual progress summary presentation to ATOD Prevention

by HSHC observation data		takes place; community members trained; retailer requests/education occur  <b>Outcome Evaluation:</b>  Observation data; retailers move alcohol products	2-HSHC observation data collection  3-Results of store visits	volunteers collect HSHC observational data;  Prevention staff and Community members analyze HSHC data		Collaborative
<b>Intermediate (by 2022):</b> 3 local ATOD prevention coalitions demonstrate increased knowledge of prevention research, theory, practice, cultural competence, ACEs	<ul style="list-style-type: none"> <li>Baseline Coalition Functioning Survey</li> </ul>	<b>Outcome evaluation:</b>  Increased knowledge to address alcohol use based on prevention research, theory, practice, cultural competence and ACEs	1- Coalition Functioning Survey	Providers (TBD)  Prevention staff or evaluator analyzes data	Baseline Coalition Functioning Survey in 2019; Coalition Functioning Survey every 18 months after baseline	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Long Term (by 2023):</b> By 2023, the percentage of 11 <sup>th</sup> graders who report “very easy” and “fairly easy” access to alcohol from a store/retail outlet will decrease from 30% to 27%	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived ease of access from store</li> </ul>	<b>Process evaluation:</b>  CHKS survey is administered in Solano schools, including Custom Module with store access question  <b>Outcome evaluation:</b>  CHKS results	1-CHKS data	SCOE and schools administer survey;  Prevention Staff analyzes and prepares report	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)  Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)  Annual Report shared with DHCS

Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<b>Goal: By 2023, reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions within Solano County.</b>						
<b>2. Social Access</b>						
<b>Short term (by 2020):</b> 4 jurisdictions will implement culturally relevant campaigns directed at parents and families to increase awareness of risks of social hosting and importance of securing/locking up alcohol	<ul style="list-style-type: none"> <li>Documentation of progress planning and implementing campaign, including message development</li> <li>Content/Messages</li> <li>Reach</li> </ul>	<p><b>Process evaluation:</b> Planning, stakeholder engagement, implementation</p> <p><b>Outcome evaluation:</b> Content of campaign Reach (#s, locations, audiences) of campaign</p>	<p>1-Provider reports documenting planning, message development</p> <p>2-Content analysis</p> <p>3-Reach (#s, locations, audiences reached)</p> <p>4-Baseline intercept survey</p>	<p>Providers (TBD) document process evaluation</p> <p>Prevention staff and/or media contractor assesses content and reach</p>	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Short term (by 2020):</b> 45 parents will participate in educational programs annually	<ul style="list-style-type: none"> <li>Pre/post-tests</li> </ul>	<p><b>Process evaluation:</b> Attendance logs of parent participation</p>	<p>1-Attendance log</p> <p>2-Pre/Post-tests</p>	<p>Facilitators administer and collect</p> <p>Prevention staff analyzes</p>	January 2019 and June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2022):</b> Adults exhibit a 3% increase in awareness of the legal consequences of providing alcohol to minors compared to baseline	<ul style="list-style-type: none"> <li>Pre/Post-tests</li> </ul>	<p><b>Process evaluation:</b> Intercept survey is developed, conducted and analyzed annually</p> <p><b>Outcome evaluation:</b> Campaign content</p>	<p>1-Intercept survey (follow up)</p> <p>2-Content Analysis</p> <p>3-Reports on reach (#s, locations, audiences reached)</p>	<p>Providers, prevention staff and community members conduct intercept surveys</p> <p>Prevention staff conducts content</p>	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative

		addresses local conditions and reflects best practices; Reach of campaigns to assess it reaches parents and families		analysis and assesses reach		
<b>Intermediate (by 2022):</b> Parents who participate in educational programs exhibit increase knowledge about harmful consequences of underage drinking by 5%	<ul style="list-style-type: none"> <li>Pre/Post-tests</li> </ul>	<p><b>Process evaluation:</b></p> <p>Attendance logs of parent attendance</p> <p><b>Outcome evaluation:</b></p> <p>Increased knowledge of alcohol harms and consequences of youth use</p>	<p>1-Attendance log</p> <p>2-Pre/Post-tests</p>	<p>Facilitators track attendance;</p> <p>Facilitators administer and collect Pre/Post-tests;</p> <p>Prevention staff analyze Pre/Post-tests</p>	Semi-annually starting January 2019	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Long term (by 2023):</b> Reduce the percentage of 9 <sup>th</sup> and 11 <sup>th</sup> graders reporting social access to alcohol (i.e. homes, parents, siblings) by 3% for each social access point	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived ease of access from parents, homes, siblings/friend, parties</li> </ul>	<p><b>Process evaluation:</b></p> <p>CHKS survey is administered in Solano schools, including Custom Module with store access question</p> <p><b>Outcome evaluation:</b></p> <p>CHKS results</p>	1-CHKS data	<p>SCOE and schools administer survey;</p> <p>Prevention staff analyze and prepare report</p>	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	<p>Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)</p> <p>Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)</p> <p>Annual Report shared with DHCS</p>

Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<b>Goal: By 2023, reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions within Solano County.</b>						
<b>3. Teen Education on Alcohol Harm</b>						
<b>Short term (by 2020):</b> Recruit 25 11 <sup>th</sup> grade students to participate in peer/leader program annually	<ul style="list-style-type: none"> <li>Recruitment and participation of students in program annuals</li> </ul>	<p><b>Process evaluation:</b></p> <p>Attendance logs of teen participation</p>	1-Attendance log	Facilitators administer and collect	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Short term (by 2020):</b> Implement a countywide media campaign to address the dangers of underage drinking	<ul style="list-style-type: none"> <li>Documentation of progress planning and implementing campaign, including message development</li> <li>Content/Messages</li> <li>Reach</li> </ul>	<p><b>Process evaluation:</b></p> <p>Planning, stakeholder engagement, implementation</p> <p><b>Outcome evaluation:</b></p> <p>Content of campaign</p> <p>Reach (#s, locations, audiences) of campaign</p>	<p>1-Provider and/or media contractor reports documenting planning, message development</p> <p>2-Content analysis</p> <p>3-Reach (#s, locations, audiences reached)</p>	<p>Providers (TBD) document process evaluation</p> <p>Prevention staff and/or media contractor assesses content and reach</p>	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2022):</b> Number of teens who report peer disapproval of underage alcohol use will increase by 2% for 9 <sup>th</sup> and 11 <sup>th</sup> graders who report “very wrong” and “wrong” as	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived peer disapproval of alcohol use</li> </ul>	<p><b>Process evaluation:</b></p> <p>CHKS survey is administered in Solano schools</p> <p><b>Outcome evaluation:</b></p> <p>CHKS results</p>	1-CHKS data	<p>Solano County Office of Education and schools administer survey;</p> <p>Prevention staff analyzes and prepares report</p>	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	Bi-annual progress summary presentation to ATOD Prevention Collaborative

measured by CHKS.						
<p><b>Long term (by 2023):</b> Number of teens who report peer disapproval of underage alcohol use will increase by 3% for 9<sup>th</sup> and 11<sup>th</sup> graders who report “very wrong” and “wrong” as measured by CHKS.</p>	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived peer disapproval of alcohol use</li> </ul>	<p><b>Process evaluation:</b> CHKS survey is administered in Solano schools</p> <p><b>Outcome evaluation:</b> CHKS results</p>	1-CHKS data	<p>Solano County Office of Education and schools administer survey;</p> <p>Prevention staff analyzes and prepares report</p>	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	<p>Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)</p> <p>Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)</p> <p>Annual Report shared with DHCS</p>
<b>Outcomes</b>	<b>Indicators</b>	<b>Method of Data Collection</b>	<b>Tools</b>	<b>Who Collects Data</b>	<b>Timeframe</b>	<b>Dissemination Plan</b>
<p><b>Goal: By 2023, reduce alcohol use among underage youth and reduce the access and availability of alcohol to youth from retail and other sources in all jurisdictions within Solano County.</b></p>						
<p><b>4. Community Connectedness</b></p>						
<p><b>Short term (by 2020):</b> Collaborate with 2 local youth and/or youth-serving organizations to develop and implement youth activities.</p>	<ul style="list-style-type: none"> <li>Attendance log at activities</li> </ul>	<p><b>Process evaluation:</b> Attendance logs of teen participation</p>	1-Attendance log	Providers administer and collect	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative

<p><b>Short term (by 2020):</b> Offer 2 trainings to community partners on strategies/best practices to address youth alcohol use</p>	<ul style="list-style-type: none"> <li>Attendance log for trainings</li> </ul>	<p><b>Process evaluation:</b></p> <p>Development of training schedule and attendance</p> <p><b>Outcome evaluation:</b></p> <p>Satisfaction and increased knowledge</p>	<p>1-Attendance log</p> <p>2-Post-test for training</p>	<p>Training facilitators administer and collect</p> <p>Prevention staff analyzes</p>	<p>June 2020</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Intermediate (by 2021):</b> Recruit 50 students to participate in youth alternative activities</p>	<ul style="list-style-type: none"> <li>Attendance logs</li> </ul>	<p><b>Process evaluation:</b></p> <p>Students recruited</p> <p><b>Outcome evaluation:</b></p> <p>Students participate regularly in alternative activities</p>	<p>1-Attendance log</p>	<p>Providers track attendance</p>	<p>June 2021</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Intermediate (by 2022):</b> 1 jurisdiction will collaborate with local community organizations to implement a youth ATOD prevention summit</p>	<ul style="list-style-type: none"> <li>Summit held</li> <li>Attendance</li> </ul>	<p><b>Process evaluation:</b></p> <p>Planning and collaboration (meeting minutes) to prepare and implement summit</p> <p><b>Outcome evaluation:</b></p> <p>50 youth attend summit</p> <p>Youth report satisfaction and increased knowledge</p>	<p>1-Provider reports of planning (meeting minutes)</p> <p>2-Summit attendance</p> <p>3-Post-summit evaluation</p>	<p>Providers (TBD) report minutes, materials</p> <p>Summit facilitator implement post-training evaluation;</p> <p>Prevention staff analyzes training evaluations</p>	<p>June 2022</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Intermediate (by 2022):</b> Community readiness to address</p>	<ul style="list-style-type: none"> <li>Readiness in domains of Community</li> </ul>	<p><b>Outcome evaluation:</b></p> <p>Increased readiness</p>	<p>1-Tri-Ethnic Community Readiness Survey</p>	<p>Providers (TBD) identify stakeholders for survey</p>	<p>Jan – June 2019</p>	<p>Abstracts/Briefings shared with ATOD Prevention</p>



<p>the issues of youth alcohol use will improve by 1 stage of readiness as measured by the Tri-Ethnic Community Readiness Survey (TECRS)</p>	<p>Climate, Resources, and Leadership</p>	<p>to address alcohol use and related problems</p>	<p>(TECRS)</p>	<p>interviews;  Evaluator administers and analyzes TECRS; prepares report for each community</p>	<p>Jan – June 2022</p>	<p>Collaborative and ATOD Prevention Contractors  Presentation of trends over time to ATOD Prevention Collaborative and ATOD Prevention Contractors will be completed in Year 5 (2022/2023)</p>
<p><b>Long term (by 2023):</b> Number of teens who report “high/moderate” school/community connectedness will increase by 3% for 9<sup>th</sup> and 11<sup>th</sup> graders</p>	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data on school and community connectedness</li> </ul>	<p><b>Process evaluation:</b> CHKS survey is administered in Solano schools</p> <p><b>Outcome evaluation:</b> CHKS results</p>	<p>1-CHKS data</p>	<p>SCOE and schools administer survey;  Prevention staff analyzes and prepares report</p>	<p>Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)</p>	<p>Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)</p> <p>Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)</p> <p>Annual Report shared with DHCS</p>

## EVALUATION MATRIX FOR MARIJUANA (CANNABIS) LOGIC MODEL

Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<p><b>Goal: By 2023, Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</b></p>						
<p><b>1. Social Access to Marijuana (Cannabis)</b></p>						
<p><b>Short term (by 2020):</b> Hold 3 community forums to empower community and stakeholders to advocate to add language on marijuana (cannabis) to current social host ordinances or to create new SHO</p>	<ul style="list-style-type: none"> <li>3 Forums are held</li> </ul>	<p><b>Process evaluation:</b></p> <p>Documentation of planning and holding 3 forums;</p> <p>Attendance</p> <p><b>Outcome evaluation:</b></p> <p>3 forums held</p>	<p>1-Provider reports documenting planning, stakeholder engagement</p> <p>2-Attendance logs</p>	<p>Providers (TBD) document process</p> <p>Providers administer and collect attendance logs</p>	<p>Ongoing in Years 1 and 2</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Short term (by 2020):</b> Culturally relevant campaigns directed at parents and families to increase awareness of consequences of social hosting specifically around marijuana (cannabis) will be implemented in 4 jurisdictions</p>	<ul style="list-style-type: none"> <li>Documentation of progress planning and implementing campaign, including message development</li> <li>Content/Messages</li> <li>Reach</li> </ul>	<p><b>Process evaluation:</b></p> <p>Planning, stakeholder engagement, implementation</p> <p><b>Outcome evaluation:</b></p> <p>Content of campaign</p> <p>Reach (#s, locations, audiences) of campaign</p>	<p>1-Provider reports documenting planning, message development</p> <p>2-Content analysis</p> <p>3-Reach (#s, locations, audiences reached)</p> <p>4-Baseline intercept survey</p>	<p>Providers (TBD) document process evaluation</p> <p>Prevention staff and/or media contractor assesses content and reach</p>	<p>Ongoing in Years 1 and 2</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>

<p><b>Short term (by 2020):</b> Culturally relevant media campaigns directed at youth to curb peer access, highlighting health and legal consequences of using and providing marijuana (cannabis) will be implemented in at least 4 jurisdictions</p>	<ul style="list-style-type: none"> <li>• Documentation of progress planning and implementing campaign, including message development</li> <li>• Content/Messages</li> <li>• Reach</li> </ul>	<p><b>Process evaluation:</b> Planning, stakeholder engagement, implementation</p> <p><b>Outcome evaluation:</b> Content of campaign Reach (#s, locations, audiences) of campaign</p>	<p>1-Provider reports documenting planning, message development</p> <p>2-Content analysis</p> <p>3-Reach (#s, locations, audiences reached)</p> <p>4-Baseline intercept survey</p>	<p>Providers (TBD) document process evaluation</p> <p>Prevention staff and/or media contractor assesses content and reach</p>	<p>Ongoing in Years 1 and 2</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Intermediate (by 2021):</b> 2 jurisdictions will amend any social host ordinances to include language on marijuana (cannabis) or create a new ordinance specific to marijuana (cannabis)</p>	<ul style="list-style-type: none"> <li>• Midwest Academy Chart on marijuana (cannabis) SHO</li> <li>• Amended SHO language</li> </ul>	<p><b>Process evaluation:</b> Documentation of progress developing, educating about, and implementing a SHO [either adding marijuana (cannabis) to existing SHO or a new SHO]</p> <p><b>Outcome evaluation:</b> Ordinance or amended ordinance adopted</p>	<p>1-Provider reports</p> <p>2-Meeting minutes and attendance including participation by stakeholders</p> <p>3-Ordinance adoption</p>	<p>Providers (TBD) documentation of progress and engagement in quarterly reports</p> <p>Prevention staff assesses</p>	<p>June 2022</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Intermediate (by 2022):</b> Adults will</p>	<ul style="list-style-type: none"> <li>• Intercept surveys at baseline and follow</li> </ul>	<p><b>Process evaluation:</b></p>	<p>1-Intercept survey</p>	<p>Providers (TBD) and community</p>	<p>August to Sept</p>	<p>Bi-annual progress summary</p>

exhibit a 3% increase in awareness of the legal consequences of providing marijuana (cannabis) to minors as measured by a baseline intercept survey	up	Intercept survey developed and administered by 2019  <b>Outcome evaluation:</b>  Intercept surveys administered	of adults (follow up)	members  Prevention Staff supports survey development and analysis	(Baseline year 1)  2022 (Follow up)	presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2022):</b> 11 <sup>th</sup> graders will exhibit a 3% increase in perception of harm of marijuana (cannabis)	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived harm from marijuana (cannabis) use</li> </ul>	<b>Process evaluation:</b>  CHKS survey is administered in Solano schools  <b>Outcome evaluation:</b>  CHKS results	1-CHKS data	Solano County Office of Education and schools administer survey;  Prevention Staff analyzes and prepares report	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Long Term (by 2023):</b> Reduce the percentage of 11 <sup>th</sup> graders reporting social access to marijuana (cannabis) (i.e. older friends/siblings, parties/gatherings, parents, homes) by 3% or each social access point as measured by CHKS.	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived ease of access to marijuana (cannabis) from social sources (i.e. older friends/siblings, parties/gatherings, homes)</li> </ul>	<b>Process evaluation:</b>  CHKS survey is administered in Solano schools, including Custom Module with social access to marijuana (cannabis) questions  <b>Outcome evaluation:</b>  CHKS results	1-CHKS data	SCOE and schools administer survey;  Prevention Staff analyzes and prepares report	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)  Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)  Annual Report shared with DHCS

Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<b>Goal: By 2023, Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</b>						
<b>2. Reduce Access (overall, any sources)</b>						
<p><b>Short term (by 2019):</b> 1 jurisdiction will include periodic marijuana (cannabis) compliance checks in their marijuana (cannabis) ordinance</p>	<ul style="list-style-type: none"> <li>Adopted ordinance language</li> </ul>	<p><b>Process evaluation:</b> Documentation of progress (research language, meetings to add to ordinance)</p> <p><b>Outcome evaluation:</b> Compliance check language adopted in ordinance</p>	<p>1- Provider reports documenting process and progress</p> <p>2- Policy adoption</p>	<p>Providers (TBD) document and report</p> <p>Prevention Staff assesses</p>	June 2019	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<p><b>Short term (by 2021):</b> A responsible seller ordinance will be developed and 3 jurisdictions will educate the community and train stakeholders on the importance of adopting a mandated marijuana (cannabis) responsible seller ordinance</p>	<ul style="list-style-type: none"> <li>Community members educated</li> <li>Stakeholders engaged</li> <li>Ordinance language developed</li> </ul>	<p><b>Process evaluation:</b> Documentation of progress (research, language, meetings with decision-makers)</p> <p><b>Outcome evaluation:</b> #s of outreach and education</p> <p>Ordinance language developed</p>	<p>1-Provider reports documenting process and progress</p> <p>2-Ordinance language</p>	<p>Providers (TBD) document and report</p> <p>Prevention Staff assesses</p>	June 2021	Bi-annual progress summary presentation to ATOD Prevention Collaborative

<p><b>Short term (by 2020):</b> Develop an educational campaign on current local and state marijuana (cannabis) policies (including model draft ordinances) that will be implemented in 4 jurisdictions</p>	<ul style="list-style-type: none"> <li>• Documentation of progress planning and implementing campaign, including message development</li> <li>• Content/Messages</li> <li>• Reach</li> </ul>	<p><b>Process evaluation:</b></p> <p>Planning, stakeholder engagement, implementation</p> <p><b>Outcome evaluation:</b></p> <p>Content of campaign</p> <p>Reach (#s, locations, audiences) of campaign</p>	<p>1-Provider reports documenting planning, message development</p> <p>2-Content analysis</p> <p>3-Reach (#s, locations, audiences reached)</p> <p>4-Baseline intercept survey</p>	<p>Providers (TBD) document process evaluation</p> <p>Prevention staff and/or media contractor assesses content and reach</p>	<p>June 2020</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Short term (by 2019):</b> ATOD Coalitions working in priority area of marijuana (cannabis) will attend marijuana (cannabis) policy focused trainings identified by Solano County to increase knowledge about prevention research, theory, practice, and how to incorporate cultural competence and work on adverse childhood experiences (ACEs)</p>	<ul style="list-style-type: none"> <li>• Attendance</li> <li>• Pre/Post-tests</li> </ul>	<p><b>Process evaluation:</b></p> <p>Attendance logs from trainings</p> <p><b>Outcome evaluation:</b></p> <p>Pre/Post-tests show increased knowledge and capacity</p>	<p>1-Attendance logs</p> <p>2-Pre/Post-tests administered at trainings</p>	<p>Training facilitators administer</p> <p>Prevention Staff supports development of training Pre/Post-tests and analyzes</p>	<p>Ongoing, reports in June annually</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>

<p><b>Intermediate (by 2021):</b> 1 jurisdiction will conduct marijuana (cannabis) compliance checks for all retailers in their jurisdiction</p>	<ul style="list-style-type: none"> <li>Marijuana (cannabis) compliance checks data</li> </ul>	<p><b>Process evaluation:</b></p> <p>Law enforcement conduct compliance checks</p> <p><b>Outcome evaluation:</b></p> <p>Compliance checks results (# checked/# passed)</p>	<p>1-Compliance checks data</p>	<p>Provider (TBD) collects data from law enforcement agencies, provides to Prevention Staff for analysis</p>	<p>June 2021 and June 2022</p>	<p>Press Release after every compliance check operation</p>
<p><b>Intermediate (by 2023):</b> 3 jurisdictions will have adopted a mandated marijuana (cannabis) responsible seller ordinance for marijuana (cannabis) retailers</p>	<ul style="list-style-type: none"> <li>Adopted responsible seller ordinance</li> </ul>	<p><b>Process evaluation:</b></p> <p>Documentation of progress (research, language, meetings with decision-makers)</p> <p><b>Outcome evaluation:</b></p> <p>Responsible seller ordinance adopted</p>	<p>1-Provider reports documenting process and progress</p> <p>2-Policy adoption</p>	<p>Providers (TBD) document and report</p> <p>Prevention Staff assesses</p>	<p>June 2021</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Intermediate (by 2022):</b> Communities will increase their knowledge about local and state laws surrounding marijuana (cannabis) as measured by a baseline intercept survey</p>	<ul style="list-style-type: none"> <li>Intercept surveys</li> </ul>	<p><b>Process evaluation:</b></p> <p>Follow-up survey developed (modified if needed for local circumstances) and administered</p> <p><b>Outcome Evaluation:</b></p> <p>Change in</p>	<p>1-Intercept Survey (follow up)</p>	<p>Providers (TBD), community members, and prevention staff administer survey</p> <p>Prevention Staff provides input on any modifications and conducts</p>	<p>June 2022</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>

		knowledge		analysis		
<p><b>Intermediate (by 2021):</b> 3 local ATOD coalitions will demonstrate knowledge about prevention research, theory, practice; cultural competence, and ACEs</p>	<ul style="list-style-type: none"> <li>• Training post-tests</li> <li>• Baseline Coalition Functioning Survey</li> </ul>	<p><b>Process evaluation:</b></p> <p>Attendance at trainings, evidence of use of information</p> <p><b>Outcome Evaluation:</b></p> <p>Increased knowledge to address marijuana use based on prevention research, theory, practice, cultural competence and ACEs</p>	<p>1-Training post-tests</p> <p>2-Provider reports documenting activity/progress</p> <p>3-Attendance logs</p> <p>4-Coalition Functioning Survey</p>	<p>Training facilitator administers post-tests</p> <p>Providers (TBD)</p> <p>Prevention Staff or Evaluator designs, administers, analyzes Coalition Functioning Survey</p>	<p>April to June beginning 2019 and annually thereafter</p> <p>Baseline Coalition Functioning Survey in 2019; Coalition Functioning Survey every 18 months after baseline</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Long Term (by 2023):</b> Reduce the percentage of 11<sup>th</sup> graders who report “very easy” or “fairly easy” access to marijuana (cannabis) by 3% as measured by CHKS</p>	<ul style="list-style-type: none"> <li>• California Healthy Kids Survey (CHKS) data for perceived ease of access to marijuana (cannabis) (from any source)</li> </ul>	<p><b>Process evaluation:</b></p> <p>CHKS survey is administered in Solano schools, including Custom Module</p> <p><b>Outcome evaluation:</b></p>	<p>1-CHKS data</p>	<p>SCOE and schools administer survey;</p> <p>Prevention Staff analyzes and prepares report</p>	<p>Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)</p>	<p>Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)</p> <p>Abstracts/briefings and factsheets shared with Board of Supervisors (Years</p>



		CHKS results				2018, 2020, 2022) Annual Report shared with DHCS
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Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<b>Goal: By 2023, Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</b>						
<b>3. Information dissemination on marijuana (cannabis) harm</b>						
<b>Short term (by 2020):</b> Culturally relevant media and outreach strategies to increase community awareness of risks associated with youth marijuana (cannabis) use will be implemented in 4 jurisdictions	<ul style="list-style-type: none"> <li>Documentation of progress planning and implementing campaign, including message development</li> <li>Content/Messages</li> <li>Reach</li> </ul>	<b>Process evaluation:</b> Planning, stakeholder engagement, implementation  <b>Outcome evaluation:</b> Content of campaign  Reach (#s, locations, audiences) of campaign	1-Provider reports documenting planning, message development  2-Content analysis  3-Reach (#s, locations, audiences reached)	Providers (TBD) document process evaluation  Prevention staff and/or media contractor assesses content and reach	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative

<p><b>Intermediate (by 2022):</b> Teen perception of harm for youth marijuana (cannabis) use will increase by 2% for 11<sup>th</sup> graders</p>	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived harm of marijuana (cannabis) use</li> </ul>	<p><b>Process evaluation:</b></p> <p>CHKS survey is administered in Solano schools</p> <p><b>Outcome evaluation:</b></p> <p>CHKS results</p>	<p>1-CHKS data</p>	<p>SCOE and schools administer survey;</p> <p>Prevention Staff analyzes and prepares report</p>	<p>Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020)</p>	<p>Bi-annual progress summary presentation to ATOD Prevention Collaborative</p>
<p><b>Long Term (by 2023):</b> Teen perception of harm for youth marijuana (cannabis) use will increase by 3% for 11<sup>th</sup> graders</p>	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data for perceived harm of marijuana (cannabis) use</li> </ul>	<p><b>Process evaluation:</b></p> <p>CHKS survey is administered in Solano schools</p> <p><b>Outcome evaluation:</b></p> <p>CHKS results</p>	<p>1-CHKS data</p>	<p>SCOE and schools administer survey;</p> <p>Prevention Staff analyzes and prepares report</p>	<p>Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)</p>	<p>Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)</p> <p>Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)</p> <p>Annual Report shared with DHCS</p>

Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<b>Goal: By 2023, Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</b>						
<b>4. Community Connectedness</b>						
<b>Short term (by 2020):</b> Collaborate with 2 local youth and/or youth-serving organizations to develop and implement youth activities	<ul style="list-style-type: none"> <li>Attendance log at activities</li> </ul>	<b>Process evaluation:</b> Attendance logs of teen participation	1-Attendance log	Providers administer and collect	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Short term (by 2020):</b> Offer 2 trainings to community partners on strategies/best practices to address youth marijuana (cannabis) use	<ul style="list-style-type: none"> <li>Attendance log for trainings</li> </ul>	<b>Process evaluation:</b> Development of training schedule and attendance  <b>Outcome evaluation:</b> Satisfaction and increased knowledge	1-Attendance log 2-Post-test for training	Training facilitators administer and collect  Prevention staff analyzes	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2021):</b> Recruit 50 students to participate in youth alternative activities	<ul style="list-style-type: none"> <li>Attendance logs</li> </ul>	<b>Process evaluation:</b> Students recruited  <b>Outcome evaluation:</b> Students participate regularly in alternative activities	1-Attendance log	Providers track attendance	June 2022	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2022):</b> 1 jurisdiction will collaborate with local community organizations to	<ul style="list-style-type: none"> <li>Summit held</li> <li>Attendance</li> </ul>	<b>Process evaluation:</b> Planning and collaboration (meeting minutes) to prepare	1-Provider reports documenting planning (meeting minutes) 2-Summit	Providers (TBD) report minutes, materials  Summit facilitator	June 2022	Bi-annual progress summary presentation to ATOD Prevention

implement a youth ATOD prevention summit		and implement summit  <b>Outcome evaluation:</b>  50 youth attend summit  Youth report satisfaction and increased knowledge	attendance  3-Post-summit evaluation	implement post-training evaluation;  Prevention staff analyzes training evaluations		Collaborative
<b>Intermediate (by 2022):</b> Community readiness to address the issues of youth marijuana (cannabis) use will improve by 1 stage of readiness as measured by the Tri-Ethnic Community Readiness Survey (TECRS)	<ul style="list-style-type: none"> <li>Readiness in domains of Community Climate, Resources, and Leadership</li> </ul>	<b>Outcome evaluation:</b>  Increased readiness to address alcohol use and related problems	1-Tri-Ethnic Community Readiness Survey (TECRS)	Providers (TBD) identify stakeholders for survey interviews;  Evaluator administers and analyzes TECRS; prepares report for each community	Jan – June 2019  Jan – June 2022	Abstracts/Briefings shared with ATOD Prevention Collaborative and ATOD Prevention Contractors  Presentation of trends over time to ATOD Prevention Collaborative and ATOD Prevention Contractors will be completed in Year 5 (2022/2023)
<b>Long Term (by 2023):</b> Number of teens who report “high/moderate” school/community connectedness will increase by 3% for 11 <sup>th</sup> graders	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data on school and community connectedness</li> </ul>	<b>Process evaluation:</b>  CHKS survey is administered in Solano schools  <b>Outcome evaluation:</b>  CHKS results	1-CHKS data	SCOE and schools administer survey;  Prevention staff analyzes and prepares report	Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)	Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)  Abstracts/briefings and factsheets

						shared with Board of Supervisors (Years 2018, 2020, 2022)  Annual Report shared with DHCS
Outcomes	Indicators	Method of Data Collection	Tools	Who Collects Data	Timeframe	Dissemination Plan
<b>Goal: By 2023, Increase youth perception of harm and reduce the access and availability of marijuana (cannabis) to youth from retail and other sources in all jurisdictions in Solano County.</b>						
<b>5. Parent Education</b>						
<b>Short term (by 2020):</b> 45 parents will participate in educational programs annually	<ul style="list-style-type: none"> <li>Pre/post-tests</li> </ul>	<b>Process evaluation:</b>  Attendance logs of parent participation	1-Attendance log 2-Pre/Post-tests	Facilitators administer and collect  Prevention staff analyzes	January 2019 and June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Short term (by 2020):</b> Culturally relevant social marketing campaigns directed at parents to help them start the conversation and discourage youth marijuana (cannabis) use will be implemented in at least 4 jurisdictions	<ul style="list-style-type: none"> <li>Documentation of progress planning and implementing campaign, including message development</li> <li>Content/Messages</li> <li>Reach</li> </ul>	<b>Process evaluation:</b> Planning, stakeholder engagement, implementation  <b>Outcome evaluation:</b> Content of campaign  Reach (#s, locations, audiences) of campaign	1-Provider reports documenting planning, message development  2-Content analysis  3-Reach (#s, locations, audiences reached)	Providers (TBD) document process evaluation  Prevention staff and/or media contractor assesses content and reach	June 2020	Bi-annual progress summary presentation to ATOD Prevention Collaborative
<b>Intermediate (by 2022):</b> Parents who participated in educational programs will increase knowledge	<ul style="list-style-type: none"> <li>Pre/Post-tests</li> </ul>	<b>Process evaluation:</b>  Attendance logs of parent attendance	1-Attendance log 2-Pre/Post-tests	Facilitators track attendance;  Facilitators administer and	Semi-annually starting January 2019	Bi-annual progress summary presentation to ATOD Prevention

<p>about harmful consequences of youth marijuana (cannabis) use by 5%</p>		<p><b>Outcome evaluation:</b></p> <p>Increased knowledge of marijuana (cannabis) harms and consequences of youth use</p>		<p>collect Pre/Post-tests;</p> <p>Prevention staff analyze Pre/Post-tests</p>		<p>Collaborative</p>
<p><b>Long Term (by 2023):</b> Reduce by 3% the percentage of 11<sup>th</sup> graders who report that they have “<i>friends whose parents allow youth their age to use marijuana at parties/gatherings in their homes</i>” and “<i>report that a parent/guardian had given them marijuana with permission</i>”</p>	<ul style="list-style-type: none"> <li>California Healthy Kids Survey (CHKS) data on marijuana (cannabis) access from parents at parties or in homes</li> </ul>	<p><b>Process evaluation:</b></p> <p>CHKS survey is administered in Solano schools including Custom Module with parent/home access to marijuana (cannabis) questions</p> <p><b>Outcome evaluation:</b></p> <p>CHKS results</p>	<p>1-CHKS data</p>	<p>Solano County Office of Education and schools administer survey;</p> <p>Prevention Staff analyzes and prepares report</p>	<p>Baseline data in 2016; monitor progress bi-annually via CHKS (2018, 2020, 2022)</p>	<p>Factsheets shared with community groups, organizations, and residents (Years 2018, 2020, 2022)</p> <p>Abstracts/briefings and factsheets shared with Board of Supervisors (Years 2018, 2020, 2022)</p> <p>Annual Report shared with DHCS</p>

## REPORTING EVALUATION RESULTS (DISSEMINATION PLAN)

A dissemination plan is needed to turn collected data into useful, meaningful and accessible information. Evaluation findings will be disseminated to strengthen prevention efforts and share lessons learned with the community and stakeholders. HPCWB prevention staff will ensure evaluation agenda items—such as preliminary and final evaluation results, and eliciting recommendations on how to modify strategies—are placed on the ATOD Prevention Collaborative meeting agenda(s) for review and discussion; recommendations on modifications of strategies will occur prior to contract renewals. HPCWB prevention staff will also plan to provide a cumulative summary presentation (offered in Spanish and English) to the community at the 2 ½ year mark. The following table shows Solano County’s plan to disseminate evaluation findings.

Audience	Abstracts, Briefings, Memos, Highlights (Budget, Program, etc.)	Annual/ Evaluation Reports	Fact Sheets and/or Infographics	Presentations	Town Meetings
Department of Health Care Services (DHCS)		Annual Report: Aug. – Sept. annually			
Board of Supervisors	Significant Issues Memorandum: Feb. – Mar. annually  Annual Report Abstract: Aug. – Sept. annually  Budget Narrative/Highlights: Jan. – Mar. annually		Annually (via e-mail or presentation)		
ATOD Prevention Contractors		Evaluation Report: Aug. (draft for review)	Annually (via e-mail or presentation)		

		biennial			
ATOD Prevention Collaborative		Evaluation Report: Dec. biennial		Bi-annual presentations on program progress (Feb. and Aug.)	
Community Organizations			Annually (via e-mail or presentation)		Annually (if needed)
Solano County Residents			Bi-annually (funded contractors and/or HPCWB prevention staff will outreach at events, VibeSolano website, social media, etc.)	Summary presentations (Jan 2021)	



## SUSTAINABILITY AND CULTURAL COMPETENCE

### Sustainability

- **Analyze collected data:** HPCWB prevention staff and/or the Evaluation Consultant (TBD) will analyze collected data to measure program effectiveness. Analyzed collected data will also inform the need to adjust implementation plans to be responsive to changes and priorities in the community, if needed.
- **Review processes, outcomes, and effectiveness of prevention efforts:** Quarterly contractor reports and monthly review of the Primary Prevention Substance Use Disorder Data Service (PPSDS) data entry will be useful in evaluating process measures that can inform prevention efforts throughout each Fiscal Year. HPCWB prevention staff will also conduct yearly site visits. Effectiveness of prevention efforts will also be monitored when prevention staff updates status on goals and objectives in PPSDS. Findings will be utilized to help improve implementation of policy efforts, education/parent programs, and media campaigns.
- **Develop recommendations to improve quality of prevention effort:** Through quarterly contractor reports, funded providers will report successes and challenges encountered with implementing prevention efforts. HPCWB prevention staff will utilize contractors' success and challenges to develop quarterly recommendations to improve quality of prevention efforts for all sites implementing similar activities and programs. These recommendations will be shared at ATOD prevention contractor meetings and ATOD Prevention Collaborative meetings as appropriate. HPCWB prevention staff will provide technical assistance to funded providers on any necessary modifications.
- **Create an evaluation report:** HPCWB prevention staff will prepare a biennial evaluation report which will include evaluation findings, lessons learned, and countywide data in comparison to statewide data, as the data are available. Evaluation findings will be disseminated to strengthen prevention efforts and to share success stories/lessons learned with the community and stakeholders.

### Cultural Competence

- **Include the community and/or target populations in the evaluation and data collection process:** The community will be included in the evaluation of media campaign messages, and involved with the public intercept surveys. Gathering and incorporating different ideas and perspectives from the community will help to improve prevention efforts. HPCWB prevention staff and funded contractors will develop culturally relevant media messaging that will be field tested by members of the focus population(s). Community focus groups will convene prior to and after the implementation of media campaigns to evaluate effectiveness and reach specific to the focus population(s).
- **Develop performance outcomes to evaluate and monitor health disparities:** HPCWB prevention staff will work with Solano County Office of Education (SCOE) in gathering CHKS data

that is broken down by specific demographics. HPCWB prevention staff will analyze the data to prioritize focus populations, if needed.

- **Report reflecting diversity and cultural relevance:** Through bi-annual program progress presentations, and the 2 ½ year mark presentation, HPCWB prevention staff will report on how cultural competency was integrated into program efforts and the evaluation process.
- **Pilot Solano County Racial Equity Toolkit originally developed by Governments Advancing Racial Equity (GARE), and adapted and updated by the Solano County Advancing Racial Equity Team:** Use of this toolkit (see **Appendix B**) will be piloted when evaluating at least one of the media campaigns related to cannabis, and to other aspects of evaluation as applicable.

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<sup>35</sup> Lander, L., Howsare, J., and Byrne, M. (2013). The Impact of Substance Use Disorders on Families and Children: From Theory to Practice. *Social Work in Public Health*, 28(0), 194–205. <http://doi.org/10.1080/19371918.2013.759005>

<sup>36</sup> California Health Interview Survey (2017). *AskCHIS: Solano County Health Behaviors 2015*. Retrieved from [http://ask.chis.ucla.edu/AskCHIS/tools/\\_layouts/AskChisTool/home.aspx#/results](http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

<sup>37</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) (2017). *Adverse Childhood Experiences (ACEs)*. Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

# KEY INFORMANT INTERVIEW GUIDE

## BACKGROUND

**Purpose:** To collect information from a wide range of people who have first-hand knowledge of what is going on in the community. Interviewees can provide insight on the nature of the problems and give recommendations for solutions.

### Face-to-Face interviews

*Most frequently used, time intensive, provide a free-exchange of ideas, ability to ask more complex questions and get more detailed responses*

When contacting key informants, stress the importance of their input and let them know ahead of time about time commitment. **When scheduling the interview, let your key informant know to block out an hour for the interview.** For example: *“Usually we can complete the interview in 45 minutes, but sometimes people have more to share, so can we plan on an hour to be sure we’re not rushed?”*

It would be ideal to have two people conducting the key informant interviews: one to perform the interview (interviewer) and the other to document the proceedings by taking notes (note taker). It is okay to conduct the interview yourself if you feel comfortable and/or if you cannot find a second person.

### Active Listening

- Maintain a neutral attitude; avoid giving the impression of having strong views on the subject being discussed
- Allow sufficient time for interviewee to respond to each question and to elaborate on answers
- Listen for & note perceptions, ideas, and themes
- Balance taking accurate notes with the need to focus on listening
- Show interest: Nodding, “I see”, “yes”, “That is helpful to know.”

### Main Components of Interview Tool

- **Introduction:**
  - a. Establish the purpose of the interview.
  - b. Explain who is involved, who will benefit, and the scope of the project.
  - c. Explain your role in the process and your credibility as interviewer.
  - d. Explain why you chose them and how they can inform the process.
  - e. Explain how the information will be used and shared after the interview process.
- **Key Questions:** This will be based on the information that you need and on the interviewer’s knowledge and experience.

## KEY INFORMANT INTERVIEW GUIDE

- **Probing Questions:** Encourages interviewee to go further into the topic and/or expands thoughts or feelings about the answer, and/or for clarification. Observing body language, tone of voice, or other non-verbal cues can indicate a need to explore an answer further. If a respondent gives an answer that isn't clear, feel free to ask them to clarify, or even to repeat the answer. For example: *"To be sure I understand, you think opioids are easy to obtain?"*

Examples of probing questions:

- "Could you please tell me more about that?"
  - "Can you give an example?" or "Is there an example?"
  - Anything else?
  - Use the Four W's (What, Why, When, Where) when appropriate
- **Closing Questions:** Provide an opportunity for the interviewee to give any additional information or comments. Also, ask the interviewee for their recommendations or possible solutions (policies, compliance checks, enforcement, etc.) in addressing the problem.  
*(NOTE: if respondents all come up with non-evidence based ideas, this may indicate the need to build capacity around place-based strategies, it does not necessarily indicate the need for educational strategies)*
  - **Summary:** If time permits, quickly summarize the major comments heard throughout the interview. Ask the interviewee if you covered all the major points, and if there is anything else they would like to tell you that you have not asked them. Lastly, make sure to thank them for their time.

### After the Interview

*Best to complete this as soon as the interview is over so the information is fresh in your mind.*

1. Write up final notes on your interview, expanding on any shorthand you may have used. Organize the material in a useful, cohesive, and comprehensible form.
2. Follow-up with a "thank you" and any follow-up questions you may have after reviewing your notes.
3. Compile, analyze, and report your findings from the interview.
  - **Interview summary sheets:** at the end of each interview, prepare a 1-2 page interview summary sheet reducing information into manageable themes, issues, and recommendations. Summary should include: interviewee's position, main points made, implication of observations, and any other insights or ideas the interviewee had.

## KEY INFORMANT INTERVIEW GUIDE

### INTERVIEW SCRIPT

Date:

Start Time:

End Time:

Interviewer:

*Introduction: Hi, my name is \_\_\_\_\_ and I am the Alcohol, Tobacco, and Other Drug Prevention Coordinator for our city/city of \_\_\_\_\_. Thank you for agreeing to meet with me. We made an appointment to talk today. Is this still a good time for an interview?*

*The interview should take approximately 45 minutes to complete, but sometimes people have more to share, so can we plan on an hour minutes. All your responses will be kept confidential—your name will not be used and your answers will be compiled with others so that no one will be able to identify your individual responses.*

*Your participation is entirely voluntary. You can skip any question you do not want to answer, and you can stop the survey at any time.*

*Let me briefly explain the purpose of the interview:*

Because of our desire to reduce substance use among youth, our coalition is invested in the continued efforts of Alcohol, Tobacco, and Other Drugs (ATOD) prevention. Gathering significant and meaningful information from the community will help to inform the County of our community's unique perspective surrounding substance use/abuse, especially in regards to youth. Information will also help to inform our strategies for continued ATOD prevention. Our focus is changing risk factors—such as access to ATOD—in our community that lead to youth substance use by identifying and implementing strategies that will affect community attitudes, perceptions, and behaviors around alcohol and other drugs.

Do you have any questions for me before we begin?      Yes      No  
(Answer any questions and then begin the survey)

Note question (if any): \_\_\_\_\_  
\_\_\_\_\_

1. First, I would like to confirm the information I have about you is correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Participant Sector (Choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> Business (specify type)                | <input type="checkbox"/> Faith-based organization/group                            |
| <input type="checkbox"/> Civic/volunteer group                  | <input type="checkbox"/> Schools   |
| <input type="checkbox"/> Healthcare professional (specify type) | <input type="checkbox"/> Government Agency (state/local/tribal)                    |
| <input type="checkbox"/> Justice/Corrections/Probation          | <input type="checkbox"/> Young adults (ages 18-25)                                 |
| <input type="checkbox"/> Law Enforcement (specify type)         | <input type="checkbox"/> Youth serving organization                                |
| <input type="checkbox"/> Media                                  | <input type="checkbox"/> Parents   |
| <input type="checkbox"/> Youth                                  | <input type="checkbox"/> Other organization that addresses substance use (specify) |



## KEY INFORMANT INTERVIEW GUIDE

### GENERAL QUESTIONS

1. What do you think are the top 3 substance abuse issues among youth in our community?	1. 2. 3.
a. For each, please tell me what you have seen or heard that leads you to believe this. Note: If respondent states a study or data, ask he/she if they could share it after the interview.	1.
	2.
	3.

## KEY INFORMANT INTERVIEW GUIDE

2. We are hearing a lot about an increase in opioid use—prescription pain medications like hydrocodone, Vicodin, OxyContin, fentanyl, codeine, Xanax, etc. Are you aware that some people turn to heroin after developing an addiction to prescription opioids?

YES NO

3. On a scale of 1 to 5, with 1 being “not at all a problem” and 5 being “a very big problem”, how much of a problem do you think opioid use is among youth?

Circle One: 1 2 3 4 5

- a. What have you seen or heard that leads you to believe this?

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- b. What are some factors specific to our community that lead youth to misuse prescription opioids?

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- c. What are some factors specific to our community that lead youth to use heroin?

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- d. How do you think youth get access to these drugs in our community? What sources?

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## KEY INFORMANT INTERVIEW GUIDE

4. Through the County's evaluation support, we've assessed Fairfield's "community readiness". By "community readiness", we look at the entire community to learn how knowledgeable the community is about substance use by our youth, awareness of programs, community leadership on the issue, extent of the problem, and resources available to devote to prevention, including policy and enforcement efforts. According to the Tri-Ethnic Community Readiness Report, our community is at 4.47, the preplanning stage. The preplanning stage is defined as "recognizing we need to address ATOD, having a group or some individuals who are concerned and working on it, but needing more definite direction on our efforts." Why do you think that is?

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- a. In 2009 here in Fairfield, we were at a 4.49, and in 2013 our community was at a 4.86. The survey shows that Fairfield's readiness has decreased for community efforts and resources that focus on substance use, stayed the same for knowledge of efforts, and increased around community climate; readiness in the areas of leadership and ATOD knowledge increased from 2009 to 2013, but decreased in 2015. What do you think happened during that time-period that contributed to a change in our community readiness?

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- b. What do you recommend be done to increase our community readiness?

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## KEY INFORMANT INTERVIEW GUIDE

5. What policies and procedures are you aware of that the schools, city, or other organizations have in place to address youth substance use in our community? (Ex. Zero-tolerance policy regarding substances on school campus)

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- a. How can these policies and practices be improved?

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6. Is there anyone else in our community that you recommend I speak with regarding youth substance use/abuse?

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Do you have any other comments that you would like to add?

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## KEY INFORMANT INTERVIEW GUIDE

### QUESTIONS FOR PROVIDERS (MEDICAL DOCTORS, NURSES, PHARMACISTS, DENTISTS)

1. When adults misuse prescription opioids, how do you think they obtain them?

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2. When youth misuse prescription opioids, how do you think they obtain them?

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3. What are some factors that contribute to prescription drug abuse in this community?

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4. Who are the people most affected by opioid misuse?

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5. How often do you encounter patients who are doctor (or pharmacy) shopping? Can you tell me something about who these patients are in terms of age, gender, etc.?

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## KEY INFORMANT INTERVIEW GUIDE

6. What can be done to prevent abuse by those who have been prescribed opioids?

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Do you have any other comments that you would like to add?

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## Solano County Racial Equity Toolkit

The vision of the Solano Advancing Racial Equity Workgroup is to eliminate racial inequity in our communities. To do this requires ending individual racism, institutional racism and structural racism. Many of us recognize and try to put a stop to explicit racism, but we do not always take time to think through the impact of our programs and program changes on the populations we serve. Sometimes changes we make have inequitable results that we did not intend. The Racial Equity Toolkit lays out a process and a set of questions to guide the development, implementation and evaluation of policies, initiatives, programs and budget issues to address the impacts on racial equity. It is a tool to help us reach our vision of eliminating racial inequity and to help us achieve the best outcomes for the communities that we serve.

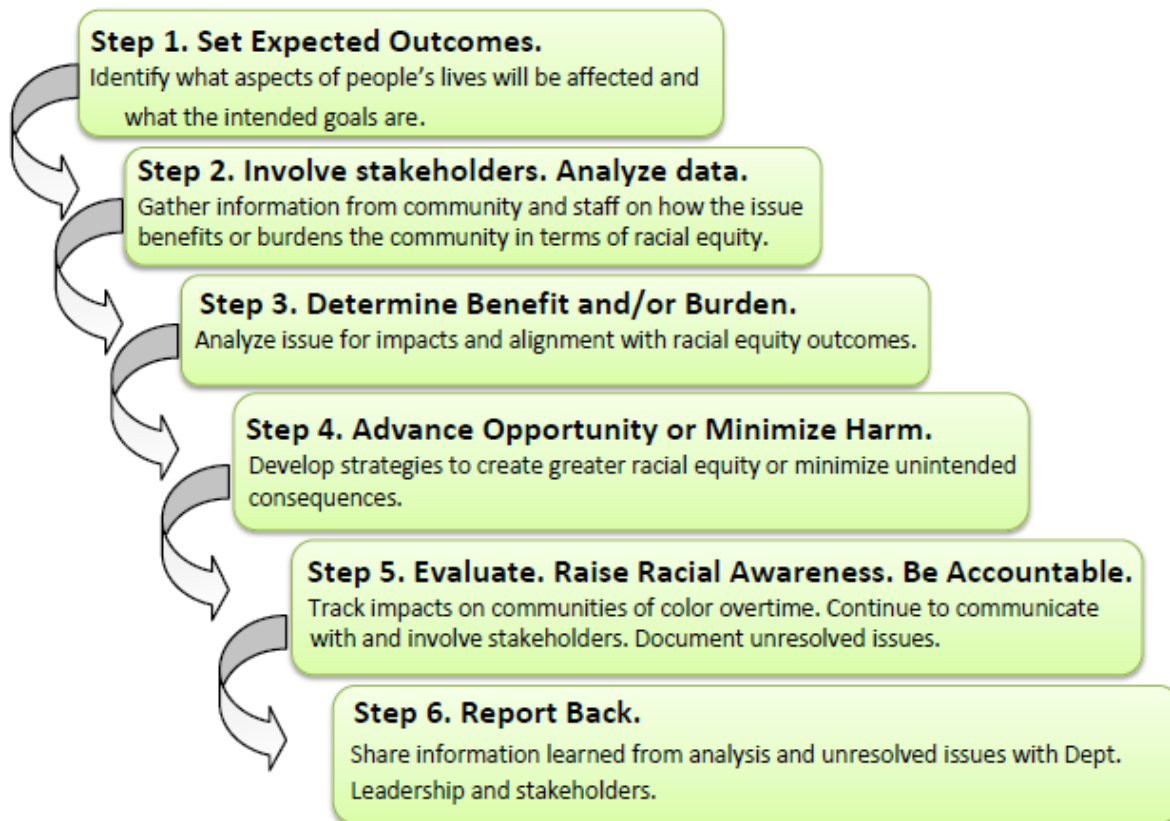
### **When Do I Use This Toolkit?**

**Early.** Apply the toolkit early for alignment with departmental racial equity goals and desired outcomes. The sooner you began using it, the more time you give yourself to gather information that you need and the more time you allow yourself to make modifications and prevent unintended consequences.

### **How Do I Use This Toolkit?**

**With Inclusion.** The analysis should be completed by people with different racial perspectives. Consider including partners and community members when possible.

**Step by Step.** The Racial Equity Toolkit is made up of six steps from beginning to completion:



# Racial Equity Toolkit Assessment Worksheet

Department/Division: \_\_\_\_\_

Team Lead(s): \_\_\_\_\_

Team Members: \_\_\_\_\_

Describe the proposed policy/initiative/program/budget proposal for which this tool is being utilized:

Select One:  Policy  Initiative  Program  Budget Issue

Title: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Step 1. Set Expected Outcomes.

1a. Which equity opportunity areas will be primarily impacted by the above proposal?

\_\_\_\_\_

Are there any other areas that may also be impacted? Some suggestions include:

- |   |   |
|---|---|
| <input type="checkbox"/> Education      | <input type="checkbox"/> Community Development/Engagement |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Criminal Justice                 |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Utilities                        |
| <input type="checkbox"/> Jobs           | <input type="checkbox"/> Economic Development             |
| <input type="checkbox"/> Health         | <input type="checkbox"/> Housing                          |
| <input type="checkbox"/> Environment    | <input type="checkbox"/> Other: _____                     |

1b. What are the intended results in the community, and how will you track if those results are being achieved? (consider both qualitative and quantitative data) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Step 2. Involve stakeholders. Analyze data.**

Now that the outcomes have been identified, consider those who will be directly impacted by the proposal.

2a. What are the racial demographics of the population that will be primarily impacted by the proposal? It may also be relevant to look at other demographics, such as age and socioeconomic status.

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Before making changes, it is good practice to confer with the community that will be most affected by the change and gather their thoughts on the process.

2b. Have you engaged the population from 2a, or stakeholders regarding the proposal?

Yes       No

If yes, what does data and your conversations with stakeholders tell you about existing racial inequities that influence people's lives and affect their ability to benefit from your proposal? \_\_\_\_\_

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If no, which communities/populations/stakeholders should be engaged, and when will you engage them? Be specific about your timeline, and return to this worksheet once the target population has been engaged.

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2c. What are the root causes or factors creating the racial inequities identified in 2b? \_\_\_\_\_

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**Step 3. Determine Benefit and/or Burden.**

Given what you have learned from data and stakeholder involvement...

3. How will the proposal increase or decrease racial equity? What are potential unintended consequences? What benefits may result? Are the impacts aligned with the community outcomes from 1b?

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**Step 4. Advance Opportunity or Minimize Harm.**

4. How will you address the impacts (including unintended consequences) on racial equity? What strategies address immediate impacts? What strategies address root causes of inequity? How will you partner with stakeholders for long-term positive change? If impacts are not aligned with desired community outcomes, how will you re-align your work?

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Program Strategies: \_\_\_\_\_

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Policy Strategies: \_\_\_\_\_

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Partnership Strategies: \_\_\_\_\_

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**Step 5. Evaluate. Raise Racial Awareness. Be Accountable.**

5a. How will you evaluate and be accountable? How will you evaluate and report impacts on racial equity over time? How will you retain stakeholder participation and ensure internal and public accountability? How will you raise awareness about racial inequity related to this issue?

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5b. Is your plan:

- Realistic? Yes No\*
- Adequately funded? Yes No\*
- Adequately resourced with personnel? Yes No\*
- Adequately resourced with mechanisms to ensure successful implementation and enforcement?  
Yes No\*
- Adequately resourced to ensure on-going data collection, public reporting, and community engagement?  
Yes No\*

\*For any 'no' responses above, please detail the plan of action to address the issue(s) in 5c, below.

5c. What is unresolved? What resources/partnerships do you still need?

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**Step 6. Report Back.**

Share analysis and report responses from Q.5a, 5b and 5c with Division Leadership, Community members, and Stakeholders.

## Appendix C: List of Acronyms Used in Document

ACEs	Adverse Childhood Experiences
AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco, and Other Drugs
AUMA	Adult Use of Marijuana Act
AWARE	Advocating for Wellness Adolescent Recovery & Education
BAC	Blood Alcohol Content
BARHII	Bay Area Regional Health Inequities Initiative
BYAC	Benicia Youth Action Coalition
CaOOSD	California Opioid Overdose Surveillance Dashboard
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CDPHE	Colorado Department of Public Health and Environment
CHIS	California Health Interview Survey
CHKS	California Healthy Kids Survey
COPD	Chronic Obstructive Pulmonary Disease
CPI	Community Prevention Initiative
CSAP	Center for Substance Abuse Prevention
CTCP	California Tobacco Control Program
CUP	Conditional Use Permit
DFC	Drug-Free Communities
DHCS	Department of Health Care Services
DUI	Driving Under the Influences
ESD	Electronic Smoking Device
FBP	Fighting Back Partnership
FNL	Friday Night Live
FQHC	Federally Qualified Health Center
HFA	Healthy Families America
HHS	Department of Health and Human Services
HPCWB	Health Promotion and Community Wellness Bureau

HSHC	Healthy Stores for a Healthy Community
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
MIRE	Mobilizing to Impact Retail Environment
MMDS	Medical Marijuana Dispensaries
MSA	Master Settlement Agreement
NIDA	National Institute on Drug Abuse
PPSDS	Primary Prevention Substance Use Disorder Data Service
Pv	Prevention
RBS	Responsible Beverage Service/Server
RFP	Request for Proposals
RFQ	Request for Qualifications
RRC	Reducing Rates Coalition
SAPT	Substance Abuse Prevention and Treatment
SAMHSA	Substance Abuse and Mental Health Services Administration
SCOE	Solano County Office of Education
SHO	Social Host Ordinance
SPF	Strategic Prevention Framework
SPP	Strategic Prevention Plan
TA	Technical Assistance
TEC	Tobacco Education Coalition
TECRS	Tri-Ethnic Community Readiness Survey
THC	Tetrahydrocannabinol
TPEP	Tobacco Prevention and Education Program
TRL	Tobacco Retail License
VCCC	Vallejo Community Change Coalition