KERN COUNTY SPF OUTLINE
I. INTRODUCTION AND COUNTY OVERVIEW

1. County overview

The State of California's third largest county in area, Kern County is home to 744,206 people and encompasses 8,073 square miles. Centrally located in the State, the geography in the area varies from valley floor, to mountains, to high desert. Agriculture and the oil industry play a major role in the County's economy. Kern County is the nation's number one oil producing county and the nation's third top agricultural producing county.

Kern County residents are ethnically diverse. According to 2000 U.S. Census Data the population is 50 percent white, 38 percent Latino, six percent African American, and six percent Asian, Islander, Native American, or of two or more races. The population is becoming more diverse and younger over time. The Latino population is growing at a rate almost double that of the rest of the County's population and the median age of County residents is expected to decrease by a full year, to age 29, by the year 2020.

2. County government structure

The County of Kern is a "general law" county governed by a five member Board of Supervisors, each elected from a separate geographic supervisorial district within the County. Board members are non-partisan. Incorporated on April 2, 1866, the County of Kern has 37 departments, and employs over 7,900 full time employees.

Within the authority and limits prescribed by the State Constitution and various State statutes, the Board of Supervisors enacts legislation governing the County and determines policies for operation of the County. The Board meets every Tuesday (with a few exceptions) and takes action on public requests, departmental matters, and special items presented on the agenda. These Board meetings are open to the public.

3. KCMH and how it is organized

Kern County Mental Health is lead by a Director, who is appointed by the Board of Supervisors. Two Deputy Directors who oversee the following areas, Clinical Services and Fiscal and Administrative Support Services support the Director. The County Alcohol and Drug Program Administrator reports directly to the Kern County Mental Health Director and oversees all aspects of substance abuse including Treatment, Prevention, Driving Under the Influence Programs, Drug Diversion Programs and mental health responsibilities in the area of Cal Works and Vocational Rehabilitation. The County Alcohol and Drug Program Administrator is also known as the Behavioral Health Administrator.

4. AOD prevention division, where is it?

The Alcohol, Drug Abuse, and Mental Health Services (ADMS) block grant program was created in 1981 to provide funds to states for planning, establishing, and evaluating programs for the development of more effective prevention, treatment, and rehabilitation services. In 1992, the Congress divided the ADMS block grant program into two separate programs—the SAPT block grant and the Community Mental Health Services block grant. To carry out these responsibilities, SAMHSA initially established demonstration grant programs that supported individual grants,

cooperative agreements, and contracts. SAMHSA also assumed responsibility for administering the separate Substance Abuse Prevention and Treatment (SAPT) block grant program. The guidelines of the SAPT block Grant state that a minimum of 20% of the total grant must be spent in primary prevention activities.

Prevention Services is a division within the Substance Abuse System of Care, which is lead by the County Alcohol and Drug Administrator. The Prevention Services division provides services throughout Kern County in schools and communities. Kern County Substance Abuse Prevention division began in 1989 with a single staff, working with 3 schools and about 140 youth in the Friday Night Live Program. Prior to that, substance abuse treatment providers were additionally contracted to provide prevention services and used primarily an information dissemination strategy.

In 1996, Kern County Mental Health redesigned its service delivery system based upon 11 Geographic Service Areas (GSA). Eleven Geographic Service Areas were created to ensure that all regions of the County were served. Primary prevention services were also contracted along these lines however, the services were limited. In 1998, another RFP was published to purchase specific primary prevention services which were more evidence based. Particular strategies were requested in the Request for Proposals. They were as follows: Public Education campaign; Community Based Mini-grants; Inhalant project utilizing an environmental approach; and alternative activities.

Prior to the SPF process undertaken by the Prevention Services Committee, prevention services provided throughout the County were largely alternative activity by strategy. Contracts with community-based organizations supported sports, theatre, art, karate, folklorico dance, a rural youth council, Cene con Sus Hijos and Friday Night Live programs. Parenting classes were also offered in a few communities.

5. Who is the prevention subcommittee?

On July 31, 2001, the Board of Supervisors adopted Resolution 2001-281, which established the Behavioral Health Board by consolidating the Alcohol and Drug Advisory Board and the Mental Health Board. The Prevention Services Committee, a subcommittee of the BHB, focuses on the needs of the community in the area of prevention including substance abuse prevention and prevention services under the MHSA. The Behavioral Health Board advises Kern County Mental Health on all areas of service provided by the Department. Prevention is represented on the Behavioral Health Board and as a committee of the board.

Prevention Services Committee Mission Statement: “The Prevention Services Committee will identify needed improvements in the System of Care, promote research-based practices for prevention, and propose solutions that will improve the quality and availability of primary prevention services to the residents of Kern County.”

In 2003, the Prevention Services Committee initiated a planning process to implement the SPF and to establish primary prevention goals for Kern County. The steps involved convening expert panels, conducing focus groups and assessing local data.

II. SPF STEP 1- NEEDS AND RESOURCE ASSESSMENT

1. What were the AOD related problems identified by the subcommittee

As a citizen advisory board, it is the charge of the Prevention Services Committee to craft the prevention goals of Kern County. The committee is comprised of community members who represent schools, public health, child welfare, law enforcement, community advocates, media, youth and the faith community.

In 2002, the Prevention Services Committee identified 14 alcohol and drug related problems in Kern County. These problems were grouped into four broad areas of concern and expert panels were formed to address these areas: family-related problems resulting from drugs and alcohol; the availability of illegal drugs; the availability of alcohol to youth; and the impact of alcohol and drug use upon institutions (e.g., law enforcement, medical and mental health facilities).

2. What were the expert panels for each problem area

Panels of content experts were convened for the following:			
Issues related to Drugs	Issues related to Alcohol	Institutions affected by AOD use	Families
• DEA	• Distributors	• DHS	• Parent educators
• Kern County Sheriff's Office	• CSUB-Binge Drinking experts	• Hospitals	• Family Magazine
• Bakersfield Police Department	• Kern Youth Council – Shoulder Tap youth		• Minister – faith community
• Vice Squad			• Child welfare
• KCMH GATE			• Schools

Expert panelists addressed the Prevention Services Committee on their area of specialty providing guidance and insight into the impact of alcohol and other drug use on the institutions they serve and on families.

3. What is the problem area by data sets?

- Nationally, 8.1% of persons 12 years or older had used an illicit drug in the past month
- Nationally, 51.8% of American 12 years or older reported use of alcohol in the past month
- Nationally, of persons aged 12 or older, 7.6% met the criteria for alcohol dependence or abuse and 2.8% met the criteria for drug dependence or abuse in the past year
- Nationally, 34% of persons aged 12 older who were dependent on or abused alcohol in the past year were more likely to have been treated in an emergency room at least once in the past year
- Nationally, 6.1% youth aged 12 to 17 were classified as needing alcohol treatment in the past year; 5.4% needing illicit drug use treatment
- Nationally, CA ranks fourth in the nation with the highest rates of Methamphetamine/amphetamine treatment admissions (after Oregon, Hawaii, Iowa)
- Among CA students, 18% of 7th graders, 41% of 9th graders and 62% of 11th graders report having a full drink of alcohol sometime in their life (ever)
- Among CA students, 12% of 7th graders, 24% of 9th graders and 36% of 11th graders reported having at least one alcoholic drink in the past 30 days (current use)
- Among CA students only 35% of 11th graders, 50% of 9th graders and 70% of 7th graders reported no alcohol or drug use
- Kern County students reported higher rates: 26% of 7th, 46% of 9th graders and 66% of 11th graders report having a full drink of alcohol sometime in their life (ever)
- Kern County students reported higher rates: 15% of 7th, 27% of 9th and 40% of 11th graders reported having at least one alcoholic drink in the past 30 days (current use)
- Kern County students reported 47% of 9th graders and 63% of 11th graders reported obtaining alcohol at parties or social events; 20% of 9th graders and 35% of 11th graders indicated they asked adults to buy for them
- FY 06, the substance abuse system of care delivered 1, 121,063 direct service hours; 9.6% to youth under the age of 18
- 93% of youth admitted into treatment were referred by criminal justice; 49% of youth served are Hispanic, 13% are African American and 37% are White
- 92% of youth are served in outpatient settings; 60% report marijuana as their primary drug of choice

4. What were the conclusions of subcommittee

The committee concluded that the real problems that needed to be addressed are the availability of alcohol; ease of youth access and families that need strengthening and support in raising children free from alcohol and other drugs. By addressing the issues related to alcohol; attitudes relating to adult use and abuse, attitudes about underage use, addiction, and supporting families in being engaged in prevention efforts for their children and in their communities, significant changes could occur.

5. Why did they ask for focus groups? What was the purpose of the focus groups

Although the Committee initially narrowed its focus to parent education and youth access, it elected to involve stakeholders more directly in the decision-making process. The Committee contracted with *Transforming Local Communities* (TLC) to conduct a series of six focus groups, one each with social workers, substance abuse counselors, pastors, individuals in recovery, Kern Youth Council members, and incarcerated youth in treatment. Questions centered on the impact of substance abuse on the community; the role of alcohol in the larger context of substance abuse; youth access to alcohol and other drugs; predictors of use; and the identification of environmental strategies that are appropriate to the region's demographic and "cultural" profile. The Committee plans to use the data gathered from these groups to make recommendations to the Department regarding how to best utilize Kern's limited substance abuse funding.
Focus groups affirmed the perspectives of the expert panels and the Prevention Services Committee so that a recommendation could be made to the Department about the use of prevention funding. Look at TLC report regarding: purpose of focus groups.

6. What were the results of the focus groups

The culmination of this intensive fact-finding mission was the decision to center future prevention efforts on families and youth, and to use environmental approaches that were gaining increased visibility at the State and national levels. The Prevention Services Committee recommended the use of multiple strategies that minimally include enforcement, parent education, and meaningful involvement for youth, and strategies should be implemented as much as possible within the framework of existing institutions.

III. SPF STEP 2 - CAPACITY BUILDING

1. For each priority area, what resources were available?

I. Underage use
   a. Underage use problematic by CHKS and community coalitions
   b. Evaluation from independent evaluator
   c. Trained staff who understand primary prevention
   d. Ability to do literature search
   e. Partnerships with law enforcement
   f. A Life Interrupted
   g. California Healthy Kids Survey Module G
   h. Media markets for public education

II. Family Strengthening
   a. Literature search
   b. Media markets for public education
   c. Evaluation from independent evaluator
   d. Staff trained in Evidence Based Program delivery
   e. Social Host Ordinances
   f. Decoy Ops and Compliance Checks with ABC
   g. Partnerships with law enforcement
   h. Knowledge of natural partners (Needs assessment family)

2. What was missing?

I. Underage Use
   a. Market demand
   b. No technology for policy change
   c. No structure for implementing change

II. Family Strengthening
   a. Market demand
   b. Lack of knowledge re: family services (didn't know what was out there)
   c. Our lack of knowledge
   d. No parent educators or staff

3. What would be needed for each area and why?

I. Underage Use

Community leaders cannot accomplish policy change without a heightened awareness of the problem. Gathering information and utilizing technology to "paint a picture" of the problem is often needed to support the desire for change. Additionally, strong collaborative relationships with policy makers willing to support/implement/enforce policies are critical to create a web of support for all aspects of community change. By educating key stakeholders on the problems related to underage alcohol use, we could begin to create public policies and norms that give a clear no use message to youth and those who would provide alcohol to them.

II. Family Strengthening

Many parents are unaware of the availability of services to support their efforts at raising children free from alcohol and other drugs. Creating public awareness of the opportunities for parenting support and de-stigmatization of that support is critical to creating market demand for further resources in this area. Linkage with agencies that also desire to support parents in raising healthy children is important to blend the resources and interests of several agencies in strengthening families. Until we completed an environmental scan in the area of parent support services, we were unable to ascertain where to direct valuable resources. Finally, KCMH should become the central point of contact for alcohol and drug information for Parent Educators. This will ensure that the experts in AOD primary prevention are supporting an entire system of family strengthening no matter where it may originate, i.e., Probation, Human Services, faith community or resource center.

IV. SPF STEP 3 - PLANNING PROCESS

1. Problem Statements

Too many youth report alcohol is easy to access
Families need support to raise children free from alcohol and other drugs

2. Goals

Decrease access to alcohol from commercial sources among youth
Increase awareness of the problem of underage alcohol use among parents
Increase resiliency skills among FNL youth in grades 4-12
Increase refusal skills among high risk youth
Increase prevention services for children of alcoholic/addicts among treatment providers
Decrease community acceptance of underage alcohol use
Increase number of families that have clear standards about AOD use for children

3. Objectives

Increase youth involvement with decoy and compliance checks
Increase involvement in public policy development
Increase school-based prevention activities to raise awareness of the problem of underage alcohol use among FNL youth
Increase public awareness about underage alcohol use
Increase involvement in prevention programs among families
Increase social competency among youth
Increase positive relationships among youth and adults
Increase favorable attitudes toward school among youth in grades 4-12
Increase coping, problem solving and goal setting skills among incarcerated male youth
Increase evidence based curriculum delivery among incarcerated male youth
Increase social competencies of children of alcoholic/addicts
Increase the number of settings to deliver evidence-based programs

Increase curriculum delivery among children of alcoholic/addicts
Increase resources to assist in conducting environmental scans
Increase public awareness about underage alcohol use
Increase youth councils to partner with coalitions to raise awareness of the problem of underage alcohol use
Increase demand for parenting education among parents and caregivers
Increase number of parent educators
Increase parenting education curriculum delivery

Problem Statement: Too many youth report alcohol is easy to access

Goal: Decrease access to alcohol from commercial sources among youth from 15% to 10%.

Objective: Increase youth involvement with decoy and compliance checks among ABC and law enforcement from 10 to 30.

Objective: Increase involvement in public policy development among rural community members from 0 to 4.

Objective: Increase school-based prevention activities to raise awareness of the problem of underage alcohol use among FNL youth in grades 4-12 from 1% to 5%.

Goal: Increase awareness of the problem of underage alcohol use among parents from 10% to 15%.

Objective: Increase public awareness about underage alcohol use among rural communities from 0 to 4.

Objective: Increase involvement in prevention programs among families from 1% to 10%.

Goal: Increase resiliency skills among FNL youth in grades 4-12 from 10% to 15%.

Objective: Increase social competency among youth from 1% to 10%.

Objective: Increase positive relationships among youth and adults from 10% to 25%.

Objective: Increase favorable attitudes toward school among youth in grades 4-12 from 10% to 30%.

Goal: Increase refusal skills among high risk youth from 0 to 50.

Objective: Increase coping, problem solving and goal setting skills among incarcerated male youth from 0 to 50.

150028 - College Community Services - Assigned

Objective: Increase evidence based curriculum delivery among incarcerated male youth from 0 to 50.

150028 - College Community Services - Assigned

Problem Statement: Families need support to raise children free from alcohol and other drugs.

Goal: Increase prevention services for children of alcoholic/addicts among treatment providers from 0 to 50.

Objective: Increase social competencies of children of alcoholic/addicts among children from 0% to 50%.

Objective: Increase the number of settings to deliver evidence-based programs among communities from 0 to 5.

Objective: Increase curriculum delivery among children of alcoholic/addicts from 0 to 50.

151507 - Kern County Mental Health Substance Abuse Program - Assigned

150028 - College Community Services - Assigned

Goal: Decrease community acceptance of underage alcohol use among rural communities from 0 to 4.

Objective: Increase resources to assist in conducting environmental scans among rural communities from 0 to 4.

Objective: Increase public awareness about underage alcohol use among rural communities from 0 to 4.

Objective: Increase youth councils to partner with coalitions to raise awareness of the problem of underage alcohol use among rural communities from 0 to 4.

Goal: Increase number of families that have clear standards about AOD use for children among rural communities from 0 to 40.

Objective: Increase demand for parenting education among parents and caregivers in rural communities from 0 to 4.

Objective: Increase number of parent educators among rural communities from 1 to 10.

Objective: Increase parenting education curriculum delivery among parents and caregivers from 0 to 150.

2. Logic Models (one for underage and the other for parent strengthening)

<table>
<tr><td colspan="6">Identified Problem or Need (supported by data) Kern County students reported:
higher rates: 26% of 7th, 46% of 9th graders and 66% of 11th graders report having a full drink of alcohol sometime in their life (ever)
higher rates: 15% of 7th, 27% of 9th and 40% of 11th graders reported having at least one alcoholic drink in the past 30 days (current use)
47% of 9th graders and 63% of 11th graders reported obtaining alcohol at parties or social events; 20% of 9th graders and 35% of 11th graders indicated they asked adults to buy for them</td><td>Contributing Factors
1. Easy access to alcohol
2. Community norms that are favorable toward use
3. Lack of community support for families in raising healthy AOD free children</td></tr>
<tr><th rowspan="2">GOAL</th><th rowspan="2">RESOURCES</th><th rowspan="2">STRATEGIES</th><th colspan="3">EXPECTED OUTCOMES</th><th rowspan="2">MEASUREMENT INDICATORS</th></tr>
<tr><th>SHORT- TERM</th><th>INTERMEDIATE</th><th>LONG-TERM</th></tr>
<tr><td>1.Decrease underage access to alcohol from commercial and social sources</td><td rowspan="4">Media markets for public education campaign

Staff trained in Evidence Based Program delivery

Social Host Ordinances

Decoy Ops and Compliance Checks with ABC

Partnerships with law enforcement

Evaluation from independent evaluator</td><td>1.1 Decoy and compliance checks
1.2 Public policy development</td><td>a) Increase public awareness about underage alcohol use
(1.1, 1.2)</td><td>b) Decreased commercial availability of alcohol to underage youth (1.1, 1.2)</td><td>c) Decreased social availability of alcohol to underage youth (1.1, 1.2)</td><td>Compliance rates will increase based on ABC baseline data. (a)
Availability of alcohol from commercial and social sources will decrease by10% as measured by the CHKS (b, c)</td></tr>
<tr><td>2.Increase awareness of the problem of underage alcohol use among parents</td><td>2.1 Public awareness campaign
2.1 Youth councils and coalitions</td><td>d) Increased awareness of the problem of underage alcohol use among parents.</td><td>e) Decreased favorable attitudes toward providing alcohol to underage youth</td><td>f) Kern County Communities will adopt social host ordinances</td><td>Record public education campaign materials (d)
Increase number of communities who have adopted social host ordinance. (e, f)</td></tr>
<tr><td>3.Increase resiliency skills among FNL youth</td><td>3.1 School-based prevention activities
3.2 Youth development</td><td>g) Increased positive relationships among youth and with adults</td><td>h) Decreased favorable attitudes toward using alcohol and binge drinking</td><td>i) Increased resiliency skills among FNL youth.</td><td>FNL Youth will increase social competency by 10%, as measured by pre/posttest. (g, h, i)
Bonding to school will increase by 10% as measured by pre/post test (g, h, i)</td></tr>
<tr><td>4.Increase refusal skills among high risk youth</td><td>4.1 Evidence based curriculum delivery

4.2 Referrals to Parent Project for parenting skill development</td><td>j) Increased knowledge among youth about the harms associated with alcohol use and binge drinking</td><td>k) Increase coping, problem solving and goal setting skills among targeted youth</td><td>l) Increased involvement in prevention programs among families</td><td>Involvement in prevention programs among families will increase by 10% as measured by sign in sheets. (j, l)
Youth will increase positive relationships among youth and adults by 10% as measured by pre/posttest. (k)
Number of referrals to Parent Project (j, l)</td></tr>
</table>

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<tr><td colspan="6">Identified Problem or Need (supported by data)
FY 06, the Kern County substance abuse system of care delivered 1, 121,063 direct service hours; 9.6% to youth under the age of 18
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92% of Kern County youth are served in outpatient settings; 60% report marijuana as their primary drug of choice</td><td>Contributing Factors
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<tr><th>SHORT- TERM</th><th>INTERMEDIATE</th><th>LONG-TERM</th></tr>
<tr><td>1. To support families in raising healthy children free from alcohol and other drug use</td><td rowspan="3">Media markets for public education

Evaluation from independent evaluator

Staff trained in Evidence Based Program delivery

Social Host Ordinances

Decoy Ops and Compliance Checks with ABC

Partnerships with law enforcement

Knowledge of natural partners (Environmental scan family)</td><td>1.Evidence-based program delivery</td><td>a. Increased parent knowledge about the harms associated with underage alcohol use</td><td>b. Increase parenting education curriculum delivery</td><td>c. Increased number of parent educators</td><td>Parent knowledge about harms associated with underage alcohol use will increase as measured by pre/posttest (a, d)

Demand for parenting education will increase by 5% as measured by registrations (b, c)</td></tr>
<tr><td>2. Increase prevention services for children of alcoholic/addicts</td><td>2.Environmental scans</td><td>d. Increase public awareness about underage alcohol use</td><td>e. Increased resources for youth exhibiting high risk behavior.</td><td>f. Increase social competencies of children of alcoholic/addicts</td><td>Referrals to intervention services will increase for youth exhibiting high risk behaviors as measured by CAL OMS (e, f)

Parenting education will be destigmatized as measured by number of non-coerced parents registered (h, i)</td></tr>
<tr><td>3. Decrease community acceptance of underage alcohol use</td><td>3.1 Public awareness campaign

3.2 Youth councils to partner with coalitions</td><td>g. Increase youth councils that partner with local coalitions</td><td>h. Increased number of families that have clear standards about AOD use for children</td><td>i. Decrease in community acceptance of underage alcohol use</td><td>Number of youth involved in youth councils and public awareness will increase by 10% as measured by sign in sheets (g)

Community acceptance of underage alcohol use will decrease as measured by number of citations written (h, i)</td></tr>
</table>

V. SPF STEP 4 – IMPLEMENTATION

1. Description of prevention strategies
   The publicly-funded substance abuse system in Kern County consists of community (4) and school-based (65) prevention programs. All six CSAP strategies are utilized throughout the prevention division.
2. Underage alcohol availability
   School based prevention programs are provided through Friday Night Live programs. Community Based Environmental Risk Reduction is provided in 4 communities with additional communities as resources and community readiness permit. Responsible Beverage Service will be provided for all single event alcohol permits and other events where youth access has been problematic in addition to regular licensees.
3. Family strengthening
   An environmental scan has been completed to determine where best to utilize scarce resources. With this information, KCMH will be partnering with other agencies that also desire to support positive and healthy parenting and families.
   Public Education campaign will be utilized to inform adults about underage alcohol use and the problems related thereto; increase the demand for parenting classes; and to decrease youth access to alcohol from commercial and social sources.

VI. SPF STEP 5 - EVALUATION

1. Description of evaluation by strategy
   Friday Night Live program participants participate in a pre and posttest and the Youth Development survey administered by the Youth Leadership Institute.
   CBERR communities incorporate a planning grid that charts their progress from planning to implementation of their chosen strategy.
   Family Strengthening will implement satisfaction surveys with both the partner agencies and class participants.
   The Public Education strategy will be evaluated using a survey that asks if people remember seeing the public service announcements and what the message was.
2. Description of TLC, PbD, County
   Transforming Local Communities is contracted by Kern County Mental health to provide evaluation of primary prevention programs. Evaluation is accomplished using a variety of methods such as focus groups, key information interviews, pre/posttests and participant attendance data. This results in comprehensive evaluation efforts that may also lead KCMH to explore other areas of primary prevention service delivery or support.
   Prevention by Design is also under contract with KCMH to provide support for Community Based Environmental Risk Reduction. Friedner Whitman was the original designer of the CBERR concept and, as such, has a unique ability to provide support and evaluation for that project.
   KCMH collects data that is input into the Cal OMS prevention database. This data can then be utilized to determine trends, community change and areas where increased efforts need to be placed.

Predictors of Use
http://her.oxfordjournals.org/cgi/content/abstract/7/3/403
http://www.gao.gov/archive/1998/he98130.pdf
According to SAMHSA officials, the agency is not yet adequately positioned
to deter emerging drug use that might result in future epidemics.

a. Market demand – awareness of the problems created by underage alcohol use; because policy change can not be accomplished without a heightened awareness of the problem by policy makers in the community
b. No technology for policy change – GIS or other system that would support the need for policy change; without technology to create a picture of the problem, policy makers will be unmoved.
c. No structure for implementing change – collaborative relationships with policy makers willing to support/implement/enforce the policy; relationships are critical to create a web of support for all aspects of policy change.