



**Madera County
Substance Use Disorder Strategic
Prevention Plan
July 1, 2020 – June 30, 2025**

Madera County Behavioral Health Services

P.O. Box 1288
Madera, CA 93639
(559) 673-3508

Dennis P. Koch, MPA
Director
Dennis.koch@maderacounty.com



TABLE OF CONTENTS

Acknowledgements _____	3
Guiding Principles _____	4
Introduction _____	5
County Overview _____	7
Prior SPP Overview _____	15
Step 1: Assessment _____	18
Consumption _____	19
Contributing Factors _____	25
Consequences _____	30
Data Assessment Summary _____	35
Capacity Data _____	40
Step 2: Capacity Building _____	46
Capacity Building Plan _____	47
Step 3: Planning _____	53
Logic Models _____	55
Step 4: Implementation _____	60
Step 5: Evaluation _____	70
References _____	77



ACKNOWLEDGEMENTS

It is with supportive partnerships that Madera County Behavioral Health Services (MCBHS) continues its efforts in addressing substance abuse within the County. MCBHS would like to extend a special thank you to the various instrumental partners throughout the County such as community organizations, governing leadership, and Behavioral Health Services staff.

Madera Community Agencies and Coalitions:

Turning Point of Central California
California Health Collaborative
Kings View Behavioral Health Services
Madera County Trauma-Informed and Resilience Building Coalition
Madera County Maternal Wellness Coalition

Madera County Board of Supervisors:

District 1 - Brett Frazier, District 2 - David Rogers, District 3 - Robert L Poythress
District 4 - Max Rodriguez, District 5 - Tom Wheeler

Behavioral Health Services (BHS) staff member contributors:

Dennis P. Koch, MPA, Director
Annette Presley, LCSW, Division Manager
Maria F. Torres, Program Supervisor
Sylvia Romero, Health Education Coordinator

Department of Health Care Services

Catherine Ellis, Substance Use Disorder Prevention Program Analyst
Stephanie Khoury, Substance Use Disorder Prevention Program Analyst

Center for Applied Resource Solutions

Ken Einhaus, Project Manager
Amanda Montgomery, Consultant



MADERA COUNTY BEHAVIORAL HEALTH SERVICES GUIDING PRINCIPLES

VISION STATEMENT

We envision a world where all persons with addictions and mental illness can achieve recovery and can live with dignity and respect as valued members of their families and communities.

MISSION STATEMENT

To promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities we serve by providing accessible, caring, and culturally competent services.

“To promote the prevention of and recovery from mental illness and substance abuse...”

CORE VALUES

We, the employees of Madera County Behavioral Health Services, value:

- The promotion of wellness and recovery.
- The integrity of individual and organizational actions.
- The dignity, worth, and diversity of all people.
- The importance of human relationships.
- The contribution of each employee.



INTRODUCTION

Madera County Behavioral Health Services (MCBHS) provides a continuum of services to children, youth, adults, and their families. MCBHS offers a variety of outpatient prevention and treatment programs for mental health and substance abuse issues. As part of the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant awarded to California Counties, including Madera County, twenty percent of the allocation must be used to provide primary prevention services. MCBHS is committed to implementing services that adhere to these standards, as well as incorporating the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) as a tool to aid in administering current and future prevention programs.

The SPF is a comprehensive guide to assist SUD Prevention Programs (SUDPP) as they provide practices and services to their respective communities. It consists of five steps and two guiding principles that allow prevention professionals to incorporate thorough and effective principles.



The five steps to the SPF process:	
Step 1- Needs Assessment	Identify needs through the collection of data, determine available resources, and assess for community readiness
Step 2- Capacity Building	Mobilize human, structural and financial resources to establish a prevention system
Step 3- Planning	Develop a strategic plan that includes prioritizing needs and is logical and data-driven
Step 4- Implementation	Deliver the prevention interventions selected in the Plan
Step 5- Evaluation	Systematic data collection and analysis that measures the process, impact and outcomes of the programs and services provided

The SPF process must also incorporate two guiding principles throughout all five steps, cultural competence and sustainability. Primary prevention services and programs must be able to effectively communicate with diverse populations and involve cultural knowledge and ongoing skill development. The process should also involve sustaining such prevention efforts that are incorporated and strengthened through partnerships and embedded in established practices.

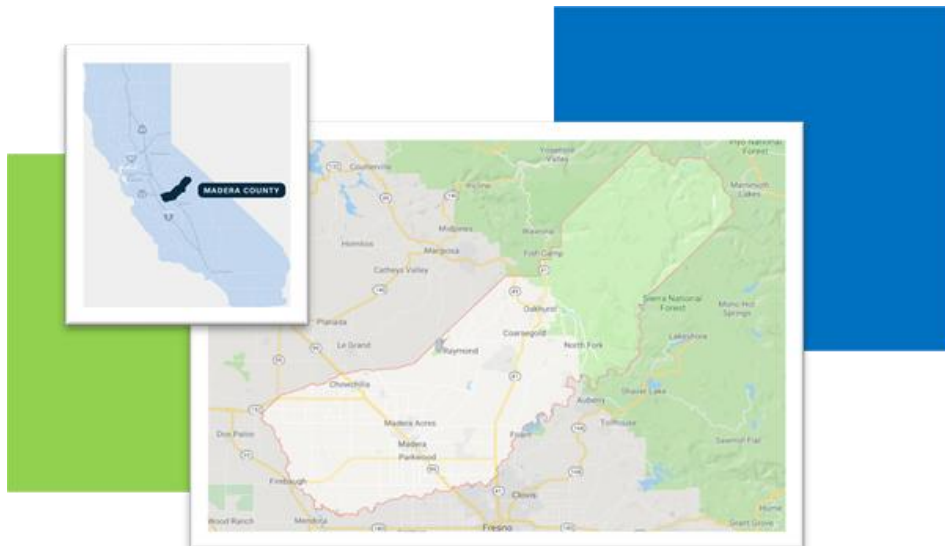


COUNTY OVERVIEW

GEOGRAPHIC PROFILE

Madera County officially became a County of the State of California on May 16, 1893. Nestled in the heart of California’s San Joaquin Valley, in the exact geographic center of the State, Madera County covers 2,136.5 square miles and is California’s 24th-largest County by area. Madera County is bordered by Fresno County to the south, Mariposa County to the north, Merced County to the northwest, and Mono County to the east.

Madera County is comprised of two cities, City of Chowchilla and City of Madera, the latter being the County seat. Both cities are located in the Central Valley floor and lie along Highway 99, the main freeway connecting northern and southern California. Most unincorporated communities are located in the foothill areas of the Sierra National Forest. The larger communities include Coarsegold, North Fork, and Oakhurst.





Madera County's significant differences in geographic details within the populated areas pose a challenge when providing substance abuse prevention services. The Centers for Disease Control's Social Determinants of Health (SDOH) are conditions where people live, learn, work, and play that affect a wide range of health risks and outcomes. Examples of social and physical determinants of health can include the neighborhood one lives in, access to quality health care, availability of recreational areas, economic stability, and many more. Madera County's rural communities experience SDOH that increase adversity and a propensity for SUD issues.

One such SDOH that poses a challenge is the physical distance and round-trip travel time it takes to get between communities. This creates a barrier for both the community members, especially those with little to no access to public transportation services, as well as for the very limited SUD prevention staff. According to the Madera County Connection, a fixed-route commuter transit service, those living in North Fork would take approximately two hours and twenty minutes, for a forty-one mile trip to travel into the City of Madera, severely limiting their availability to community services and resources, including SUD prevention. To further press the issue, only 33% of people residing in Madera County live within a half a mile of a park, compared to 65% for Californians on average. This not only demonstrates the sparseness of Madera County, but it further contributes to increased challenges, including limiting access to protective factors such as recreational areas and social meeting places.

The rural nature of Madera County also contributes to the dispersing of resources out of the County, with respect to the residents of these outlying communities, for instance, the City of Chowchilla, which is located roughly half way between the cities of Madera, to the south, and Merced, to the north. This is important to note, since the City of Merced is a larger city, compared to the City of Madera, offering patrons more options for shopping, dining and entertainment. This is also true for the mountain communities of North Fork, Coarsegold and Oakhurst with respect to Fresno. For many residing in these communities, the ability to travel the same distance and access many more options is

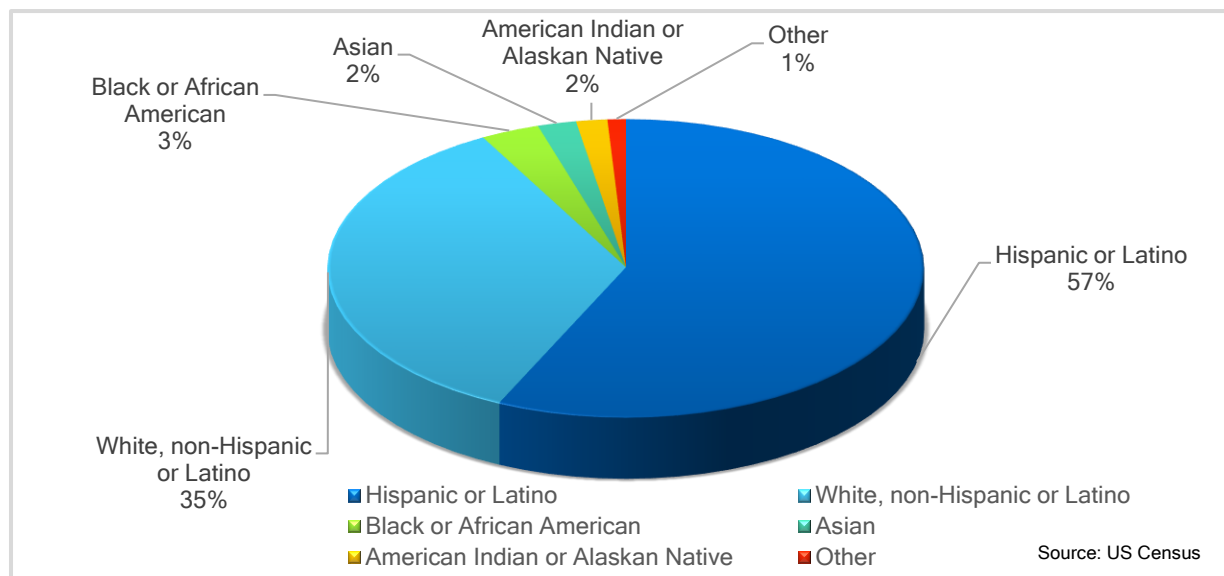


an easy choice, and therefore their resources, finances, and influence are taken outside of Madera County. Consequently, providing SUD prevention services becomes a greater effort to communities that may not identify with Madera County services and are less likely to allow for such services to penetrate.



DEMOGRAPHIC PROFILE

The United States Census Bureau estimates that in 2017, Madera County had a population of 154,440. The race and ethnic make-up range in diversity. Madera County’s largest group is Hispanic or Latinos at 56.9% of the population, followed by White, non-Hispanic or Latino at 35.1%, Black or African America at 3.2%, Asian at 2.1%, American Indian or Alaskan Native at 1.7%, and all others at 1%. Diversity also expands to the languages spoken by Madera County residents, 45.5% speak a language other than English at home, including Spanish, 42.4%, Indo-European languages, 1.4%, Asian and Pacific Islander languages, 1%, and others, 0.7%.



Persons residing in Madera County average younger than that of the overall California average. In Madera County, persons under the age of 5 account for 7.6% of the population and a total of 27.5% are under the age of 18, compared with 6.2% and 22.7% respectively, for the State of California. Madera County also accounts for a higher rate of female persons with a total percentage of 51.8, when compared to the rates seen throughout California, at 50.3%. These statistics are meaningful when looking at SUD



Prevention, since ethnic minorities, women and children are more likely than non-minority groups to experience poverty. As one of the strongest SDOH, poverty creates added risk factors that increase the risks of alcohol and other drug (AOD) use throughout their lifetime.

The diverse race and ethnic make-up also offer some unique challenges when providing SUD prevention services. Even though the percent of Hispanic or Latinos is 56.9, it does not account for the diversity within that group. One of the largest subgroups within that population are those from Oaxaca, Mexico, an indigenous population, many speaking only their native language. Adding to that challenge is the detail that they may not know how to read in any language. El Centro Binacional Para El Desarrollo Indigena Oaxaqueño (CBDIO), a community agency that works primarily with persons from Oaxaca, states that significant challenges are generally experienced when working with this population. Verbal and print communication is the greatest barrier when administering services, but this population also has other significant risk factors such as social isolation, higher rates of alcohol use, and higher rates of poverty. In addition, this population is hard to penetrate for fear of government intervention, incarceration, or deportation. Evidently, further assessment would be beneficial in order to grasp a better understanding of needs within this population along with the best culturally competent practices to administer outreach services.



ECONOMIC PROFILE

According to the Madera County Economic Development Commission the largest industry employing the largest number of persons is Government. Government jobs account for 24% of the County's workforce. One contributing factor to the high percentage of government employment is the location of two state prisons outside of the City of Chowchilla, with a total of 2,300 employees. Second to Government is Madera County's rich agriculture, sustaining a billion dollar plus industry. The Madera County Farm Bureau states that the top three commodities are almonds, milk and grapes (table, wine and raisin). In addition to these top crops, Madera County also accounts for the number one production of figs throughout the country as well as the number four in both raisin grape and pistachio production. Manufacturing jobs are also prominent, housing over 100 manufacturing and processing plants in the Madera County area. Major production concentrations are wine, dairy products, glass bottles, cardboard boxes, fiberglass insulation, food processing equipment, air cooling units, and plastic.

Despite the bountiful agricultural and manufacturing occupations, the Employment Development Department of the State of California affirms that Madera County has a much higher unemployment rate, 7.0%, compared to 4.2% for the State and 3.7% for the National rate. Unfortunately, it also accounts for lower average wages. The median household income for Madera County is \$48,210 compared to California's median of \$67,169. This contributes to the inflated percentage of persons living in poverty, 21.2% versus 13.3 % throughout the State.

As a result of elevated levels of poverty and unemployment, risk factors for many health disparities, including SUD issues, also increase. As stated prior, poverty can contribute to a wide range of challenges and added risk factors. Since Madera County's primary economic commerce is agriculture and manufacturing, sectors that may require unskilled labor with little to no benefits or health care and little to no upward mobility in career advancement and wages, residents are exposed to an increased dose of physical and social elements that can lead to substance abuse.



EDUCATION PROFILE

Madera County consists of nine K-12 school districts as well as schools run by the Madera County Superintendent of Schools. The county includes six high schools, with one under construction, more than 40 public elementary schools (including middle schools) and 35 parochial and private schools. There are also Community College Centers in Madera and Oakhurst, entities of the larger State Center Community College District, which also includes campuses in Fresno, Reedley, and Clovis. Persons interested in advancing their education can also access California State University, Fresno and the University of California, Merced, which are both within commuting distance from Madera County.

Despite access to proficient education sources throughout the San Joaquin Valley, students are not achieving the same levels of education as other California students. The California Department of Education shows that only 30.9% Madera County high school graduates meet or exceed the requirements for a California State University (CSU) or University of California (UC), compared to 45.4% for the State average. Consequently, only 15.3% of Madera County residents have a Bachelor's Degree or higher, compared to California's 32.6%. Lowered learning achievement rates and lowered educational attainment affects students in various aspects of their lives including the current and future use of AOD. As past measures, MCBHS SUDPP has partnered with local school districts in order to provide prevention education. This is a strong collaboration that is planned to continue into the future.



**Madera Community
College Center**
Image by: www.ivndz.com



In summary, Madera County's rural nature; ethnic, gender, and age demographics; agriculture-based economics; and limited educational attainment pose a significant challenge when planning SUD prevention services throughout the various communities. Coupled with the limited resources available to address primary substance use prevention, these SDOH contribute to an increase in disparaging outcomes, including physical and social risks such as poverty and isolation. Unfortunately, the majority of community agencies and resources are located in the City of Madera. This is true for MCBHS SUDPP and, due to the scarcity of residents in the outlying communities, prevention services are generally more challenging to schedule, plan, and attend. The question then becomes what, where, and who are the priority for allocating the limited services available.



PRIOR SPP OVERVIEW

The overall goal for the Madera County Strategic Plan for Prevention (MCSPP) of Substance Abuse for July 1, 2015 through June 30, 2020 is to decrease underage drinking rates within Madera County youth. Madera County has been able to implement objectives and strategies in order to accomplish positive change in attaining this goal. Objectives include increasing the view that alcohol is harmful and to reduce the overall use of alcohol among Madera County youth. A third objective targets parents in order to increase substance abuse awareness and information throughout the County.

ACHIEVEMENTS

MCBHS SUDPP has had notable achievements when providing services. Strategies like education, community-based process and information dissemination have drastically increased under the MCSPP 2015-2020. Educational Presentations and outreach events expanded to the youth population due to the increased partnerships and collaboration with school districts and other community agencies that work with youth like Kings View's Skills for Success Program and Madera County Superintendent of Schools (prior Madera County Office of Education). This includes extending services to school districts that had not received outreach in the past, especially those in outlying communities, such as Bass Lake Joint Union, Chawanakee Joint Union, and Alview-Dairyland Union School Districts. Partnerships were also established that increased services to parent groups such as Madera County Regional Head Start, Migrant Head Start and Madera Access Point (working with CalWORKs recipients), the Parent University in Madera County First 5 Program and the Madera County Superintendent of School's Foster Parent Program. These partnerships allowed for SUD Prevention staff to regularly bring educational



presentations to parents directly, especially those in the lower socio- economic brackets.

Further achievements were also attained when it came to addressing the need to build capacity. MCBHS SUDPP has been able to partner with other like-service agencies in order to collaborate in preventative measures. A small group of behavioral health prevention providers that includes the MCBHS SUDPP, Mental Health Services Act Prevention and Early Intervention Program (MCBHS MHSA PEI), Kings View Community Services, California Health Collaborative, and Turning Point of Central California, have gathered to create a working collaborative team called the Trauma-Informed and Resilience-Building Coalition. This team has been able to combine resources in attempts to prevent mental health and substance abuse issues within the community through educational presentations and family engaging events. The Coalition meets monthly but is in regular communication as events are being planned throughout the year.

LESSONS LEARNED

The most significant challenge for MCBHS SUDPP is the lack of staff to perform all the tasks needed in order to achieve the desired objectives. Even though there has been an increase in outreach demands by community agencies and schools, there is not enough permanent staff to build partnerships in order to provide the services that are needed. Throughout the previous SPP, MCBHS SUDPP has looked into staffing Interns and Community Volunteers, but staff in these positions are transitional and proceed to full time positions elsewhere. Having to procure and retrain staff in primary SUD prevention is timely and takes away from performing direct community services. This has been a difficult lesson to learn. It is imperative that an assessment of potential staff pools be conducted in order to find adequate candidates and retain promising talent. Perhaps looking into ways to create positions that that may require a longer commitment, more experience, and increased incentives to stay. In addition, MCBHS SUDPP plans to



strengthen the working collaborative with the MCBHS MHSA PEI Program in order to combine resources and stretch the funding allocations that can contribute to an expansion in staff.

The other most valued lesson that has been learned from the previous SPP is that the process of primary prevention is a long-term investment. For small counties, such as Madera, building relationships is key to establishing meaningful services. Community agencies especially those working with youth, need to know that the services provided have a quality standard and that there will be significant follow-through when implementing such programs. It is paramount that MCBHS SUDPP establish these relationships in order to gain the trust and access to high-risk populations that would benefit the most from quality services in order to prevent substance use disorders in our community. As mentioned previously, the limited number of staff restricts the capacity to network, which in turn creates a much longer process. MCBHS SUDPP will continue investing in building new and sustaining continuous relationships with the knowledge that each one is unique and needs to be cultivated with the valuable concepts of cultural and linguistic competence.



STEP 1: ASSESSMENT

ASSESSMENT PROCESS

A needs assessment was completed in order to help address the “4 C’s of Prevention Data: Consumption, Contributing Factors, Consequences, and Capacity Data”. The initial process began with the gathering and analyzing of data available. Due to limited up-to-date sources focusing on Madera County, the most substantial analyzing tool became the County Indicator Toolkits funded by the California Department of Health Care Services. These data resources were reviewed, foundational elements were established, and priority areas in SUD prevention were identified. In addition to the valuable quantitative resources provided, a youth survey was conducted and used as a tool to supplement the gaps created by the absence of yearly and countywide data sources, such as the California Healthy Kids Survey. The needs assessment also included the identification of risk and protective factors, as well as assessing resource and community readiness in order to complete the larger picture and narrow down the focus for Madera County’s SUD Strategic Prevention Plan 2020-2025. The summarized findings of the data have been and will continue to be presented at key stakeholder meetings throughout the County, encouraging input from collaborating agencies and general community members. Stakeholders were also instrumental in providing input with regards to Community Readiness.

Key data sources include:

Indicators of Alcohol and Other Drug Consumption in California Counties

Indicators of Alcohol and Other Drug Contributing Factors in California Counties

Indicators of Alcohol and Other Drug Consequences in California Counties

California Healthy Kids Survey

Kidsdata.org, Retrieved August 2019

California Department of Education. Data Quest, Madera County Report, retrieved August 2019



National Survey of Drug Use and Health (NSDUH), 2010-2014

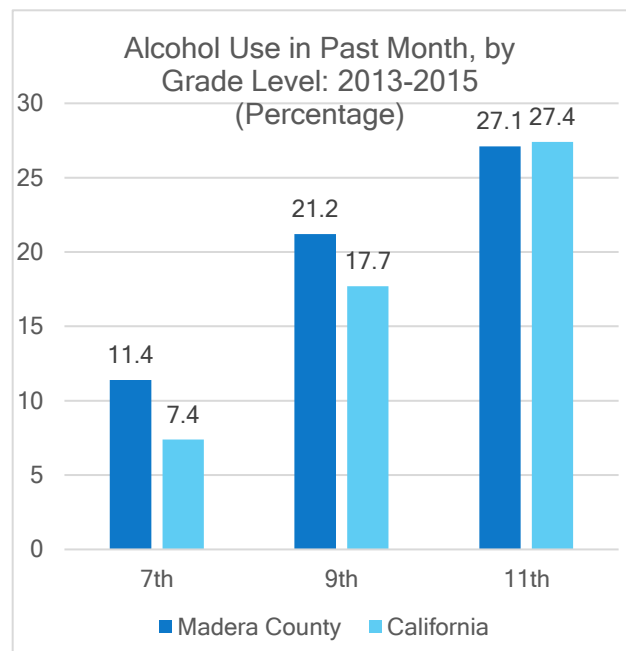
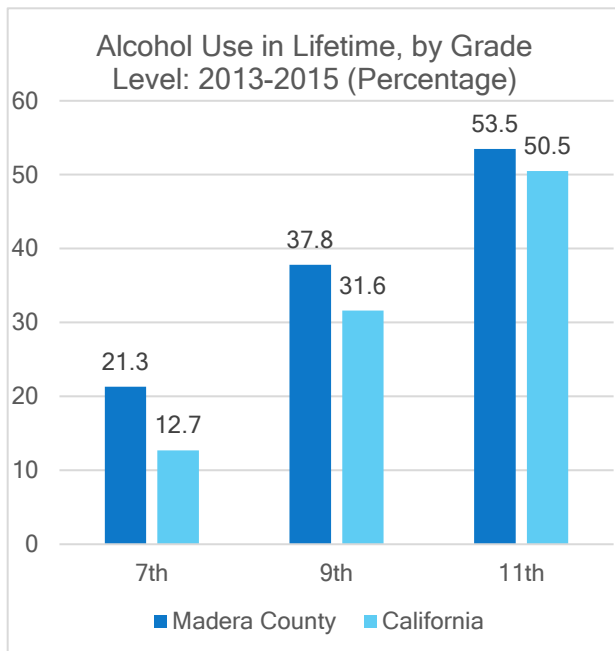
SUD Madera County Youth Survey 2019

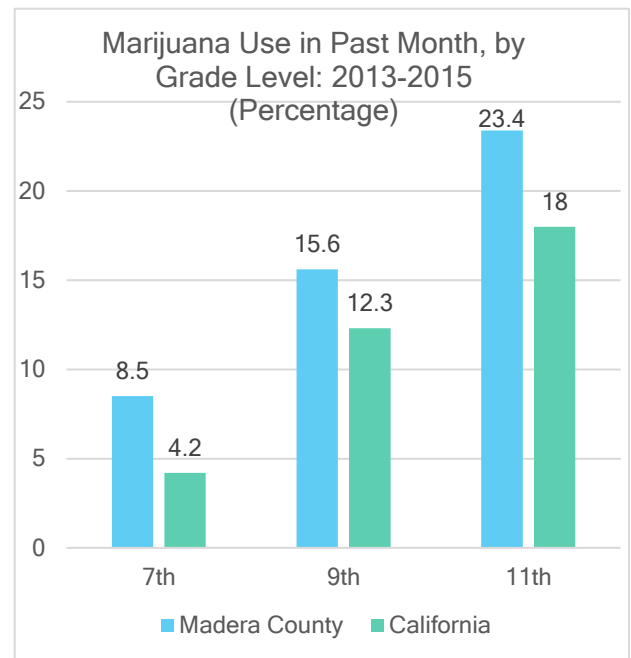
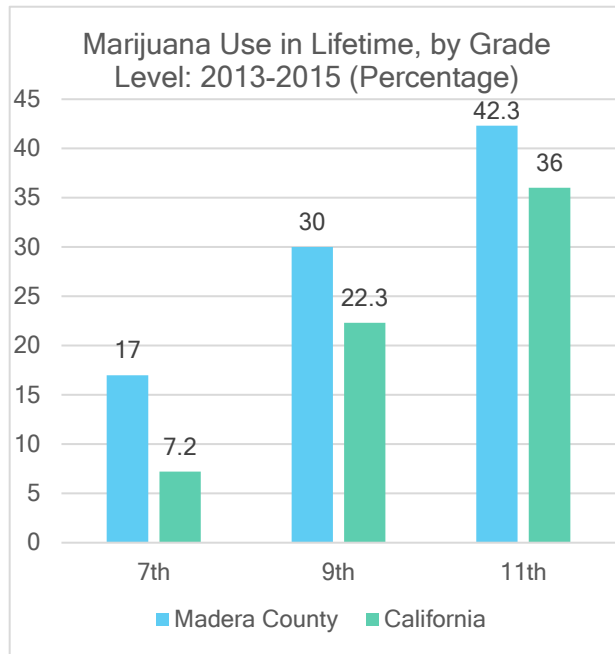
CONSUMPTION

California Healthy Kids Survey (kidsdata.org)

Prevalence of youth alcohol and marijuana use in Madera County, (Alcohol and Drug Use, by grade level, 2013-15):

- 21.3% of 7th graders, 37.8% of 9th graders, and 53.5% of 11th graders have reported alcohol use in their lifetime.
- 11.4% of 7th graders, 21.2% of 9th graders, and 27.1% of 11th graders have reported having at least one drink in the past month.
- 17% of 7th graders, 30% of 9th graders, and 42.3% of 11th graders have reported having used marijuana in their lifetime.
- 8.5% of 7th graders, 15.6% of 9th graders, and 23.4% of 11th graders have reported having smoked marijuana in the past month.
- Madera County youth are using alcohol and cannabis/marijuana at rates higher than the State rate.





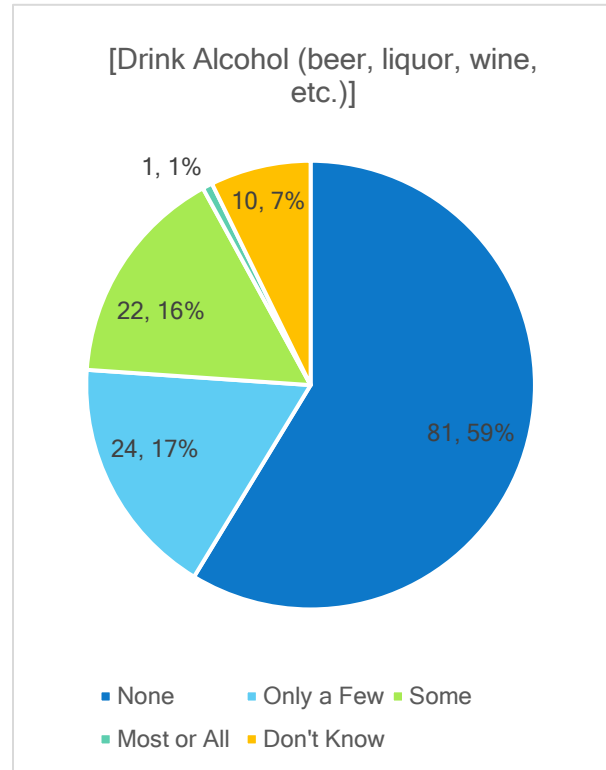
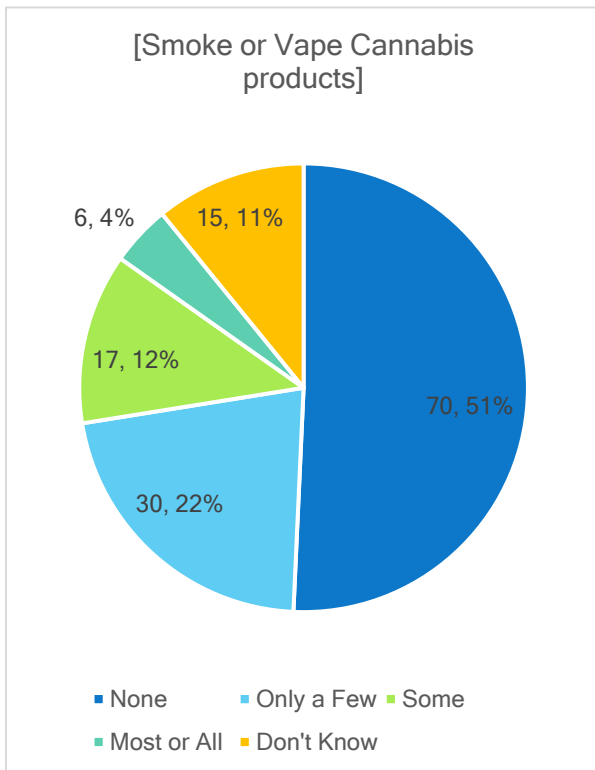
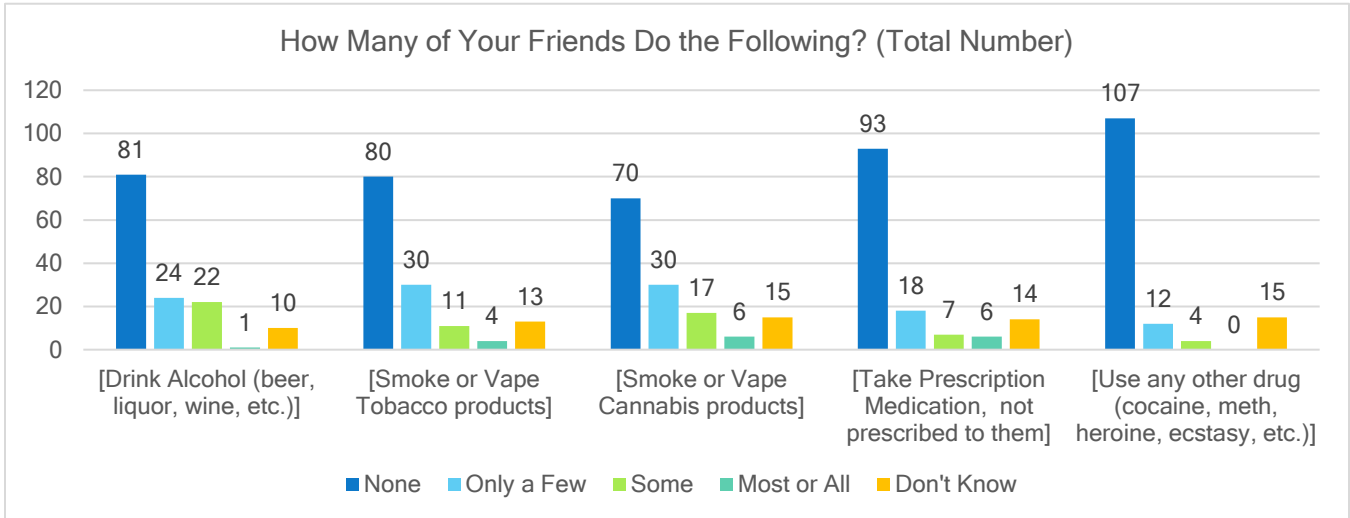
SUD Madera County Youth Survey 2019

As a qualitative measure and to more accurately reflect current local data, the SUD Madera County Youth Survey 2019 (SUD MCYS) was utilized. It incorporated questions that complimented the “4 C’s of Data.” It also took into account age-appropriateness and overall relevance to the subject matter. It was conducted during a two-month period and targeted high school students throughout Madera County. The SUD MCYS was administered in collaboration with Madera Unified, Chowchilla Union High, Yosemite Unified, and Golden Valley Unified School Districts, in which they allowed access to students and provided a space for MCBHS SUDPP staff to conduct the surveys. In addition, Turning Point of Central California, a key collaborative partnering agency, provided additional technical devices to be used for the online survey. A total of 138 surveys were completed at five high schools throughout the County: Madera South High, Madera High, Chowchilla Union High, Yosemite High, and Liberty High Schools.



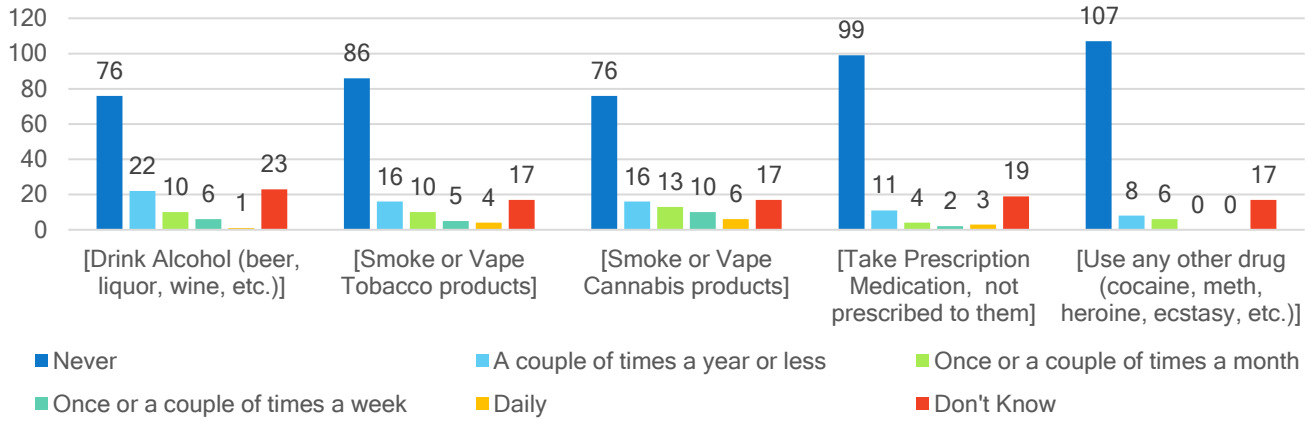
Key Findings

- Reiterated from prior data, the top two substances used by Madera County youth are alcohol and cannabis/marijuana.
- Madera County youth use alcohol and cannabis/marijuana at higher rates than California youth in general.
- Based on the SUD MCYS,
 - The top substance usage is cannabis, with 38% of youth surveyed answering that their friends smoke/vape cannabis products, 34% said alcohol
 - 17% of youth reported that their friends smoke/vape cannabis once or a couple of times a month or once or a couple of times a week, compared to 12% that use alcohol
 - 4% of youth surveyed stated that their friends smoke/vape cannabis products daily
 - Youth report that the substance that is most easily attainable, “somewhat or very easy”, is cannabis/marijuana

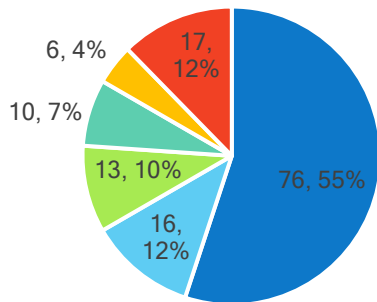




How Often Do Your Friends Do the Following?...

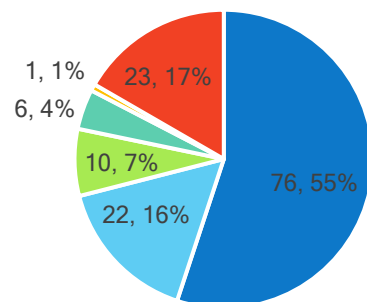


[Smoke or Vape Cannabis products]

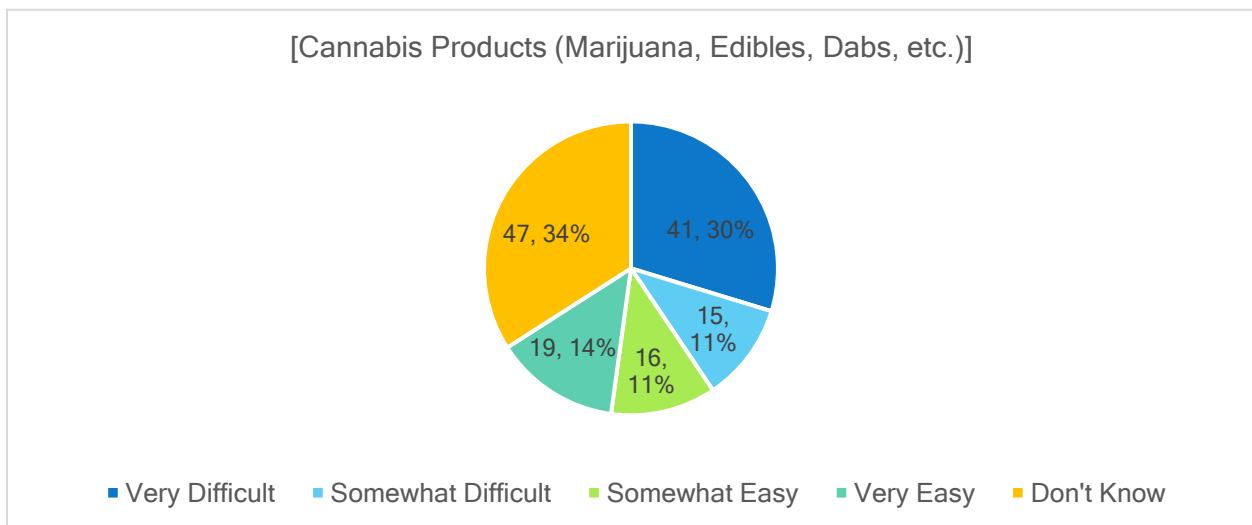
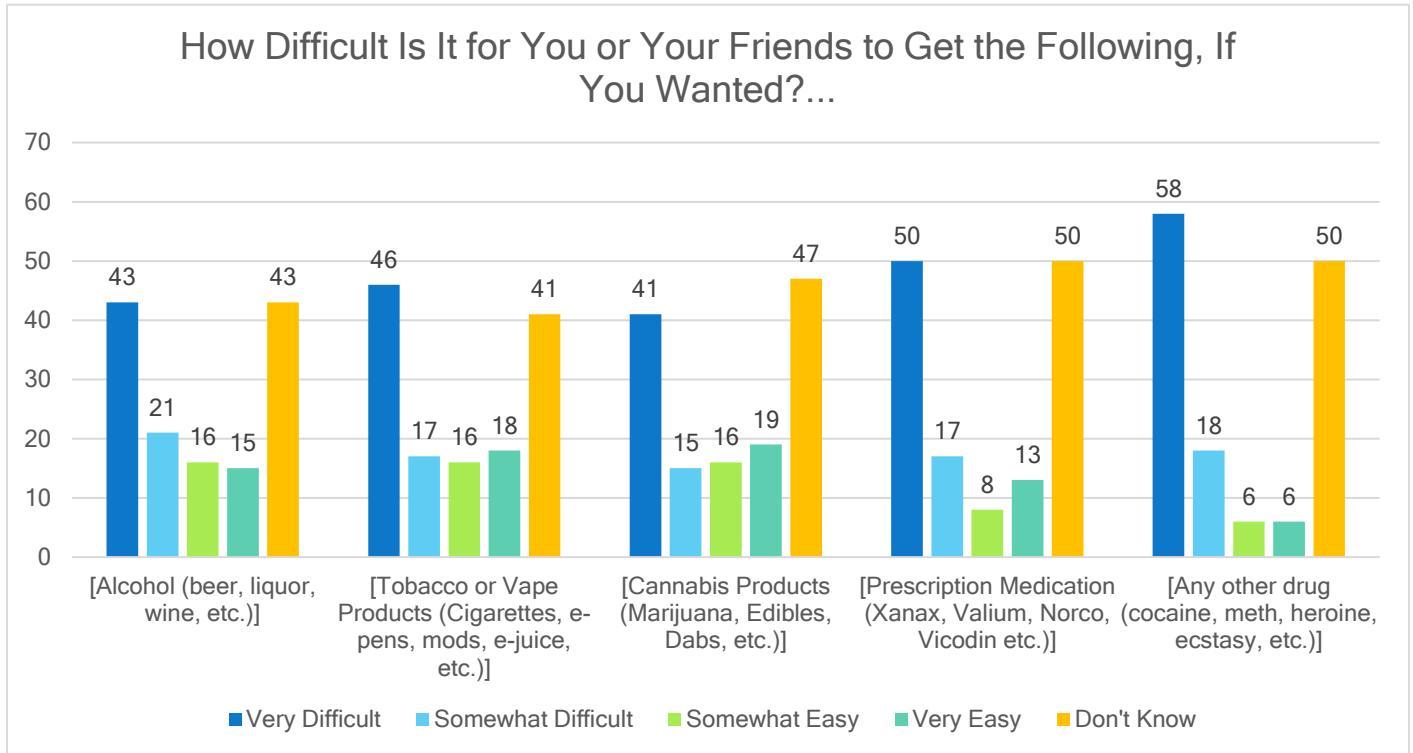


- Never
- A couple of times a year or less
- Once or a couple of times a month
- Once or a couple of times a week
- Daily
- Don't Know

[Drink Alcohol (beer, liquor, wine, etc.)]



- Never
- A couple of times a year or less
- Once or a couple of times a month
- Once or a couple of times a week
- Daily
- Don't Know



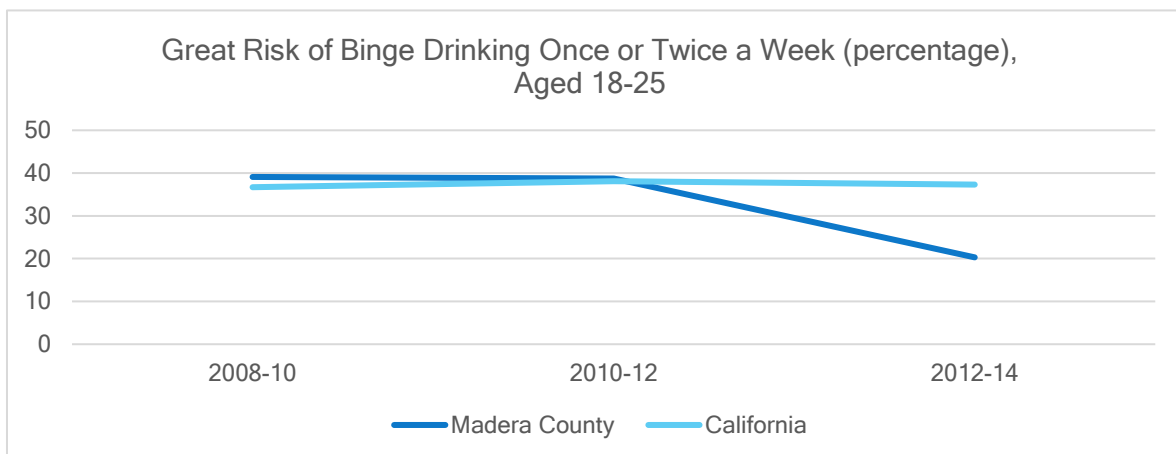
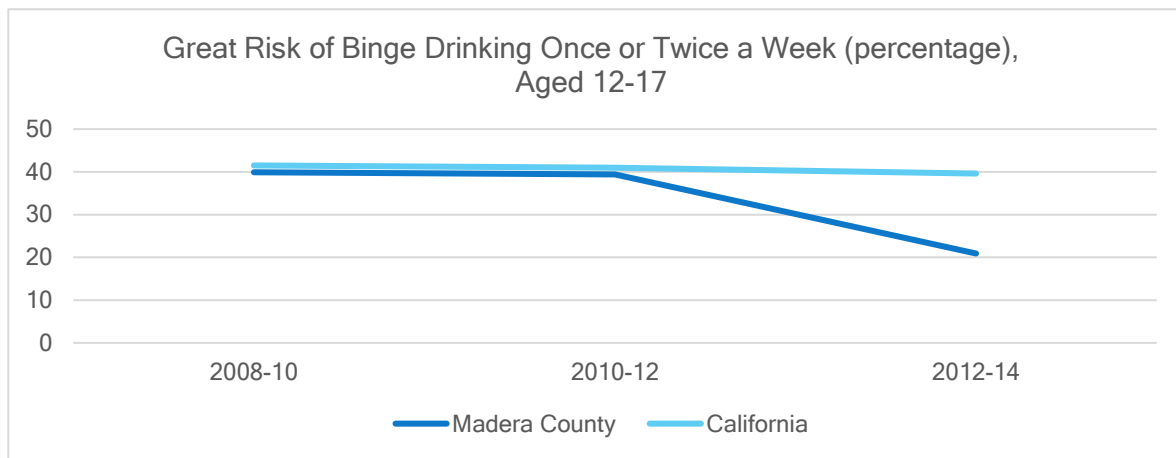


CONTRIBUTING FACTORS

Across Madera County there are several factors that become significant to the use of alcohol and other drugs, including accepting attitudes towards use, mental health issues and family conflict.

Accepting Attitudes Toward Use

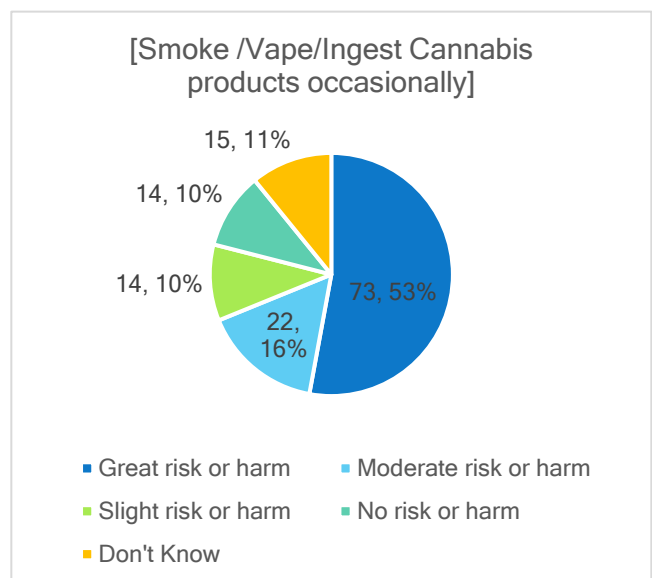
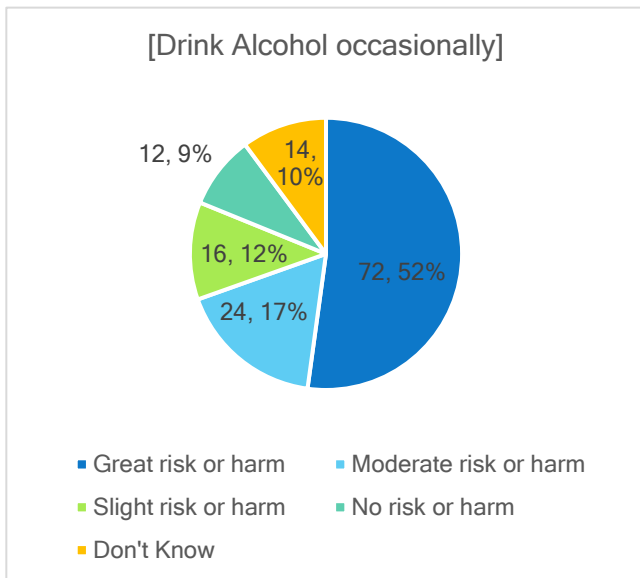
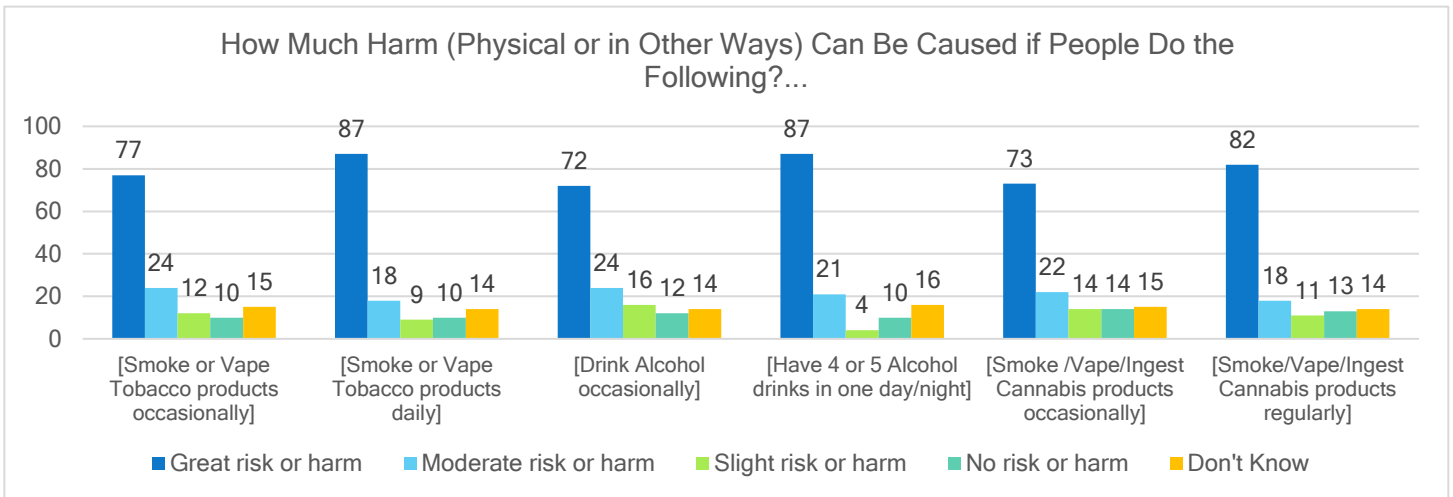
According to the NSDUH, disapproving attitudes towards the use of alcohol or binge drinking fall below the California rates. The following charts demonstrate the percentage of youth that perceive the use (once or twice a week) of alcohol as a great risk. It is also important to note that there has been a 19% decline compared to the previous two year recording period, with respect to attitudes towards alcohol. Similar findings were also noted with respect to transitional aged youth 18 to 25.





SUD Madera Youth Survey 2019

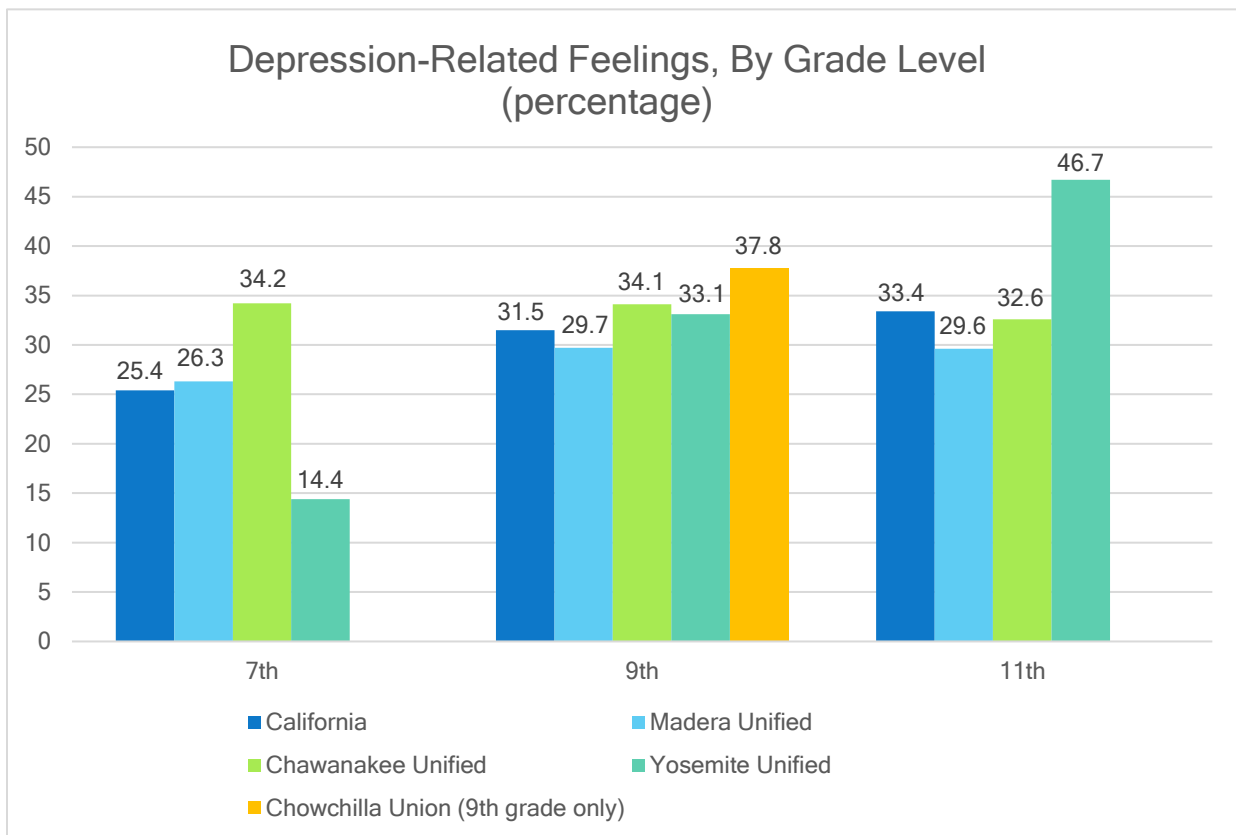
Even though responses from the survey were more favorable with respect to a higher percentage of youth answering “great harm”, results indicated that the lower rated substances were alcohol and cannabis/marijuana. A more favorable view of use for these substances correlates with higher rates of use, which is what the data has shown within Madera County.

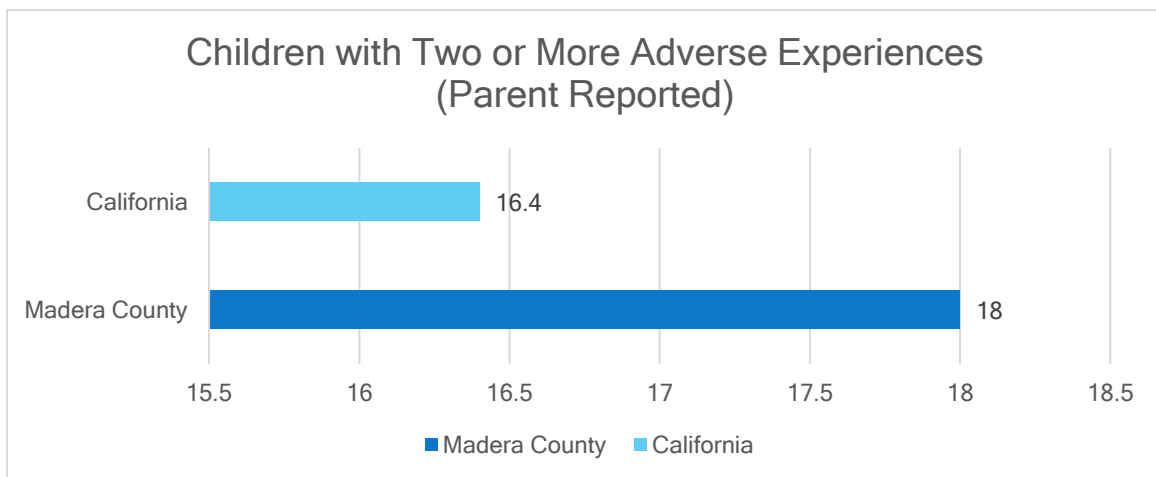
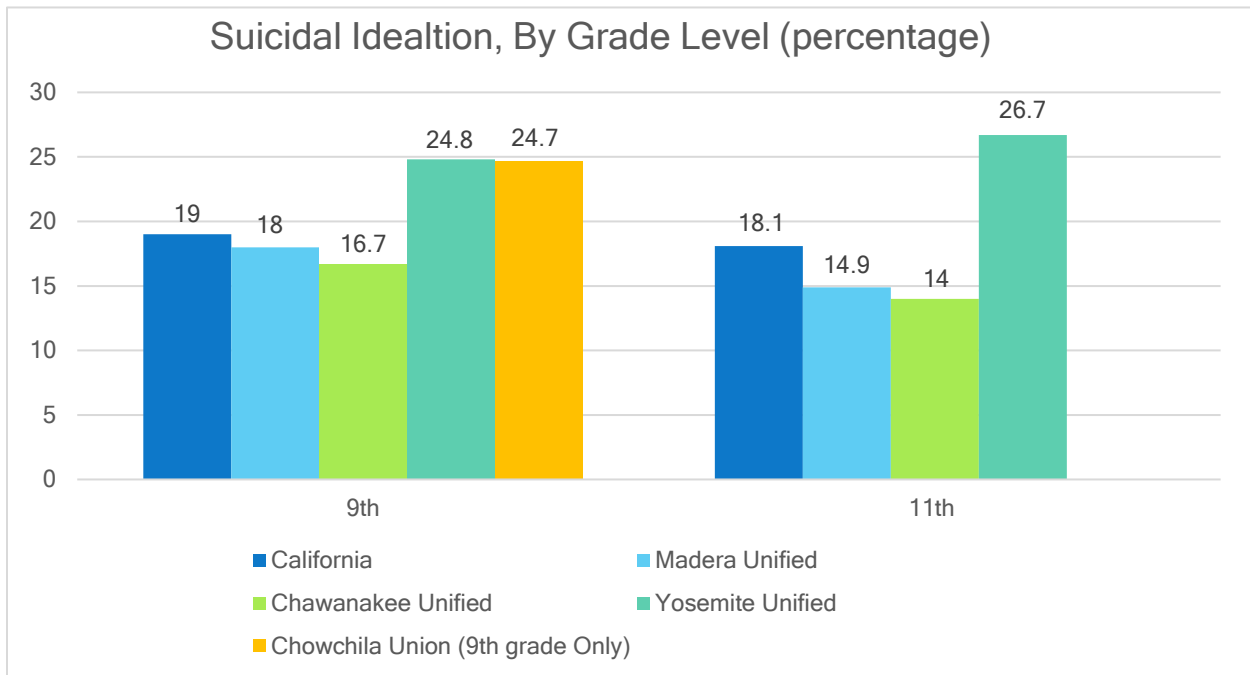




Mental Health Issues

A key factor that is significant when looking at contributing factors to substance abuse is that of mental health issues among the youth in Madera County. According to Kids Data, when depression-related feelings, by grade level, are broken down to the corresponding School Districts, the rates for the outline areas have higher rates than that of California and Madera Unified School District rates. Rates for the Chowchilla Union School District were entered for only the 9th grade. Such findings are similar when rates of suicidal ideations are analyzed. Due to increased numbers of mental health issues, it coincides that the rates of children experiencing two or more adverse childhood experiences are pointedly higher than that of California rates.

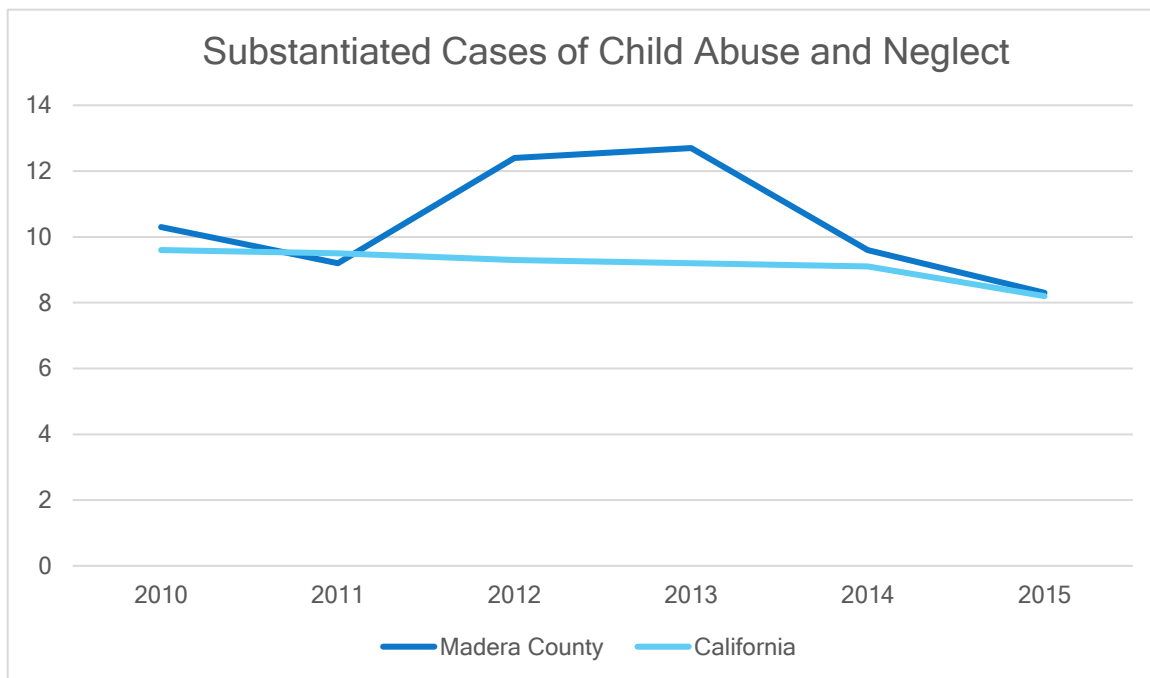






Family Conflict

Similar to the mental health issues, family conflict can increase the risks of youth turning to substances. Kids Data reports that rates for Madera County have been decreasing for the last five years, but still remain higher than that of California, with more favorable numbers within the last data-recording year.



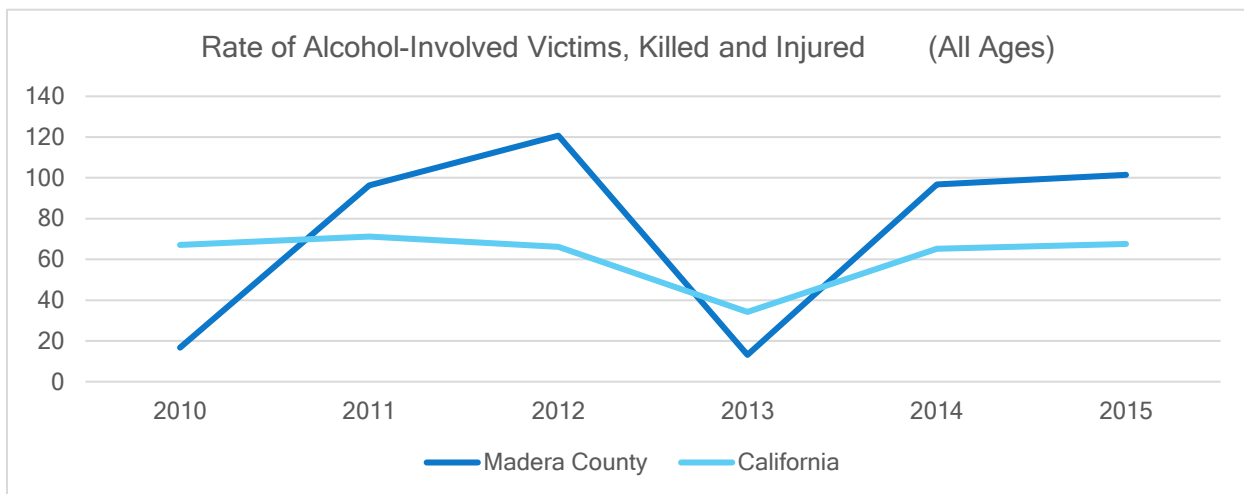


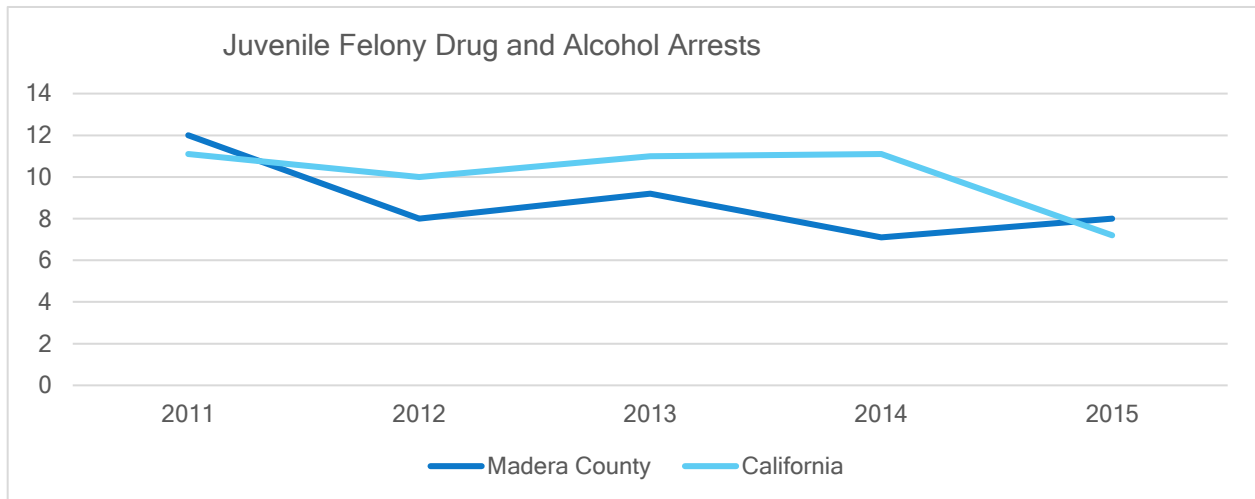
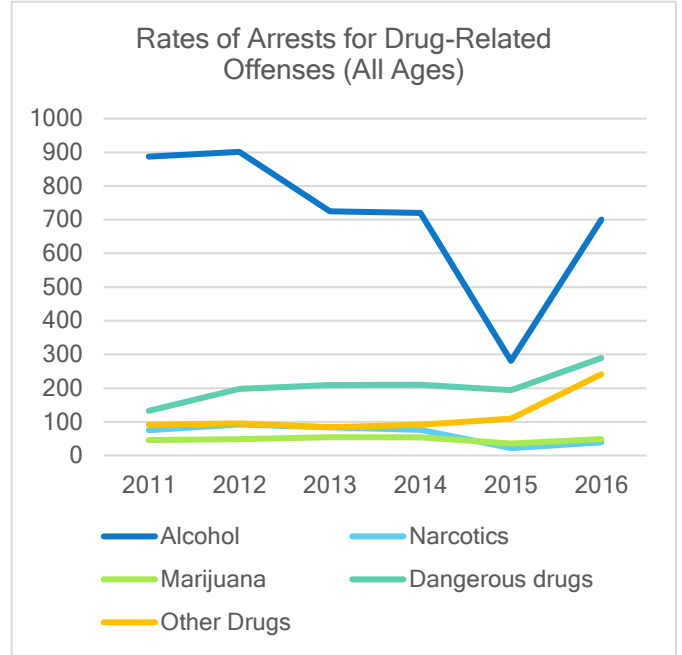
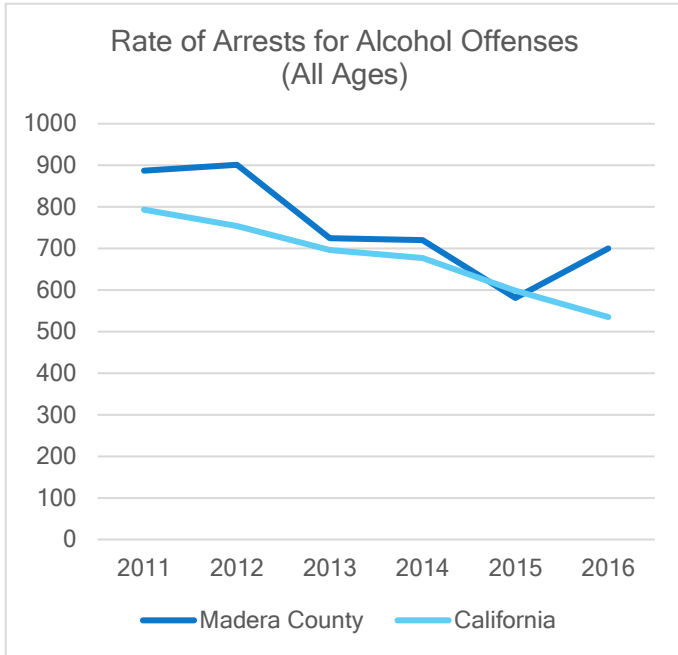
CONSEQUENCES

Arrests

As a whole, Madera County rates for deaths or injuries from alcohol-involved collisions vary widely, but have continued to decrease in the last five years. Unfortunately, these rates still remain substantially higher than that of the State.

Even though rates have decreased since 2011, alcohol still accounts for the majority of substance-related arrests within Madera County for all ages and continue to be recorded at higher rates than California. For the first time in the four year period, rates for juvenile substance-related arrests have seen an increase from 2014 to 2015, and rates have risen to those higher than what is noticed throughout California. The highest arrest rates for drug-related offenses is for the group aged 20 to 29.

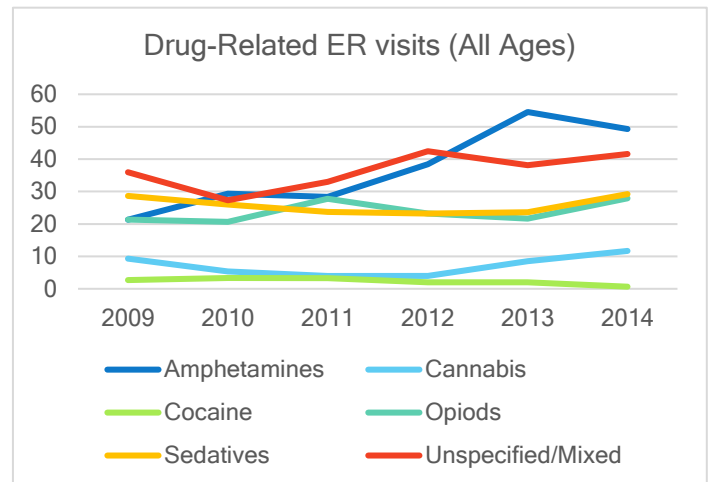
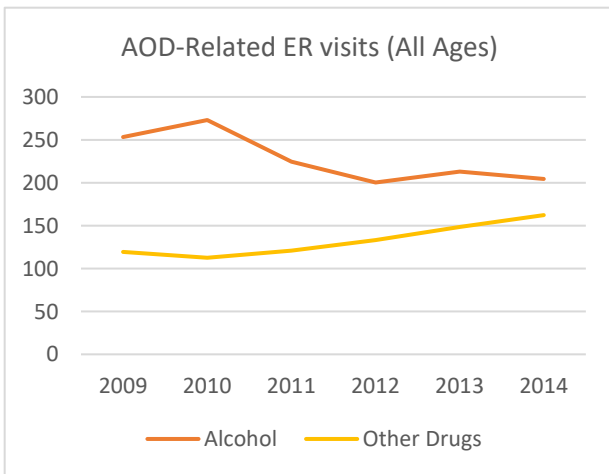






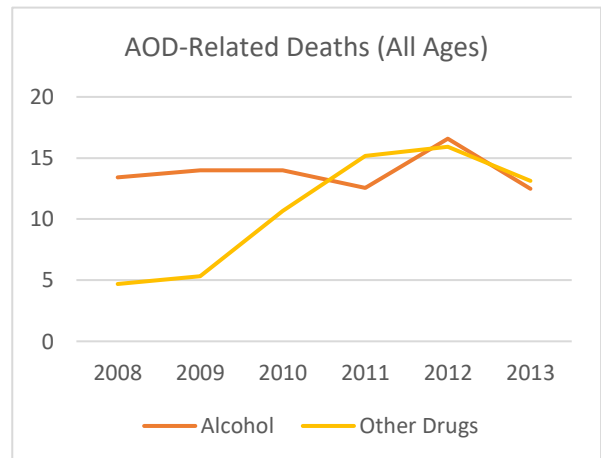
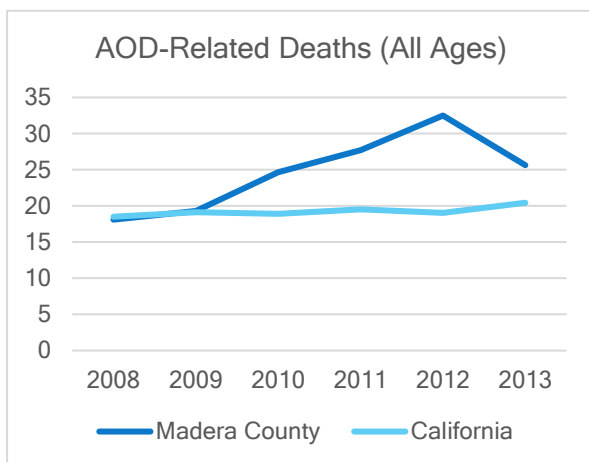
Emergency Room Visits

Alcohol-related emergency room visits, compared to general drug-related emergencies, account for the majority of cases accessing hospital ER attention. Nonetheless, there is a noticeable increase in the number for those visiting the ER for drug offenses between 2011 and 2014. Those aged 45 to 54 generally seek emergency room attention for substance use at higher rates than any other age group. Residents using amphetamines and a mixture of drugs frequent the ER at higher rates compared to other drugs.



Deaths Due to Alcohol and Drug Use

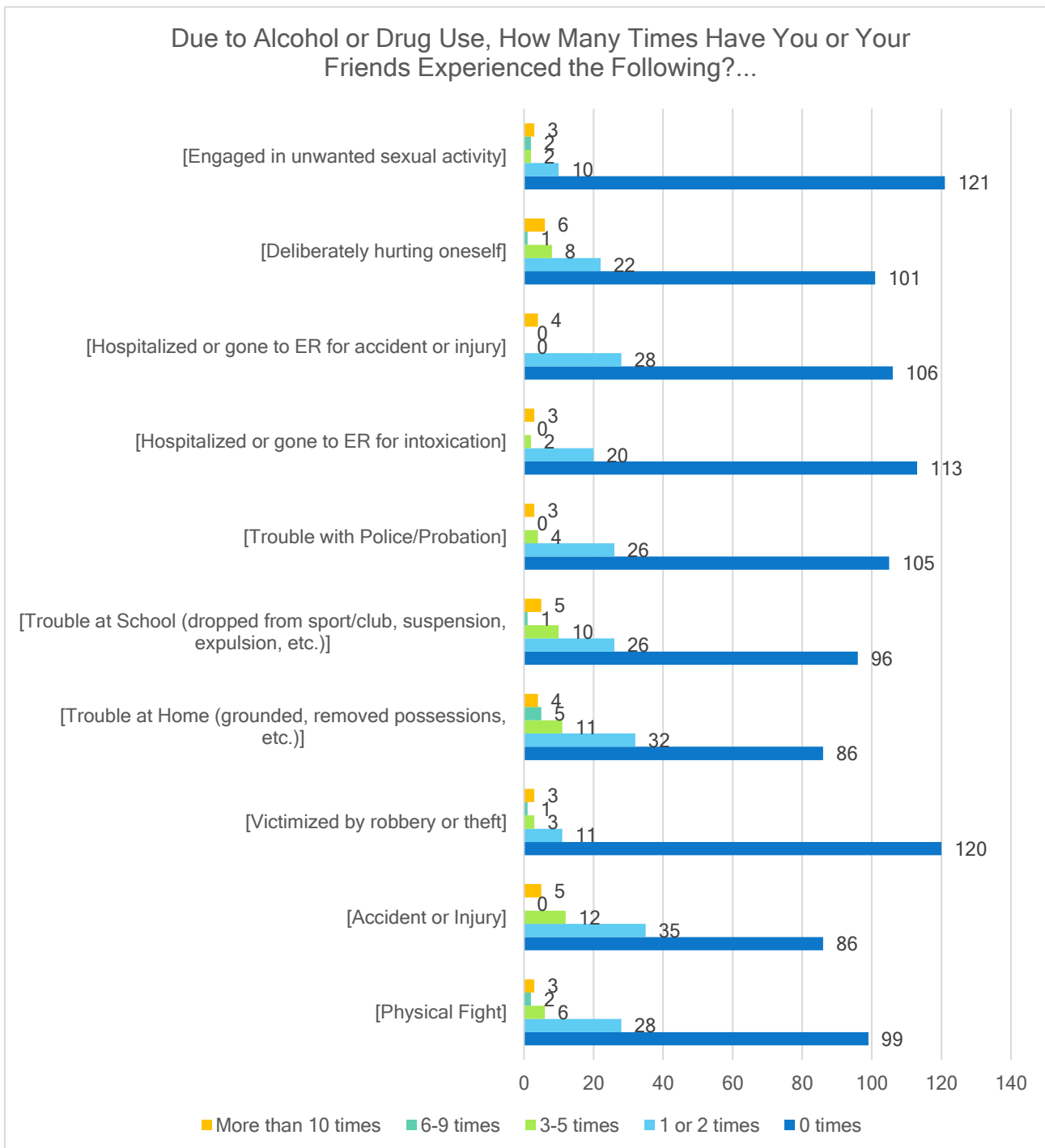
Substance use related deaths throughout Madera County have been experienced at rates higher than those throughout State. Alcohol accounts for more deaths in comparison to other drug deaths.

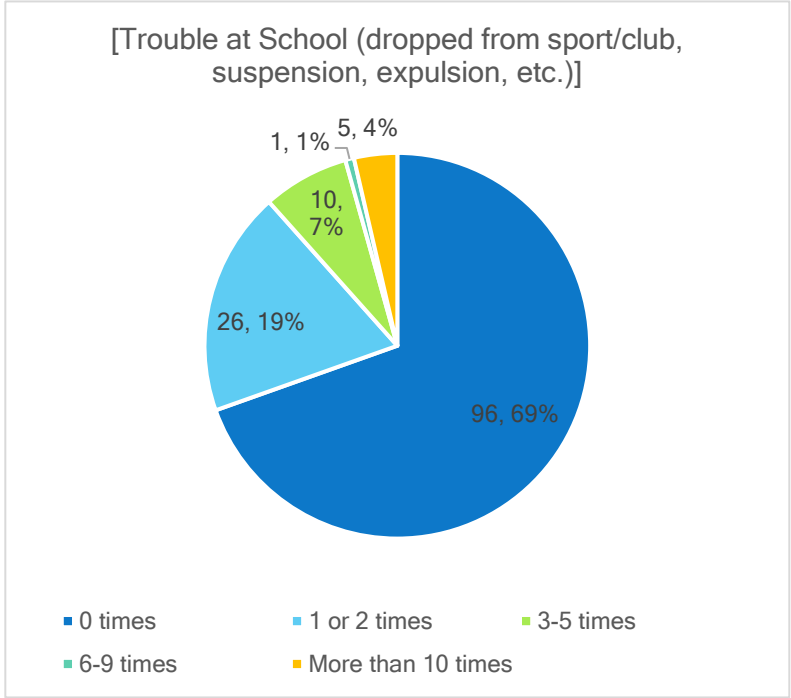
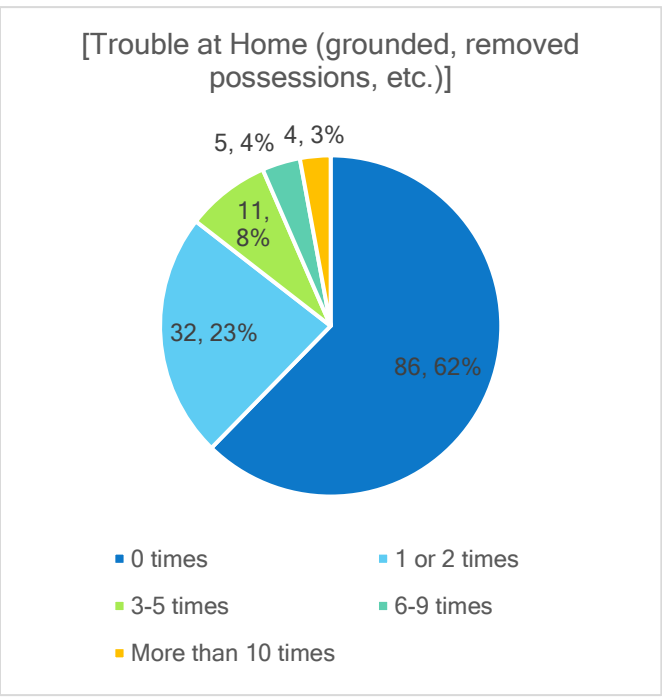
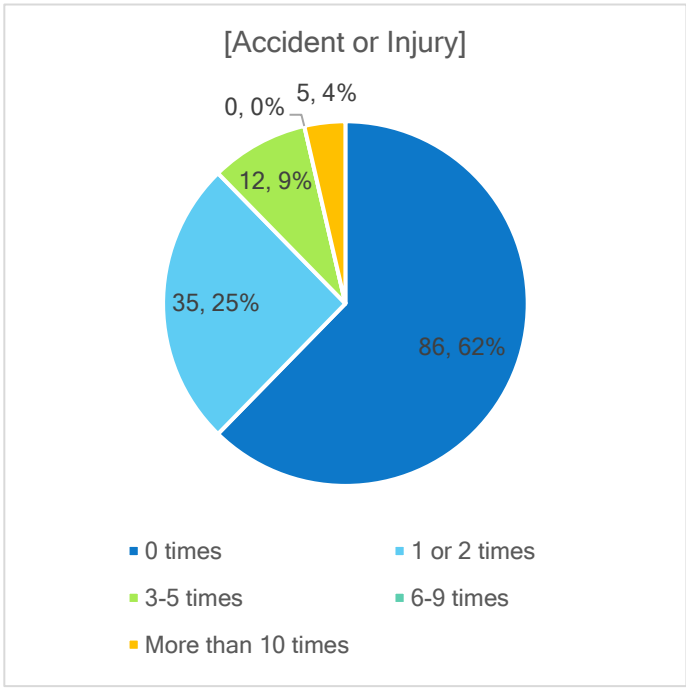




SUD MCYS

In addition, the Madera County youth surveyed reported that the top three consequences from alcohol and drug use are trouble at home, accident or injury, and trouble at school.







DATA ASSESSMENT SUMMARY

After reviewing information concerning substance use and Madera County from various sources, including the County Indicator Toolkits, CHKS (Kids Data), and the SUD Madera County Youth Survey 2019, the numbers point to a higher than State average use of both alcohol and cannabis/marijuana in the juvenile population. This information is consistent with similar trends, specifically for cannabis/marijuana use, recently seen throughout California's Counties. With such data, it is imperative that SUD prevention funds in MCBHS SUDPP be focused in preventing the use and abuse of these two substances.

Furthermore, another significant point from the assessment was the parallels between mental health issues and a propensity for substance abuse. The data suggests that young people are particularly sensitive to experiences that create turbulence in their life. There is a reciprocal relationship when youth experience an increase in mental health issues and their ability to put into practice proper coping mechanisms, which consequently, leads to an increased use of substances for self-medication purposes. Family instability, trauma, and thoughts of suicide all contribute to an increased risk that young people will turn to alcohol and/or cannabis as a way to cope and manage their experiences. According to the National Institute on Drug Abuse (NIDA), both mental illnesses and substance use disorders have a comorbidity due to similar risk factors such as genetics, stress, and trauma. This connection was notable with the youth in Madera County, specifically in the Eastern Mountain areas. As a result, SUD prevention services will need to incorporate a comprehensive approach with mental health when addressing risk factors and later as strategies and programs are discussed in subsequent chapters of the SPP.

It is also important to mention that during the data analysis, it became apparent that further inquiry of specific racial/ethnic populations would not be possible. Significant data was missing in order to breakdown the risk and protective factors into more detailed accounts that would provide statistical evidence of trends within specific groups. Instead, this issue will be addressed in the following chapter since it is evident



that further capacity is needed to address the gaps and to be able to provide a culturally competent plan.

In summary, an internal review of the data demonstrates that youth experiencing mental health issues and family conflict are leading contributory factors for increased rate of use in both alcohol and cannabis/marijuana among Madera County youth. Based on the findings, a list of four risk factors were initially identified. Priority Table 2.2 ranked these risk factors based on importance and the ability to be changed. This process pinpointed the risk factors that were both highly important and changeable, and therefore the most feasible to concentrate prevention efforts towards. Having narrowed the list to three risk factors, MCBHS SUDPP will be focusing on the following: 1. Attitudes toward use are accepting; 2. Youth experiencing mental health issues; 3. Parents lack knowledge and information to foster youth resilience. Furthermore, corresponding protective factors were identified to best counteract the effects of these contributing factors leading to higher rates of use by youth in our county. The protective factors chosen to assist in the prevention efforts are: 1. Parent and youth awareness of substance use and consequences; 2. Youth knowledge of positive interpersonal skills and social development; 3. Positive parental/family engagement and participation in prevention programs.



Risk and Protective Factors (Table 2.1)

Priority Area	Risk Factor	Protective Factor
Underage Alcohol Use	<ol style="list-style-type: none">1. Attitudes toward use are accepting2. Youth experiencing mental health issues3. Parents lack knowledge and information to foster youth resilience4. Family conflict/ abuse/ violence	<ol style="list-style-type: none">1. Parent and youth awareness of substance use and consequences2. Youth knowledge of positive interpersonal skills and social development3. Positive parental/family engagement and participation in prevention programs
Underage Cannabis/ Marijuana Use	<ol style="list-style-type: none">1. Attitudes toward use are accepting2. Youth experiencing mental health issues3. Parents lack knowledge and information to foster youth resilience4. Family conflict/ abuse/ violence	<ol style="list-style-type: none">1. Increase parent and youth awareness substance use and consequences2. Youth knowledge of positive interpersonal skills and social development3. Positive parental/family engagement and participation in prevention programs



Prioritizing Risk and Protective Factors (Table 2.2)

Priority Area: Underage Alcohol Use	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Risk Factors:					
1. Attitudes toward use are accepting		X		X	1
2. Youth experiencing mental health issues		X		X	2
3. Parents lack knowledge and information to foster youth resilience		X		X	3
4. Family conflict/ abuse/ violence		X	X		
Priority Area: Underage Cannabis/Marijuana Use	Importance		Changeability		Priority Rank
	Low	High	Low	High	
Risk Factors:					
1. Attitudes toward use are accepting		X		X	1
2. Youth experiencing mental health issues		X		X	2
3. Parents lack knowledge and information to foster youth resilience		X		X	3
4. Family Conflict/ abuse/ violence		X	X		



Priority Areas and Problems Statements

Priority Area	Problem Statement
Underage Alcohol Use	Youth low perception of harm, lack of parental knowledge on fostering youth resiliency and a need to increase opportunities for youth to build resiliency contributes to underage alcohol use in Madera County.
Underage Cannabis/Marijuana Use	Youth low perception of harm, lack of parental knowledge on fostering youth resiliency and a need to increase opportunities for youth to build resiliency contributes to underage cannabis/marijuana use in Madera County.



CAPACITY DATA

Current Capacity

- County Staff
 - Health Education Coordinator (SUD Prevention Coordinator), 1.0 FTE, 100% SABG
 - Coordinates and provides SUD Prevention services for Madera County, including education, outreach, and community agency collaborations
 - Provides technical assistance to providers, other County Staff, and volunteers assisting in SUD Prevention
 - Manages all data entry and collection
 - Other SUD Program Staff, Madera County salaried and non-SABG funded
 - Provide SUD Prevention education and outreach to juvenile groups and throughout the community as needed
 - Volunteers/ Bachelor-level College Interns, non-funded positions
 - Provide assistant to County SUD Prevention staff, office and other duties as assigned

- County Services and Programs
 - Substance Use Disorder Prevention Program (SUDPP)-
 - Administers SUD prevention information, education, and outreach services to Madera County residents, with a target population of youth and parents.
 - Programs Implemented:
 - Outreach Program- Develop multi-media (including social media) information and disseminate based on cultural and age-appropriateness. This includes engaging schools and community partners to assist in planning, organizing, and/or distributing information, activities, and community events as well as national campaigns such as Alcohol Awareness Month, National Prevention Week, and Red Ribbon Week.
 - Community Education Program- This program provides trainings and workshops to Community Agency Staff and Professionals, Parents, and youth. Structured trainings include Youth Mental Health First Aid and Mental Health First Aid, 8-hour trainings



that incorporate mental health with a specific chapter addressing substance abuse that ensures that participants attain a basic understanding of these issues. This certified training is done in collaboration with MCBHS Mental Health Prevention and Early Intervention Program (PEI). Funding for the trainings is through the PEI program, but SUD Prevention funds are used to cover the cost of staff to assist in facilitating the SUD information. Another curriculum-based training is Loving Solutions/The Parent Project. It is an intensive 10-week parenting program that address the most challenging behaviors, including substance abuse. This parenting program is provided to parents in collaboration with other community agencies and school districts. SUDPP also provides 10-week education classes for selective or indicative youth that have been referred by Probation or Schools. Less formal workshops and presentations are also offered throughout the County targeting youth and parents.

- California Health Collaborative- Maternal Wellness Program
 - Provides education and resources regarding the use of cannabis during pregnancy; target populations include pregnant women and general and medical practitioners that work with pregnant women
- County Coalitions/Groups
 - Madera County Trauma-Informed and Resilience Building Coalition- Co-Lead
 - A collaborative effort between community agency partners that help bring awareness on the impact of trauma. The focus is on education and community social connections in order to build resilience, a sense of safety, and an overall goal of promoting wellness and healing
 - Madera County Maternal Wellness Coalition- participant
 - Focuses its efforts on identifying service gaps while, streamlining resources for expecting moms, dads and families. It partners with elected officials, law enforcement, medical facilities, school districts, and community organizations to collaborate on various medical and psychosocial determinants which impact individuals, children and families



- Madera County Suicide Prevention Collaborative- participant
 - To support prevention, intervention, and post-prevention efforts through community conversations with the goal of reducing suicide and promoting community wellness
- Safe Kids of Central California- participant
 - Provides operation support and other resources to assist in achieving a common goal: keeping kids safe. The coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics that help parents and caregivers prevent childhood injuries and promote health and safety
- Madera County Tobacco Task Force- participant
 - Engages agencies and general community to review and discuss health issues related to tobacco use and exposure, as well as the latest information on tobacco prevention.
- County Partners
 - California Health Collaborative
 - A MCBHS provider, implementing the Maternal Wellness Program
 - A partner and participant in the Madera County Trauma-Informed and Resilience Building Coalition, assists as needed throughout the year, specifically organizing and implementing community events, provides technical support or outreach materials
 - Turning Point of Central California
 - A partner and participant in the Madera County Trauma-Informed and Resilience Building Coalition, assists as needed throughout the year, specifically organizing and implementing community events, provides technical support or outreach materials
 - Kings View Behavioral Health Services
 - A partner and participant in the Madera County Trauma-Informed and Resilience Building Coalition, assists as needed throughout the year, specifically organizing and implementing community events, provides technical support or outreach materials
 - Madera Unified School District
 - A partner in scheduling, planning, and implementing various community engagements throughout the year, provides access to students, staff, and parents for presentations/trainings
 - A partner in establishing evidence-based programs in community, such as The Parent Project and Loving Solutions, focused at parents



- Workforce Development
 - MCBHS provides continuous opportunities for the SUDPP staff to receive training and technical assistance. Training opportunities can span a variety of topics including SUD prevention and education, mental health, trauma, human trafficking, cultural competence, and others. The SUDPP Coordinator is also in direct contact with the Department of Health Care Services (DHCS) SUD Prevention Analyst and the Center for Applied Research Solutions (CARS) for technical assistance and procedural guidance with program role out.
 - Other MCBHS staff, Volunteers and Providers assigned to the SUDPP are given an introduction orientation to SUD primary prevention. They are mandated to review webinars available from CARS, such as *Introduction to Prevention*. Training in data collection and the Primary Prevention SUD Data System (PPSDS) is also provided by the SUDPP Coordinator. Monitoring of available training opportunities is done on a continuous basis and staff is encouraged to participate in on-going learning opportunities.



Resource Readiness Assessment (Table 2.3)

		Priority Area	
		UD	MJ
Community Resources	Community Awareness	-	+
	Specialized knowledge about Pv research, theory, and practice	-	-
	Practical experience	-	-
	Political/policy knowledge	-	-
Fiscal Resources	Funding	-	-
	Equipment: Computer, Xerox, etc.	+	+
	Promotion and advertising	-	-
Human Resources	Competent staff	-	-
	Training	+	+
	Consultants	+	+
	Volunteers	-	-
	Stakeholders	+	+
	Other agency partners	+	+
	Community leaders	-	-
Organizational Resources	Vision and mission statement	+	+
	Clear consistent organizational patterns and policies	+	+
	Adequate fiscal resources for implementation	-	-
	Technical resources	+	+
	Specialized knowledge about Pv research, theory, and practice	+	+



Community Readiness Stages and Descriptions

In order to best address the question of community readiness, a brief questionnaire was created and distributed to key stakeholder and partners throughout Madera County. Community members were asked about how they would rate their community with respect to its readiness to accept and take action to implement change against SUD issues. Members were assisted by the use of the Tri-ethnic Center Community Readiness Model of Stages and Descriptions. A compilation of answers discussed and/or submitted along with internal observations were summarized to best describe the levels of capacity to foster substance abuse prevention in the priority areas. They are as follows:

Underage Drinking- Stage 3- Vague Awareness

Throughout the County, residents generally have a feeling that alcohol is a problem, but it is viewed as an overwhelming issues that is culturally and historically embedded into the community. The data shows increased rates of use and consequences brought by problem alcohol use, but it continues to be normalized. There are very few resources available to address the issues and/or the community is unaware of where or how to access the services needed. The focus for this priority area will address the need to build capacity and awareness around the issues with underage alcohol use.

Underage Cannabis/Marijuana Use- Stage 4- Preplanning

Due to the recent legalization of recreational cannabis/marijuana use in California, Madera County residents are more aware (than alcohol) of the problems that arise from this substance. The community is open to dialoguing and, more importantly, increasing the resources to help address the abuse of cannabis/marijuana. Outreach efforts will collaborate with the partners that currently provide education and awareness in order to further build capacity and establish clear plans on addressing the issue of underage cannabis/marijuana use.



Capacity Challenges/Gaps (Table 2.5)

Priority Area:	Underage Alcohol Use	Underage Cannabis/ Marijuana Use
Community Readiness	Stage 3- Vague Awareness of issues, but limited knowledge and motivation to address	Stage 4- Planning, community is aware of issue and is in the very early stages of establishing methods and resources to address
Community Resources	Community has limited awareness of issues, obscure knowledge of consequences and effects of abuse, made apparent by the easy availability to youth and unutilized resources	There is interest and basic awareness of the problem, but community is lacking specialized information, a planning process, and leadership with experience that is willing to take on the topic
Fiscal Resources	Adequate funding for staff and awareness campaigns are severally limited	Adequate funding for staff and awareness campaigns are severally limited
Human Resources	Current staff is competent, but severely limited, and unable to implement all the needed SUD prevention services. There are no community leaders taking on this issue at this moment.	Current staff is competent, but severely limited, and unable to implement all the needed SUD prevention services. Very limited community leaders are taking on this issue at this moment.
Organizational Resources	Not sufficient funding allocated toward this issue	Not sufficient funding allocated toward this issue



Cultural Competence and Sustainability

During the assessment process, the MCBHS SUDPP recognized the value of racial, ethnic, and cultural diversity, as well as the need to embed cultural sensitivity and best practices in every step of the SPP. The process began by assigning a bicultural/bilingual Health Education Coordinator as the lead writer to help focus and assure that it incorporates procedures that best address the needs of a diverse community. In addition, a selection of key stakeholders and champions, representing an array of professional disciplines, cultures, and languages participated in the process and provided their input. They were informed of the SUDPP's efforts to provide culturally competent SUD prevention services to Madera County. Equivalently, these diverse stakeholders were versed on the SPP process overall and the importance of their experiences and continuous collaboration. Culturally competent and nurturing engagement with community partners has and will continue in order to increase capacity in knowledge and resources that will assist in creating a more resilient and healthy community. Additionally, and as mentioned previously, further attention will be placed throughout the remaining process of the SPP to review and increase aptitude in acquiring and assessing data within ethnic and/or geographic groups that may have been underserved in the past.



STEP 2: CAPACITY BUILDING

A key component to rendering SUD prevention services to the community include the ability to extend and strengthen relationships with stakeholders. This chapter will focus on the current and future opportunities to build capacity in order to address the gaps/challenges that were identified during the *Step 1: Assessment Chapter* of the SPP, and to further grow the efforts of SUD prevention in Madera County. Through conversations with community members and stakeholders, the following tables (Tables 3.1 and 3.2) outline the proposed course of action that will aide in increasing the necessary community, organizational, human, and fiscal resources.

Capacity Building Plan- Underage Alcohol Use (Table 3.1)

Priority Area: Underage Alcohol Use	
Community Readiness Stage 3: Vague Awareness	
Course of Action	Proposed Timeline
Community Resources	
<ul style="list-style-type: none"> Attend and disseminate information at established and on-going community meeting groups/coalitions/task forces to increase awareness of SUD prevention efforts 	Years 1-2
<ul style="list-style-type: none"> Identify and educate key stakeholders in local SUD data (consumption, contributing factors, and consequence data) as well as primary prevention strategies 	Years 1-3
<ul style="list-style-type: none"> Increase awareness to parents and youth regarding underage alcohol use (effects and consequences) 	Years 1-5
<ul style="list-style-type: none"> Promote national awareness campaigns in combination with passing proclamations to increase significance of issue 	Years 1-5
<ul style="list-style-type: none"> Engage and formalize roles with key stakeholders to strengthen collaborative endeavors and match future goals 	Years 3-5



<p>Fiscal Resources</p> <ul style="list-style-type: none"> • Identify, engage, and influence community partner agencies to align fiscal resources to assist in extending capacity • Explore possible low/no cost programs and curriculum available for target groups 	<p>Years 1-3 Year 3-5</p>
<p>Human Resources</p> <ul style="list-style-type: none"> • Identify and educate other MCBHS Mental Health Prevention Program staff • Provide pertinent training to staff, Provider Agency staff, and Partners on SUD prevention and data systems • Leverage MCBHS Mental Health Prevention Program staff to assist in less complex strategies (i.e. Outreach, Alternatives) • Identify and collaborate with local Colleges/Universities to create a pool of potential Volunteers/Student Interns • Recruit and educate potential Volunteers/Student Interns 	<p>Year 1 Years 1-5 Years 1-2 Year 2-5 Years 2-5</p>
<p>Organizational Resources</p> <ul style="list-style-type: none"> • Identify, engage, and influence community partner agencies to align resources to assist in extending capacity with marketing and outreach materials • Review, develop and adopt additional avenues for low/no cost print materials, messaging and media • Modify and increase the use of social media informational campaigns 	<p>Years 1-5 Years 1-3 Years 2-5</p>

Capacity Building Plan- Underage Cannabis/Marijuana Use (Table 3.2)

<p>Priority Area: Underage Cannabis/marijuana Use</p>	
<p>Community Readiness Stage 4- Preplanning</p>	
<p>Course of Action</p>	<p>Proposed Timeline</p>



<p>Community Resources</p> <ul style="list-style-type: none"> • Attend and disseminate information at established and on-going community meeting groups/coalitions/task forces to increase awareness of SUD prevention efforts • Educate key stakeholders in local SUD data (consumption, contributing factors, and consequence data) as well as primary prevention strategies • Increase awareness to parents and youth regarding underage cannabis/marijuana use (effects and consequences) • Promote national awareness campaigns in combination with passing proclamations to continue highlighting the significance of issue • Engage and formalize roles with key stakeholders to strengthen collaborative endeavors and match future goals • Increase awareness to health care professionals and pregnant women regarding cannabis/marijuana abuse 	<p>Years 1-2</p> <p>Years 1-3</p> <p>Years 1-5</p> <p>Years 1-5</p> <p>Years 2-5</p> <p>Years 2-5</p>
<p>Fiscal Resources</p> <ul style="list-style-type: none"> • Identify, engage, and influence community partner agencies to align fiscal resources to assist in extending capacity • Explore possible low/no cost programs and curriculum available for target groups 	<p>Years 1-3</p> <p>Years 3-5</p>
<p>Human Resources</p> <ul style="list-style-type: none"> • Identify and educate other MCBHS Mental Health Prevention Program staff) • Provide pertinent training to staff, Provider Agency staff, and Partners on SUD prevention and data systems • Leverage MCBHS Mental Health Prevention Program staff to assist in less complex strategies (i.e. Outreach, Alternatives) • Identify and collaborate with local Colleges/Universities to create a pool of potential Volunteers/Student Interns • Recruit and educate potential Volunteers/Student Interns 	<p>Year 1</p> <p>Years 1-5</p> <p>Years 1-2</p> <p>Year 2-5</p> <p>Years 2-5</p>
<p>Organizational Resources</p> <ul style="list-style-type: none"> • Identify, engage, and influence community partner agencies to align resources to assist in extending capacity with marketing and outreach materials • Review and adopt additional avenues for low/no cost print materials, messaging and media 	<p>Years 1-5</p> <p>Years 1-3</p>



<ul style="list-style-type: none">• Modify and increase the use of social media informational campaigns• Develop and distribute printed material on cannabis/marijuana abuse	Years 2-5 Years 2-5
---	----------------------------

Staff Development and Training Needs

MCBHS SUDPP will continue to provide opportunities for staff development that can stimulate the expansion in knowledge and applicable methodology within current and future staff. Sources for staff development and training opportunities will come from various outlets, such as online sources (i.e. webinars, online trainings, etc.), in-person workshops, trainings, seminars and conferences. In addition, supplemental technical assistance from the Center for Applied Research Solutions will be used as needed. All new staff and/or provider staff entering the SUD PP team will be instructed in primary prevention strategies, data gathering and entry, as well as in cultural and age appropriate approaches of relaying the information to the general community and target populations. SUD PP Staff will be assessed on a yearly basis to establish need for further training and technical assistance. The SUD Prevention Coordinator will monitor upcoming prospects and subject matter to inform staff of mandated and available development opportunities. Subject matter will expand outside of the formal SUD prevention field to incorporate a more comprehensive approach to services, including but not limited to trauma, mental health, physical health, communication skills, and other related human-behavior information. It is foundational that MCBHS SUDPP provide the necessary tools to build internal knowledge and sustain high quality personnel that provide effective services to the community.

Cultural Competence and Sustainability

In pursuance of the Cultural and Linguistically Appropriate Services (CLAS) standards, MCBHS SUDPP, including contracted providers, is committed to providing information



and services that are competent, fair and relevant to the communities within Madera County. This also includes the gathering, entering, and distribution of data pertinent to the subject matter with specific ethnic/racial groups in mind that have been unaddressed in the past. The capacity plan will establish SUD resources that can increase information dissemination and education to cultures or in languages that have not been served in the past. This may include identification and outreach to further community agencies, groups, or champions that already work with such populations. The SUDPP has proposed services that meet the challenges and help close the gaps in resource. The capacity building plan (see Tables 3.1 and 3.2) was produced with essential input from community partners, agencies and members at-large that represent diverse backgrounds and experiences. Many of these partnerships have been established through the multi-disciplinary groups, coalitions, and taskforces participated by SUDPP staff. It is the goal that continuity will build on these relationships and in turn increase sustainability of services.



STEP 3: PLANNING

Prior chapters in the SPP process have led to the assessment of needs, prioritization of risk factors, the identification of protective factors, and the building of a capacity plan that will help address SUD primary prevention efforts in Madera County. This chapter will focus on developing interventions that fall under the Center for Substance Abuse Prevention (CSAP) Six Strategies and through organized decision-making that will be structured in Logic Models for each of the Priority Areas chosen.

Data-based CSAP Strategies - Underage Alcohol Use (Table 4.1)

Priority Area	Risk Factor	Protective Factor	Strategy
Underage Alcohol Use	<ol style="list-style-type: none">1. Attitudes toward use are accepting2. Mental health issues3. Parents lack knowledge and information to foster youth resilience	<ol style="list-style-type: none">1. Parent and youth awareness of substance use and consequences2. Youth knowledge of positive interpersonal skills and social development3. Positive parental/family engagement and participation in prevention programs	<p>Information Dissemination</p> <p>Education</p> <p>Problem ID & Referral</p> <p>Community-based Process</p>



Data-based CSAP Strategies - Underage Cannabis/Marijuana Use (Table 4.2)

Priority Area	Risk Factor	Protective Factor	Strategy
Underage Cannabis/Marijuana Use	<ol style="list-style-type: none">1. Attitudes toward use are accepting2. Mental health issues3. Parents lack knowledge and information to foster youth resilience	<ol style="list-style-type: none">1. Parent and youth awareness of substance use and consequences2. Youth knowledge of positive interpersonal skills and social development3. Positive parental/family engagement and participation in prevention programs	<p>Information Dissemination</p> <p>Education</p> <p>Problem ID & Referral</p> <p>Community-based Process</p>

It was through the risk assessment and discussions with key stakeholders that the previous risk and protective factors were chosen to best address the priority areas. Key stakeholders and community members were informed of the MCBHS SUDPP, previous strategies and activities for addressing SUD use as well as involving them in the conversation by asking them about community readiness (see Table 2.2). Through internal dialogue and in combination with a resource capacity review, strategies were also added to the risk and protective factors to assist in the creation of a more detailed logic model for each priority area.



Logic Model - Underage Alcohol Use (Table 4.3)

Priority Area: Underage Alcohol Use					
Problem Statement: Youth low perception of harm, lack of parental knowledge on fostering youth resiliency and a need to increase opportunities for youth to build resiliency contributes to underage alcohol use in Madera County.					
Goal: Decrease the rates of alcohol use among Madera County youth.					
Objectives	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
1.1 By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS.	Information Dissemination Education Problem ID & Referral Community-based Process	1.1.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.	1.1.b. By June 2023, provide educational presentations to youth groups within all 6 High School Districts in Madera County, and increase their perception that alcohol use is harmful by 2% as measured by pre/post surveys and/or CHKS.	1.1.c. By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS.	CHKS PPSDS Sign-In Sheets Pre/Post Surveys



<p>1.2 By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS.</p>	<p>Information Dissemination Education Problem ID & Referral Community-based Process</p>	<p>1.2.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.</p>	<p>1.2.b. By June 2023, provide educational presentations to youth groups within all 6 High School District in Madera County, and increase positive interpersonal skills and social development by 1% as measured by pre/post surveys and/or CHKS.</p>	<p>1.2.c. By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS.</p>	<p>CHKS PPSDS Sign-In Sheets Pre/Post Surveys</p>
<p>1.3 By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys.</p>	<p>Information Dissemination Education Community-based Process</p>	<p>1.3.a. By June 2021, identify, outreach, and educate 50 underserved parents on various SUD and mental health topics to help increase youth resiliency knowledge, as measured by pre/post surveys.</p>	<p>1.3.b. By June 2023, Madera County parents will increase their youth resiliency knowledge by 2% as measured by pre/post surveys.</p>	<p>1.3.c. By June 2025, Madera County parents increase their youth resiliency knowledge by 5% as measured by pre/post surveys.</p>	<p>PPSDS Sign-In Sheets Pre/Post Surveys</p>



Logic Model- Underage Cannabis/Marijuana Use (Table 4.4)

Priority Area: Underage Cannabis/Marijuana Use					
<p>Problem Statement: Youth low perception of harm, lack of parental knowledge on fostering youth resiliency and a need to increase opportunities for youth to build resiliency contributes to underage cannabis/marijuana use in Madera County.</p> <p>Goal: Decrease the rates of cannabis/Marijuana use among Madera County youth.</p>					
Objectives	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
2.1 By June 2025, Madera County youth will increase their perception that cannabis/ marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS.	Information Dissemination Education Problem ID & Referral Community-based Process	2.1.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.	2.1.b. By June 2023, provide educational presentations to youth groups within all 6 High School Districts in Madera County, and increase their perception that cannabis/ marijuana use is harmful by 2% as measured by pre/post surveys and/or CHKS.	2.1.c. By June 2025, Madera County youth will increase their perception that cannabis/ marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS.	CHKS PPSDS Sign-In Sheets Pre/Post Surveys
2.2 By June 2025, Madera County youth will increase their positive	Information Dissemination Education	2.2.a. By June 2021, identify and outreach to youth groups through educational	2.2.b. By June 2023, provide educational presentations to youth groups	2.2.c. By June 2025, Madera County youth will increase their positive interpersonal skills	CHKS PPSDS



<p>interpersonal skills and social development by 3%, as measured by pre/post surveys and/or CHKS.</p>	<p>Alternatives Problem ID & Referral Community-based Process</p>	<p>presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.</p>	<p>within all 6 High School District in Madera County, and increase their positive interpersonal skills and social development by 1%, as measured by pre/post surveys and/or CHKS.</p>	<p>and social development by 3%, as measured by pre/post surveys and/or CHKS.</p>	<p>Sign-In Sheets Pre/Post Surveys</p>
<p>2.3 By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys.</p>	<p>Information Dissemination Education Alternatives Community-based Process</p>	<p>2.3.a. By June 2021, identify, outreach, and educate 50 underserved parents on various SUD and mental health topics to help increase youth resiliency knowledge, as measured by pre/post surveys.</p>	<p>2.3.b. By June 2023, Madera County parents will increase their youth resiliency knowledge by 2%, as measured by pre/post surveys.</p>	<p>2.3.c. By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys.</p>	<p>PPSDS Sign-In Sheets Pre/Post Surveys</p>



Planning Process

Since the beginning of the SPP process, Madera County SUDPP has incorporated community input. Verbal and written opportunities for Prevention Partners, Community Agencies and members at-large have been available continuously to encourage feedback and create a more diversified and thorough plan for preventing substance abuse. Such opportunities included internal conversations, in-person informational sessions during planned coalition meetings as well as follow-up through phone calls and emails. Participants were informed of past and current efforts in SUD prevention, the SPP process, the CSAP strategies, and specific interventions that were used to address local needs. The strategies chosen were compiled with assistance from these exchanges and were deemed to be the best to adopt and adapt to the different populations within Madera County. Such communication is planned to continue through the end of the SPP and the implementation of the new SPP.

Cultural Competency and Sustainability

SUDPP staff invest quality and significant time participating in community groups and coalitions that, as previously mentioned, involve an ethnically/racially diverse population, spanning different generations and representing various geographic areas. This is to assure that SUD prevention services are known and evolve through community representation, but also to incorporate capacity building on a continuous basis.



STEP 4. IMPLEMENTATION

Specific Interventions (Table 5.1)

<u>Strategies</u>	<u>Specific Program/ Intervention</u>
Information Dissemination (ID)	<ul style="list-style-type: none">• Reaching the Community- outreach and information dissemination to schools and community at-large, includes multi-media development and dissemination as well as social media campaigns (local/innovative)
Education (ED) and Problem Identification and Referral (PIDR)	<ul style="list-style-type: none">• Loving Solutions Parenting Program- Parenting Education using Loving Solutions and/or The Parent Project curriculum (evidence-based)• Trauma-Informed and Resilient Communities Program- includes education to parents, youth and community at-large (local/innovative)• Promoting SUD and Mental Wellness- Mental Health First Aid, Youth Mental Health First Aid (evidence-based)• Youth SUD Prevention Education Program - an SUD Prevention Education Program (local/innovative)
Community-based Process (CBP)	<ul style="list-style-type: none">• Community Coalitions (Madera County Trauma-Informed and Resilience Building Coalition, Madera County Tobacco Control Coalition, Madera County Maternal Wellness Coalition, Madera County Suicide Prevention Collaborative, Safe Kids of Central California)- (local/innovative)



Implementation Plan for Reaching the Community Program (Table 5.2)

Program/Intervention: Reaching the Community Program			
Goal: 1. Decrease the rates of alcohol use among Madera County youth. 2. Decrease the rates of cannabis/marijuana use among Madera County youth.			
Objectives: <u>1.1:</u> By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>1.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS. <u>2.1:</u> By June 2025, Madera County youth will increase their perception that cannabis/marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>2.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS.			
IOM Category: Universal	Population: Youth, parents, community-at-large		
Major Tasks	Timeline	Responsible Party	Strategy
Develop and disseminate multi-media information re: SUD prevention and behavioral health	Jul- Jun Annually	County	ID
Develop and disseminate social media campaigns re: SUD prevention and behavioral health	Jul- Jun Annually	County	ID
Develop and disseminate multi media campaign for April as Alcohol and Cannabis Awareness Month	Mar- Apr Annually	County	ID
Develop and disseminate multi media campaign for Red Ribbon Week	Oct Annually	County	ID
Participate in on-going Community group meetings to assist in the coordination and	Jul- Jun Annually	County	ID, CBP



<p>planning of community events within all three geographic areas of Madera County:</p> <ol style="list-style-type: none"> 1. City of Madera area 2. City of Chowchilla area 3. Eastern Mountain area 			
Attend community events within the three geographic areas of Madera County	Jul- Jun Annually	County	ID
Collaborate with Schools and other community agencies to plan and/or attend at least 3 school events to increase awareness of SUD and resources	Aug-May Annually	County	ID, CBP
Coordinate with community agencies to Identify and outreach to underserved groups re: SUD prevention presentations	July-Dec	County	ID, CBP
Provide at least 5 total SUD prevention presentations to community at-large -at least one in each of the three geographic areas of Madera County	July-Jun Annually	County	ID

Implementation Plan for Loving Solutions Parenting Program (Table 5.3)

Program/Intervention: Loving Solutions Parenting Program	
<p>Goal: 1. Decrease the rates of alcohol use among Madera County youth. 2. Decrease the rates of cannabis/marijuana use among Madera County youth.</p>	
<p>Objectives: <u>1.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS. <u>2.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS.</p>	
IOM Categories: Universal, selective, indicated	Population: Parent/ Care Givers, Adults



Major Tasks	Timeline	Responsible Party	Strategy
Collaborate with community agencies/schools to establish location and recruitment approaches	Jun-Aug and Nov-Jan Annually	County	CBP
Recruit, contact, and refer potential parent attendees to the Loving Solutions Parenting Program and/or other resources	Jun-Aug and Nov-Jan Annually	County	ID, CBP, PIDR
Outreach to underserved areas of Madera County to gauge interest in collaboration and expanding services	Jul-Jun Annually	County	ID, CBP
Implement ten sessions of the Loving Solutions/The Parent Project Curriculum	Aug-May Annually	County	ED

Implementation Plan for Trauma-Informed and Resilient Communities Program (Table 5.4)

Program/Intervention: Trauma-Informed and Resilient Communities Program
Goal: 1. Decrease the rates of alcohol use among Madera County youth. 2. Decrease the rates of cannabis/marijuana use among Madera County youth.
Objectives: <u>1.1:</u> By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>1.2:</u> By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS. <u>1.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS. <u>2.1:</u> By June 2025, Madera County youth will increase their perception that cannabis/ marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>2.2:</u> By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3%, as measured by pre/post surveys and/or CHKS. <u>2.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS.



IOM Categories: Universal, selective	Population: Youth, parents, community-at-large		
Major Tasks	Timeline	Responsible Party	Strategy
Develop and disseminate information about prevention presentations available to the community	July-Oct	County	ID
Outreach to community agencies, especially those that work with underserved populations, to gauge interest and need	Jul- Dec	County	ID, CBP
Schedule and implement educational workshops and presentations in all three of Madera County geographic regions <ol style="list-style-type: none"> 1. City of Madera area 2. City of Chowchilla area 3. Eastern Mountain area 	Jan-Jun Jul- Jun Annually	County	ED

Implementation Plan for Formal Community Trainings (Table 5.5)

Program/Intervention: Promoting SUD and Mental Wellness
Goal: 1. Decrease the rates of alcohol use among Madera County youth. 2. Decrease the rates of cannabis/marijuana use among Madera County youth.
Objectives: <u>1.1:</u> By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>1.2:</u> By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS. <u>1.3:</u> By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS. <u>2.1:</u> By June 2025, Madera County youth will increase their perception that cannabis/marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>2.2:</u> By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3%, as measured by pre/post surveys and/or CHKS. <u>2.3:</u> By June 2025,



Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS.			
IOM Category: Universal		Population: Youth, parents, community-at-large	
Major Tasks	Timeline	Responsible Party	Strategy
Develop and disseminate information about formal trainings that are available to the community	July-Oct	County	ID, CBP
Outreach to community agencies, especially those that work with underserved populations, to gauge interest and need in receiving certified trainings	Jul- Dec	County	ID, CBP
Partner with Mental Health PEI Program to schedule and facilitate at least one of each community training: <ol style="list-style-type: none"> 1. Mental Health First Aid 2. Youth Mental Health First Aid 	Jul- Jun Annually	County	CBP, ED

Implementation Plan for Youth SUD Prevention Education Program (Table 5.6)

Program/Intervention: Youth SUD Prevention Education Program
Goal: 1. Decrease the rates of alcohol use among Madera County youth. 2. Decrease the rates of cannabis/marijuana use among Madera County youth.
Objectives: <u>1.1:</u> By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>1.2:</u> By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS. <u>2.1:</u> By June 2025, Madera County youth will increase their perception that cannabis/marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>2.2:</u> By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3%, as measured by pre/post surveys and/or CHKS.



IOM Categories: Selective, Indicated	Population: Youth		
Major Tasks	Timeline	Responsible Party	Strategy
Review and develop SUD prevention education curriculum	Jul-Dec	County	ID
Outreach to all 3 geographic areas in Madera County to identify need for Youth Prevention Programs <ol style="list-style-type: none"> 1. City of Madera area 2. City of Chowchilla area 3. Eastern Mountain area 	Aug-Dec	County	ID, CBP
Prioritize and plan for groups in highest need area	Jan-May	County	CBP
Screen and refer prospective youth to the Youth SUD Prevention Program and/or to other resources	Jul- Jun Annually	County	PIDR
Implement Youth SUD Prevention Education Programs in at least 2 of the geographic areas. <ol style="list-style-type: none"> 1. City of Madera area 2. City of Chowchilla area 3. Eastern Mountain area 	Jul-Jun Annually	County	ED

Implementation Plan for Community Coalitions (Table 5.7)

Program/Intervention: Community Coalitions
Goal: 1. Decrease the rates of alcohol use among Madera County youth. 2. Decrease the rates of cannabis/marijuana use among Madera County youth.
Objectives: <u>1.1:</u> By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS. <u>1.2:</u> By



June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS. **1.3:** By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS.

2.1: By June 2025, Madera County youth will increase their perception that cannabis/marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS. **2.2:** By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3%, as measured by pre/post surveys and/or CHKS. **2.3:** By June 2025, Madera County parents will increase their youth resiliency knowledge by 5%, as measured by pre/post surveys and/or CHKS.

IOM Category: Universal	Population: Youth, parents, community-at-large		
Major Tasks	Timeline	Responsible Party	Strategy
Present current SUD prevention efforts to current Community Coalitions	Jul-Sep Annually	County	ID, CBP
Research SUD trends, inform coalition members on effects of use on community, discuss ways of collaboration	Jul-Jun Annually	County	CBP
Collaborate with at least one Coalition to plan an event that brings community awareness on SUD and behavioral health issues	Jul-Jun Annually	County	CBP
Implement one community event that increases awareness of SUD and behavioral health issues	Aug-May Annually	County	ID, CBP



Planning Process

The various community coalitions and task force groups, as well as meetings with key stakeholders, have created an opportunity to share the evolutionary process of the SUD SPP. The strategies chosen were based on input from these conversations. As a result, community partners have echoed the need to focus on alcohol and cannabis/marijuana at both the youth and parent level. Strategies were also reviewed with other programs within Madera County Behavioral Health Services, such as the Prevention and Early Intervention (PEI) Program. These brainstorming sessions allowed for the flow of ideas and the development of concrete strategies that best addressed the results from the needs assessment, while keeping capacity in mind. One significant issue emphasized by community partners is the importance of implementing SUD prevention programs in conjunction with mental health information to better establish the connection between them and in turn help reduce the stigma of both. Community partners felt that SUD was more stigmatized (than mental health) by the community, especially those in underserved populations, and therefore services that incorporated general mental health are imperative to the transmission of knowledge and behavioral change with relation to SUD. Such tactics will also allow for a more robust partnership with the MCBHS PEI program, and in turn can increase human and organizational resources.

Through both internal and external dialogues, the programs chosen best address the need for SUD prevention services in Madera County. Limited in capacity and keeping the target population of youth and parents in mind, the decision was made to focus on three main strategies: information dissemination, education, and community-based process while augmented with problem identification and referral as needed. Information Dissemination is the best strategy to reach the general population since multi-media messaging can be created in culturally and age appropriate manners and at relatively low cost and exertion. In order to address indicative and selective audiences, education-based programs will be in place to reach that need. Specific educational programs offer the ability to target populations of youth and parents, but also extend to other agency staff and professionals (especially those key partner agencies), as well the general community. For example, Mental Health First Aid will build on the existing relationship with the PEI program, helping build capacity while educating the community on the similarities between mental health and substance use as well as ways of preventing them. Lastly, it was important to continue investing in building and reinforcing



relationships with other partners in order to extend the limited capacity of the current SUDPP. Community-based process will also assist in accessing underserved populations and data needed to further grow SUD prevention services.

It is also important to note that the SPP writing process was impacted due to unfortunate and unforeseen restrictions put in place by the State of California, brought on by the Covid-19 pandemic. Severe limitations caused the SUDPP to re-evaluate the programs that had originally been planned. Unfortunately, plans to add additional staff to the program were halted as a response to uncertain future funding and a temporary hiring freeze for Madera County. At this time the SUDPP has put forth the most compatible programs that can currently be applied with the resources at hand, but can be expanded or contracted as needed. The SUDPP will continue to work with community partners to assist in capacity increase currently and as restrictions are lifted.

Cultural Competency and Sustainability

Throughout the SPP process, cultural competency has been one of the foremost driving factors in selecting the appropriate strategies. They were chosen based on their ability to adapt to current capacity and to best reach the target population. The need to further incorporate underserved populations in the SPP continues to be relevant to both MCBHS SUDPP and the community partners that have been active in the SPP process. As mentioned in the Needs Assessment chapter, there is not enough data to address specific racial/ethnic groups, but by partnering with agencies that historically work with underserved populations and by using detailed demographic pre/post surveys, the SUDPP will be able to gather information that can assist in addressing this need.

As previously stated, the partners that continue to be involved embody a diverse group that provides positive feedback when reviewing strategy options. Even through the pandemic shutdown, electronic communication continues with partner agencies and additional input has been contributed in this manner. Such partners provide current collaborative assistance, and will provide future expansion of capacity to help serve an even broader population, especially those that have been underrepresented in previous SUD prevention services.



STEP 5. EVALUATION

The Evaluation Plan

The evaluation process for the MCBHS SUDPP will serve to assess whether the services provided to the community are contributing to the objectives outlined previously or if they need to be modified or enhanced, as resources allow. The primary method for capturing process data for the MCBHS SUDPP will be through the use of the Primary Prevention Substance Use Disorder Data Service (PPSDS). Other process data will include sign-in sheets or attendance/registration records.

Outcome data will include evaluation questions or pre/post surveys that can quantify and measure whether participants are benefiting from the services provided. The data amassed through the needs assessment process will be used as the baseline for the youth targeted programs. Furthermore, data from CHKS will be reviewed biennially to allow for sufficient school districts to participate and compile sufficient measurements of change. Both evaluations/surveys and CHKS data will attempt to measure a change in knowledge, awareness, or behavior change of those participating in SUD prevention services.

Process data will be reviewed on a quarterly basis to assure that services are being provided and to assess the total number, location, and basic demographics are being met. Outcome data for education programs will be reviewed on an annual basis as a way to oversee any measurable change. Positive increments will be noted to demonstrate that this strategy is effective in addressing the objectives at the pace stated or to determine whether further adjustments are needed.

Dissemination Plan

It is key for stakeholders and community members to receive information regarding the process and findings of the program evaluations. MCBHS anticipates providing evaluation results to the community in various forms. Evaluation results will be shared through presentations or briefings, in-person and through our social media outlets, or at various coalition and task force



meetings. The audiences chosen to receive evaluation data include, Madera County Behavioral Health Services, the Madera County Behavioral Health Advisory Board, participating Coalitions, youth and school districts, and parents and Madera County community. The least complicated way of delivering evaluation data is through social media, which can be delivered to all audiences simultaneously in different languages and can be accessed by a larger population. This allows for comments and feedback regarding the results. Other methods of delivery are stated in the Dissemination Plan (Table 6.2), including presentations/ briefings, annual/evaluation reports, and community meetings/forums.

Cultural Competency and Sustainability

To continue with the cultural competence oversight, the SUDPP will participate in the Madera County Behavioral Health Services Cultural Competence Committee. They will act as a continual force to assist in reviewing practices, services and information and to provide guidance on the most appropriate methods of delivery and evaluation of services. Since our target populations are youth and parents, considerations for reaching out to them will need to include the culturally appropriate venues, times, languages, and staff. For parents specifically, considerations will be made to meet parents where they are and to be mindful of linguistic and comprehension capabilities when communicating through any method.

The evaluation chapter had a significantly different aspect compared to the previous SPP chapters due to the Covid-19 pandemic. Therefore, the evaluation chapter does not include the collaborative nature of the previous ones. There has been some electronic communication regarding this topic but some of the key partners had very limited hours in their schedule which made the process more challenging. Regardless, there is a collective agreement that once services are allowed to resume at their total capacity, collaboration will commence stronger than before since many have and will continue to adjust their budgets to the constraints caused by the health crisis. MCBHS SUDPP looks forward to putting into action the programs that were outlined with the help of these community partners to prevent the abuse of alcohol and cannabis/marijuana within Madera County.



Evaluation Plan (6.2)

Outcomes	Evaluation Measures	Method of Collection/ Data Tool	Collection Responsibilities	Timeframe
1.1.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.	Number of Participants Location of Service	Sign-In Sheets PPSDS	SUDPP Staff SUD Prevention Coordinator (SUD PC)	After Each Service Quarterly Reports
1.1.b. By June 2023, provide educational presentations to youth groups within all 6 High School Districts in Madera County, and increase their perception that alcohol use is harmful by 2% as measured by pre/post surveys and/or CHKS.	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2023 Annual Reports
1.1.c. By June 2025, Madera County youth will increase their perception that alcohol use is harmful by 5%, as measured by pre/post surveys and/or CHKS.	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2025 Biennial Reports
1.2.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.	Number of Participants Location of Service	Sign-In Sheets PPSDS	SUDPP Staff SUD PC	After Each Service Quarterly Reports
1.2.b. By June 2023, provide educational presentations to youth groups within all 6 High School District in Madera County, and increase positive interpersonal skills and social development by 1% as	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2023 Annual Reports



measured by pre/post surveys and/or CHKS.				
1.2.c. By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS.	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2025 Biennial Reports
1.3.a. By June 2021, identify, outreach, and educate 50 underserved parents on various SUD and mental health topics to help increase youth resiliency knowledge, as measured by pre/post surveys.	Participant Demographics Pre/Post Survey Results Review	Sign- In Sheets Pre/Post Surveys PPSDS	SUD PC	After Each Service Quarterly Reports
1.3.b. By June 2023, Madera County parents will increase their youth resiliency knowledge by 2% as measured by pre/post surveys.	Participant Demographics Pre/Post Survey Results Review	Sign- In Sheets Pre/Post Surveys PPSDS	SUD PC	June 2023 Annual Reports
1.3.c. By June 2025, Madera County parents increase their youth resiliency knowledge by 5% as measured by pre/post surveys.	Participant Demographics Pre/Post Survey Results Review	Sign- In Sheets Pre/Post Surveys PPSDS	SUD PC	June 2025 Biennial Reports
2.1.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.	Number of Participants Location of Service	Sign-In Sheets PPSDS	SUDPP Staff SUD PC	After Each Service Quarterly Reports
2.1.b. By June 2023, provide educational presentations to youth groups within all 6 High School Districts in Madera County, and increase their perception that marijuana/cannabis use is harmful by 2%	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2023 Annual Reports



as measured by pre/post surveys and/or CHKS.				
2.1.c. By June 2025, Madera County youth will increase their perception that cannabis/marijuana use is harmful by 5%, as measured by pre/post surveys and/or CHKS.	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2025 Biennial Reports
2.2.a. By June 2021, identify and outreach to youth groups through educational presentations in 3 of the 6 High School Districts in Madera County, as measured by sign-in sheets and PPSDS.	Number of Participants Location of Service	Sign-In Sheets PPSDS	SUDPP Staff SUD PC	After Each Service Quarterly Reports
2.2.b. By June 2023, provide educational presentations to youth groups within all 6 High School District in Madera County, and increase positive interpersonal skills and social development by 1% as measured by pre/post surveys and/or CHKS.	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2023 Annual Reports
2.2.c. By June 2025, Madera County youth will increase their positive interpersonal skills and social development by 3% as measured by pre/post surveys and/or CHKS.	Participant Demographics Pre/Post Survey Results Review CHKS Data Review	Pre/Post Surveys PPSDS CHKS	SUD PC	June 2025 Biennial Reports
2.3.a. By June 2021, identify, outreach, and educate 50 underserved parents on various SUD and mental health topics to help increase youth resiliency knowledge, as measured by pre/post surveys.	Participant Demographics Pre/Post Survey Results Review	Sign- In Sheets Pre/Post Surveys PPSDS	SUD PC	After Each Service Quarterly Reports



2.3.b. By June 2023, Madera County parents will increase their youth resiliency knowledge by 2% as measured by pre/post surveys.	Participant Demographics Pre/Post Survey Results Review	Sign- In Sheets Pre/Post Surveys PPSDS	SUD PC	June 2023 Annual Reports
2.3.c. By June 2025, Madera County parents increase their youth resiliency knowledge by 5% as measured by pre/post surveys.	Participant Demographics Pre/Post Survey Results Review	Sign- In Sheets Pre/Post Surveys PPSDS	SUD PC	June 2025 Biennial Reports



Evaluation Disseminating Plan (Table 6.3)

Audience	Presentations/ Briefings	Annual/ Evaluation Reports	Social Media	Community Meetings/ Forums
Madera County Behavioral Health Services	Quarterly X	Annually X	Biannually X	
Madera County Behavioral Health Advisory Board	Annually X		Biannually X	
Community Coalitions			Biannually X	Annually X
Youth/ School Districts			Biannually X	Annually X
Parents/ Madera County Community			Biannually X	



REFERENCES

California Department of Education. Data Quest, Madera County Report, retrieved August 2019. <https://dq.cde.ca.gov>

California Department of Education. Data Quest, Madera County Report, retrieved August 2019. <https://www.cde.ca.gov/ds/sd/cb/dataquest.asp>

Centers for Disease Control. Retrieved August 2019.
<https://www.cdc.gov/socialdeterminants/index.htm>

Data USA. Retrieved July 2019. <https://datausa.io/>

Employment Development Department of the State of California.
<https://www.labormarketinfo.edd.ca.gov>

Indicators of Alcohol and Other Drug Consumption in California Counties

Indicators of Alcohol and Other Drug Contributing Factors in California Counties

Indicators of Alcohol and Other Drug Consequences in California Counties

Kids Data, A Program of Lucile Packard Foundation for Children's Health. Retrieved August 2019. <https://www.kidsdata.org/>

Madera County. <https://www.maderacounty.com/home>



Madera County Connection http://mcctransit.com/wp-content/themes/new-madera/library/transit-data/schedules/MCC_route.pdf

Madera County Economic Development Commission. Retrieved July 2019.
<https://maderacountyedc.com/demographics/community-profile.html>

Madera County Farm Bureau. <https://www.maderafb.com/about/county-ag-stats/>

National Institute on Drug Abuse, *Common Comorbidities with Substance Use Disorders*.
<https://www.drugabuse.gov/>

National Survey of Drug Use and Health (NSDUH), 2010-2014. <https://nsduhweb.rti.org/>

Stakeholders Meetings, October 16 and November 20, 2019

Substance Abuse and Mental Health Services Administration. *Applying the Strategic Prevention Framework (SPF)*.

<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

SUD Madera County Youth Survey 2019, Madera County administered Aug-Sept 2019

United States Census Bureau. Retrieved July 2019.

<https://data.census.gov/cedsci/profile?q=0500000US06039&q=Madera>