

Working upstream

to reduce alcohol & drug-related problems
in our community

County of Ventura Strategic Prevention Plan 2017 - 2022

**Ventura County Behavioral Health Department
Alcohol and Drug Programs, Prevention Services**



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County Profile

Ventura County is located along 42 miles of California coastline, covering 1,873 square miles. Situated between Santa Barbara and Los Angeles counties, Ventura is the southernmost of central California counties and offers geographical variety including the Los Padres National Forest, mountains, lakes and beaches, broad agricultural and rural areas, and growing urban development.

The unique physical land differences provide lifestyle opportunities but also present distinctive challenges in environmental prevention of alcohol and drug misuse and abuse. Ventura County is also fortunate to have an ethnically and culturally diverse population, described below, which similarly calls for strategic and targeted approaches to prevention.

The population of Ventura County has remained stable at 840,972¹ with almost 3% growth between April 2010 and July 2014, slightly below statewide increases. Most people live within the ten cities and in the residential unincorporated areas. As throughout California, the trend toward ethnic diversity continues in Ventura County, particularly among Latino populations. Slightly higher than the statewide average, 42% of all County residents are of Hispanic or Latino origin; 47% are White, not Hispanic or Latino; 7% are Asian; 2% are Black or African American; 2% are American Indian or Alaska Native; less than 1% Native Hawaiian and Other Pacific Islander; and 3% identify with two or more races.²

In addition to enhanced ethnic diversity, Ventura County continues to have a significant immigrant population: roughly one in five (23%) residents are foreign born.³ Among Ventura County residents at least five years old, more than one-third (38%) speaks a language other than English at home; of those, 44% report they speak English "less than very well".⁴ Approximately 79% of those who speak a language other than English at home speak Spanish; 11% speak Asian languages; 8% speak other Indo-European languages; and almost 2% speak other languages.⁵

To respond its diverse natural, built and human environments, Ventura County Behavioral Health (VCBH), Alcohol and Drug Programs (ADP), has focused on planning for alcohol and drug prevention based on its strong history of community-level collaboration and prevention partnerships. Strategically designed to effect changes in behavior by shifting the focus of activities to environmental strategies, County ADP initiatives address problematic consumption and its consequences, as well as the contributing factors which allow or facilitate misuse or abuse. Because so many problems, including underage and binge drinking, domestic violence, impaired driving and even accidental overdose death, emerge from the social and policy contexts in which drinking and other drug use occurs, priority has been given to "full spectrum" prevention efforts, which affect not only individuals and families at risk, but entire community systems. By combining educational and informational efforts with physical improvements and policy changes at the community, institutional and municipal levels, alcohol-and drug-related problems are decreased; supported by local data used to monitor trends and guide ongoing prevention efforts.

¹ 2013 US Census data estimate, quickfacts.census.gov. Population estimate for 2014 is 846,178 but demographic analysis is based on 2013 data.

² 2009-2013 American Community Survey 5-Year Estimates, factfinder.census.gov

³ Ibid.

⁴ *Language Spoken at Home*, 2009-2013 American Community Survey 5-Year Estimates, factfinder.census.gov

⁵ Ibid.

Vision and Mission Statements

Consistent with the Ventura County mission, *To provide superior public services and support so that all residents have the opportunity to improve their quality of life while enjoying and benefits of a safe, healthy, and vibrant community*, the vision of the VCBH Alcohol and Drug Programs is:

Vision

Healthy individuals, families, and communities across Ventura County, that are safe and free from alcohol and other drug problems.

To support that vision, the mission of VCBH Alcohol and Drug Prevention Services is:

Mission

To implement effective and sustainable primary prevention initiatives, guided by the best available local data, to systematically reduce community problems affecting everyone, and provide targeted strategies to increase protective factors for vulnerable populations.

Guiding Principles

In addition to the above described vision and mission statements, the following prevention principles shape prevention planning and implementation across Ventura County:

- ✓ Support collaborative and community-based coalitions to implement change;
- ✓ Collect and use data strategically, with emphasis on actionable information;
- ✓ Develop and implement prevention policies that have a strong evidence base;
- ✓ Engage diverse communities with strategies that are culturally and linguistically appropriate;
- ✓ Pursue prevention initiatives which capitalize on health care reform and integration;
- ✓ Conduct ongoing monitoring and evaluation – formative evaluation – to ensure results; and,
- ✓ Implement both universal and selective/indicated (targeted) prevention strategies.

Strategic and Collaborative Prevention Approach

VCBH has engaged in strategic and data-driven environmental prevention strategies since 1996 to address local alcohol and drug use and abuse. As shown in the figure to the right, most importantly, VCBH engages in a collaborative prevention approach, engaging all county sectors (e.g., law enforcement, government/elected officials, county partners, prevention providers, etc.) in local prevention efforts. The 2016 – 2021 Strategic Prevention Plan builds upon the work that has been conducted while targeting the current needs of the county, based on local data, and will continue to engage/seek the following:



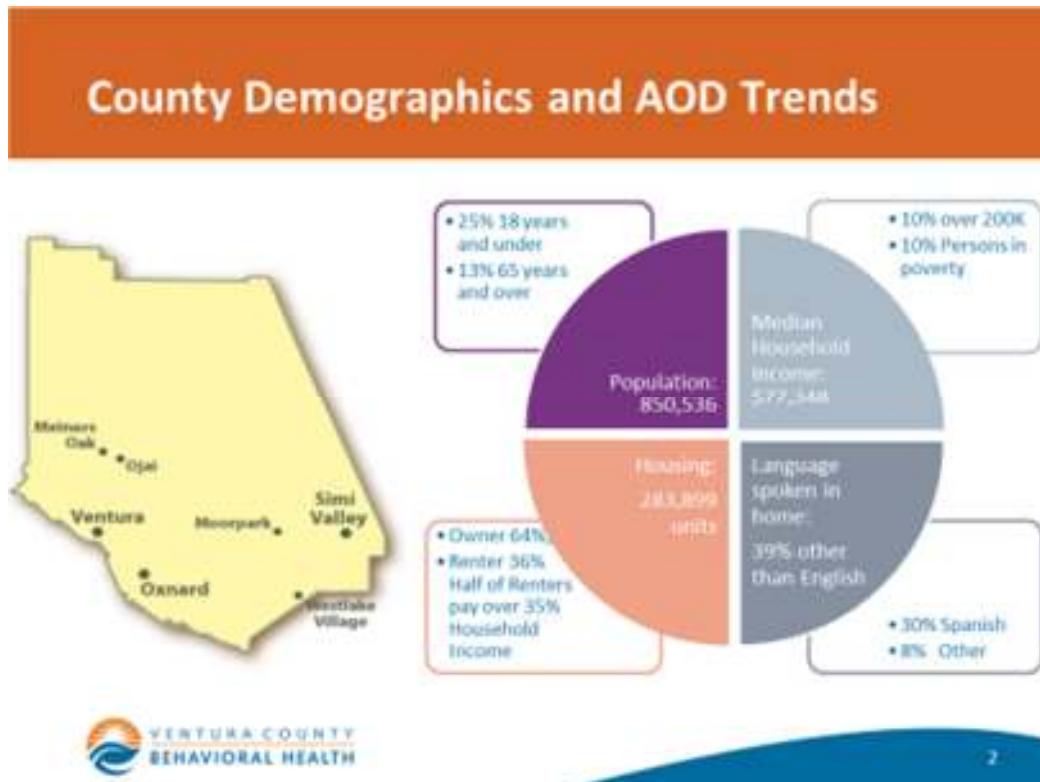
- Secure funding to support community collaborations that increase awareness and mobilize action for environmental prevention efforts (e.g., safe prescription drug disposal; ongoing minor decoy operations to prevent sales to minors);
- Support the implementation of new policies, laws and practices that promise to decrease the risks of AOD problems across entire communities or regions (e.g., using local data to focus on alcohol service practices in common settings of DUI behavior; regulate cannabis availability);
- Implement community education and media advocacy campaigns to affect behavior at the individual, family and community levels (e.g., augmenting/enforcing social host laws); and
- Sustain the involvement of concerned groups, local experts, and policy makers to use local data in systematically reducing identified AOD problems (e.g., work of the multi-agency Prescription Drug Abuse and Heroin Workgroup's efforts to decrease fatal and non-fatal opioid overdose).

Past Successes

- Awarded Office of Traffic Safety funding to enhance work around Impaired Driving prevention, resulting in the development of countywide multi-language prevention messaging tailored for multiple audiences (i.e., youth, older adults, general population). Funding was also used to develop the WEEDUI Campaign used across the county.
- Formation of the Prescription Drug and Heroin Workgroup that serves as the county's leader in:
 - Providing trainings for prescribers, nurses and other health care professionals about Rx pain medications.
 - Development of web-based resources, such as "Rx Risk: Prescribers Portal and Toolkit" which can also be accessed to inform patients and staff about preventing Rx misuse.
 - Supporting safe prescribing and dispensing of controlled prescription drugs by offering educational events that include CURES program enrollment opportunities.
 - Active development of resources in Spanish and English for relevant groups, including teachers, parents, law enforcement, pharmacists and decision makers, is a focal point.
- Summits and forums dedicated to identified prevention focus areas, allowing for sharing of local data, emerging trends, effective prevention efforts, and next steps in addressing community issues. These events, serving hundreds of people at each event, help bring awareness around critical alcohol/other drug issues and serve as a way for VCBH to share prevention strategies with neighboring counties. Summit topics have included Rx Drug Abuse, Social Host Ordinances, Marijuana Prevention, and Drug-Impaired Driving.
- VCBH ADP, Prevention Services works to increase knowledge of associated harms and reduce local availability of marijuana to youth.
 - "How High Ventura County" interactive website for parents and other adults was successfully launched at howhighventuracounty.org.
 - "Marijuana and Your Kid's Brain" video infographic in Spanish and English is a popular resource at venturacountylimits.org for use at school, parent and community events.



- Policy solutions aimed at reduced youth access to marijuana have been developed and shared, as well as designed to monitor and regulate medical marijuana-related facilities including cultivation, marketing, delivery and compliance with LOCALLY developed rules.
- Local, representative and generalizable data collection via the “Ventura County Community Health Survey (VCCHS)” obtained information across regions and demographic groups. This expansive survey initiative serves multiple purposes including: local data assessing drug use trends within the county; awareness of county prevention campaigns and initiatives; and change over time in alcohol/other drug use behavior, awareness, and perceptions of harm.



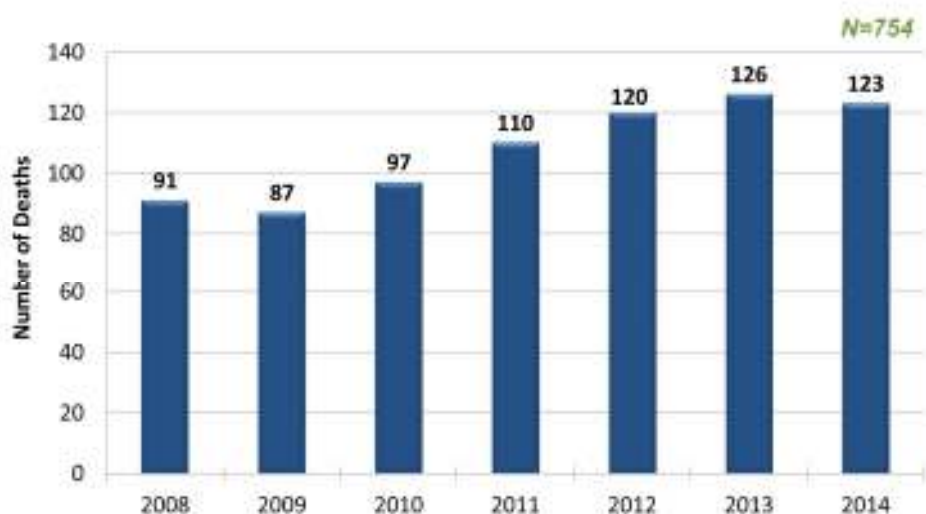
The Extremes of Wealth and Poverty Seem to Contribute to Drug Use Trends

According to the National Survey on Drug Use and Health (NSDUH 2014), alcohol use and binge drinking are more prevalent among those who are employed and who have higher incomes than those who are unemployed or underemployed. Generally speaking, alcohol use among adults is higher nationally among the educated and well-off, while those who are living in poverty show higher levels of illicit drug use, including heroin. However, according to the Centers for Disease Control and Prevention (CDC, *Vital Signs*, 2015), heroin use nationally has shown increases across *all* socio-economic strata. And heroin use among persons with annual incomes between \$20,000 and \$49,000 had the highest rate of increase.⁶

⁶ Today's Heroin Epidemic: VitalSigns; Centers for Disease Control and Prevention, (2015, July)

Prescription Drugs Account for Majority of Overdose Deaths

Our local trends seem to be consistent with these national findings with a few notable exceptions. Among 9th and 11th graders, lifetime alcohol use and current drinking have trended downward in the last eight years, but show the highest levels at the high AND low ends of the socioeconomic spectrum. In the more affluent East County communities of Simi Valley and Thousand Oaks, high income is associated with higher levels of teen drinking. Among lower income, predominantly Latino communities in the West County (Fillmore, Santa Paula, and South Oxnard), illegal drug use and teen smoking appear to be more prevalent. And while an increase in opioid use over time has affected teens countywide (1 in 5 Ventura County 11th graders have used an Rx painkiller to get high),⁷ the increase in both fatal and non-fatal opioid overdose appears to be more pronounced in the White, suburban East County areas.^{8 9}



Drug Overdose Fatalities – Medical Examiner Data

Drug overdose deaths rose countywide from 91 in 2008, to 126 in 2013, and then tapering slightly to 123 deaths in 2014. Of these deaths, the vast majority (63%) were attributable to prescription drugs. However, heroin alone (24%) was implicated in more than 20 deaths per year.¹⁰

One of the geographic and cultural challenges facing Ventura County is its close proximity to the West San Fernando Valley area of Los Angeles, which is now infamous for so-called “pill mill” medical offices, leading to enhanced interdiction efforts and collaborations with the Pharm Crimes Task Force in our area (see LA Times series “Dying for Relief” by Glover and Girion, 2012).

⁷ California Health Kids Survey, 2014, WestEd, as reported by VC Office of Education; Christiansen, 2016.

⁸ Ventura County Sheriff’s Office, Pharma Crimes Task Force, as reported 2016, Rx Drug and Heroin WG.

⁹ Sources: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015

U.S. Census Bureau, Population Division (EC- either all cities, or none in graphic)

2015 Small Area Income and Poverty Estimates (SAIPE)

¹⁰ Drug-Related Deaths in Ventura County 2008-2014; Hunnicut, VCBH, www.VenturaCountyLimits.org

II. Step 1: Community Risk and Resource Assessment

A. Assessment Results by Priority Areas

For more than 20 years, VCBH ADP Prevention Services has been using data to help drive their decisions and strategies in addressing a wide range of alcohol and drug problems in Ventura County. For example, a heavily used data source to inform prevention strategies for over a decade has been the Place of Last Drink Survey (POLD) from participants in the Ventura County DUI (Driving Under the Influence) Program, an educational program for those who have been arrested for DUI and meet certain requirements. POLD survey data inform VCBH staff, the community, and Prevention partners about the current circumstances and settings related to alcohol and drug abuse that endanger public health and safety.

Ventura County relies both on local data as well as secondary sources to inform and evaluate prevention needs, and to develop data-driven and evidence-based strategies for maximizing public health and safety. Following are select data highlighting Ventura County's AOD prevention needs, organized by VCBH's five identified initiative priorities: (1) Addressing Health Disparities; (2) Prescription (Rx) Drugs; (3) Marijuana; (4) Underage Drinking Prevention; and (5) Impaired Driving Prevention.

Each of the five initiatives was selected based on local needs, and as the data reveal, continue to be a problem within the community. In order to establish need and inform prevention strategies, the following questions guided the needs assessment:

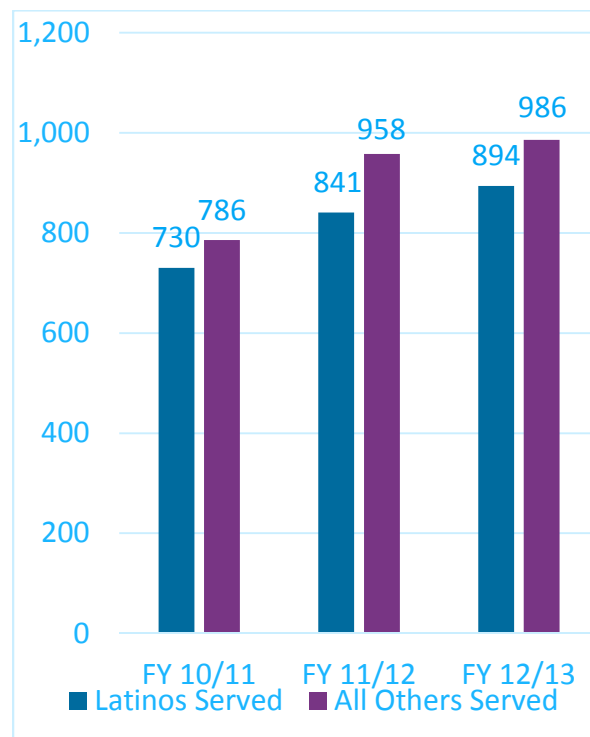
1. What are the current substance use rates?
2. What are the perceptions of harm and perceived access to substances?
3. What are the associated consequences and/or harms stemming from AOD use that are occurring countywide (e.g., death rates, overdoses, crashes, etc.)?
4. What are the risk and protective factors that exist locally?
5. What is the level of awareness around existing media campaigns?
6. What, if any, gaps still exist relative to local data for informing prevention?

The following section includes supporting data for each of the five identified priority areas.

Addressing Health Disparities

The present assessment is rich with data from multiple sources regarding overall alcohol and other drug use among Ventura County residents, as well as information pointing to the consequences of AOD use. Undoubtedly, the findings about risk and protective factors shown in the sections below indicate a continued need for prevention strategies to help reduce the impact of substance use on the lives of individuals and families living across Ventura County. At the same time, it should be noted that some of the findings presented here are limited to available data describing the general population. An

important aim and focus for VCBH is to identify and expand local data sources that indicate risk factors, community needs, protective factors and measure outcomes among multiple subpopulations residing within Ventura County (e.g., including differences by income/socio-economic status; sexual orientation, gender identity; disability; geographic location; race, ethnicity and/or any combination of these factors). As is typical among many other counties in the state, information specific to sub-populations is often less readily available than countywide data or regional-level statistics.



Ventura County Alcohol & Drug Programs – Treatment Clients Served

Understanding that substance abuse risks are not evenly and proportionally spread across a large population, Ventura County recognizes the importance of focusing enhanced local prevention efforts on underserved and minority populations. Extant literature frequently indicates that socio-demographic and ethnic disparities may lead to disproportional health outcomes and other health inequities (the California Reducing Disparities Project and the State Office of Health Equity offer many examples). Furthermore, research shows minority populations, including African-American and American-Pacific Islanders, are at elevated risk for use of illicit drugs and their associated consequences and problems.¹¹

However, the same federal sources show lower levels of underage and binge drinking among these groups, and other indicators of protective factors which exist, such as strong family and community

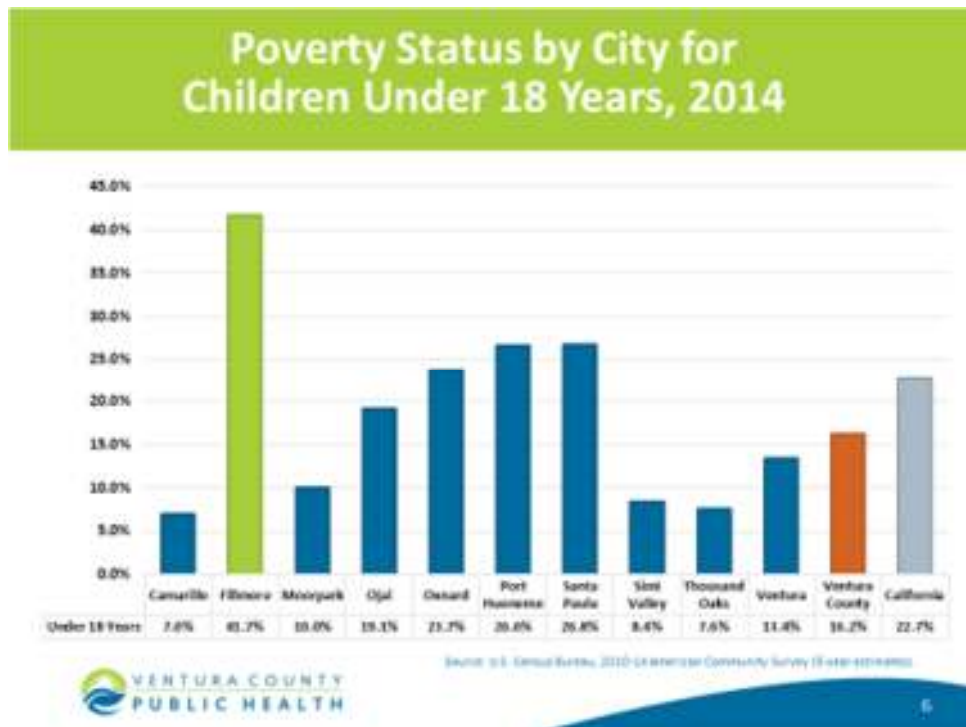
¹¹ National Survey on Drug Use and Health, 2014. DetTabs2014, SAMHSA.gov

supports to mitigate substance abuse. Because much drug use behavior is historically and currently illegal, (for example, non-medical use of cannabis by youth) it comes with a great deal of stigma. And minority groups—some of which constitute less than 3% of the population locally—may be perceived to be engaging in socially destructive behavior, and are vulnerable to this stigma, despite the fact that epidemiologic data at the national level show few differences in overall use by race and ethnicity.¹²

Furthermore, local data about risk behaviors among groups that are non-White and non-Latino such as are collected by the California Healthy Kids Survey (CHKS), do not achieve responses of sufficient sample size to draw useful inferences about local trends for so-called “micro-minorities.” Hence, little is confidently shared from the survey data, and even less is understood about the specific risks facing young people of color which may help inform prevention practice locally. Unfortunately, despite great efforts made to include local substance abuse data specific to vulnerable sub-populations, in many cases data were not available at the desired level. Existing local substance abuse data related to gender, age and ethnicity are presented throughout the community assessment as relevant to each data source. However, existing substance abuse data by socio-economic risk, ethnicity/race, and other significant factors are limited, as are data on specific use/abuse patterns pertinent to other sub-populations, such as persons with disabilities or Lesbian, Gay, Bisexual, Transgender (LGBT) people. Thus, future local data collection efforts will continue to fill these “needs related” gaps, and our aim is to continue in a collaborative and culturally-informed manner.

In a review of poverty status across Ventura County, families with children were more likely to be living in poverty in 2014, as 16.2% of children under 18 years of age in VC lived below the poverty level. The

level of poverty among children is higher than the poverty level among the population in general. The cities of Fillmore, Oxnard, Port Hueneme and Santa Paula all have a higher percentage of the population living in poverty, including children. Sadly, a significant percentage of Ventura County’s children grow up in poverty during the



¹² Ibid.

early and most vulnerable years of their lives. These conditions may help predispose some youth to other problems, including drinking and drug use at earlier ages.

Note that the City of Fillmore has by far the highest percentage of children living in poverty at 41.7%. These children are predominantly Latino, because, in addition, of all Ventura County cities, Fillmore shows the greatest socio-economic disparity based on ethnicity. In fact, in this community, Hispanics are almost 7 times more likely to be living in poverty than their white counterparts.¹³

In 2014, the Office of Health Equity and Training (OHET) was established within VCBH to better assess and address the needs of underserved communities within Ventura County. Since that time, the OHET assessed some needs of these underserved communities along with other at-risk/vulnerable populations (elderly, foster youth, and youths aged 0-5) using existing data. Over time, these data will be used to better inform and gauge prevention efforts among underserved/vulnerable/at-risk populations.

Strengths in Serving Latinos

In the Spring of 2015 interviews were conducted with VCBH staff members to assess the availability of local data sources and to gain an understanding of current efforts to reduce disparities in Ventura County and what methods are being used to identify at-risk or vulnerable populations. Some staff reported focusing preventive efforts towards Spanish-speaking and low-income populations because they perceive great need for services among these populations (i.e., sharing prevention messaging within mono-lingual Spanish-speaking individuals across the county; ensuring all available prevention materials are developed and distributed in Spanish). It was noted that, in keeping with the National Prevention Strategy to ensure a strategic focus on communities at greatest risk, , outreach efforts in the Latino community climbed to 158 community events for Spanish speaking populations and their communities throughout Ventura County during the 2014 calendar year alone. It is safe to say that Ventura County now has materials, bi-cultural staffing and internal capacity to reach Spanish-speaking residents with prevention messages for local Latinos as never before.

Two of the three Community Service Coordinators in Prevention Services provide education to parents and community agencies in both Spanish and English; participate in countywide community events; make presentations; and strategically plan and organize outreach strategies to match the prevention services mission of reaching the underserved and at-risk communities while being mindful of cultural sensitivities and ethnic/linguistic disparities. Ongoing efforts to reach at-risk communities are maintained on the venturacountylimits.org website which includes a visible community outreach calendar of activities for all community members to access.

However, an identified gap was targeted data collection and needs assessment efforts to ensure that the “right” message and culturally appropriate materials are available to all persons, especially those who demonstrate elevated need, but are historically under-represented in data sources. Another staff member discussed focusing on sharing prevention messaging within the African American community, and the importance of developing culturally-informed needs assessment and capacity-building tools, to

¹³ Poverty in Ventura County, VC Public Health, 2015; Vargas & Slack

better define and address factors that contribute to substance abuse among “invisible populations,” (i.e., distinct populations not typically acknowledged; less than 3% of local population) .

People of Color at Elevated Risk

This population has been exposed to generations of discrimination, race-based segregation and resulting poverty...and have been exposed to micro-aggressions, which are defined as “events involving discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups” - (Michaels, 2010; from SAHMSA, Gains Center)

Compared to neighboring Los Angeles County, Ventura County stands out in three important ways. First, Los Angeles County is home to the seventh largest Black population in the United States according to the Urban League, with more than 33% of the county population, while Ventura County has a very small African American community, comprising less than 3% of the total county population. As such, many of the cultural and institutional resources associated with African American experience are tend to be located out-of-county, and, experiences of ‘cultural vulnerability’ are common among young adults.

Second, Ventura County is a very heavily agricultural economy and the recent drought has created extremely negative economic and social conditions for field and farm workers. Families in the Santa Clara Valley and the Oxnard Plain who depend on agricultural work for their incomes have experienced six successive years of lost work, low wages, and many times, ‘economic migration’ out of the area.

Third, in large part because of the agricultural economy of our region, Ventura County is home to one of the largest indigenous populations of Mexico living in the United States, many of whom speak neither English nor Spanish. The Mixteco community is estimated to be more than 18,000 in population—larger than two of county’s incorporated cities. With these individuals and families who are native to Oaxaca, Mexico, come a range of cultural, linguistic, and gender considerations when it comes to consumption of alcohol; including limited understanding of state and local laws.

Data collected from the recent VCCHS revealed that county prevention efforts seem to be heading in a positive direction. Hispanic/Latino respondents were more likely than White respondents to indicate that individuals with mental health disorders could get help in their communities. Additionally, when respondents were asked, “How available do you think County alcohol/drug treatment program are for those who need them?,” and “How available do you think County mental health services are for those who need them?,” Hispanics/Latinos surveyed were more likely than White respondents to indicate these types of services were available.

Although ethnic minorities such as Hispanics/Latinos, African Americans, Asian/Pacific Islanders, Native Americans, and others may be more vulnerable to substance use, local data—both quantitative and qualitative—are extremely limited. And because there may be major differences in how consequences are experienced by these groups, we need more local research to understand specific prevention needs.

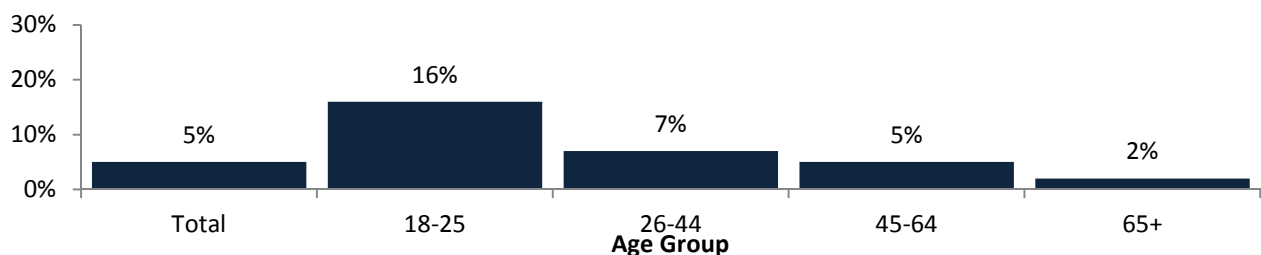
Prescription (Rx) Drugs

Multiple data sources in Ventura County point to the need for a focused prescription drug prevention initiative. Local and secondary data sources identify current trends and needs related to Rx drug abuse prevention, specifically among younger populations across Ventura County. These data sources show a clear need for prevention around prescription drug abuse/misuse.

Rx Drug Availability and Abuse

Data collected from the VCCHS during 2014 showed that 5% of respondents reported using Rx or over-the-counter (OTC) drugs to get high at least once in their lives. However, among 18-25 year old respondents, 16% reported using Rx or OTC drugs to get high at least once in their lives, more than double the response of any other age group (see **Figure 2**).¹⁴

Figure 2. Ventura County Residents by Age Group who Indicate Using Rx/OTC Drugs to get High at Least Once in Their Life, 2014-2015 (N=769)



Among respondents who reported using Rx or OTC drugs at least once in their lives, men were four times more likely to use Rx or OTC drugs to get high (8%) than women (2%). Data also indicated that White respondents were four times more likely to use Rx or OTC drugs (8%) than Hispanics/Latinos (2%).¹⁵ Of the adults who reported using Rx/OTC drugs at least once in their lives to get high, 6% reported having used Rx drugs to get high during the past month.¹⁶

To further assess drug use trends, two studies¹⁷ carried out in 2012 were designed to examine whether prescription-type opioid use is a precursor to heroin use. Data were collected from two high-risk populations (i.e., 312 local jail inmates and 489 outpatient treatment clients). As shown in the image below, findings across both populations helped to substantiate anecdotal information suggesting that prescription drug abuse frequently leads to heroin use. These data help support the need for prevention efforts around prescription drug abuse to lessen the onset of more severe drug use patterns.

¹⁴ *Ventura County Community Health Survey, Report 1: Countywide Findings*, FY 2014-2015. EVALCORP Research & Consulting (Ventura, CA: Ventura County Behavioral Health Department Publication).

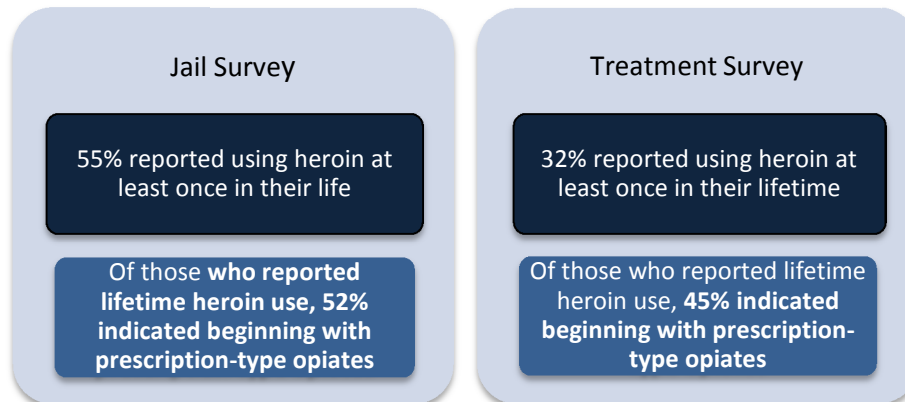
¹⁵ *Ventura County Community Health Survey, Report 1: Countywide Findings*, FY 2014-2015. EVALCORP Research & Consulting (Ventura, CA: Ventura County Behavioral Health Department Publication).

¹⁶ *Ventura County Community Health Survey, Report 1: Countywide Findings*, FY 2014-2015. EVALCORP Research & Consulting (Ventura, CA: Ventura County Behavioral Health Department Publication).

¹⁷ *Ventura County Main Jail Prescription Opioid Summary Findings*, 2012. EVALCORP Research and Consulting. and *Ventura County Outpatient Treatment Services Prescription Opioid Summary Findings*, 2012. EVALCORP Research and Consulting.

Significantly, opioids are the most frequently dispensed prescription drug in Ventura County, and a review of data from the State’s prescription drug monitoring program, **CURES**, shows that in calendar year 2012, less than half (47%) of local prescribers accounted for 96% of all opioid prescriptions dispensed—each of whom wrote between 500 and 6,399 opioid prescriptions in this single year.

Prescription Opioid Surveys – Data Highlights



Harms and Consequences of Rx Drug Abuse

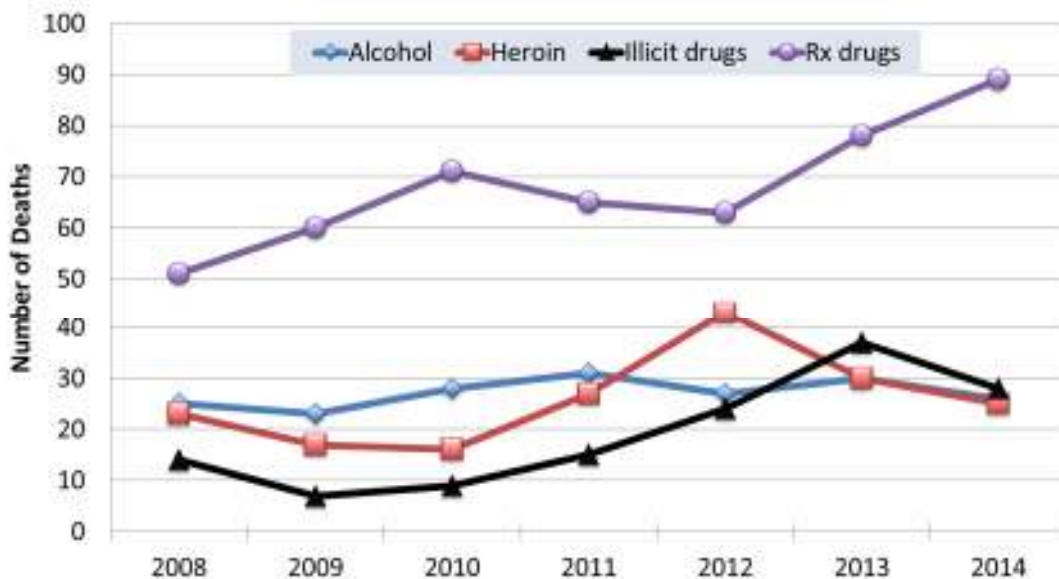
The most current available data from the Ventura County medical examiner records show that between 2008 and 2013, there were a total of 388 deaths involving opioids or other Rx drugs (see **Table 1**). The majority of these accidental deaths were involving opioids, with an average of 54 deaths per year related to opioid use.¹⁸ It is notable that these greatly outnumber traffic fatalities year-over-year, and are now locally, just as at the national level, the leading cause of accidental death- yet fully preventable.

Table 1: Ventura County Accidental Deaths Involving Opioids or Rx Drugs across Years 2008-2012

	Number of Accidental Deaths Involving...		
	Opioids	Other Rx drugs	Opioids or Rx drugs
2008	41	33	51
2009	46	35	60
2010	58	41	71
2011	56	34	65
2012	56	35	63
2013	69	59	78
Total	326	237	388

¹⁸ VCBH Drug and Alcohol-Related Deaths, Ventura County (Rx Workgroup, 2015); 2015 VCBH analysis of Medical Examiner data by K. L. Hunnicutt, MA

Moreover, the number of non-fatal opioid related emergency department (ED) visits in Ventura County increased steadily between 2008 and 2011, according to the California Department of Public Health (i.e., 112 cases in 2008 to 177 cases in 2011 of ED visits involving opioid overdose for those 18 and older). Increased incidents of opioid-related ED visits are mirrored in the juvenile population, as ED visits among those 17 and under related to opioid overdose increased over the same time period, suggesting a need for prevention efforts around Rx drug abuse.¹⁹



Prescription Drug Overdose Deaths Have Increased

Opioid prescription drugs were the largest contributor to overdose deaths in Ventura County over the first six years of this trend. However, two recent trends have appeared. First, the number of deaths related to opioid prescriptions dipped slightly from 2013 to 2014. Next, non-opioid prescribed agents have increased sharply since 2012.

Other important trend observations include:

- The majority of overdose deaths in our area are, in fact, opioid-related.
- Most overdose deaths are due to concurrent use of multiple substances (68%)
- The vast majority of deaths are ruled accidental in nature (83%), and
- There are fluctuating patterns of overdose deaths by geographic region within the county.

Higher than State Rate of Overdose Deaths per 100,000

While the Ventura County opioid death rate is not as high as some northern and rural counties, with an age-adjusted rate of 5.4 deaths per 100,000 population, our county is still higher than the statewide rate of 4.52; and is significantly lower than Orange County (7.24) and Santa Barbara (7.70).²⁰

¹⁹ Rx & Heroin Abuse: Ventura County Responds, 2014. Ventura County Prescription Drug Abuse Workgroup.

²⁰ California Opioid Overdose Surveillance Dashboard, CDPH, funded by Centers for Disease Control, 2016.

County treatment admission data were also reviewed to inform the scope of the Rx drug abuse within the county. The percentage of overall treatment admissions for Rx Opioid abuse has doubled from 2% in 2008 to 4% in 2012 (see **Table 2**).²¹

Table 2: Rx Opioid Treatment Admissions in Ventura County from 2008-12

	Percentage of Rx Opioid Admissions		
	17 and under	18 or older	All Ages
2008	<1%	2%	2%
2009	1%	2%	2%
2010	2%	4%	4%
2011	2%	4%	4%
2012	1%	4%	4%

Perceptions of Harm and Ease of Access

Ventura County residents' perception of harm in abusing Rx drugs was assessed via the VCCHS. Findings showed that:

- ✓ 81% of Ventura County Residents believe people greatly risk harming themselves physically or in other ways when they use prescription drugs not as prescribed to get high.
- ✓ 72% of Ventura County residents believe Rx drugs to be used not as intended are “fairly easy” or “very easy” for teens to access.
- ✓ 75% of Ventura County residents are “very concerned” about teenage drug use.

Existing Use of Resources

VCBH collaborates with law enforcement to offer an Rx drug disposal program allowing its residents to safely dispose of unused or expired medications. Across Ventura County, less than one in five adults reported using the prescription drug disposal bins located throughout Ventura county (18%), indicating a need for greater awareness around the drug disposal program.²² The Ventura County Sheriff's Office monitors the amount of Rx drugs disposed of via the county disposal bins and report that between 2009 and November 2015, a total of 25,129 pounds of Rx drugs have been disposed.²³ However, given that just 18% of Ventura County adults have used prescription drug disposal bins, additional education and awareness efforts can be developed to increase the disposal of unwanted and unused medications. This will help ensure that medications stay out of the hands of local youth.

In addition, the joint efforts of the Rx Drug Abuse and Heroin Workgroup support a collective impact approach when it comes to changing prescribing practices. Multiple agencies are now focusing on the “supply side” of the prescription opioid epidemic; supporting safe opioid prescribing practices.

²¹ *Rx & Heroin Abuse: Ventura County Responds*, 2014. Ventura County Prescription Drug Abuse Workgroup.

²² *Ventura County Community Health Survey, Report 1: Countywide Findings*, FY 2014-2015. EVALCORP Research & Consulting (Ventura, CA: Ventura County Behavioral Health Department Publication).

²³ Ventura County Sheriff's Office, November 2015.

Marijuana

Marijuana has become more potent, more concentrated in its forms, increasingly prevalent, and will continue to be a highly-relevant focus of prevention efforts in Ventura County as non-medical marijuana may become legally available in the coming years. With this in mind, data from local and secondary sources are presented to demonstrate the need for this initiative to continue to remain a priority.

Contributing Factors to Marijuana Use/Changing Local Landscape

Although non-medical marijuana is becoming legal in several states, and medical marijuana is legal in the state of California, Ventura County still has strong policies in place that prohibit marijuana dispensaries. In fact, as of December 2015, there are no legal medical marijuana dispensaries operating within the county. Different restrictions apply to different areas of Ventura County, but across all cities, measures have been taken to limit marijuana dispensaries (see **Figure 3**).²⁴ However, these restrictions may change drastically in the next year as support for legalized medical and non-medical marijuana outlets takes hold and new state legislation is implemented. Therefore, efforts should be made to monitor the effects of these changes on preventive actions to marijuana abuse in Ventura County.

Figure 3. City Policies Prohibiting Dispensaries Throughout all of Ventura County



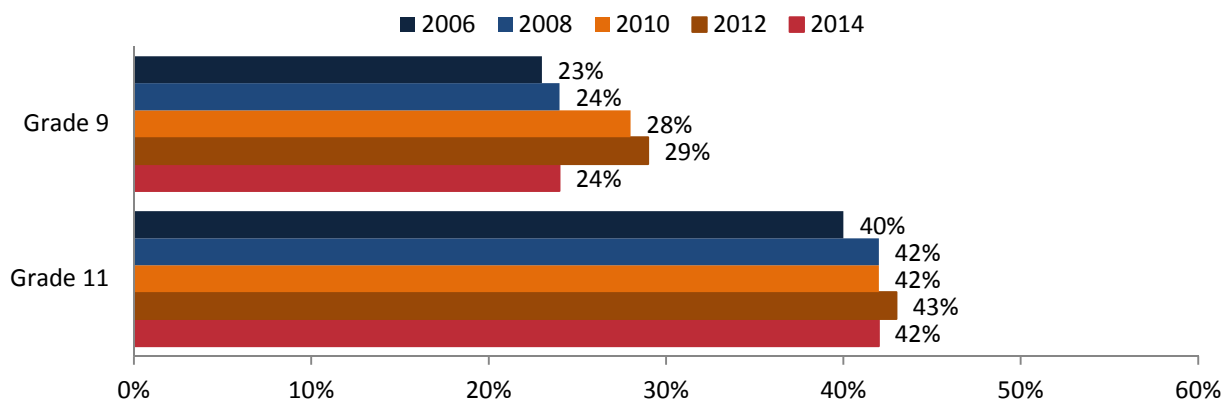
Marijuana Use

The most current data available collected from the California Healthy Kids Survey (CHKS) show that the average percentage of students in Grades 9 and 11 in Ventura County who reported using marijuana at least once in their life appear to be steadily consistent and comparable to the California state averages. The data show slight increases in the percentage of youth who indicated marijuana use from years 2008-

²⁴ Ventura County, CA (2014). *Marijuana in Ventura County: A Gateway for Discussion*. Second edition. Ventura County Behavioral Health. Prepared by Rae Hanstad Consulting.

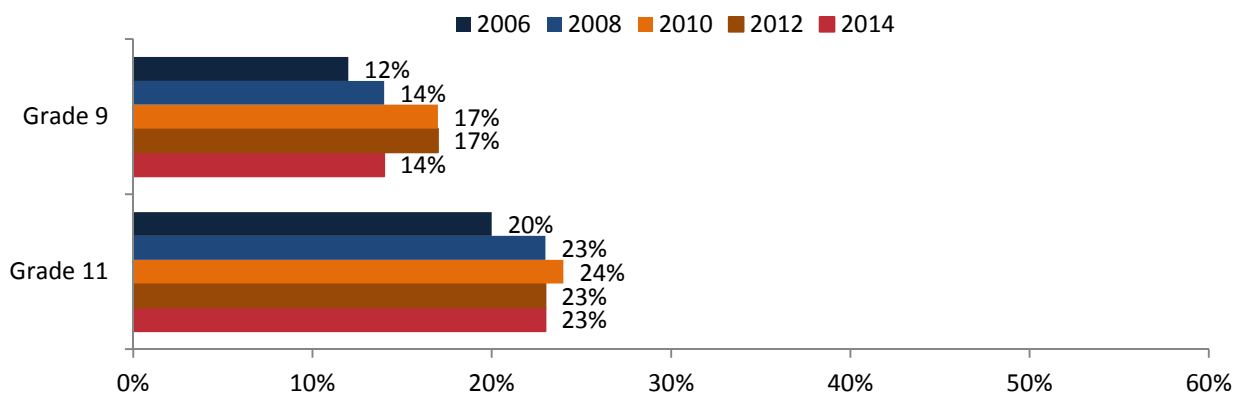
2012, but a decrease in marijuana use for Ventura County youth in both Grades 9 and 11 in 2014 as compared to the previous year(s). (See **Figure 4**).²⁵

Figure 4. Ventura County Youth who Indicated Using Marijuana at Least Once in Their Life, CHKS, 2006-14



Students were also asked if they had used marijuana in the past 30 days; percentages of those who indicated using marijuana in the past 30 days at time of survey completion are detailed below (see **Figure 5**). On average between the years of 2006-2014, slightly more than one in five students in Grade 11 (23%) report using marijuana in the past 30 days, while approximately one in seven students in Grade 9 (15%) report using marijuana in the past 30 days.²⁶

Figure 5. Marijuana Use Among Ventura County Youth in the Past 30 days, CHKS, 2006-14



It is important to note that, compared to other large counties in Southern California, Ventura County has slightly but significantly higher levels of self-reported current (last 30 day) use of marijuana among both 9th and 11th graders than either Los Angeles (15% 9th graders, 20% 11th graders) and San Diego (13% 9th and 18% 11th graders).

²⁵ Ventura County Office of Education. California Healthy Kids Survey, 2006-2014. Prepared by Dr. Heidi Christensen.

²⁶ Ventura County Office of Education. California Healthy Kids Survey, 2006-2014. Prepared by Dr. Heidi Christensen.

Beyond marijuana use among youth, findings from the 2014-2015 VCCHS indicated that 43% of Ventura County adult residents reported using marijuana at least once in their life,²⁷ a similar percentage to the reported 42% average among Grade 11 students in Ventura County.

Interestingly, among the VCCHS respondents, men reported having used marijuana at least once (52%) more often than women (37%); and lifetime marijuana use among the respondents between the ages of 45 to 65 years old was at 53%, which was 10% higher than the percentage of all respondents for those who indicated using marijuana at least once.

Of the respondents who reported using marijuana at least once in their lives, 11% reported marijuana use during the past 30 days.

Another key consideration is how amenable to intervention (changeable) these levels of use are likely to be by shaping local availability. This is especially timely given the new local powers available to regulate medical cannabis. These findings, combined with the reality that there is not now (nor has there ever been) a retail medical dispensary operating legally in Ventura County, make marijuana prevention policy and education a top priority among our local initiatives.

Consequences of Early Cannabis Consumption

Studies have shown that early age of onset of marijuana, especially with frequent use, is a strong predictor of rapid progression to a substance use disorder. National research supported by NIDA shows that individuals who begin use of cannabis products in adolescence are between 2 and 4 times more likely to have symptoms of cannabis dependence within two years of first use (see Gertson, 2016).

In a local Ventura County survey of 132 youths ages 12-17 engaged in treatment provided by our Department in 2014, fully three quarters (75%) began drug use with either cannabis alone or cannabis and alcohol combined at the same age. Moreover, 41% reported daily use of cannabis, and the average age of onset was 13. Despite being a small sample of local youth, the survey is cause for long-term concern, as the availability of high-potency cannabis is expected to rise in the coming years. Adverse effects of adolescent cannabis use on cognition, educational achievement, and verbal recall are well documented in contemporary national research (see Volkow, 2014, in NEJM) in addition to neuropsychiatric risks of psychotic disorders, including schizophrenia (Zammit, et. al., 2002).

Taking into consideration the lasting adverse behavioral, cognitive and emotional effects of cannabis use that may be “too much, too early, too often,” programs and policies need to deter and delay teen use.

Perceptions of Harm and Concern about Marijuana Use

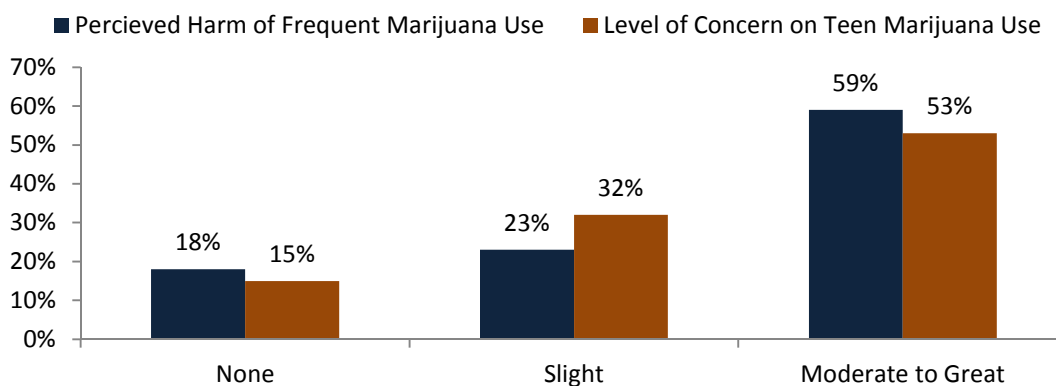
VCCHS findings suggest that a majority of adults in Ventura County are moderately to greatly concerned that some marijuana use once or twice a week is harmful to the individual using it (59%) and women

²⁷ *Ventura County Community Health Survey, Report 1: Countywide Findings, FY 2014-2015.* EVALCORP Research & Consulting (Ventura, CA: Ventura County Behavioral Health Department Publication).

compared to men were more likely to view this behavior as very harmful, as were older adults compared to younger adults.

Similarly, data from the VCCHS suggest that along with growing concern from adult residents in Ventura County about the risk of using marijuana, adult residents are also very concerned about the level of teenage marijuana use, with over half reporting high concern for teenage marijuana use (53%). As shown in **Figure 6**, more than half of respondents indicated moderate to great perceived harm and concern for teen marijuana use.

Figure 6. Ventura County Resident Perceived Harm and Level of Concern for Teen Marijuana Use, 2014-2015 (N=769)

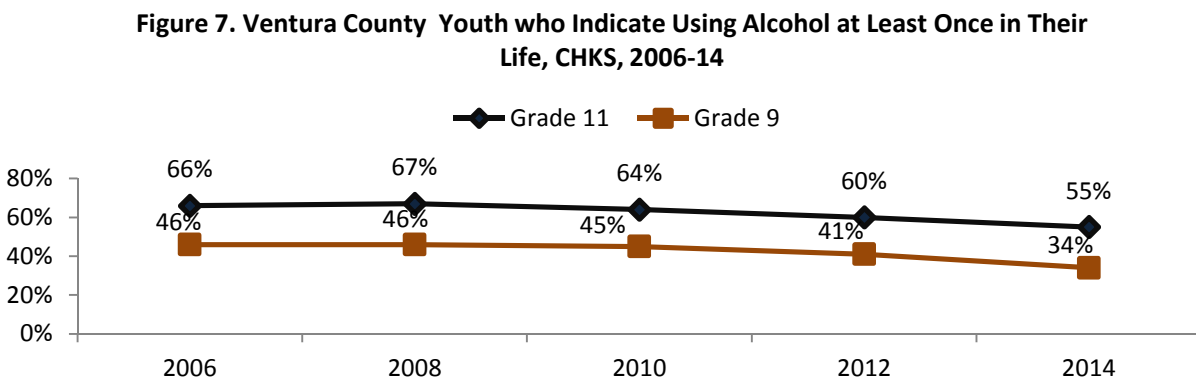


Underage and Binge Drinking

Similar to marijuana use trends, Ventura County youth continue to report high rates of alcohol use (a legal drug which is illegal for those under age 21). While use levels of alcohol were substantially higher than state averages in 2010, there has been a decrease in reported alcohol use among 9th and 11th graders over the past several CHKS administrations, and use levels are slightly lower than state averages. With the implementation of Social Host Ordinances (SHO) throughout the county, adults and youth are more aware of the consequences of underage and binge drinking than ever before. Yet, local data still show large numbers of Ventura youth consuming alcohol, and experiencing the negative consequences both personally and academically. Because alcohol-related problems are still among the most dangerous to youth, and to sustain Ventura County's prevention progress, individual prevention services are needed, and the underage drinking initiative must remain a priority. Proven ways of engaging youth with problems and getting help for AOD-related issues early should be expanded within schools.

Alcohol Use

According to the CHKS, the percentages of Ventura County youth that report drinking alcohol at least once in their lives has decreased by 17% among 11th graders and by more than 25% among 9th graders between the years 2006-14 (see **Figure 7**).²⁸

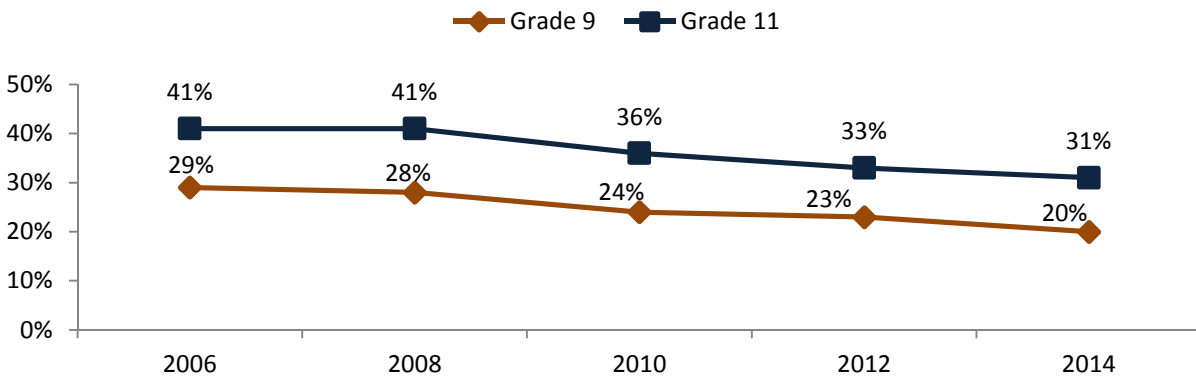


In addition to the decreasing trend observed among Ventura County youth who indicate trying alcohol at least once in their life, the 2006-14 CHKS data also show that a lower percentage of these students are drinking within a 30-day timeframe. Again, both Grades 9 and 11 show percentage decreases of more than 24% from 2006 to 2014 (see **Figure 8**).²⁹

²⁸ Ventura County Office of Education. California Healthy Kids Survey, 2006-2014. Prepared by Dr. Heidi Christensen.

²⁹ Ventura County Office of Education. California Healthy Kids Survey, 2006-2014. Prepared by Dr. Heidi Christensen.

Figure 8. Ventura County Youth who Indicate Drinking Alcohol in the Past 30 Days, CHKS, 2006-14



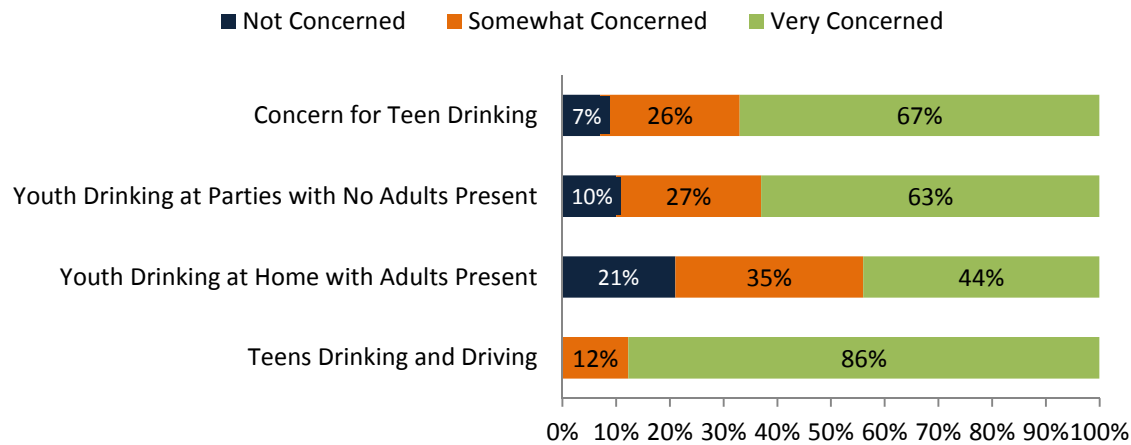
Perceptions of Harm, Concerns Regarding Teen Drinking, and Perceived Ease of Access

Still, anecdotal data from prevention providers strongly suggest that unsupervised teen drinking parties are settings of very high risk for local youth, and data from the Ventura County Sheriff's Department show that loud party disturbances, fights and sexual assaults persist with underage drinking events.

Data obtained from the VCCHS also revealed that Ventura County adults are concerned about teen drinking behaviors across various types of scenarios findings; with 86% of adults perceiving alcohol to be "fairly easy" or "very easy" to obtain among teens. As shown in **Figure 9**, two-thirds of respondents reported being very concerned about teenage drinking; 63% were very concerned about youth drinking at parties with no adults present; 44% were concerned with youth drinking at home parties with adults present; and 86% expressed being very concerned about teens drinking and driving.³⁰

³⁰ *Ventura County Community Health Survey, Report 1: Countywide Findings, FY 2014-2015.* EVALCORP Research & Consulting. (Ventura, CA: Ventura County Behavioral Health Department Publication).

Figure 9. Ventura County Resident Concern about Teens and Alcohol-Related Activities, 2014-2015 (N range=760-766)



Awareness and Support for Social Host Ordinances (SHOs)

Increased awareness and enforcement efforts for SHOs appears to have contributed to decreased alcohol use rates among youth. Data from the VCCHS indicated that almost two-thirds of adult respondents were aware of the SHOs (61%).³¹ Previous assessments on awareness of SHOs among high school students range from 50% to over 60%. Ventura County's focus on increased media campaigns, community involvement, forums and other support for SHOs make it probable that awareness of SHOs have increased overtime since 2007, which also likely has contributed to decreases in youth drinking.

A substantial percentage of Ventura County adults were in support of SHOs, with 78% agreeing that SHOs are a good way to stop people from having parties where alcohol is served to people under 21. From the 2013 Social Host Ordinance Impact Evaluation findings report, it is apparent that the level of awareness among Ventura County youth regarding SHOs mirrors that of the adult population. Data indicate 42% of Ventura County Grade 9 students and 66% of Grade 12 students reported being aware of SHOs, often hearing the information at school or from family members or friends. Among youth who have heard of SHOs in Ventura County, approximately 35% to 40% support the ordinances and believe the laws are a good way to prevent underage drinking.³²

One contributing factor to Ventura County residents' concern for underage drinking and related harms are the continued law enforcement efforts pertaining to local ordinances. Findings from recent local SHO evaluation reports indicate that enforcement efforts around this important local ordinance continue to be a priority. Specifically, within the cities examined (i.e., Thousand Oaks and Ventura), an

³¹ *Ventura County Community Health Survey, Report 1: Countywide Findings*, FY 2014-2015. EVALCORP Research & Consulting. (Ventura, CA: Ventura County Behavioral Health Department Publication).

³² *Social Host Ordinance Impact Evaluation: Phase II Findings. Issue Briefing*. (2013). EVALCORP Research & Consulting. (Ventura County, CA: Ventura County Behavioral Health Department Publication).

average of 17 citations each year have been issued since 2006. Moreover, two-thirds (66%) of patrol officers reported that they never feel reluctant to issue citations.³³

While the findings shown above suggest significant progress in local underage drinking prevention efforts, the problem still persists and the collateral costs of violent assault, vehicle crashes and poly substance abuse continue to exact both financial and human costs in our community. **With one in five high school students reporting current use (past 30 day drinking), and the majority of these reporting drinking to “get drunk,” it remains the case that “local teens drink too much, too early and too often.”**

Student Assistance Programs and individual prevention services using evidence based tools like BRRIM—the Brief Risk Reduction Interview and Intervention Model—have proven results and not only prevent problems among young people and their families, but keep youth in school (not suspended) and focus on strengths (what’s going right) rather than weaknesses (exclusively what’s wrong).

Over the last ten (10) years, significant positive changes have included extensive underage drinking enforcement training, local retail compliance checks, responsible retailer campaigns, municipal policies to deter underage drinking, and unprecedented public focus on deterring binge drinking. However, only one school district in the county can be said to have a fully-supported District-wide Student Assistance Program providing Indicated prevention services.

³³ *Social Host Ordinance Impact Evaluation: Phase II Findings. Issue Briefing.* (2013). EVALCORP Research & Consulting. (Ventura County, CA: Ventura County Behavioral Health Department Publication).

Impaired Driving

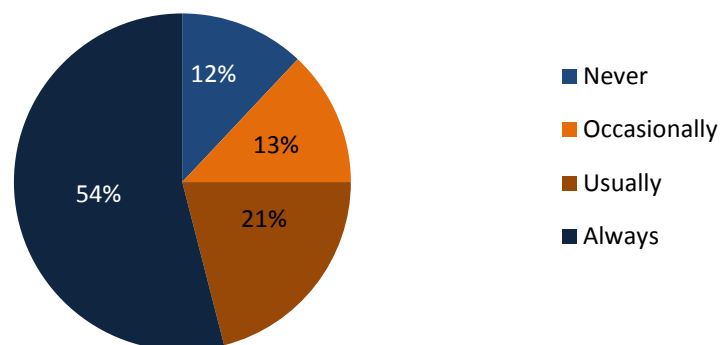
Effective impaired driving countermeasures are a benefit to everyone who drives on our roadways. Extending these efforts to reduce the number of impaired drivers in Ventura County aligns with VCBH's vision to create communities safe and free from alcohol and drug problems. However, with fewer funds to meet expanding prevention needs, innovative ways to address the drunk and drugged driving challenges facing Ventura County include competing for new grant monies. The following data indicators point to a continued need for ongoing and enhanced impaired driving prevention activities throughout Ventura County, not only for our residents but also for the thousands of visitors who travel our freeways, vacation in our communities and relax at the beaches along our beautiful coastline.

Ventura County Impaired Driving Behaviors

In 2014, information regarding impaired driving was collected from 634 Ventura County adult residents via the Impaired Driving Survey.³⁴ The survey asked respondents about their own drinking and driving behaviors, perceptions of transportation options while out drinking alcohol, DUI perceptions and experiences with DUIs, and awareness of county prevention campaigns.

Respondents were asked to answer a series of items specific to their drinking and driving behaviors when they go out partying with friends. Respondents who indicated, "they do not party" were excluded from analysis about their drinking behaviors when they are "out." The most frequent locations where individuals reported going to party with friends were at friends' houses (53%), clubs and bars (39%), or restaurants (33%). Among respondents who stated they party/go out with friends, more than half (54%) indicated "always" having a designated driver (DD) (see **Figure 10**). Thus, almost half (48%) respondents did not always have a designated driver when out "partying" with friends after they have been drinking.

Figure 10. Ventura County Residents who Indicate Having a Designated Driver While Out, 2014-15 (N=622)



³⁴ Ventura County Impaired Driving Survey: Summary Findings. (2015). Project SAFER & Evalcorp Research and Consulting.

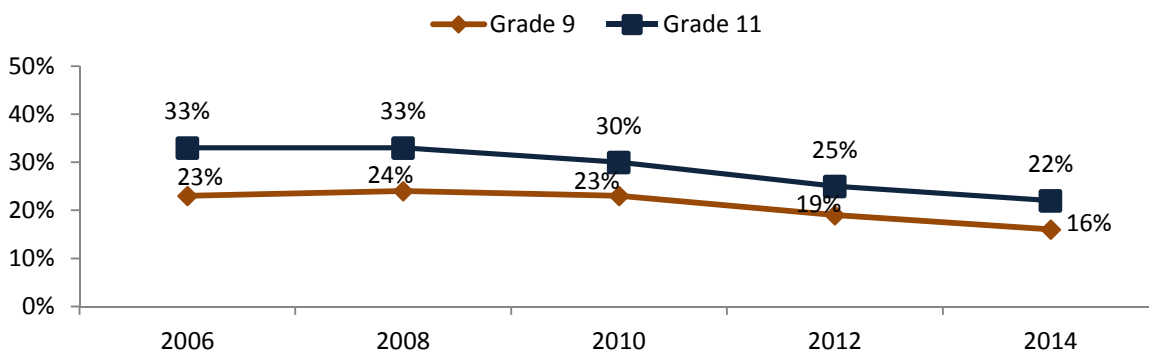
As might be expected, Ventura County residents on average consume more alcoholic beverages when they plan *not* to drive after drinking as opposed to when they plan to drive after drinking. Further, not only are residents limiting their alcohol intake when they plan to drive after drinking, but they are also limiting their designated driver to fewer alcoholic drinks before driving as well (see **Table 3**).³⁵

Table 3: Alcohol Consumption When Having a Designated Driver Compared to Driving Self

When You are NOT Driving....	Range/Average
How many alcoholic beverages do you typically drink?	N=612
Range	0-30
Average	4
How many alcoholic beverages do you allow your driver to consume?	N=588
Range	0-15
Average	1
When You Are Driving....	
How many alcoholic beverages do you typically drink?	N=614
Range	0-15
Average	1
What is your personal limit to the number of alcoholic beverages you allow yourself to have?	N=599
Range	0-18
Average	1

Although many Ventura County residents drink responsibly, there are still individuals who report that in order to get home when their blood alcohol content (BAC) is over the legal limit to drive, they would drive themselves (6%), which poses immediate danger to other drivers on the road and to themselves. Additionally, a majority of respondents (91%) indicated they believed the likelihood of someone their own age driving drunk and getting arrested for a DUI is “somewhat likely” or “very likely”, and on average participants knew four people who had been arrested for a DUI.³⁶

Figure 11. Ventura County Youth who Report Driving or Riding in a Vehicle while Alcohol-Impaired, CHKS, 2006-14



³⁵ Ventura County Impaired Driving Survey: Summary Findings. (2015). Project SAFER & Evalcorp Research and Consulting.

³⁶ Ventura County Impaired Driving Survey: Summary Findings. (2015).

According to the 2006-2014 Ventura County CHKS data, the percentage of youth who report having driven or ridden with someone in a vehicle under the influence of alcohol has decreased slightly each consecutive year. For example, one in three students in Grade 11 (33%) report driving or riding with someone impaired because of alcohol in 2006, while in 2014, only 22% of students in Grade 11 report driving or riding with someone impaired because of alcohol. **Figure 11** depicts the trend observed.³⁷

Furthermore, data obtained from the VCCHS revealed that more than 1 in 10 Ventura County adult residents reported driving or riding in a vehicle under the influence of alcohol within the past 30 days.

DUI Arrests for Driving while Under the Influence of Alcohol or Drugs

Data from the California Department of Motor Vehicles (DMV) indicate a high number of arrests for driving while under the influence (DUI) for the years 2009 through 2013, with a total of 21,468 individuals cited for DUI arrests. Approximately half of the individuals who are arrested for DUIs are 21 to 30 years old, and two-fifths are between 21 and 30 years of age (see **Table 4**).³⁸

Table 4: All DUI Arrests in Ventura County by Age, Gender, and Race/Ethnicity, 2009-2013

Year	2009	2010	2011	2012	2013
Total DUI Arrests	5,421	4,775	4,182	3,829	3,261
Age					
Under 18	1%	1%	1%	<1%	1%
18 to 20	9%	8%	8%	7%	6%
21 to 30	42%	42%	42%	43%	42%
Over 30	48%	49%	49%	49%	51%
Gender					
Males	78%	77%	76%	76%	77%
Females	22%	23%	24%	24%	23%
Race/Ethnicity					
White	43%	43%	48%	45%	46%
Hispanic	51%	49%	44%	47%	46%
Black	2%	3%	3%	3%	3%
Other	4%	5%	5%	5%	5%

Behaviors and Characteristics of Individuals Arrested for DUIs

Local Place of Last Drink (POLD) Survey data obtained from individuals who have been convicted of a DUI offense also help inform and identify local impaired driving trends. The POLD Survey is a data source rich in information regarding the circumstances surrounding DUI arrests. Presented in **Table 5** are various drinking and driving behaviors among respondents who completed a POLD survey in recent calendar years (i.e., 2011-2014).³⁹ As reflected in the table below, drinking patterns have remained

³⁷ Ventura County Office of Education. California Healthy Kids Survey, 2006-2014. Prepared by Dr. Heidi Christensen.

³⁸ California Department of Motor Vehicles, Driving while Under the Influence data 2009-2013.

³⁹ Place of Last Drink Survey, Ventura County DUI Program, 2011-2014.

relatively consistent over the years. The POLD Survey is an invaluable data source that helps identify impaired driving trends to inform and evaluate prevention strategies.

Table 5: Drinking & Driving Behaviors of DUI Program Participants on Day of Arrest, CY 2011-14

		CY 2011 (N= 2,629)	CY 2012 (N=2,223)	CY 2013 (N=2,082)	CY 2014 (N=1,915)
Reason for DUI Arrest	Alcohol Use	94%	95%	94%	94%
	Illegal Drugs or Prescription Drug Use Only	4%	3%	4%	4%
	Combination of Alcohol and Drug Use	2%	2%	2%	2%
Place of Last Drink	Own Residence	15%	17%	14%	18%
	Someone Else's Residence	28%	26%	27%	25%
	Bar, Club, or Restaurant	45%	44%	46%	44%
	Hotel Room	1%	1%	<1%	1%
	Park, Beach, or Campground	2%	3%	2%	2%
	Car/vehicle	3%	3%	4%	4%
	Work	2%	2%	2%	2%
	Other Location	4%	4%	5%	4%
		CY 2011 (N= 2,629)	CY 2012 (N=2,223)	CY 2013 (N=2,082)	CY 2014 (N=1,915)
Drinking Behaviors	Average number of drinks consumed at POLD (range)	6 1-45	6 1-42	6 1-50	6 1-50
	Percent whose rate of consumption categorized as binge drinking	66	68	72	70
	Percent who consumed 10+ drinks	22	26	30	28
	Average number of hours at POLD	4	4	4	4
Characteristics of Arrest	Average BAC at time of arrest (range)	0.14 (0.01 -0.40)	0.14 (0.01 - 0.40)	0.14 (0.01 - 0.39)	0.14 (0.01 - 0.40)
	Percent with BAC twice the legal limit or more (≥ 0.16)	23%	23%	24%	24%
	Average number of miles driven from POLD (range)	10 (<1 - 300)	10 (<1 -495)	10 (<1 - 300)	10 (<1 - 280)
	Percent DUI arrests involved in an accident	15%	16%	18%	18%
	– % reporting only property damage	11%	12%	13%	14%
	– % reporting only personal injury	1%	<1%	1%	<1%
	– % reporting both property damage and personal injury	3%	4%	4%	4%
	Percent who had at least 1 passenger in their vehicle at time of arrest (range of the # of passengers)	36%	33%	34%	32%
Drug Use on Day Of DUI Arrest	Percent who reported drug use on the day of their arrest	10%	10%	10%	11%

Ventura County's POLD Survey also assesses other drug use on the day of a person's DUI arrest. As shown in **Table 6**, among all POLD survey respondents between calendar years 2011-2014, 10%

reported using other drugs, besides alcohol, on the day of their arrest. The annual percentage of respondents who reported using any drugs on the day of their DUI remained fairly constant at 10% with the exception of calendar year 2014, where it was at 11%. Among the respondents who reported using other drugs, besides alcohol, on the day of their DUI arrest, respondents most frequently reported using prescription drugs (45%) or marijuana (43%).⁴⁰

Table 6: Other Reported Drug Use (besides alcohol) on the Day of DUI Arrest, CY 2011-2014

All POLD Respondents	2011 (N=2,601)	2012 (N=2,213)	2013 (N=2,079)	2014 (N=1,907)	Total (N=8,800)
Percent reporting using other drugs (besides alcohol) on day of DUI Arrest	10%	10%	10%	11%	10%
POLD respondents reporting using drugs on day of DUI Arrest	2011 (N=263)	2012 (N=213)	2013 (N=214)	2014 (N=214)	Total (N=904)
% Reporting marijuana use	40%	46%	44%	44%	43%
% Reporting Rx drugs use	45%	44%	45%	44%	45%
% Reporting heroin use	5%	4%	6%	9%	6%
% Reporting meth use	12%	8%	13%	8%	10%
% Reporting cocaine use	8%	6%	7%	11%	8%
% Reporting other type of drug use	4%	3%	3%	10%	5%

By using the existing data from the 2011-2014 POLD surveys, Ventura County ADP can make efforts to consistently identify Ventura County residents more likely to drive impaired, with specific focus on those who drive under the influence of alcohol, other drugs, or a combination of drugs and alcohol. **Table 7** below presents selected demographic characteristics for all Ventura County DUI Program participants as well as DUI Program participants who reported using other drugs, besides alcohol, on the day of their DUI arrest. The prevalence of using other drugs, besides alcohol, on the day of one's DUI arrest was particularly high among Whites, males, and proportionally younger, English speaking individuals.⁴¹

⁴⁰ Place of Last Drink Survey, Ventura County DUI Program, 2011-2014.

⁴¹ Place of Last Drink Survey, Ventura County DUI Program, 2011-2014.

Table 7: Characteristics of Participants on the Day of DUI Arrest, CY 2011-2014

	All POLD Participants	POLD Participants who Reported Using Other Drugs (besides alcohol)
Gender	N=8,833	N=904
Male	72%	70%
Female	28%	30%
Age	N=8,660	N=888
18-25	27%	37%
26-45	49%	41%
46 and older	24%	22%
Race/Ethnicity	N=8,839	N=904
Caucasian or White	48%	60%
Hispanic or Latino	42%	29%
Multiracial	3%	5%
Other	2%	1%
Black or African American	2%	2%
Asian American or Pacific Islander	3%	2%
Native American	<1%	1%
Education Level	N=8,835	N=904
Less than High School Diploma	12%	12%
High School Diploma/GED	25%	26%
Some college (no degree)	35%	41%
Associate's degree	11%	7%
Bachelor's degree	13%	11%
Higher than a Bachelor's degree	4%	3%
Primary language spoken at home	N=6,373	N=820
English	80%	91%
Spanish	20%	9%

Consequences of Driving while Under the Influence

The consequences of impaired driving are serious and, in the worst cases, they are deadly. According to 2010-2014 data from the California Highway Patrol (CHP) Statewide Integrated Traffic Records System (SWITRS), there are over 730 alcohol/drug related crashes each year on average in Ventura County.⁴² The CHP 2010-2014 SWITRS data indicate that there were a total of 3,669 alcohol and/or drug related crashes in Ventura County, 63 of which resulted in deaths to one or more of the passengers.

⁴² Statewide Integrated Traffic Records System (SWITRS), prepared and maintained by California Highway Patrol (CHP).

Alcohol/other drug related crashes over the five-year timespan also resulted in almost 2,000 individuals being injured (i.e., hundreds of people each year sustaining injuries due to alcohol/drug impaired drivers on the road) (see **Table 8**).⁴³

Table 8: Alcohol and Drug Involved Crashes in Ventura County 2010-2014

Year	Total Crashes	Fatal Crashes	Injury Crashes	Property Damage Only Crashes	Individuals Killed	Individuals Injured
2010	903	9	328	566	9	473
2011	780	23	265	492	25	381
2012	803	13	307	483	15	446
2013	709	9	265	435	10	366
2014	474	9	176	289	9	232
Totals	3,669	63	1,341	2,265	68	1,898

Analyses of local data, via the POLD survey, have also shown that those who reported consuming other drugs in addition to alcohol on the day of their DUI arrest were more likely to indicate they were involved in a crash. VCCHS data show a small percentage of Ventura County residents who report driving or riding under the influence of marijuana in the past 30 days (2%). However, when observing responses by age groups, 10% of 18-25 year olds report driving or riding under the influence of marijuana in the past 30 days, more than double the percentage of any other age group.⁴⁴ These differences suggest that targeting younger populations with marijuana impaired driving prevention efforts may be most needed.

Impaired driving from alcohol and other drug use still accounts for approximately 24% of fatal crashes even though alcohol and drug crashes only make up 8% of the total vehicle crashes in Ventura County.⁴⁵ Findings from recent surveys of Ventura County residents reveal high levels of concern regarding impaired driving (i.e., being under the influence of either alcohol or drugs). In fact, more than 3 out of 4 of VCCHS respondents reported they were “very concerned” about impaired driving.

Ventura County Resident Awareness and Perceptions of Drinking and Driving Media Campaigns

Local media campaigns implemented to prevent drunk driving have created awareness of drunk driving as a public issue and have had large impacts on the perceptions of DUIs and drunk driving behaviors. For example, when asked if aware of the DUI checkpoints and other media awareness campaigns, 69% of the Impaired Driving Survey respondents knew of the checkpoints; however, fewer respondents were aware of county media campaigns (see **Table 9**).⁴⁶ Moving forward, VCBH, Prevention Services will focus on increased exposure of impaired driving media campaigns to ensure broad, countywide reach.

⁴³ SWITRS, prepared and maintained by CHP.

⁴⁴ Ventura County Community Health Survey, Countywide findings 2014-2015.

⁴⁵ SWITRS, prepared and maintained by CHP.

⁴⁶ *Ventura County Impaired Driving Survey: Summary Findings. (2015).* Project SAFER & Evalcorp Research and Consulting.

Table 9: Drinking and Driving Media Awareness and Impacts

Thinking back over the past couple years, have you seen or heard about any of the following anti-drinking and driving campaigns/programs?	N=628
DUI Checkpoints	69%
TV ads	43%
Radio ads	37%
"Be the DD and Win!"	25%
Crashed Car Trailer	25%
"You just Blew \$10,000"	18%
"Choose Your Ride."	9%

RISK AND PROTECTIVE FACTORS SUMMARY- PRIORITY AREAS

Priority Area	Risk Factor	Protective Factor
Health Disparities	<ol style="list-style-type: none"> 1. Research shows cultural and ethnic minorities have higher consumption levels of illicit drugs than other groups. 2. Lower income areas have higher levels of advertising, marketing and retail alcohol and tobacco availability 3. Communities of color (in Fillmore, Oxnard, Santa Paula) experience high poverty and teen substance use. 4. Few local data sources are available to describe and address risks for minority ethnic groups. 	<ol style="list-style-type: none"> 1. There are also strong protective forces within these cultures, including lower levels of heavy alcohol use among African Americans. 2. Local leaders/coalitions have come forward within some of the highest risk populations, including Samoan community of South Oxnard. 3. School and civic leaders are committed to address teen drug use, youth opportunities, family displacement, and parenting skills. 4. Ethic community data collection strategies have been outlined by CRDP, including African American (see Woods, et. al., 2012) and Asian Pacific Islander population reports.
Rx Drug Abuse	<ol style="list-style-type: none"> 1. Hundreds of accidental OD deaths; Ventura County has higher rate of drug overdose death than the State. 2. Prescription drugs of abuse are widely available and implicated in many non-fatal overdose incidents. 3. Only 47% of local prescribers wrote between 400 and 6,400 opioid Rx's in a single year; 96% of all painkillers. 	<ol style="list-style-type: none"> 1. Community awareness of the opioid epidemic has grown substantially in recent years, and more agencies are joining forces. 2. Ongoing drug disposal efforts have yielded more than 33,000 lbs of pills for safe disposal. 3.a. Intensive efforts have already begun to reach medical professionals and alter Rx norms. 3.b. 'Supply-side' strategies are guided by data and enjoy multi-agency support.

RISK AND PROTECTIVE FACTORS SUMMARY (cont'd)

Priority Area	Risk Factor	Protective Factor
Marijuana Harms	<ol style="list-style-type: none"> 1. Teen use is acceptable, seen as fairly innocuous. 2. Adult understanding ignorance of forms, potency; raises vulnerability 3. Legalization has increased the perception of MJ safety, lower risk 4. Local municipalities have little solid to guide them in policy, State rules. 	<ol style="list-style-type: none"> 1. There are no legal cannabis dispensaries in Ventura County, reducing ready retail supply. 2. Major marijuana health information efforts have been launched locally in last three years 3. Sustained messaging about harms of cannabis to the teen brain is underway locally. 4. County agencies and cities have collaborated on marijuana policy forums and data sharing.
Underage/Binge Drinking	<ol style="list-style-type: none"> 1. Youth consumption is common and often expected under legal age of 21 2. Available socially through homes 3. Limited consequences for stores that sell to minors who are not decoys 	<ol style="list-style-type: none"> 1. Awareness about the harmful effects of teen alcohol use co-varies with 6-year decreased use 2. All local municipalities have Social Host laws 3. Local law enforcement expertise in enforcing underage drinking laws, local powers.
Impaired Driving	<ol style="list-style-type: none"> 1. Impaired driving behavior is common, with thousands arrested each year for alcohol, drugs; both. 2. Drunk and drugged drivers emanate from homes and bars 3. There were 176 injury crashes and 232 individuals injured in 2014. 	<ol style="list-style-type: none"> 1. There is strong awareness of DUI checkpoints and other countermeasures. 2. Place of Last Drink (POLD) survey can identify most frequently mentioned venues, target interventions to prevent DUI 3. Total crashes, injury crashes and persons injured are down nearly 50% since 2010, with ongoing countermeasures and use of media.

PROBLEM STATEMENTS BY PRIORITY AREA

1. Addressing Health Disparities

Health disparities exist between groups locally and are attributed in part to differences in economic status, geographic setting, racial/ethnic identity, as well as social and linguistic isolation. Few data sources exist to document patterns of use (consumption) and consequences for vulnerable sub-populations.

2. Prescription Drug Abuse

Misuse of prescription drugs, especially opioid painkillers, has resulted in a rising number of fatal and non-fatal overdoses in recent years, as well as serious harms associated with heroin addiction.

3. Marijuana Harms to Youth

Youth and young adults have easy access to marijuana and use it non-medically with increasing frequency, in more potent forms and in a growing number of community settings, despite potential health and safety harms.

4. Underage Drinking

Underage drinking is common as youth continue to have easy access to alcohol in retail, public and social settings, resulting in excess consumption and dangerous consequences.

5. Impaired Driving

Every year hundreds of people are injured and thousands are arrested due to DUI—an illegal behavior creating serious health and safety harms to drivers, passengers and the general public.

B. Resource Assessment – Current Capacity for Prevention Initiatives

Community Alliances and Coalitions, as exemplified by the many strong alliances among Behavioral Health, the Sheriff's Office, and Public Health in recent years, as well as close work with local non-profit agencies, Ventura County has significant capacity advantages in addressing alcohol and drug prevention efforts, some of which may be unique among the larger counties in California. We have a history of collaboration among and between agencies and municipalities which has enabled efforts like Social Host law adoption countywide and the "Mapping Marijuana" community leadership alliance to study aspects of cannabis policy. And, since 1996, our county has supported prevention coalitions like Saving Lives Camarillo, the Colonia Coalition, and SAFE Ojai, as well as ongoing multi-agency work with both small non-profits and larger agencies, to engage communities, and to develop effective prevention collaborations between key stakeholders, concerned citizens and youth. Community coalitions—and their practical knowledge—remain important, strategic resources across all initiatives, especially vital to efforts to elevate prevention for our vulnerable populations.

Fiscal Resources With a regular Substance Abuse Prevention and Treatment (SAPT) Block Grant allocation which routinely exceeds the minimum mandated 20% set-aside for Primary Prevention efforts, Ventura County's Alcohol and Drug Programs has extended its prevention scope and capacity in recent years, expanding efforts within Prevention Services to address the many key elements of needs outlined in the current plan. In addition to key relationships and ongoing community efforts that have been the foundation for the current prevention platform, Ventura County has always been committed to making the most of federal and state resources, including Block Grant and competitive Grant Funds. In fact, like so many communities in California without adequate resources to fully fund the many identified prevention priorities, we must secure resources from non-Block Grant funders/sponsors. For example, VCBH has managed to strengthen its drugged driving prevention campaign with two (2) State of California, Office of Traffic Safety Grants: "Drugged Driving Risks and Realities (2014-2015)" and "Drugged Driving Call to Action (2015-2016)." Together, these grants advance the reduction and impaired driving due to marijuana and prescription drugs, especially in combination with alcohol.

Human Resources The significant resources available to advance the countywide strategic initiatives include highly-qualified Prevention Services staff; diverse and experienced Prevention Contract Providers; community partners and professionals; collaborating agencies; and other key County and community stakeholders. These include management, staff, interns and volunteers.

To this cadre of public and professional human resources, VCBH has greatly expanded its reach with the highly utilized prevention website accessible at venturacountylimits.org. Shown here, the website is a resource full of numerous locally developed, data-rich



reports, prevention publications in Spanish and English, issue briefings, newsletters and toolkits. VCBH ADP Prevention Services also uses Facebook, Twitter, Instagram, and text messaging to reach a wider range of regional stakeholders and to generate community dialogue about key issues with the intended outcome of influencing community perceptions and norms.

Prevention Services Staff

The VCBH ADP Prevention Services staff is a team led by a Behavioral Health Manager responsible for the overall management of prevention initiatives, staff, contract providers, and budgetary considerations. A Senior Program Administrator is responsible for the supervision of indicated services staff, project management, contactor coordination, and development of published media campaigns. Additionally, a Program Administrator coordinates Impaired Driving efforts. In 2015, Prevention Services achieved a new level of capacity, now with three (3) experienced Community Services Coordinators to better address the needs of vulnerable populations, support indicated prevention planning, and educate new coalitions and community stakeholders. A Management Assistant is responsible for tracking monthly prevention provider reports and invoices, and offers the necessary administrative support to maintain compliance with state-required reporting, and day-to-day support.

Contracted Prevention Providers and Community Resources

Each fiscal year, VCBH Alcohol and Drug Programs funds approximately ten (10) contracted prevention providers to help carry out the County's prevention work and ensure a broad reach. Funded contractors are selected due to their subject matter expertise, years of experience, and also for familiarity with the geographic and community-specific prevention needs across the County of Ventura. All contractors are expected to engage in prevention activities linked to one or more of the county's prevention initiative/focus areas. Funded providers are actively encouraged to collaborate with each other and other county agencies, supporting and/or forming coalitions to further prevention efforts countywide.

Youth Development/Youth Engagement Providers are contracted to ensure that youth and young adults are active and integral parts of the discussions and strategies surrounding substance abuse problems and their mitigation. Through their engagement, a large number of youth and young adults throughout the county have had, and continue to have, opportunities to be involved in the implementation of effective prevention strategies. Key assets in this realm are, Reality Improv Connection, Inc. (Straight Up Ventura County), Friday Night Live (FNL) via Ventura County Office of Education, and JAMS Productions (How High? Ventura County). The innovative programs and youth-focused leaders of these groups also encourage the commitment of adult community allies.

Alcohol and Drug Service Assessment and Remediation Providers such as Project SAFER have contracts to assess licenses alcohol sales establishments and special events. They work with event organizers, local law enforcement and municipal authorities to establish conditions and policies that remediate and/or proactively prevent conditions that contribute to alcohol and other drug related community health and safety risks. In addition to Responsible Beverage Sales and Service (RBSS) trainings, Project SAFER manages the new Rx Drug "NO OD" project focused on Overdose Prevention and Training.

Alcohol and Drug Policy Consultations (James Mosher) and Rae Hanstad Consulting are integral to our policy work at the community level. Under contract with the Division, these consultants created the *"Model Social Host Liability Report with Legal Commentary"* and the *"Marijuana in Ventura County: A*

Gateway for Discussion” publications, respectively, and analyze emerging legislative and policy solutions. The alcohol and drug policy experts remain current on legislative actions that could have an impact on local prevention practices and provide legal/policy advice and guidance, as appropriate to help the County achieve prevention objectives. The publications and supporting information, together with the policy and municipal government expertise these contractors offer, are central to assisting local municipalities in establishing “best practices” prevention policies.

Research, Evaluation and Data Management Contractors have long been an important partner in prevention for Ventura County as we have had an ongoing contractual relationship with researchers/evaluators since the development of our Strategic Plan in 1996. The current research and evaluation contractor, EVALCORP Research and Consulting, works closely with Ventura County’s ADP Division on multiple key projects, assisting the Division through gathering, analyzing, and making use of critical data to effectively identify needs, develop policy solutions, and assess the impact of prevention initiatives. Examples of current and/or recent projects include: Place of Last Drink Survey database management, the Youth Substance Abuse Survey for In-Treatment youth, countywide Community Health Survey (Random Digit Dial telephone survey of Ventura County residents), youth and young adult focus groups, GIS/data mapping, and data-related publication development. VCBH also regularly presents data in partnership with EVALCORP at local, state and national conferences.

Media and Targeted Messaging Contractors, including professional graphic design and prevention messaging experts at Idea Engineering, are an essential component of the AOD environmental/public policy prevention system in Ventura County. The Department has increasingly made use of both “earned media” (publicity) and “paid media” (advertising) to achieve desired community awareness and dialogue on key issues affecting our communities. The media campaigns create awareness while facilitating the process of changing community norms in relationship to substance abuse and populations most at risk.

School-Based Initiative Providers are essential to ensuring that students and youth-serving schools benefit from high quality, targeted substance abuse, suicide prevention, and bullying prevention services. VCBH’s partnership with the Ventura County Office of Education (VCOE), Friday Night Live (FNL), BreakThrough Student Assistance Program, Conejo Valley School District, and Red Leaf Resources provide integrated and collaborative programs to ensure students achieve healthy and successful lives.

County Workgroups such as the Prescription Drug Abuse and Heroin Workgroup and the Interagency Marijuana Workgroup coalesce key community and agency partners, and convene on a regular basis to implement strategic initiatives and activities to combat local drug issues. Workgroup members include diverse representation from essential county agencies and providers, and may engage state agencies, elected officials or additional resources to secure larger-scale support.

In summary, the many data presented here, including different kinds of local indicators, demonstrate that alcohol and drug related problems continue to present health and safety challenges for Ventura County-- for our families, our institutions and our communities. They point to a need for both new and continued prevention efforts in each of the identified five areas. It is with the purpose of reducing problems and promoting community health that local resources should be marshalled, capacity for community change built up, proven and promising strategies implemented, and data-driven decisions made to better protect Ventura County over the next five years.

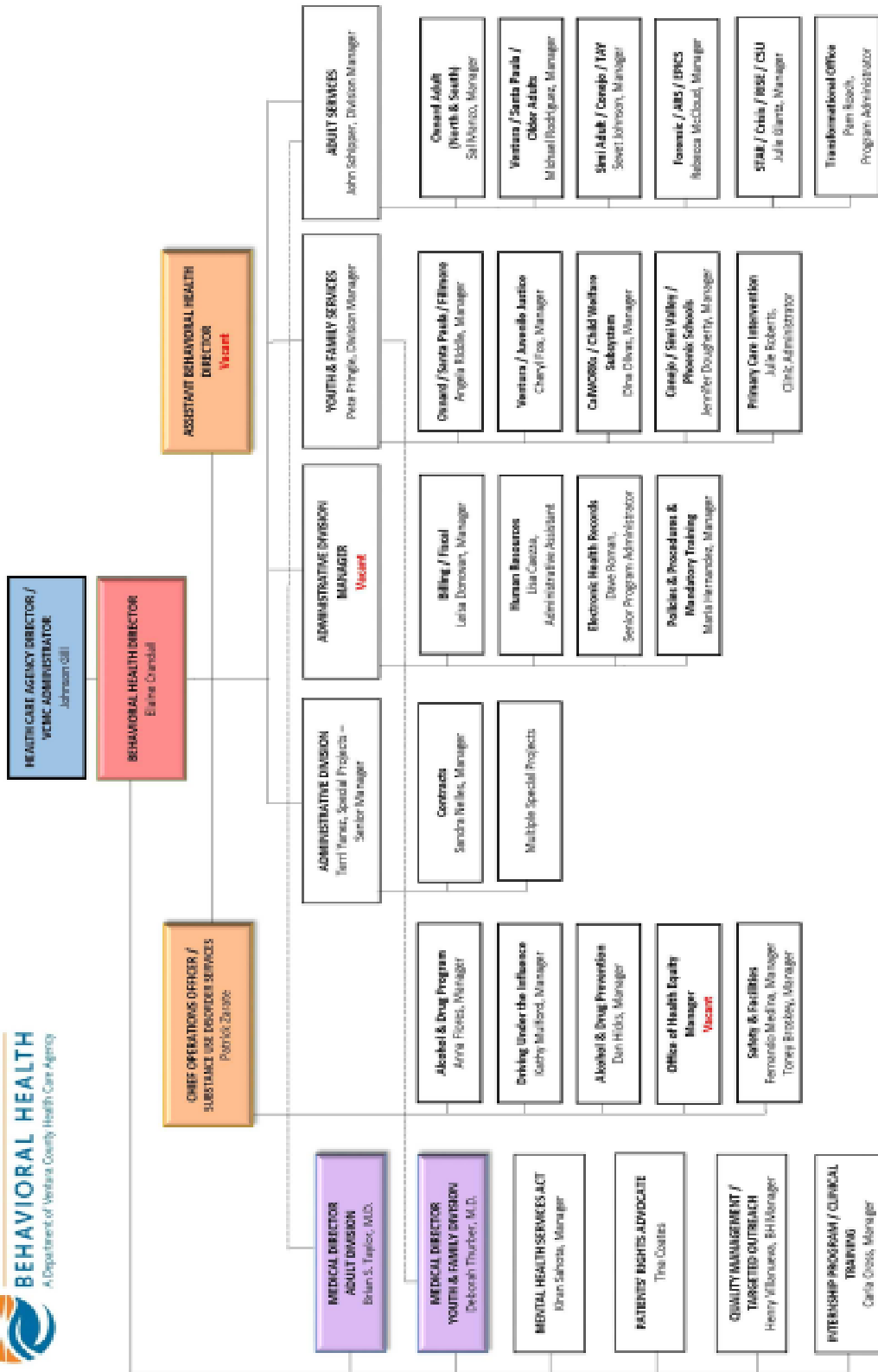
III. Step 2: Capacity Building

Current Level of Capacity to Address Prevention Challenges

As described in the previous sections, Ventura County's prevention system is comprised of various county entities that serve specific and unique roles based on their respective area of expertise. VCBH Alcohol and Drug Programs will continue to uphold its long-standing reputation as a leader in implementing innovative prevention strategies guided by local data trends. The current and future capacity levels of Prevention Services depend largely upon predictability of resources and stability of staffing. Hurdles such as funding sequestration; budget limitations; retirement or loss of experienced staff; hiring new qualified personnel; shifting allocations of SAPT Block Grant funding; and similar challenges must all be considered in a practical five-year plan. However, in order to advance prevention efforts, VCBH relies heavily on its Prevention Services Staff which is comprised of the following:

INSERT PROGRAM-LEVEL ORG CHART

VENTURA COUNTY BEHAVIORAL HEALTH



Prevention Services Manager. This position oversees all prevention initiatives and activities carried out within the county. The Prevention Services Manager also oversees funded providers, and coordinates meetings and collaborative efforts with key stakeholders across county agencies. The Prevention Services Manager helps design and implement all local prevention strategies and ensure activities are carried out efficiently and in accordance with State and/or federal guidelines.

Senior Program Administrator and Technology Maintenance. The primary responsibilities of this position are to maintain ADP Prevention Services' online presence and update VCBH's prevention website (i.e., VenturaCountyLimits.org) The Senior Program Administrator participates in county alcohol and drug prevention workgroups and helps organize Quarterly Provider Meetings. Additionally, responsibilities of this position include writing grant applications to secure additional funding, assisting in the rollout of prevention programming, and working in partnership with the OTS Grant Coordinator.

OTS Grant Coordinator-Impaired Driving Prevention Manager. The full time OTS Grant Coordinator provides oversight and daily management to the activities specific to the OTS grant awarded to VCBH. Responsible for managing contractors, stakeholder involvement and media campaign execution.

Three (3) Community Services Experts. The Community Services Coordinators provide outreach, education, and engagement activities to Spanish and English-speaking community members, as well as to new Coalitions and efforts to help Vulnerable Populations. These community experts also provide direct services to specific agencies and high-risk populations, for example the Mexican Consulate.

Management Assistant. The Management Assistant's primary responsibilities are to assist the Prevention Services Manager in daily operations. Other tasks include: management of funded prevention contractor's monthly contractual obligations; review and compilation of submitted monthly contractor reports and supporting documentation; initial billing statements/invoices processing; and planning, scheduling and coordination of meetings.

Contracted Providers

In considering local capacity to achieve prevention goals, it is important to note that Ventura County enjoys the benefit of long-standing professional prevention organizations and consultants that serve as the "backbone for collaborative action." These contractors and collaborators have helped to achieve many of the successes in the past, and bring formidable experience to the challenges that lie ahead.

These include:

- | | |
|--|---|
| 1. Friday Night Live/ VC Office of Education | Youth Leadership, Mentoring; School Policy support |
| 2. Red Leaf Resources | Evidence-Based Student Assistance Programs, BRRIM |
| 3. Project SAFER | RBSS Training and Overdose Prevention and Rescue |
| 4. James Mosher, APC | Alcohol and Drug Policy, Municipal Policy Expertise |
| 5. JAMS Productions, Inc. | Marijuana Harms "How High Ventura County" media |
| 6. Rae Hanstad Consulting | Prevention Policy Research and Technical Assistance |
| 7. Straight Up! Reality Improv | Youth and Young Adult Workshops, Media Advocacy |
| 8. Evalcorp, Inc. | Research and Evaluation |
| 9. Community Coalitions | Community efforts to reduce SUD Health Disparities |

Extant Coalitions and Partnerships

VCBH ADP also enjoys important long-standing collaborations with several county agencies and regional organizations in our efforts to drive down alcohol and drug problems, including:

- The Rx Drug Abuse and Heroin Workgroup, led by our Divisions with active representatives from the Sheriff's Office, Public Health Department, County Office of Education, Office of the Medical Examiner, Ventura County Medical Center, as well as other community health stakeholders;
- The County Medical Marijuana Workgroup, led by the Resource Management Agency, with representatives from the County Executive Officer, the Office of the District Attorney, Public Health Department, Sheriff's Office, Agricultural Commissioner, and other county agencies.
- Underage Drinking Enforcement and DUI Prevention Partnerships, in close cooperation with local law enforcement including, Sheriff's jurisdictions, Ventura Police and Oxnard Police.

Readiness Assessment

Taking into consideration the many fiscal, human and community resources described above, and mindful that local capacity to effect change is uneven across the many areas of identified need, Prevention Services staff carried out readiness assessment in the Spring of 2016 using the *Stages of Community Readiness* tool provided by the DHCS Policy and Prevention Branch. This tool was used to provide ratings of current capacity for each need area, and may aid in selecting strategies to improve Community Readiness and Planning.

Identified Need	Readiness Stage
Address Health Disparities	Stage 4 – Preplanning; Prevalence rates, correlations and causes
Reduce Prescription Drug Abuse	Stage 7—Institutionalization; Stable efforts, evolving, supported
Prevent Youth Marijuana Use	Stage 5 – Preparation; community leaders, media, policy plans
Prevent Underage Drinking	Stage 8 – Keep pace with trends, recognition, media, evaluation
Deter Impaired Driving	Stage 9 – Continued assessment, innovation, media, evaluation

Capacity Assessment

		Priority Area: Address Health Disparities		
		Resources	Readiness Level	Challenges/Gaps
Resources	Community	Local leaders and coalition have come forward within minority populations to better understand, address AOD risks	2 Denial, “not my problem” and, 4 Pre-planning	<ul style="list-style-type: none"> Strong community concern/ need address AOD and related problems in Latino, African American and Samoan community, but little solid data. Heavy focus on social and cultural forces affecting use. Lack of valid, reliable and quantitative data to describe extent and nature of needs.
	Fiscal	Modest, but adequate resources to begin small scale coalition efforts.	5 Preparation	<ul style="list-style-type: none"> Basic qualifications for funded coalitions are met, but groups have very limited agency capacity for fiscal and administrative tasks Strong demand for government funding of small population work
	Human	Community Svc Coordinator expertise in cultural considerations of SUD, social determinants of health.	1 Community Tolerance	<ul style="list-style-type: none"> Lack of local expertise in community needs assessment for communities of color and culture. Asian Pacific and Indigenous community resources very thin.
	Organizational	Strong support for identifying and meeting local needs of marginalized groups	5 - 6 Preparation	<ul style="list-style-type: none"> Basic qualifications for funded coalitions are met, but groups have very limited agency capacity for fiscal and administrative tasks Few solid data sources

		Priority Area: Reduce Prescription Drug Abuse		
		Resources	Readiness Level	Challenges/Gaps
Resources	Community	Committed local parents/groups. Growing awareness of Rx drug risks and resource. Strong, credible individuals and groups	7	<ul style="list-style-type: none"> Public focus tends to be more on treatment and law enforcement, rather than at-risk and upstream populations Insufficient funds and support to normalize MD/retail responsibility for drug safe Rx/disposal options.
	Fiscal	Funding available, and more resource beginning to flow from Federal level, CHCF	7	<ul style="list-style-type: none"> Funding restrictions limit use of funds for acquisition of naloxone, reach of paid media placements
	Human	Excellent leadership, good local understanding. Small staff pattern	7	<ul style="list-style-type: none"> No dedicated staff person or responsible party for solely focusing on Rx drug prevention
	Organizational	Superb Medical Knowledge base and experience with professional development, effective prevention strategies	7	<ul style="list-style-type: none"> State mandate to “register” for CURES PDMP, but not required to use every time, every patient State regulations and provider networks are slow to adopt best practices without mandate. “Small carrot, no stick”

		Priority Area: Prevent Youth Marijuana Use		
		Resources	Readiness Level	Challenges/Gaps
Resources	Community	Growing interest in health impacts to youth. Many parents hungry for info.	5	<ul style="list-style-type: none"> Ignorance of State/local policy “Legal” connotes safety to some in public – decreasing perception of harm Strong and growing cannabis industry, commercialization
	Fiscal	Modest but significant funds to support prevention campaigns	5	<ul style="list-style-type: none"> Limited funds available; limits on use of funds for paid media and extending reach of messaging online and in print
	Human	Specialized contractor expertise. Bi-lingual skills and knowledge.	6	<ul style="list-style-type: none"> No significant gaps or challenges
	Organizational	Excellent staff knowledge, bi-lingual skills.	7	<ul style="list-style-type: none"> No significant gaps or challenges

		Priority Area: Prevent Underage Drinking		
		Resources	Readiness Level	Challenges/Gaps
Resources	Community	Strong support for non-use message. Good local agency knowledge. Excellent Retail Enforcement knowledge and skills.	9	<ul style="list-style-type: none"> • Uneven/inconsistent use of existing local alcohol laws, social host and retail compliance checks • Lack of certified training for local police enforcement standards; enforcement sustainability.
	Fiscal	Social Host in place, all jurisdictions; cost recovery.	8	<ul style="list-style-type: none"> • While social availability enforcement is offset with fines; few municipalities have retail compliance resources; funding is episodic and grant-funded at best
	Human	Specialized knowledge and skills among local agencies includes enforcement of underage drinking laws.	8	<ul style="list-style-type: none"> • Assignment turn-over and lack of local training makes compliance uneven; subject to officer's own understanding, low standards.
	Organizational	Excellent staff and contractor expertise in alcohol policy; research on compliance practice	8	<ul style="list-style-type: none"> • Limited ability to transfer capacity or knowledge between or among compliance agencies or police agencies.

		Priority Area: Deter Impaired Driving		
		Resources	Readiness Level	Challenges/Gaps
Resources	Community	Community survey support for deterring DUI, local leaders support prevention efforts. Authentic community voices.	9	<ul style="list-style-type: none"> Growing availability and use of legal drugs, lax attitudes, may contribute to DUI drugs
	Fiscal	Excellent and sustained funding for traffic safety and DUI prevention efforts	9	<ul style="list-style-type: none"> Coordination and collective impact could be leveraged.
	Human	Top notch expertise of staff, local partner agencies. Excellent contractor and volunteer support.	9	<ul style="list-style-type: none"> No significant gaps/challenges.
	Organizational	Expert-level staff knowledge and system support for DUI laws, media and marketing; sustained commitment to safety. Excellent	9	<ul style="list-style-type: none"> Limited use of POLD survey and expertise in sustained support of retailer compliance. No ongoing Safe Bars Task Force.

Degree to Which Capacity Will Be Built Over Time

To ensure the dynamic and diverse needs of Ventura County residents are addressed, continued training and staff development will be an ongoing focus for Ventura County staff, as well as those of contractors. Specifically, enhanced attention will be placed on building cultural competencies and sensitivities to address the demographic characteristics of the county. To ensure key stakeholders are apprised of substance use trends, data briefings and meetings that highlight relevant local information will be conducted, as well as culturally-informed community readiness assessments.

Several capacity needs already identified include:

- Expanded work with traditionally under-served or marginalized groups within prevention, such as African-American, Asian Pacific Islanders, and Senior Citizens, each of which have special cultural and community engagement considerations. A focus on professional development which emphasizes “cultural humility” and brings AOD prevention needs and resources of these group “out of the margins” appears to be indicated.
- Community organizing and media advocacy skills to support marijuana prevention policy. While our county has very strong staff and contractor resources and readiness, training on the most effective and efficient local regulatory strategies is a top, time-sensitive need.
- School-based individual prevention services, including Trauma-Informed Prevention approaches for youth and their families in high-need communities, as well as training on student-centered supports to keep youth in school, will need to be pursued during this plan period.

Enhancing Resources

Being the “smallest of the large counties” in California, Ventura County has long recognized that the community needs often outstrip the limited resources available to address AOD risks. Impaired driving countermeasures involving public messaging and media campaigns have proven to be effective when they are backed up by high-visibility enforcement (see NHTSA, J. Fell).

With this in mind, VCBH has elected not only to pursue outside funding streams which can support enhanced prevention media (such as Office of Traffic Safety grant funds to prevent Drugged Driving), but to establish sustainable alliances with traffic safety officials across each local law enforcement agency.

IV. Step 3: Planning Process

Consistent with the Strategic Prevention Framework (SPF) model, Ventura County's ADP Prevention Services planning process began with the Needs and Resource Assessment detailed on previous pages.



Our SPF Step 1 was developed based on evidence gathered through regularly conducted needs analyses and other applied research activities (e.g., surveys, focus groups, analyses of existing data, key stakeholder interviews, and ongoing evaluation of programs and initiatives) to establish prevention priorities. This includes input from stakeholders, contractors and agency staff.

Parallel with, and subsequent to, the Needs Assessment process, Capacity building (SPF Step 2), is considered carefully each year as decisions are made about which contractors will receive competitive grant funds, and how prevention staff and contractors will be deployed. In some respects different from many large California counties, Ventura County contracts year-to-year with providers, allowing for regular review of agency, contractor, and coalition capabilities on an annual basis.

Significant Planning (SPF Step 3) goes into each chosen prevention strategy implemented throughout the County, and this new plan represents a significant shift from previous years in terms of stakeholder participation. Input from various meetings with and/or reports from identified marginalized groups were considered in establishing new plans. These include LGBT service providers, the African-American Reading Room, the Mixteco Indigenous Community Organizing Project (MICOP), the Samoan Youth Coalition of Oxnard, the Mexican Consulate, youth from low-income and impoverished farmworker

communities, and the parents of overdose victims. Because we value both Cultural Competency and Sustainability, we attempt to build collective impact. During Planning, we also incorporate perspectives and comments from allied agencies, regional coordinating groups such as Circle of Care, policymakers, law enforcement, community coalitions, local health and safety experts, and, importantly, our own Fiscal and Contracts constraints. Implementation (SPF Step 4) of prevention strategies is monitored through weekly reports of staff and detailed monthly reports completed by contractors, quarterly meetings of Prevention Providers hosted by VCBH, as well as by evaluation methodologies (SPF Step 5) set up to facilitate the achievement of intended outcomes.

Identified Prevention Initiatives

During the SPF Planning Process, VCBH identified and committed to five Strategic Initiatives for 2016-2021. The first, Addressing Health Disparities, is being elevated from the 2010-2015 Strategic Prevention Plan (SPP) to top priority, while the four other Initiatives merit continuation based on local findings.

1. Addressing Health Disparities Initiative
2. Prescription (Rx) Drug Abuse Initiative
3. Marijuana Prevention Initiative
4. Underage Drinking Prevention Initiative
5. Impaired Driving Prevention Initiative

The prioritization of initiatives was carried out by Prevention Services management in cooperation with the Prevention Team, after taking into account the above-mentioned community input, the known risks and protective factors for each, as well as extant community countermeasures. Efforts to reduce Health Disparities will consist largely of identifying (as never before) the contributing factors to community health with respect substance exposure, use, abuse and disorders in certain sub-populations. This initiative rated highest in terms of un-assessed risk, few known protective factors, but also needed and likely feasible local interventions.

Although Prescription Drug Abuse is the leading cause of accidental death in our county, a robust multi-agency Workgroup is already in place and is systematically addressing risks on multiple fronts, and data to inform strategies (e.g., CURES, non-narcotic pain management trainings, ER policies) are available.

Marijuana use and harms to youth was rated third most important for prevention intervention for multiple reasons. While mortality and morbidity associated with cannabis are much lower than for other substances of abuse, the harms of long-term and heavy exposure to the developing teen brain are (a) well documented in the research literature, (b) not well known among parents and other residents, (c) likely to increase as marijuana policy continues to shift toward commercial availability in our State. With local options for planning, regulation and enforcement, the next several years are seen to hold unique opportunities for limiting the impacts of cognitive and emotional problems, psychiatric symptoms, academic performance and potential community-wide adverse impacts like drug impaired driving.

Underage and Binge Drinking prevention still ranks in terms of both consumption and consequences, but efforts will focus on sustaining evidence-based practices like RBSS training backed by enforcement. However, indicated prevention to better screen, engage and support youth expands current efforts. Likewise, Impaired Driving is common, changing somewhat in terms of contributing factors, but a strong set of countermeasures and collaborations are already in place, including significant media messaging; but enhanced focus on Latino community norms and challenges with impaired driving are needed.

The research-supported model to advance these is found in the P.C.F. – Positive Culture Framework, developed by the Center for Health and Safety Culture, Montana State University – www.chsculture.org

Prioritizing Risk and Protective Factors

Risk and Protective Factor(s)	Importance		Changeability	
	Low	High	Low	High
Health Disparities				
<u>Risk</u>				
1. National research shows cultural and ethnic minorities have higher consumption levels of illicit drugs than other groups.	X		X	
2. Lower income areas have higher levels of advertising, marketing and retail alcohol and tobacco availability		X	X	
3. Communities of color (in Fillmore, Oxnard, Santa Paula) experience high poverty and teen substance use.		X	X	
4. Few local data sources are available to describe and address risks for minority ethnic groups.		X		X
<u>Protective</u>				
1. There are also strong protective forces within these cultures, including lower levels heavy African Am drinking.	X		X	
2. Local leaders/coalitions have come forward within some of the highest risk populations, including Samoan, South Oxnard.		X		X
3. School and civic leaders are committed to address teen drug use, opportunities, displacement, and parenting skills.		X	X	
4. Ethnic community data collection strategies have been outlined by CRDP, including African American (see Woods, et. al., 2012) and Asian Pacific Islander population reports.		X		X
Rx Drug Abuse				
<u>Risk</u>				
1. Hundreds of accidental OD deaths; Ventura County has higher rate of drug overdose death than the State.		X		X
2. Prescription drugs of abuse are widely available and implicated in many non-fatal overdose incidents.		X	X	
3. Just 47% of local prescribers wrote between 400 and 6,400 opioid Rx's in a single year; 96% of all painkillers.		X		X
<u>Protective</u>				
1. Community awareness of opioid epidemic has grown in recent years, and more agencies are joining forces.		X	X	
2. Ongoing drug disposal efforts have yielded more than 33,000 lbs of pills for safe disposal, reducing social supply		X		X
3.a. Intensive efforts have already begun to reach medical professionals and alter local Rx prescribing norms.		X		X
3.b. 'Supply-side' strategies guided by data, agency support.		X	X	

Problem Statements, Goals, Objectives, Tasks

The problem statements, goals, objectives and activities for addressing each of the Initiatives are listed below. The planning process takes into account VCBH, ADP's capacity to conduct the various activities described, assuming technical support and training. Many of the strategies described below build upon VCBH ADP's existing infrastructure to further ensure prevention activities are sustainable.

Initiative 1: Addressing Health Disparities Initiative (Vulnerable Populations)	
Problem Statements	Health disparities exist between groups locally and are attributed in part to differences in economic status, geographic setting, racial/ethnic identity, as well as social and linguistic isolation. Few data sources exist to document patterns of use (consumption) and consequences for vulnerable sub-populations.
Goals	1. Increase local data available describing the community needs and resources among vulnerable sub-populations, documenting risk and protective factors.
Objectives	1. By May 30, 2020, reports summarizing findings of community needs and resource assessment activities for at least two (2) vulnerable populations will be complete, as measured by data findings presented to VCBH management.
Tasks/Activities	<ul style="list-style-type: none"> – Review local data sources to identify populations at elevated risk for substance abuse problems, as appropriate. (U, S) – Follow California Reducing Disparities approaches for accurately representing Ventura county populations at risk, indicators showing populations with health disparities; culturally informed process. (U,S) – Engage targeted prevention coalitions that focus on culturally appropriate data collection; specific to the high-risk population's needs. (U, S) – Ensure data measures are in place for appropriate, targeted Prevention projects/programs to show disparity effects for the population over time. (S) – Develop awareness campaigns to reach members of these high-risk populations and raise awareness of the findings, with focus on their risk and protective factors among high-risk individuals, families/communities.(U,S)
Initiative 2: Prescription (Rx) Drug Initiative	
Problem Statement	Misuse of Rx drugs, especially opioid painkillers, has resulted in a rising number of fatal and non-fatal overdoses in recent years, as well as serious harms associated with heroin addiction.
Goals	1. Reduce fatal and non-fatal overdoses caused by nonmedical use of prescription painkillers by 50%, compared to base year 2013.
Objectives	<ol style="list-style-type: none"> 1. By April 1, 2022, the percentage of licensed physicians enrolled in the CURES PDMP will increase to more than 75%, as reported by Department of Justice. 2. By April 15, 2021, total prescription drugs securely disposed of in local collection bins will exceed 50,000 pounds (25 tons), as measured by VCSO.
Tasks/Activities	<ul style="list-style-type: none"> – Expand the membership and visibility of the Rx Drug Abuse and Heroin Workgroup to maximize local support for Rx drug prevention efforts. (U) – Provide professional development, including CDC prescribing guide and non-narcotic pain management guidelines to providers countywide. (U) – Promote enforcement, security and safe drug disposal. (U) – Expand data-driven overdose prevention education and rescue efforts. (U) – Track Ventura County medical prescriber activity, including levels of frequent prescribing, quarterly, using the CURES 2.0 system (U) – Expand reach of Overdose Prevention and Rescue trainings (S, I)

Initiative 3: Marijuana Prevention Initiative	
Problem Statement(s)	Youth and young adults have easy access to marijuana and use it non-medically with increasing frequency, in more potent forms, and in a growing number of community settings, despite serious potential health and safety harms.
Goals	1. Reduce current (last 30 day) non-medical marijuana use among local youth by 5% compared to 2014 levels.
Objectives	<ol style="list-style-type: none"> By May 1, 2020, perceived harm of frequent marijuana use will increase by at least 10% among Ventura County high school students, as measured by California Health Kids Survey data By December 15, 2021, school and municipal marijuana regulations to limit youth impacts will be adopted in three (3) jurisdictions.
Tasks/Activities	<ul style="list-style-type: none"> Establish county level baseline data reports describing the local policy and commercial landscape, including health and safety indicators. (U) Develop and launch engaging education efforts using e-media messaging to youth, parents and other adults about marijuana risks. (U,S) Develop formal school district policy agreement to build a new Student Assistance Program using the BRRIM approach. (U, S, I) Support school districts with professional training sessions featuring evidence-based approaches to Student Assistance Programs (U, S, I) Convene local community leaders, policymakers, planners and others to learn from national and regional experts on cannabis industry controls. (U) Provide in-classroom, and in-community presentations and materials sharing the science of marijuana and the developing teen brain. (U, S) Continue implementation of How High marijuana website and associated interactive efforts to increase community dialogue about teen brain risk. (U)
Initiative 4: Underage and Binge Drinking Prevention Initiative	
Problem Statements	Underage drinking is common as youth continue to have easy access to alcohol in retail, public and social settings, resulting in excess consumption and dangerous consequences.
Goals	1. Reduce underage drinking in commercial, public and social settings
Objectives	<ol style="list-style-type: none"> By May 1, 2019, local underage and binge drinking prevention policies, including Social Host laws, will be actively enforced by local jurisdictions. By May 1, 2021, local retail compliance training for peace officers will be delivered to at least three (3) Ventura County law enforcement agencies.
Tasks/Activities	<ul style="list-style-type: none"> Collaborate with local law enforcement agencies to refine and ensure continued enforcement of Social Host Ordinances. (U) Expand education and media efforts around the problem of underage drinking focusing on retailer compliance and Social Host enforcement. (U) Coordinate with police and Sheriff's Department regarding media about on-sale and off-sale access by youth (21 and under); shoulder tap events. (U) Carry out specialized in-service and/or staff development training for school personnel emphasizing strength-focused prevention approaches. (U, S, I) Conduct pre- and post-training assessments of school staff capacity to address students and families in need. (S, I)
Initiative 5: Impaired Driving Prevention Initiative	
Problem	Every year, hundreds of people are injured and thousands are arrested due to

Statement(s)	DUI—an illegal behavior creating serious health and safety harms to drivers, passengers and the general public.
Goals	1. Reduce impaired driving among Ventura County youth and adults.
Objectives	1. Decrease the number of non-fatal crashes by 10%.
Tasks/Activities	<ul style="list-style-type: none"> – Increase education and awareness of harms associated with impaired driving through the development of media campaigns. (U) – Expand drugged driving and poly-drug DUI Prevention Campaigns. (U) – Collaboration and outreach to schools and colleges to reach target ages. (U) – Collaboration with LE agencies for increased enforcement of existing laws and addressing problem establishments. (U) – Engage “problem outlets” to implement proper service, compliance with state and local regulations, as well as safe sales best practices. (U)

V. Step 4 – Implementation

VCBH ADP Prevention Services has developed goals to be achieved during the five-year Strategic Prevention Plan timeframe. Each of the goals includes one or more objectives designed to facilitate the achievement of the intended outcomes associated with each initiative, and benchmark progress. Collectively, the prevention goals for the next five years represent universal, selective, and indicated prevention services, and cover a comprehensive array of strategies to meet plan objectives (see *U,S,I*).

The County's Implementation Plan builds upon the combined competencies, skills and resources held by: 1) VCBH ADP, Prevention staff; 2) Prevention Contractors; 3) Workgroups; and 4) Other collaborative partners inclusive of other county agencies, elected officials, and community groups, as appropriate. Prevention Contractors maintain their own detailed Work Plans, which specify activities and metrics at the strategy/activity level. So the logic and plans shown here represent what is to be accomplished in aggregate by VCBH Prevention Services staff, funded Prevention Providers, and VCBH's community prevention partners (e.g., Sheriff's office, municipal agencies, Ventura County Public Health, etc.).

As indicated in the Planning Process section, prevention strategies were selected based on existing infrastructure, available resources, opportunity for impact ("changeability") and feasibility of long-term sustainability. The interventions and activities to be implemented will be universal, selective, and/or indicated (often combinations) depending upon the objective and the service. VCBH has considerable experience in developing and implementing sustainable and effective prevention services, and as such, will be carried out through the coordinated efforts of all parties to Ventura County's Prevention System. It also includes evaluation metrics inclusive of both process and outcome indicators. These metrics will be utilized to assess the extent to which goals and objectives are met. Furthermore, the implementation plans include data sources to help inform evaluative activities.

ADDRESSING HEALTH DISPARITIES INITIATIVE - IMPLEMENTATION

Strategy: Information Dissemination (ID), Education (ED), Community-Based Process (CBP), Problem ID and Referral (PIDR), Environmental (ENV), Alternatives (ALT); IOM Category: Universal (U), Selective (S), Indicated (I)

Goal 1.1	Increase local data available describing the community needs and resources among vulnerable sub-populations, risk and protective factors.				
Objective 1.1.	By 5/30/20, reports summarizing findings of community needs and resource assessment activities for at least two (2) vulnerable populations will be complete, as measured by data findings presented to VCBH				
Program/Intervention: Positive Culture Framework – Social Ecological Approach, MSU					
Major Tasks		Timeline	Responsible Party	Strategy	IOM
1. Review data sources to identify populations at elevated risk		07/2017- 01/2018	VCBH, CC	CBP	U,S
2. Present CRDP approaches to accurately represent populations at risk;culturally informed/sensitive		Monthly 08/2017- 06/2018	CC, EVC	CBP	S
3. Carry out culturally appropriate data collection methodologies		08/2017- 06/2019	CC, Consultants	CBP EVN	S
4. Compile, document and report by community, needs/resources		By 11/2019	CC, EVC	CBP	S

Rx INITIATIVE - IMPLEMENTATION

Goal 2.1	Reduce fatal and non-fatal overdoses caused by nonmedical use of prescription painkillers by 50%, compared to base year 2013.				
Objective 2.1.1	By 4/1/22, percentage of licensed MDs enrolled in CURES PDMP will increase to >75% per CA Department of Justice data				
Program/Intervention: Prescription Drug Abuse and Heroin Workgroup					
Major Tasks		Timeline	Responsible Party	Strategy	IOM
1. Design professional outreach and medical education content		By 09/2017	CW, VCBH	ED	U
2. Direct mail and network info delivered; importance of CURES		09/2017-06/2020	Rx WG	ID	U
3. Deliver quarterly professional development/ PDMP skills talks		07/2019-09/2021	Rx WG, CW	ED, ID	U
4. Earn media with Pharma Crimes Task Force re: consequences non-compliance		07/2019-09/2021	VCSO, Rx WG	ID	U
5 Provide non-narcotic pain mgmt strategies & safe prescriber feedback to > 500 physicians		08/2021-06/2022	Rx WG	ID	U
Goal 2.1	Reduce fatal and non-fatal overdoses caused by nonmedical use of prescription painkillers by 50%, compared to base year 2013.				
Objective 2.1.2	By 4/25/21, total prescription drugs securely disposed of in local collection bins will exceed 50,000 pounds (25 tons), as measured by VCSO.				
Program/Intervention: Safe Drug Disposal – Scheduled Substances					
Major Tasks		Timeline	Responsible Party	Strategy	IOM
1. Plan and design e-media, publicity, and messaging to drive consumer use of safe disposal bin		07/2017-12/2017	Rx WG, le	ID	U
2. Engage allied agencies to use unified campaign, English/Spanish		01/2018- 06/2019	VCBH, contractors	CBP	U
3. Launch paid and earned media		01/2018- 06/2019	Rx WG, le	ID, ED	U
4. Secure participation of 10+ school districts to direct msg parents, drive collection		03/2018- 05/2021	VCBH, VCOE	CBP, ED	U
5. Compile and report poundage of unused, unwanted, expired drugs secured collected/destroyed		Semi-annually	VCSO, allied agency	CBP	U

MARIJUANA INITIATIVE – IMPLEMENTATION

Goal 3.1	Reduce current non-medical marijuana use among local youth by 5% compared to 2014 levels.				
Objective 3.1.1.	By May 1, 2021, perceived harm of frequent marijuana use will increase by at least 10% among local high school students as measured by CHKS				
Program/Intervention: How High Ventura County -					
Major Tasks		Timeline	Responsible Party	Strategy	IOM
1. Outreach to schools and YSO to implement HHVC programs		09/2017-05/2021	JAMS	ED, ID	U, S
2. Engage parents to participate in HHVC parent nights, events		Quarterly, prn	VCBH, contractors	CBP	U
3. “Legal, Not Safe” Kick-Off		01/2018	JAMS	CBP, ID	U
4. Implement 24+ HHVC sessions at schools in Simi Valley, other		09/2017-05/2021	JAMS	ED, ID	U
5. Implement 6+ HHVC events at youth-serving organizations (YSO)		09/2017-05/2021	VCBH, JAMS	ED, ID	U
6. Summarize 2-year results, with program- & community-level data		01/2020	JAMS, EVC	CBP	U
7. Recruit young adults for media & community outreach		Ongoing	JAMS	CBP	U
8. Web Platform and content, functionality Upgrades		Quarterly	JAMS	ED, ID	U
9. Evaluation Report		06/2021	EVC, all	CBP	U
Goal 3.1	Reduce current non-medical marijuana use among local youth by 5% compared to 2014 levels.				
Objective 3.1.1.	By May 1, 2020, perceived harm of frequent marijuana use will increase by at least 10% among local high school students as measured by CHKS				
Program/Intervention: FNL and Straight Up! Prevention Education					
Major Tasks		Timeline	Responsible Party	Strategy	IOM
1. Participate in FNL MJ Facts session and CFNL annual training		09/2017-05/2020	VCOE, SUVC	ED	U
2. Continue Straight Up Game Show and Workshops, and FNL implementation all 14 chapters		08/2018-05/2020	VCOE, SUVC	ID, ED	U
3. Participate in VC Youth Summit		03/2018	VCBH, VCOE	CBP, ED, ID	U
4.Youth Evaluation and Analysis of CHKS survey findings, by district and countywide datasets		By 06/2020	EVC, VCOE	CBP	U

Goal 3.1	Reduce current non-medical marijuana use among local youth by 5% compared to 2014 levels.				
Objective 3.1.1.	By May 1, 2020, perceived harm of frequent marijuana use will increase by at least 10% among local high school students as measured by CHKS				
Program/Intervention: County ADP Community Outreach					
Major Tasks		Timeline	Responsible Party	Strategy	IOM
1. School-based Myths & Facts educational presentations and resource table sessions		09/2017-05/2019	VCBH, AI, JK, contracts	ED, ID	U
2. YSO-based Myths & Facts sharing, community outreach		09/2017-05/2019	CSCs	CBP, ID	U
3. Screenings of MJ and Your Kids Brain – PTA and B2S		03/2018-05/2020	CSCs	ED, ID	U
4. Launch MJ FactCheck media and website debut; w SEO		07/2017 -09/2017	VCBH	ED, ID	U
5. Implement e-media messaging and text campaign, MJ Facts		08/2017-05/2018	VCBH, le	ED, ID	U
6. Assemble web metrics and campaign reach report		06/2018	le, RHC	ED, ID	U
7. Adjust/refine messaging and web content, animation, update		By 08/2018	VCBH, le Contracts	ED, ID	U

IMPAIRED DRIVING PREVENTION INITIATIVE - IMPLEMENTATION

Goal 5.1	Reduce impaired driving behavior among Ventura County youth and adults.			
Objective 5.1.1	Achieve a 10% decrease in the number of non-fatal DUI crashes countywide by 2020, as measured by SWITRS data system			
Program/Intervention: Safe Bars Task Force				
Major Tasks	Timeline	Responsible Party	Strategy	IOM
1. POLD survey reports, top bars	Sept 2017	EVC	CBP	U
2. Recruit LE agencies to launch	Oct 2017	VCBH	CBP	U
3. Identify Bar Risk Assessments	11/2017-06/2018	SBTF, VCB	ENV	U
4. Share qual. & quant. data w LE	02/2018- 07/2018	VCBH	ENV	U
5. Target top risks, compliance	07-2018-06/2019	SBTF	ENV	U
6. Assemble data on retail change	01/2019-04/2019	VCBH	ENV	U
7. Press Conference/ Media	09/2019-12/2019	SBTF	ENV	U

VCBH Alcohol and Drug Prevention Services – Addressing Health Disparities Initiative

Problem Statement(s): Health disparities exist between groups locally and are attributed in part to differences in economic status, geographic setting, racial/ethnic identity, as well as social and linguistic isolation. Few data sources exist to document patterns of use (consumption) and consequences for vulnerable sub-populations.

Goal(s): Increase local data available describing the community needs and resources among vulnerable sub-populations, documenting risk and protective factors.

Objectives	Specific Tasks and/or Strategies	Agency Responsible /Resources Available	Outcomes/Measures			Data Sources/Tracking Tools
			Short Term July 17 – June 18	Intermediate July 18 – Dec 20	Long Term Jan 21 – June 22	
1. By May 30, 2020, reports summarizing findings of community needs and resource assessment activities for at least two (2) vulnerable populations will be complete, as measured by data findings to VCBH management.	Review extant data -research on most vulnerable groups (including youth at high risk for SUD, those described marginalized or stigmatized) Data collection activities to inform needs, vulnerable populations: Samoan, API African American	VCBH ADP, OHET; Contractors, and other partners, as appropriate -VCBH ADP & Funded Contractors -CARS or similar TA providers	Inventory of all current data sources available at national and state levels and relevant use for understanding populations with disparities, including CRDP reports, locals. Description of populations high need of prevention services Engage/support data collection activities	Compile local data and develop targeted prevention strategies for specified populations, ensuring cultural lens. -Ensure approved programs are aligned with data identifying high-risk population need; NREPP fit, adjust/tailor as needed; -Identify efforts and programs which merit replication/ implement for local population	Review indicators of health disparity and “drivers” of substance use risk/harm by community coalitions, with actionable, group-specific prevention plans. Continue updating data source inventory to ensure programs are relevant to current needs of populations with disparities; culturally congruent strategies for specific groups.	Research studies, review of State CRDP and OHE reports Coalition Assessment Reports, using interviews, focus discussion groups, local surveys/data collection tools Tracking documents

VCBH Alcohol and Drug Prevention Services – Prescription (Rx) Drugs Initiative

Problem Statement(s): Misuse of Rx drugs, especially opioid painkillers, has resulted in a rising number of fatal and non-fatal overdoses in recent years, as well as serious harms associated with heroin addiction.

Corresponding Goal: 1. Reduce fatal and non-fatal overdoses caused by nonmedical use of prescription painkillers by 50%, compared to base year 2013.

Objectives	Specific Tasks and/or Strategies	Agency Responsible/ Resources Available	Outcomes/Measures			Data Sources/Tracking Tools
			Short Term July 16 – June 17	Intermediate July 17 – Dec 19	Long Term Jan 20 – June 21	
1. By 4/1/19, percentage of licensed MDs enrolled in CURES PDMP will increase to >75%, per CA DOJ data	<p>Provide CME, professional development/ trainings to MDs, personnel, to promote safe prescribing practices . Direct promotion of CURES 2.0 benefits, features.</p> <p>Provide hospitals and health plans feedback on #/% providers enrolled</p>	<p>Lead agencies: VCBH, Ventura County Public Health; Funded Contractors, Rx Workgroup</p> <p>CA DOJ and Pharma Task Force</p>	<p># training events & direct mail, email or messaging to promote sign up</p> <p># contacts w leaders of health systems on law, purpose, need</p> <p># of medical professionals trained</p> <p># of Ventura County prescribers registered to use CURES PDMP (to exceed 50%)</p>	<p># provider networks or MD groups w 100%</p> <p># MDs and prescribers notified they are out of compliance, unknown</p> <p># newsletter, e-news stories, newspaper pieces on CURES use</p> <p># professionals trained</p> <p># of Ventura County prescribers registered to use CURES PDMP (>75% achieved)</p>	<p>Increased number of medical providers routinely checking and using CURES (% of total)</p> <p>Majority of health systems require CURES use to maintain standing and/or privileges; consequences.</p> <p>Reported decrease non-fatal drug overdoses to ERs</p> <p>Reported decrease fatal prescription drug ODs</p>	<p>Updated DOJ and Dept of Public Health CURES data</p> <p>Quantity/quality of MD outreach and training, feedback questionnaires</p> <p>Local surveys/data collection tools</p> <p>Prescription Drug Workgroup meeting minutes and documents</p>
	<p>Provide non-narc pain management trainings, referral</p> <p>Educate and direct msg MDs and prescribers</p> <p>Disseminate CDC guidelines, mat's, and feedback</p>	<p>VCBH, Ventura County Office of Education; Funded contractors</p> <p>Rx Workgroup</p>	<p># of materials disseminated</p> <p># prescribers finish education/awareness</p> <p>% decrease in VCMC and County-contract MDs and prescribers with Freq/Very Freq</p>	<p>% prescribers reached via outreach efforts</p> <p># of "report cards" by specialty or system, showing outlier levels</p> <p># health plans, IPAs, hospital systems, etc. promoting decreased use of opioids, for chronic pain</p>	<p>Increased perceptions of potential harm, caution, among prescribers</p> <p>Decreased # of Rx filled for opioids & sedatives in VC,</p> <p>Lower social Rx availability</p> <p>Documented changes in health system/hospital policies for opioid Rx</p>	<p>CURES DOJ and Dept of Public Health Local surveys/data collection by 3 systems</p> <p>CEU/CME Medical Education data on completions</p> <p>VC CHS Health plan policies, data</p>

3. By 4/15/20, total Rx drugs disposed of in local collection bins will exceed 50,000 pounds (25 tons).	<p>Promote enforcement and security on Rx</p> <p>Enhanced promotion of County Disposal Bins & Rx Take Back Days</p> <p>Collaboration with city officials schools, agencies, municipalities on disposal events</p>	<p>VCBH/ADP; LE Agencies; Funded contractors: City Officials; local municipalities</p> <p>VCSO PIO</p>	<p># and impact metrics of drug disposal ads and publicity spots</p> <p># of participating law enforcement partners with accessible bins</p> <p># of prescription take back days</p> <p>pounds of medications collected Q1-Q4</p>	<p># and impact metrics of drug disposal ads and publicity spots</p> <p># of participating law enforcement partners with accessible bins</p> <p># of prescription take back days</p> <p>pounds of medications collected Q5-Q12</p>	<p># and impact metrics of drug disposal ads and publicity spots</p> <p># of participating law enforcement partners with accessible bins</p> <p># of prescription take back days</p> <p>pounds of medications collected Q13-Q16</p>	<p>Media impressions and click-thrus, reach of ads</p> <p>Direct observation, reports of PD watch commander</p> <p>VCSO collection and accounting, Scheduled drugs with weights, quarterly</p>

VCBH Alcohol and Drug Prevention Services – Marijuana Prevention Initiative

Problem Statement(s): Ventura County youth and young adults have easy access to marijuana and use it non-medically with increasing frequency, in more potent forms, and in a growing number of community settings, despite serious potential health and safety harms. It is projected that availability may increase and perception of harm may decrease with possible changes in State marijuana laws and future adult use commercial sales and cultivation.

Corresponding Goal: 1. Reduce current (last 30 day) non-medical marijuana use among local youth by 5% compared to 2014 levels.

Objectives	Specific Tasks and/or Strategies	Agency Responsible/ Resources Available	Outcomes/Measures			Data Sources/Tracking Tools
			Short Term July 16 – June 17	Intermediate July 17 – Dec 19	Long Term Jan 20 – June 21	
1. By 5/1/19, perceived harm of frequent use will increase by at least 10% among HS students, as measured by California Health Kids Survey data	<p>Increase education messaging about the harms associated with marijuana use</p> <p>e-media, social media, website directmarketing</p> <p>Parent text msg campaign</p> <p>Use/promotion of How High? Website, VCOE</p>	VCBH/ADP; Ventura County Office of Education; Funded Contractors	<p># of materials disseminated</p> <p># of schools provided education/awareness events, presentations</p> <p># of community outreach and educ activities, by city</p> <p>How High? Website metrics</p>	<p># ads, radio spots, media mentions, impressions, by quarter</p> <p># of athletic and extra-curricular programs receiving MJ harm info</p> <p>How High? Website metrics</p> <p>Self-reported frequent use decreasing</p>	<p>% decrease in self-reported use by 9th graders in 3 target Districts in excess of 10%</p> <p># ads, radio spots, media mentions, impressions, by quarter</p> <p># of athletic and extra-curricular programs receiving MJ harm info</p> <p>How High? Website metrics</p>	<p>CHKS by District and Countywide</p> <p>Media impressions tracking</p> <p>Treatment survey data</p> <p>School disciplinary data</p> <p>Pre- and post-program data of HHVC</p>
2. By December 15, 2021, school and municipal marijuana regulations to limit youth impacts will be adopted in three (3) jurisdictions.	<p>-Establish county level baseline data reports, local policies regulating commercial grows</p> <p>-Inform Medical Marijuana WG of local trends, marketing and advertising, minor decoy operations.</p>	<p>VCBH Contractors, VCBH staff</p> <p>Collaborating Agencies,</p>	<p>Indicators summary report, baseline</p> <p>Updated “Safeguard Our Communities” policies</p> <p># of municipal mtgs, cannabis policy and</p>	<p>Model policy for youth protection</p> <p># of municipalities adopting some or all of</p>	<p># of municipalities adopting some or all of regulatory best practices</p> <p>Refinements of model policy</p>	<p># Policies researched, State and local</p> <p># Policies articulated and formally considered</p>

	<p>-Convene local comm leaders, school districts, policymakers, planners to learn from national and regional experts on cannabis policy and controls.</p> <p>-Engage State and regional efforts; regulatory best practices and regional prev media strategies.</p> <p>Build staff and Administration support for SAP</p> <p>Provide service training, BRRIM</p> <p>Adopt/change District policies to support SAP</p>	<p>VCBH Mgmt, County MMJ Workgroup</p> <p>T/TA consultants, contractors VCBH and contract providers</p> <p>RR, School District Admin</p>	<p>regulation</p> <p># local, regional, State and national events for professional development, industry regulation training</p> <p># coordination events and meetings on best practices for local powers, cannabis</p> <p>Formal agreement to collaborate on school services for youth</p> <p>#Staff development trainings provided</p> <p>#Staff and Admin who complete trainings</p> <p>Improved Readiness for SAP implementation</p>	<p>regulatory best practices</p> <p>(at least 1 city policy)</p> <p>Board policy adoption for individual services, using BRRIM;</p> <p># of students/families served by program</p> <p>Last 30-day drinking metrics, unique to District</p>	<p>based on State changes</p> <p>(at least 3 cities adopt)</p> <p>Improved ratings of school connectedness, self-report</p> <p># college/career Game Plans</p> <p>Decreased alcohol use and associated problems, per District, disciplinary issues</p> <p># suspensions, expulsions</p>	<p># Policies adopted by cities within county</p> <p># Policies fully implemented</p> <p>Pre- and post surveys</p> <p>CHKS Module results</p> <p>Staff/Admin ratings of confidence, SA issues</p> <p>#Favorable disposition for AOD incidents</p>
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VCBH Alcohol and Drug Prevention Services – Underage and Binge Drinking Prevention Initiative

Problem Statement(s): Underage drinking is common as youth continue to have easy access to alcohol in retail, public and social settings, resulting in excess consumption and dangerous consequences.

Corresponding Goal(s): 1. Reduce underage drinking in commercial, public and social settings

Objectives	Specific Tasks and/or Strategies	Agency Responsible/ Resources Available	Outcomes/Measures			Data Sources/Tracking Tools
			Short Term July 17 – June 18	Intermediate July 18 – Dec 20	Long Term Jan 21 – June 22	
1. By May 1, 2018, an inventory of local underage and binge drinking prevention policies, including all Social Host laws, will be completed.	Document policy and current levels of enforcement for each muni jurisdiction	VCBH/ADP; LE agencies Select contract providers	Data summary and inventory of policies , -Agencies re- engaged in enforcement efforts -Enforcement of existing ordinances, meta-analysis	Revised, enhanced and updated policies and enforcement field protocols; existing ordinances # of civil citations up, LE agencies engaged in enforcement efforts	Continued or enhanced enforcement efforts , along with uptick in citations issued; \$ fines collected Decreased rates of reported access to alcohol by youth; Fewer loud party disturbing calls for service	Law enforcement data on SHO enforcement Field interview cards City admin \$ collected City Attorney/Counsel reports on impact
2. By May 1, 2021, local retail compliance training for peace officers will be delivered to at least three (3) Ventura County law enforcement agencies.	Develop and launch retail compliance series for law enforcement; with POST certification; local UA decoy, ID, and licensing.	Ventura PD in cooperation with ABC	Training curriculum and AV materials completed, consistent with ABC	P.O.S.T. certification achieved for retail alcohol compliance training Local designees and ABC grant coordinators identified	Three (3) local agencies complete training; effectively expanding the number of Alcohol Enforcement officers locally	Proof of Certification Sign-in and Sign-off documents

VCBH Alcohol and Drug Prevention Services – Impaired Driving Prevention Initiative

Problem Statement(s): Every year, thousands of individuals are arrested for impaired driving in Ventura County, causing harms to drivers, passengers and the public. Increasingly, marijuana and prescription drug use, alone or in combination with alcohol, are growing factors in DUIs countywide.

Corresponding Goal(s): Reduce impaired driving behavior among Ventura County youth and adults.

Objectives	Specific Tasks and/or Strategies	Agency Responsible/ Resources Available	Outcomes/Measures			Data Sources/Tracking Tools
			Short Term July 16 – June 17	Intermediate July 17 – Dec 19	Long Term Jan 20 – June 21	
<p>Reduce impaired driving among youth and adults</p> <p>Achieve a 10% decrease in the number of non-fatal DUI crashes countywide by 2020, as measured by SWITRS data system</p>	<p>Increase education and awareness of harms associated with impaired – Media campaign</p> <p>Engage colleges, schools, other institutions</p> <p>Re-launch Safe Bars Task Force with multi-agency partnership</p> <p>Increased enforcement of existing laws and addressing problem establishments</p>	<p>VCBH/ADP; Ventura County Office of Education; LE agencies; Funded contractors</p>	<p># of media campaigns implemented</p> <p># of informational materials disseminated</p> <p># of enforcement efforts</p> <p># of “problem establishments” targeted</p>	<p># of media campaigns implemented</p> <p># of informational materials disseminated</p> <p>High recall from community on msgs of campaign</p> <p># of enforcement efforts</p>	<p>Reduction in impaired driving among youth and adults</p> <p>Decrease in the number of non-fatal crashes of 10%</p> <p>Decrease in fatal crashes by 20%</p> <p>Increased compliance in</p> <p>Increased enforcement/DUI arrests</p> <p>Awareness of media campaigns</p> <p>Impacts of media campaign</p>	<p>POLD Survey</p> <p>SWITRS data</p> <p>Digital surveys, impact and reach of media efforts</p> <p>Local enforcement data, traffic divisions</p> <p>Local surveys/data collection tools</p> <p>DMV data</p>

VI. Step 5: Evaluation

Evaluation activities shall be conducted under two primary domains: (1) contract and project monitoring, and (2) process and outcome evaluation activities assessing the implementation and outcomes associated with community-based and countywide prevention strategies.

Contract and Project Monitoring

To obtain funding from VCBH ADP Prevention Services, each potential contractor must demonstrate a “need” for their services based on local data and develop a prevention strategy responsive to local conditions. After funding has been awarded, each contractor must engage in monthly reporting practices to show how they are making progress towards their identified goals and objectives. This is assessed via a monthly report submitted to Prevention Services and supporting documentation. Monthly reports submitted by Prevention Services contractors indicate to what extent progress has been made toward each objective/strategy the agency is contracted to perform during the fiscal year.

In addition to the **Monthly Progress Report** each contractor submits, corresponding documentation substantiating the work described in the report. Information includes such things as: copies of brochures developed, publications, written reports, data summaries, planning documents, environmental scan summary findings, risk assessment outcomes, planning activities/timelines, etc. Prevention Services staff carefully reviews these reports to ensure each contractor is on track with their contractual requirements and is providing adequate services to key stakeholders and community members.

To supplement the monthly reporting tracking, in-person contract monitoring activities are conducted by Prevention Services and fiscal/contracts staff. During these contract meetings, progress towards identified goals and objectives are assessed and contractors’ budgets are reviewed. During these meetings, contractors describe what accomplishments have been made to date as well descriptions of upcoming activities. Any budgetary or performance issue is rectified in a timely and deliberate manner.

To enhance the collaborative nature of Ventura County’s prevention system, **Quarterly Provider Meetings** are held at the VCBH Prevention Services office. During these meetings providers are able to vocalize the various activities they have been engaged in over the prior quarter and identify upcoming activities. These meetings also serve as a venue for networking and collaboration among funded providers. As a regular practice during the Quarterly Provider Meetings, guest speakers or presenters share evidence-based prevention strategies, emerging alcohol/other drug trends, and other practices fostering an ongoing learning/professional development culture for VCBH’s prevention system.

Each provider is responsible for evaluating and communicating evidence of outcomes having been achieved to Prevention Services. This expectation is built into the contracts of each funded prevention provider. Funded prevention providers also enter their activities into CalOMS in accordance with state and county requirements.

Evaluation Activities Specific to Initiative Implementation

To measure progress toward achieving the goals and objectives established for each initiative, process and outcome metrics have been identified. VCBH will work with its evaluation and research contractor, EVALCORP, to design appropriate evaluation methodologies, data collection tools and analysis plans to assess progress made within each initiative. Data provided in the Needs and Resource Assessment section can many times serve as baseline information to determine the extent to which prevention efforts have made an impact. Additionally, EVALCORP provides ongoing consultation and assistance in determining appropriate data points and data collection activities to assess the impacts of the County's prevention initiatives and corresponding strategies. EVALCORP staff is comprised of experienced evaluation professionals with years of experience conducting large-scale countywide evaluations as well as project-specific evaluations. As such, the evaluators are well positioned to provide guidance on all types of prevention activities carried out across the county. Evaluation team activities will include:

- ✓ Designing appropriate evaluation methodologies based on each specific prevention strategy;
- ✓ Design and implementation of appropriate data collection tools (i.e., surveys, tracking databases, protocols, interview or focus group item development, etc.);
- ✓ Literature reviews and assistance with selecting or enhancing research-supported strategies;
- ✓ Managing, cleaning, and aggregating county data bases (such as the POLD database);
- ✓ Developing data analysis plans, performing statistical and qualitative analyses across initiatives;
- ✓ Developing study overviews for strategies/initiatives that address local prevention needs;
- ✓ Collaboration with state-level and other county agencies and contractors specific to planning or data needs to show effects, changes over time, and/or collective impacts;
- ✓ Designing initiative, campaign, or project specific evaluation plans; and
- ✓ Data-related consultation, as needed/requested.

Evaluation Process

Many of the critical high-level evaluation components for the Strategic Prevention Plan flow logically from the Implementation Plan shown above. Complementing these will be more formal formative and summative evaluation activities to be carried out over the course of the next five years, as VCBH refines, implements and gauges data-driven and evidenced-based prevention strategies. As part of documenting findings from data and evaluation activities, EVALCORP will create data briefs, reports, and summaries, as appropriate and will share findings with Prevention Services staff so that they are able to make timely and data-informed decisions throughout the next five years.

Furthermore, evaluation findings will be used to help assess successes, challenges, and lessons learned in the implementation of the county's prevention activities, including an Annual SPP Progress Report, summarizing progress toward goals. Critically important to the Collective Impact approach, these same findings will be shared back with community stakeholders and partners, by Initiative, and making use of Stakeholder Meetings with presentations to (1) build support and capacity for action; (2) invite culturally-informed adjustments as needed; (3) ensure sustainability of efforts, and (4) foster a continuous improvement cycle of evaluation, with input and critique from the wider Prevention System.