

SPECIAL PROVISIONS FOR FEDERALLY FUNDED PROGRAMS**CONTRACTOR NAME: INSTITUTE FOR PUBLIC STRATEGIES**

1. Financial records shall be kept that clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to: all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
2. Contractor shall engage in outreach activities. Outreach is a service element that helps identify eligible pregnant, parenting women, and injection drug users in need of treatment services and encourages them to take advantage of these services. Outreach may include engagement of prospective program individuals by informing them of available treatment services, and can serve as “pre-treatment” by reinforcing prevention and education messages prior to enrollment in treatment. Outreach also may be used to educate the professional community on perinatal, and injection drug user services so that they become referral sources for potential clients.
3. Substance Use Disorder (SUD) treatment services provided with Substance Use Prevention and Treatment Block Grant (SUBG) funding shall follow treatment preferences established in 45 CFR 96.131:
 - a) Pregnant Intravenous Drug Users (IVDUs);
 - b) Pregnant substance users;
 - c) IVDUs; and
 - d) All other eligible individuals
4. Everyone receiving SUD treatment services must provide documented evidence of their Tuberculosis (TB) status, and, if positive, evidence of ongoing treatment or a physician’s clearance to participate in a SUD treatment program. Contractor will refer individual’s needing TB testing/treatment to proper health care professionals for specialized care. Contractor shall ensure the following related to TB services:
 - a) Identify individuals at high risk of infection.
 - b) If an individual is denied admission due to lack of capacity, the individual is referred to a health care professional for TB services [i.e.: Managed Care Plan (MCP), Primary Care Physician (PCP), and Department of Public Health (DPH)]. TB services consist of testing, treatment, and counseling.
 - c) Provide TB referrals for testing and treatment as necessary. Provide referrals to an individual’s PCP, MCP, or by utilizing DBH’s voucher system through DPH, or Contractor can provide skin testing on site when necessary certifications and training are in place to provide such service.
 - When utilizing the DBH voucher system to refer individuals for TB testing or chest x-ray, assist the individual in obtaining an appointment with DPH for the needed test.

- d) Refer individuals testing positive to necessary TB treatment.
 - e) Reduce barriers for individuals to accept TB treatment.
 - f) Participate in follow-up monitoring activities, particularly after individuals leave treatment by disseminating information through educational bulletins and information on the need for continued treatment for those diagnosed with TB.
5. In the event of insufficient capacity in a SUD treatment facility, the Contractor shall refer pregnant women or IVDUs to another program with an available treatment slot; or provide interim services within 48 hours of initial request until treatment becomes available.
6. The Contractor agrees to ensure that, to the maximum extent practicable, each individual who requests and is in need of treatment for a substance use disorder is admitted to a program within 10 days after making the request. If placement cannot occur within 10 days of the request, the Contractor agrees to ensure that interim services will be made available to pregnant women and intravenous drug users within 48 hours of the request and placement occurs within 120 days of the request.

At minimum, Interim Services shall include the following:

- a) Counseling and education about human immunodeficiency virus (HIV) and TB, and includes at minimum the following topics:
 - Risks of needle sharing
 - Risks of transmission of disease to sexual partners and infants, steps to ensure that HIV and TB transmission does not occur (infection prevention strategies)
 - Effects of alcohol and drug use on the fetus (for pregnant women)
 - b) In addition to counseling and education, referrals shall be provided for:
 - HIV and/or TB testing and treatment services, if necessary
 - Prenatal care (for pregnant women)
 - Referrals based on an individual's needs that may include, but are not limited to: self-help recovery groups, pre-recovery and treatment support groups, sources for housing, food and legal aid, case management, children's services, medical services, and Temporary Assistance to Needy Families (TANF)/Medi-Cal services.
7. Transportation shall be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for perinatal women who do not have their own transportation.
- Transportation may be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for youth and other individuals actively engaged in a SUD treatment, or recovery support program, who do not have their own transportation.

8. The Contractor agrees that data shall be maintained regarding Interim Services, TB and HIV referrals and services provided. A tracking log report provided by DBH shall be submitted by the 10th calendar day of the following month to DBH-SUDRSADMIN@dbh.sbcounty.gov. If the 10th calendar day lands on a holiday/weekend, the log is due the following business day.
9. Contractor shall collect California Outcomes Measurement System (CalOMS) Treatment (Tx) data on all clients. Contractor shall ensure CalOMS data is entered into the DBH billing and transactional database system by the 7th of the month following the reporting month. CalOMS data is required regardless of the source of funds used for the client's treatment services. For example, if a contractor receives DBH funding, and provides services to private-pay clients, the Contractor shall collect and submit CalOMS Tx data for all clients, including those who are privately paying for their services.

DBH generates and distributes CalOMS reports to Contractor's on a monthly basis. Contractor will review and reconcile these reports timely.

- a) Open Admission Report: Ensuring when services are no longer rendered, discharge occurs. For clients identified as not receiving services for 30 days or more discharge data shall be entered into the DBH billing and transactional database system within fourteen (14) days of the report distribution date.
 - b) Annual Update Report: Annual updates are completed for clients in treatment for twelve months or more, continuously in one contractor and one service modality with no break in services exceeding 30 days. Example: a client in a narcotic treatment modality, for twelve months or longer. For such a client, the Contractor collects the CalOMS Tx data approximately one year from the day the client was admitted. Contractor will ensure all clients identified on the report as not having an Annual Updated completed will complete the Annual Update fourteen (14) days from the report distribution date.
 - c) Error Report: Errors can occur in the CalOMS data entered which will result in the CalOMS record being rejected by the Department of Health Care Services (DHCS). Errors must be corrected to ensure proper CalOMS reporting. All CalOMS errors identified must be reconciled and corrected by the last Friday of the applicable month according to the report distribution date.
10. Drug and Alcohol Treatment Access Report (DATAR) is the DHCS system to collect data on treatment capacity and waiting lists and is considered a supplement to CalOMS Tx. DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals.

All SUD treatment contractors that receive SUD treatment funding are required to submit the one-page DATAR form each month in the web based DATAR application. In addition, certified Drug Medi-Cal contractors and Licensed Narcotic Treatment Programs must report, whether or not the contractors receive public funding. Contractor must submit DATAR reports for each month by the 5th of the following month. For example, for the

month of September, the DATAR report must be submitted by the 5th of October.

- DBH utilizes the data and reports to monitor capacity and utilization. Contractor must notify the assigned DBH Program Coordinator and DHCS's Family Services Unit upon reaching or exceeding 90 percent of its treatment capacity within seven days by emailing FSU at DHCSPerinatal@dhcs.ca.gov.
 - The subject line in the email must read "Capacity Management."
 - DBH provides DATAR access for designated Contractor staff completing DATAR entries. Contractor shall have two (2) individuals assigned per clinic location to complete monthly DATAR entries: one primary and one back up. Contractor shall notify DBH at DBH-SUDRSADMIN@dbh.sbcounty.gov, or most recent email address as provided by DBH SUDRS Administration, within 10 business days of the need to add or delete designated staff completing DATAR entries.
11. Contractors providing youth services must comply with the current DHCS Adolescent Substance Use Disorder Best Practices Guide. Adolescent Substance Use Disorder Best Practices Guide is to be utilized until new guidelines are issued by DHCS. Adolescent Substance Use Disorder Best Practices Guide is posted online at: https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf.
12. Contractors providing perinatal treatment services must comply with the current DHCS' Perinatal Practice Guidelines. Current Perinatal Practice Guidelines are to be utilized until new guidelines are issued by DHCS. Perinatal Practice Guidelines are posted online at: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services/Perinatal-Practice-Guidelines.pdf.

---END OF ADDENDUM---

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) State Fiscal Program Specifications

(Verbatim language from Biennial 2024-26
SUBG County Application, Enclosure 2, Article II. General)

Contractor acknowledges and agrees that any references to the County herein also pertains to the Contractor and/or any subcontracting agency.

II. General

1. Additional Contract Restrictions

This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

2. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

3. No Unlawful Use or Unlawful Use Messages Regarding Drugs

County agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program.

Additionally, no aspect of a drug or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC, Division 10.7, Chapter 1429, Sections 11999-11999.3). By signing this Enclosure, County agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

4. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

5. Debarment and Suspension

County shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

The County shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

If a County subcontracts or employs an excluded party, DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

6. Restriction on Distribution of Sterile Needles

No SUBG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

7. Health Insurance Portability and Accountability Act (HIPAA) of 1996

All work performed under this Contract is subject to HIPAA, County shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit E, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit E for additional information.

A. Trading Partner Requirements

1. No Changes. County hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).
2. No Additions. County hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915 (b)).
3. No Unauthorized Uses. County hereby agrees that for the Information, it will not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications (45 CFR 162.915 (c)).
4. No Changes to Meaning or Intent. County hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard's implementation specification (45 CFR 162.915 (d)).

B. Concurrence for Test Modifications to HHS Transaction Standards

County agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, County agrees that it will participate in such test modifications.

C. Adequate Testing

County is responsible to adequately test all business rules appropriate to their types and specialties. If the County is acting as a clearinghouse for enrolled providers, County has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

D. Deficiencies

County agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the County is acting as a clearinghouse for that provider. When County is a clearinghouse, County agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

E. Code Set Retention

Both parties understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

F. Data Transmission Log

Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Contract. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

8. Nondiscrimination and Institutional Safeguards for Religious Providers

County shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

9. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in CCR, Title 9, Division 4, Chapter 8.

10. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards as outlined online at:

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53https://thinkculturalhealth.hhs.gov/clas/standards>

11. Intravenous Drug Use (IVDU) Treatment

County shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e)).

12. Tuberculosis Treatment

County shall ensure the following related to Tuberculosis (TB):

- A. Routinely make available TB services to individuals receiving treatment.
- B. Reduce barriers to patients' accepting TB treatment.
- C. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

13. Trafficking Victims Protection Act of 2000

County and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239.

14. Tribal Communities and Organizations

County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County.

15. Cannabis Restriction

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide cannabis or treatment using cannabis. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental disorders. See, e.g., 45 CFR. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 USC § 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of cannabis). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is cannabis

or a constituent thereof that is otherwise a banned controlled substance under Federal law.

16. Participation of County Behavioral Health Director's Association of California

The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for

the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

17. Adolescent Best Practices Guidelines

County must utilize DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure. The Adolescent Best Practices Guidelines can be found at:

https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf

18. Byrd Anti-Lobbying Amendment (31 USC 1352)

County certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. County shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

19. Nondiscrimination in Employment and Services

County certifies that under the laws of the United States and the State of California, County will not unlawfully discriminate against any person.

20. Federal Law Requirements:

- A. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.
- B. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- C. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- D. Age Discrimination in Employment Act (29 CFR Part 1625).
- E. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting

discrimination against the disabled in employment.

- F. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- G. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- H. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- I. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- J. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- K. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- L. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

21. State Law Requirements:

- A. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).
- B. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- C. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.
- D. No federal funds shall be used by the County or its subcontractors for sectarian worship, instruction, or proselytization. No federal funds shall be used by the County or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

22. Additional Contract Restrictions

- A. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for DHCS to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.
- B. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

23. Information Access for Individuals with Limited English Proficiency

- A. County shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

- B. County shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, or (d) video remote language interpreting services.

24. Subcontract Provisions

County shall include all of the foregoing Part II general provisions in all of its subcontracts. These requirements must be included verbatim in contracts with subrecipients and not through documents incorporated by reference.

**AGREEMENT FOR THE PROVISION OF
SUBSTANCE USE DISORDER SERVICES
ENVIRONMENTAL PREVENTION STRATEGIES AND SERVICES**

CONTRACTOR NAME: INSTITUTE FOR PUBLIC STRATEGIES

A. Contractor shall provide Environmental Prevention Strategies and Services as defined herein to San Bernardino County residents.

B. FACILITY LOCATIONS:

Contractor shall provide the above services in and from the following address(es):

San Bernardino Location

242 E. Airport Dr., STE 205

San Bernardino, CA 92408-3450

Victorville Location

15490 Civic Dr., STE 102

Victorville, CA Zip 92392-2382

C. Definitions

1. Substance Use Disorder Primary Prevention Data Quality Standards and Definitions (PPDQS) – The Substance Abuse Mental Health Services Administration (SAMHSA) and the PPDQS, have classified prevention strategies into six categories. The definitions, along with practical examples of the application, of each strategy are provided below and are taken from 45 CFR 96.125.

- a. Information Dissemination Strategy – Provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction, and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized as “One-way” communication from the source to the audience, with limited contact between the two. A message is delivered, but there is little opportunity for an exchange of information with those who receive the message. Examples of this strategy include print and electronic media, speaking engagements, resource directories, clearinghouses, or health fairs/promotions. In an effort to collect the best possible prevention related data, California does not collect demographics for Information dissemination type services/activities as they are generally estimated figures with no documented basis.
- b. Education Strategy – Involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social

skills, including decision making, refusal skills, critical analysis, and systemic judgement abilities. Approaches used in this strategy involve some form of education to enhance individual efforts to remain free from substance misuse. However, not all activities within this strategy need to be conducted by a teacher or in a classroom/school setting.

- c. Alternatives Strategy – Provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances. Alternative activities and programs redirect individuals from potentially problematic settings and activities to situations free from the influence of substances of misuse.
- d. Problem Identification and Referral Strategy – Aimed at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit substances and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. A key aspect of this strategy is that the services and/or activities are geared toward behavioral change, not therapy for substance use disorder treatment. There is a potential for some of the services within this strategy to bridge into treatment. It is important that Providers are aware that administration of addiction diagnosis and severity instruments, case management, and/or preparation for treatment intervention are not a component of this strategy and cannot be funded with SUBG Block Grant primary prevention set-aside dollars.
- e. Community-Based Process Strategy – Aims to enhance the ability of the community to more effectively provide prevention services for substance use disorders. Activities in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking. This strategy very closely aligns with a broad range of activities such as assessment, capacity building, planning, implementation of services, and program and/or service evaluation.
- f. Environmental Strategy – Establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Environmental strategies are efforts aimed at changing or influencing

community standards, institutions, structures, or attitudes that shape individuals' behaviors. Environmental strategies focus on creating an environment that makes it easier for people to act in healthy ways.

2. Client(s) – A San Bernardino County resident who will be receiving the services as described in the Request for Proposal (RFP).
3. Community-Based Process – A prevention strategy that establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the prevalence of substance use disorders. The strategy also enhances the ability of the community to effectively plan and implement prevention services for substance use disorder problems.
4. Coalition Member – An individual who lives and/or works within their community, who is willing to build relationships, raise awareness, and inform community members about pressing problems, prevention efforts, and engage in social action in their community. Coalition members shall not be employed by the County or local government.
5. Cultural Competence – The acceptance and understanding of cultural norms and their possible influence on the participant's issues and/or behavior, i.e., using the understanding of the differences between the prevailing social culture and that of the participant's family, to aid in developing individualized supports and services.
6. Department of Behavioral Health (DBH) – DBH under state law provides mental health and/or substance use disorder treatment and prevention services to County residents. In order to maintain a continuum of care, DBH operates or contracts for the provision of 24-hour residential treatment, non-medical withdrawal management (detoxification) services, Outpatient Treatment services, Intensive Outpatient Treatment (IOT), case management, prevention services, recovery services and crisis and referral services. Community services are provided in all major County metropolitan areas and are readily accessible to County residents.
7. Environmental Prevention Priority Areas – The Environmental Prevention Priority Areas were identified as high priority, community problem statements to address identified primary prevention problem areas throughout San Bernardino County. Each of the four Environmental Prevention Priority Areas contain problem statements, goals, objectives and strategies. Environmental Prevention Priority Areas include Alcohol Prevention, Cannabis Prevention, Methamphetamine Prevention, and Opioid Prevention and including any emerging substances. Refer to the Strategic (Substance Use Disorder) Prevention Plan for specific goals, objectives and strategies.
8. Evidence-based Program – Program or collection of practices that has a record of success. That is, there is reliable, trustworthy and valid evidence to suggest that when the program is used with a particular group, the program will advance the consumer in a positive manner.

9. High-Rate Users/Binge Drinking – Binge drinking is defined as five or more drinks at a single setting (within a few hours) for males and four or more drinks for females.
10. Institute of Medicine (IOM) – A nonprofit organization specifically created for providing science-based advice on matters of biomedical science, medicine, and health purpose. The IOM was chartered in 1970 as a component of the National Academy of Sciences. The IOM provides a vital service by working outside the framework of government to ensure scientifically informed analysis and independent guidance. The IOM's mission is to serve as adviser to the nation to improve health. The IOM provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large.
11. Institute of Medicine Categories – The chronic care model adopted by the State DHCS that recognizes substance use disorders as a chronic disease. This model (as related to prevention), traditionally developed to delay or avert the onset of behavioral health illnesses, approaches prevention from both the individual, as well as the community level; classifying prevention efforts into three separate categories: Universal, Selective, and Indicated.
 - a. Universal Prevention– Are interventions targeted to the general public, an entire community, or to a whole population group, such as all children in a school or an entire city.
 - b. Selective Prevention – Are interventions targeted to individuals, neighborhoods, or subgroups of the whole population with identified risk factors for the development of substance use disorders or problems related to substance use disorders. These populations are placed at higher risk simply by being associated with or classified as part of a high-risk group or location, such as children of substance misusers or neighborhoods with high crime rates and allow easy access to substances of misuse.
 - c. Indicated Prevention – Are interventions targeted to areas, individuals or subgroups that are identified as beginning to experience the negative effects of problematic substance misuse; having non-clinical but detectable signs or symptoms foreshadowing substance use disorders.
12. Logic Model – A Logic Model document serves as a planning tool to clarify and graphically display what the project intends to do and what it hopes to accomplish and impact. A logic model summarizes key program elements, explains the rationale behind program activities, clarifies intended outcomes, and provides a communication tool. A logic model is a map that is developed to clarify and communicate what the project intends to do and its presumed impact.
13. Work Plan – Work Plan documents provide an outline of tasks to be completed for each identified Environmental Prevention initiative. Work Plans provide an overview

of identified goals, objectives, target populations, and geographic areas that the Proposer(s) will address with tentative timelines and completion dates per Environmental Prevention Initiative.

14. Media Advocacy – A strategy that uses the power of the media to advance an environmental prevention agenda. This strategy requires news story development that clearly presents specific substance use disorder problems and the policies and social changes required to resolve them. Media advocacy develops and promotes news-making pieces and opinion-editorials to the media, supports communities in campaigns, plans and conducts media conferences.
15. Performance Measure – Performance measure is a qualitative or quantitative characterization of performance. Performance measures are important because they help to set goals and standards; detect and correct problems; manage, describe, and improve processes; and document accomplishments.
16. ECCO Electronic Records System – A web-based tool required by the California Department of Health Care Services (DHCS) that is used to collect meaningful outcome measures from DHCS funded Substance Use Disorder Prevention Programs in California. Information collected via ECCO satisfies the federal reporting needs required by use of Substance Use Prevention Treatment and Recovery Services (SUBG) Block Grant funds. Additionally, ECCO can be strategically used to enhance local prevention efforts. Training for use of the ECCO system can be made available from State DHCS and DBH.
17. Program – Proposer's, Contractor's, Provider's, or Vendor's/Applicant's overall services described in this RFP; including but not limited to; the operations, facility, equipment, staff and methodology and modality, etc.
18. State – The "State and/or applicable State agency" as referenced in this RFP may include the Department of Health Care Services (DHCS), the Department of State Hospitals (DSH), the Department of Social Services (DSS), Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department of Public Health (CDPH), and the Office of Statewide Health Planning and Development (OSHPD).
19. Strategic Prevention Framework (SPF) – The Strategic Prevention Framework (SPF) developed by the Substance Abuse and Mental Health Administration (SAMHSA) is a planning process for preventing substance use and misuse. The SPF provides an evidence-based outcomes approach that reflects Cultural Competence and Sustainability. The Strategic Prevention Framework's effectiveness understands community needs and involves community members in all stages of the planning process. The SPF includes Assessment, Capacity, Planning, Implementation, and Evaluation.
 - a. Assessment – Assess population needs, resources, and readiness to address problems and gaps in service delivery.

- b. Capacity – Mobilize and/ or build financial and organizational resource capacity to address need; convey partnerships/ coalitions, assess readiness, and improve cultural competency.
 - c. Planning – Develop a comprehensive strategic plan.
 - d. Implementation – Implement evidence-based programs, infrastructure activities.
 - e. Evaluation – Monitor and measure process and outcome data of implemented programs, policies, and practices for effectiveness and sustainability to continuously refine and improve prevention services, effectively apply resources and appropriately develop a workforce.
20. Strategic (Substance Use Disorder) Prevention Plan (SPP) – The Strategic Prevention Plan (SPP) document describes the structured delivery of SUD Prevention Services, and an overview of San Bernardino County's problem statements, goals and objectives. The SPP outlines County needs into four Environmental Prevention Priority Areas. The SPP provides an overview of the current County approach to prevention services and activities. The mission of the SPP is to prevent and reduce harms related to alcohol and other drugs throughout San Bernardino County, utilizing the Strategic Prevention Framework. The State, DHCS, requires each County to outline and identify a framework and create a strategic plan for delivery of prevention services.
21. Substance Use Disorder (SUD) – Substance Use Disorder includes substance use and substance dependence. Substance use is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. Substance dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues use of substances despite significant substance related problems. SUD Services is the provision of services to prevent or reduce the harm of alcohol and other drugs throughout San Bernardino County through community action, education, support, and collaboration.
22. Substance Use Disorder and Recovery Services (SUDRS) – DBH- Substance Use Disorder and Recovery Services (SUDRS) provides a full range of SUD prevention, education and treatment services for communities and residents of San Bernardino County through contracts with community-based organizations and County-operated clinics with the goal of promoting prevention, intervention, recovery and resiliency for individuals and families.
23. Sustainability – A prevention component that focuses on sustaining positive outcomes, not sustaining any particular program. Sustainability should be implemented from the beginning of a program design and should be revisited and revised throughout the life of a program. Key activities for sustainability involve building support, showing results, and obtaining continuous funding.

D. Background Information

In 1998, both the U.S. Department of Education and the Center for Substance Abuse Prevention proposed that funds allocated for SUD prevention be awarded to programs that are scientifically defensible and performance based. It is, therefore, expected that all prevention programs show evidence of performance based prevention services that are scientifically defensible with measurable results.

DBH develops a strategic plan every five years that is reviewed on an annual basis which outlines the County's approach to SUD prevention services through the use of community based, environmental prevention strategies. The DBH County Prevention Services are founded on the Strategic Plan for SUD Prevention and hereby incorporated by reference.

Successful environmental prevention services in the County produce effective community level results through the use of five integrated strategies that produce sustainable outcomes, which include the following:

- Data collection and analysis
- Community organizing
- Policy development based on environmental or community condition change
- Media advocacy, and
- Enforcement

These five strategies are designed to produce changes in the community environment and align with the SUD Prevention Priority Areas: Alcohol Prevention, Cannabis Prevention, Methamphetamine Prevention, and Opioid Prevention. Successful outcomes in prevention efforts have previously been developed through work that employs a logic model that integrates the five strategies into clear prevention campaigns.

E. Program Requirements

1. Program services are implemented through community collaborations consisting of prevention service providers, regional community members, and often, key members from law enforcement, school, and other health and social services systems. Within the region, these collaborations work to advance the goals of one or more of the SUD Prevention Priority Areas through specific regional campaign plans. Experience from successful prevention campaigns has also determined that many effective strategies begin in local communities and are then developed into regional, multi-regional and countywide efforts. Consequently, in addition to the regional efforts, the prevention service providers receive and provide support and leadership in planning, developing, and implementing the countywide campaigns for the prevention priority areas.
2. Prevention campaigns conducted will include problem identification, data collection and analysis, priority setting, research supported strategy development, establishment of performance measures, program implementation, and evaluation

and feedback. Logic Models and Work Plans will describe how each regional/community level prevention service develops local campaign plans in response to a prevention priority area and how the effort works in conjunction with other prevention service providers to implement countywide efforts on behalf of each priority area. In addition, the Logic Models and Work Plans shall describe how the goals will be advanced for each SUD Prevention Priority Area selected using a community based environmental prevention approach and incorporating the five integrated strategies described. The Logic Model and Work Plan includes activities in support of countywide prevention efforts that assist in achieving the overall goals of SUD Prevention Priority Areas.

3. Program Objective

Contractor shall advocate, establish, and maintain evidence based SUD prevention services and shall provide technical assistance to communities to achieve changes in conditions that reduce SUD problems among youth and young adults in San Bernardino County. The prevention services shall be provided in accordance with the County Strategic Prevention Framework and shall implement evidence based prevention strategies in the regions. Contractor shall provide services as part of an integrated County effort, at community, regional, and county levels, to implement the Prevention Framework and support the SUD prevention priority areas described below and referred to as SUD Prevention Priority Areas.

- a. Alcohol Prevention
- b. Cannabis
- c. Methamphetamine Prevention
- d. Opioid Prevention

Contractor shall provide countywide technical assistance to the communities, cities, and stakeholders as approved by DBH.

Region(s)	Additional Services
<ul style="list-style-type: none"> Central Valley High Desert East Valley 	<p>Co-facilitation/coordination of DBH-approved Media and Applied Data and Research Workgroups.</p> <p>Note: Co-facilitation/coordination will be based on direction and approval by DBH.</p>

F. General Requirements

- 1. Provide regional and/or local evidence based prevention services through the engagement of diverse community members, local organizations, and public agencies and youth/young adults to change community conditions that contribute to

SUD problems. Include all SUD Prevention Priority Areas described below. Contractor shall select all SUD Prevention Priority Areas and objectives based on a comprehensive needs assessment. Statement of Goals below shall be included in the proposed Work Plan.

2. Initiatives to be addressed under this program are as follows:
 - a. Alcohol Prevention – to reduce the problems associated with the accessibility, sales, and misuse of alcohol by diverse youth and young adults.
 - b. Cannabis Prevention – to reduce the problems associated with accessibility, favorable attitudes, sales, and misuse of cannabis by diverse youth and young adults.
 - c. Methamphetamine Prevention – to reduce the problems associated with accessibility, manufacture, distribution, sales, and use of methamphetamines by diverse youth and young adults.
 - d. Opioid Prevention – to increase education and reduce the problems associated with availability, incorrect disposal and misuse by diverse youth and young adults.
3. Logic Models and Work Plans
 - a. For each SUD Prevention Priority Area, Contractor shall develop and maintain a Logic Model and Work Plan that identifies the specific campaign activities and schedules the timely completion of the deliverables as they relate to the objectives listed.
 - b. The Logic Model and Work Plan shall describe how the Contractor shall advance the goals of each SUD Prevention Priority Area, using an environmental prevention approach and incorporating the five integrated strategies as described in the Background Information portion of this Addendum. The Logic Model and Work Plan will also include activities in support of countywide prevention efforts to achieve the overall goals of the SUD Prevention Priority Areas.

The Prevention priority areas:

- The comprehensive campaign strategy developed per prevention priority area;
- The specific goals and objectives to be advanced per prevention priority area;
- How deliverables shall be linked to the specific goals and objectives of each priority area;
- The prevention activities and other tasks necessary to achieve each deliverable;

- The initial, intermediate, and final outcomes;
- Timelines for completion of the listed activities and tasks;
- How the Proposer(s) shall achieve final outcomes;
- How the quality of work shall be assured; and
- How achievement of these objectives will be documented.

Contractor shall complete a Logic Model and Work Plan for each fiscal year of the contract.

4. Statement of Objectives

Contractor shall advocate for achievement of each SUD Prevention Priority Area indicated in Contractors County approved Logic Models and Work Plans:

a. Alcohol Prevention:

- Enacted and/or expanded public policies that discourage private party hosts from making alcohol available to minors, as measured by enacted or expanded ordinances.
- Enacted policies and/or increased enforcement of existing policies and practices requiring responsible beverage service and sales training by owners and staff of retail outlets selling alcoholic beverages, as measured by enacted ordinances and/or increased enforcement including citations, minor decoy operations, and other compliance activities.
- Expansion of alcohol free community events, public parks, and other recreational areas, as measured by enacted and/or expanded local ordinances and/or other policies.
- Enacted and/or expanded public policies to limit the density of stores selling alcohol in communities over-concentrated with alcohol outlets, as measured by enacted and or expanded local ordinances.
- Enacted and/or expanded policies to limit selling of low cost oversized alcoholic single serving items, fortified alcohol products, and promotional items, as measured by enacted or expanded local ordinances or business policies.
- Implement a community-based campaign designed to educate youth, young adults, and families about the harmful effects of alcohol use.

Note: Responsible Beverage Service (RBS) training shall not be reimbursed under the Contract.

b. Cannabis Prevention:

- Enacted and/or expanded public policies based on the State of California's Proposition 64 and the County's local ordinances regarding cannabis.
- Implement a community-based campaign designed to educate youth, young adults, and families about harmful effects of cannabis use.
- Initiate community enforcement efforts to reduced youth and young adult retail access to cannabis.
- Assess and monitor for land use policies used elsewhere to give cities local control to address potential issues associated with sales, use, distribution, and manufacturing of cannabis.
- Join efforts with the State and local agencies for data collection.
- Monitor cannabis use through surveys and treatment data to establish a baseline for future implementation.

c. Methamphetamine Prevention:

- Implement a community-based campaign designed to educate youth, young adults, and families about harmful effects of methamphetamine use.
- Research, identify, and conduct enforcement operations to restrict the availability of sales of illegal drug paraphernalia and illegal drug precursors in retail stores as measured by local ordinances, policy enactment, and procedural changes.
- Monitor methamphetamine use through surveys and treatment data to establish a baseline for future implementation.

d. Opioid Prevention:

- Educate the community of the safe disposal of unwanted and/or expired prescription drugs in cities and unincorporated areas of the county.
- Implement a community-based campaign designed to educate youth, young adults and families about the harmful effects of opioid misuse.
- Increase awareness of the opioid prescription use and misuse for youth and young adults as measured by local survey.
- Monitor opioid use through surveys and treatment data to establish a baseline for future implementation.

G. Program Deliverables

Contractor shall achieve specified deliverables. Each deliverable shall be completed by June 15 of each fiscal year of the contract. Copies of the specified documentation of deliverables

identified as completed in each reporting period shall be made available upon request of DBH. The following deliverables shall be achieved in the initial contract period.

1. Collaboration Meetings – Contractor shall support the County’s goal of developing collaborative community partnerships.
 - a. Community Coalition Meetings – Contractor shall be expected to conduct a minimum of 12 meetings per year with one or more community collaborations that consist of coalition member, strategic partner, youth and young adults in support of advancing each SUD Prevention Priority Area, and initiate improvement in diverse community conditions. Strategic partners shall be community members representing key systems that have ready access to and can work with law enforcement, school districts, faith communities, health care organizations, media, parents and/or youth. Meetings shall be documented by meeting minutes, membership lists, commitment letters, sign-in sheets, and policy support letters from collaborative members.
 - b. Workgroup Meetings – Contractor shall meet with the DBH approved Applied Data and Research (ADR), Policy and Media Advocacy Workgroups at minimum once per month, or as directed by DBH to discuss regional and countywide SUD prevention issues, strategies, and prevention campaign activities. Participation in the monthly workgroups shall help the Contractor in implementing accountable and effective prevention programs, services, and defining outcomes.
 - c. Co-chair Meetings – Contractor shall provide the optional services of co-facilitating/co-coordinating the DBH approved ADR, Policy and Media Advocacy Workgroups in collaboration with designated DBH staff.
2. Coalition Member Recruiting – Contractor shall engage and retain a minimum of 20 culturally and linguistically diverse community members from the Contractor’s chosen region(s), of which approximately 40% of members shall be identified as strategic partners. Strategic partners shall advocate in support of community changes, initiate improvement in community conditions or practices that address each SUD Prevention Priority Area. Coalition members should be representative of the communities they serve. Active recruitment of coalition members shall include youth ages 12-17 and young adults ages 18-25. Youth and young adults shall represent approximately 20% of the coalition. The Contractor shall collect and maintain annual commitment letters from each community member, strategic partner, youth and young adult, to identify roles and responsibilities. Coalition members, including those who have been identified as strategic partners, are not required to be unique to the Contractor. It is understood that some strategic partners work across many regions. Selected coalition members shall not be employed by the County or local government.

3. Media Stories – Contractor and/or their community partners shall develop and submit a minimum of 12 unduplicated media pieces per year in San Bernardino County. Pieces could appear in broadcast, web-based or print media and should be supportive of the Contractor's County approved Work Plan campaign strategies. Media pieces may also include articles submitted as opinion/editorials. Pieces shall advance positions that advocate for specific policies or practices that shall address each SUD Prevention Priority Area and initiate improvement in community conditions. Published media pieces shall be documented using copies, and pieces that are broadcast through electronic media outlets shall be documented by listing title, date, time and the television, radio station, or web site that presented the piece.
 - a. All media pieces, print or electronic, shall be submitted to DBH for review in accordance with DBH Media Approval Protocols and Guidelines.
 - b. A minimum of three (3) media pieces shall be available in the County's threshold language(s).

Note: Translation services shall not be reimbursed under the Contract.

4. Media Event or News Conference – Contractor shall plan and conduct a minimum of one media event or news conference that advances specific policies or practices that address each SUD Prevention Priority Area and initiate improvement in community conditions. Media activities shall be consistent and supportive of the Contractor's approved Work Plan campaign strategies. Contractor shall maintain copies of published and unpublished media outputs including print and video or audiotape of electronic broadcasts. Youth under the age of 18 who participate in media events shall have signed parental consent to participate. Consent shall be maintained and on file at the agency for review by DBH.

Schedules and agendas for all media events and news conferences shall be submitted for review and approval in accordance with DBH Media Approval Protocol and Guidelines.

5. Community Policies – Contractor, in support of community partners and residents, should research and prepare a minimum of one local governing organization (neighborhood-community, City, County, etc.) or institutional (business related organization, Chamber of Commerce, etc.) policies to address each SUD Prevention Priority Area, and initiate improvement in community conditions per contract period. The policies shall be consistent and supportive of the Contractor's approved Work Plan campaign strategies, and shall be presented to the local governing authority (City Council, City Planning Commission, Board of Supervisors, Chamber of Commerce, business association, other appropriate groups, etc.). All community policies shall be submitted to DBH, for review and approval, at least ten business days prior to submission and presentation to the

appropriate governing or business organization for consideration. Copies of the submitted and/or adopted policies shall document activities.

6. Youth and Young Adult Participation – Contractor shall engage culturally and linguistically diverse youth and young adults between 12 and 25 years of age, as regular members in one or more community collaborations in support of advancing specific policy recommendations that address each SUD Prevention Priority Area and initiate improvement in community conditions. Meeting minutes and collaboration membership lists shall document youth participation.
7. Additional Program Conditions
 - a. Assessment – Contractor shall be required to participate in the Applied Data and Research Workgroup (ADRW) and shall be required to conduct community level risk assessments using ADRW approved tools and protocols. All data collected shall be provided to DBH Research and Evaluation unit (R&E) and shall not be utilized without specific approval of DBH.
 - b. Prevention professional(s) shall attend regularly scheduled Prevention Provider Meetings authorized by DBH and other meetings which DBH deems appropriate.
 - c. Data Collection and Reporting Requirements – Environmental Prevention Services data shall be collected and reported as deemed necessary by DBH.
 - ECCO SUD Data Service – Data shall be entered in to the ECCO system by the 5th of the month in accordance with DBH directives. The monthly data entries shall include pertinent information related to strategic objectives, date of prevention activities, demographic information, if applicable, and Primary Prevention strategies employed in the delivery of service. In addition, Contractor shall submit ECCO entries within five business days of the previous month and shall make all revisions to ECCO entries in accordance with DBH timelines.
 - Contractor shall demonstrate progress in achieving measurable results as listed in the Strategic Prevention Plan for each Priority Area.
 - Contractor shall evaluate program outcomes quarterly to assess progress toward achieving goals and objectives. Contractor shall evaluate relevant data (statistical and anecdotal), problems encountered in achieving or failing to achieve proposed objectives, methods employed to resolve stated problems, etc., and this information shall be provided in Quarterly Reports. Contractor shall use the evaluation results to refine, improve and strengthen programs. Contractor shall submit quarterly progress reports describing specific accomplishments, services provided, counts, and collections to DBH by the 30th calendar day of the month following the end of each quarter.

Reports shall be submitted in the format and on a schedule approved by DBH.

- Annual Report – Contractor shall report annually to the County on year-to-date accomplishments, services provided, counts, and collections for each priority area as outlined in each work plan. Included shall be an analysis of how the resources invested in SUD prevention affected the city level, regional change, or a change in the targeted population within the County. All outcomes shall be clearly identified along with the process used to measure outcomes.

8. Requirements for Service Delivery

- a. Regional Services – Contractor shall develop, implement and maintain regional-based SUD prevention services within one or more SUDRS prevention services regions, to meet the goals listed in the Strategic Plan for Prevention. Regional-based services shall operate within a specific DBH prevention region or community. Contractor shall implement activities that include planning, development and/or review of relevant data, setting priorities and strategies for improving community conditions that affect diverse children, youth, young adults and families, and the development and implementation of specific prevention campaigns in support of the SUD Prevention Priority Areas. To leverage local, regional and countywide efforts, services shall also, in conjunction with other prevention service providers, contribute to the countywide initiative effort through leadership, support, and technical assistance.
- b. Collaborative and Environmental Services Model – Prevention services shall clearly reflect evidence-based services developed using a prevention campaign model and shall demonstrate integration of the five strategies. Contractor shall, in providing prevention services, only use Federal SUD prevention strategies approved for funding under Federal Substance Use Prevention and Treatment Block Grant (SUBG) guidelines. Implementation shall describe the involvement of multiple partners in collaboration to achieve program objectives, the development and implementation of environmental, policy-focused approaches, and the development and implementation of a strategic media plan.
- c. Participation in Countywide Media Advocacy Services – Contractor shall make available copies of final linguistic and culturally competent media releases (news pieces or opinion/editorials), plans for media events and news conferences to DBH for tracking broadcasts, publications, and news pieces. Contractor shall also work with the countywide media advocacy workgroup to ensure an effective and consistent presentation of materials and that releases of news pieces and the timing of media events are coordinated to assure media interest. Contractor shall acquire previously

designed drafts of culturally and linguistically appropriate news pieces, as available, from the countywide media advocacy workgroup and customize these drafts for local media release to ensure consistency of message as supporting the SUD Prevention Priority Areas.

Contractor shall provide the optional services of co-facilitating/co-coordinating the DBH approved Media Advocacy Workgroup in collaboration with designated DBH staff.

- d. Participation in Countywide Policy Workgroup – Contractor shall support and advance Countywide SUD Prevention Priority Areas by providing leadership, support, and resources for the SUD prevention priority areas, as a part of the overall prevention effort. Participation in prevention priority areas, including cannabis, alcohol, methamphetamines, and opioids, may include leadership or active participation in the policy work group or subcommittee. Contractor activities and level of support shall be described in the annual Work Plan. Contractor shall work collaboratively with other prevention service providers to ensure coordination and successful outcomes of the countywide prevention policy initiative goals and objectives. Contractor shall provide the optional services of co-facilitating/co-coordinating the DBH approved Policy Workgroup in collaboration with designated DBH staff.
- e. Federal and State Prevention Services Requirements – Changes in Federal and/or State of California SUD prevention service requirements may occur, primarily in how outcomes are identified and reported. Contractor shall, for all service categories, participate with the County as necessary to develop and implement required changes into the prevention program and services.
- f. SUDRS Information and Guidelines – Contractor agrees to adhere to all memos, letters, or instruction given by the Deputy Director and/or Senior Program Manager in the provision of any and all SUD programs. Contractor acknowledges full understanding of the provisions referenced in any memos, letters, or instructions given and agrees to operate the respective SUD prevention programs in accordance with the provisions of such information and the provisions of the Contract. At the option of the County, changes may be made during the Contract period. Such changes, when made, will be binding on the Contractor.

H. Staffing Requirements

Contractor shall recruit, hire and maintain program staff with the knowledge, training and experience necessary in planning and implementing SUD problem prevention strategies to provide required diverse community services.

1. Staffing Requirements for Regional-Based SUD Environmental Prevention Services:

Contractor shall employ full time key staff person(s) that meet the qualifications listed and shall demonstrate evidence of the minimum range of experience and skills within the proposed program staffing. Contractor is not required to have a unique staff member for each of the key staff skills if the available staff individual possesses the range of skills required for the key staff positions.

- a. On-Site Manager – There shall be a full-time on-site program manager for the program unless prior written approval is received from DBH. The program manager's time may be divided between administration and direct services.
- b. Prevention Services Specialist – Position shall require at least one year prevention services experience to include one or more prevention campaigns or at least 40 hours of training within the Prevention Professional Competencies prior to providing environmental prevention services, and 20 hours annually of continuing education thereafter. Position requires knowledge of the underlying principles of the public health perception of SUD; knowledge of the underlying principles and application of environmental strategies that advance policy based prevention approaches to reduce SUD; and competency to translate community based planning objectives to reduce SUD into action plans using environmentally focused strategies with specific policy goals.
- c. Media Advocacy Specialist – Position shall require at least one year prevention services experience to include one or more prevention campaigns or at least 40 hours of training within the Prevention Professional Competencies prior to providing environmental prevention services, and 20 hours annually of continuing education thereafter. Position requires knowledge of the underlying principles of the use of media advocacy to reduce SUD; competency in translating community-based planning objectives to reduce SUD into policy goals for media advocacy; and competency in planning, developing and implementing effective media action plans for SUD prevention campaigns.
- d. Community Organization Specialist – Position shall require at least one year prevention services experience to include one or more prevention campaigns or at least 40 hours of training within the Prevention Professional Competencies prior to providing environmental prevention services, and 20 hours annually of continuing education thereafter. Position requires knowledge and competency in organizing, developing and sustaining community-based collaborations aimed at achieving environmental change to reduce community SUD and knowledge of the purpose and function of multi-system collaboration to affect organizational and systems changes to reduce SUD in communities.

2. Review and Comment on the Qualifications of Prevention Services Staff – DBH shall receive, review and comment on the candidates under consideration for hire and shall receive a copy of the candidates resume and supporting documentation for file within five business days of the candidate's hire. If candidates have previous prevention work experience, this may waive the initial 40 hours of initial training required.
3. Qualification Documentation – Contractor shall maintain a copy of the resume and any supporting documentation that personnel assigned to the program meet the above standards in the personnel file for all personnel hired under the Contract by the last day of the first full month of employment. Documentation shall be maintained in the program's personnel file and shall be available for County monitoring purposes.
4. Ethnic or Cultural/Linguistic Representation and Sensitivity – Contractor, in all service categories provided, shall ensure that staff providing services be representative of the ethnic or cultural configuration of the community served or is sensitive to the ethnic and cultural/linguistic diversity of the community served. Educational information, media pieces, flyers, and/or meeting information shall be provided in, at minimum, threshold languages identified by DBH. Provisions for translation services shall be provided by the Contractor.
5. Clearances for Employees and Volunteers:
 - a. Clearances for Work with Minors – Employees, volunteers, and interns, who work directly with minors, shall have appropriate criminal background checks and clearances completed by Contractor prior to employment and annually thereafter. Documentation shall be maintained in the program's personnel file and shall be available for County monitoring purposes.
 - b. Department of Justice (DOJ) – Employees, volunteers, and interns shall successfully register with and receive an appropriate clearance by DOJ that conducts criminal background checks for persons who work with minors.
 - c. Drug Testing – Employees, volunteers, and interns shall be drug tested prior to hire and drug test results shall be negative for illegal drug use, including cannabis. Documentation shall be maintained in the program's personnel file and shall be available for County monitoring purposes.
 - d. Tuberculosis Testing – Employees, volunteers, and interns shall be tested for tuberculosis prior to hire, and annually thereafter and will be free of active disease, documented by a negative skin test and being symptom free. Documentation shall be maintained in the program's personnel file and shall be available for County monitoring purposes.
 - e. References – Employees, volunteers, and interns shall provide a minimum of one personal and one prior employment reference. Contractor shall verify reference information, and employees and volunteers shall not have any unresolved negative references for working with minors.

- f. Removal – Contractor shall immediately remove an employee, volunteer, or intern with an unresolved negative clearance from working directly with minors.

I. Administrative Requirements

1. Contractor must have the ability to maintain adequate files and records and meet statistical reporting requirements.
2. Contractor shall have the administrative and fiscal capability to provide and manage the proposed services and ensure an adequate audit trail.
3. Regulations and Standards
 - a. Contractor shall comply with all State and Federal statutes, regulations, and DBH Guidelines regarding confidentiality.
 - b. Contractor shall ensure staff are knowledgeable on the County DBH Notice of Substance Use Disorder and Recovery Services Grievance and Complaint Procedures and ensure that any complaints by clients are referred to the County in accordance with the procedures. The Policy consists of items such as:
 - DBH-SUDRS follows-up on all complaints;
 - Strict timelines are followed for complaint resolution;
 - DHCS can be contacted as well or if complaint remains unresolved; and/or
 - DBH ACCESS Unit shall be notified of all complaints
A copy of the County DBH Notice of Personal/Civil Rights shall be given to each client upon entry into the program and shall be displayed in an area accessible and conspicuous to all clients and staff/volunteers/interns.
 - c. Contractor shall ensure all incidents with clients, community members or stakeholders are reported on the “Unusual Occurrence/Incident Report” County form QM053. Incidents can be, but are not limited to:
 - Dangerous Behavior;
 - Medical/Injury;
 - Disturbance/Destruction of Property;
 - Victimized;
 - Death;
 - Dangerous Behavior – Self;
 - Sexual Behavior; and/or

- Other's (not listed).

All incidents shall be reported to Contractor's supervision staff immediately. Staff witnessing the incident shall complete the QM053 form. Supervisory staff shall conduct an investigation and complete applicable sections for the QM053 form and submit a copy to the DBH Program Manager/designee by the next working day.

4. Evaluation and Management Processes

- a. Evaluation Requirements – Contractor shall maintain the technical capacity to identify performance indicators and to collect and report data on program performance and outcomes. Contractor shall be required to participate in a countywide evaluation system to evaluate prevention, treatment, and recovery programs.
- b. Evaluation Plan – Proposer(s) shall develop a program evaluation plan that assesses the achievement of each objective for their proposed program, including process and outcome measures. Proposers(s) shall describe how program operations and activities shall be measured and what data shall be utilized in determining the effectiveness of program services. Proposer(s) shall also describe the selection of instruments to be used, including its appropriateness with respect to cultural sensitivity and relevance to the specific population that the program shall target. Contractor will utilize instruments/tools to collect data and outcomes, taking into consideration their appropriateness with respect to cultural sensitivity and relevance to the specific population that the program serves. The evaluation plan shall be approved by DBH.
- c. Quality Management Process – Proposer(s) shall describe the internal quality management process the Proposer(s) shall use to ensure that appropriate and adequate services are provided; include how outcome data and other appropriate and adequate services shall be provided; include how outcome data and other appropriate information shall be used in a continuous quality improvement process.
- d. Performance Management Process – Contractor shall describe the internal performance management process the Contractor will use to ensure that program performance standards and outcomes are achieved in accordance with the logic models and work plans for each respective priority area. Describe how corrective action is initiated.
- e. County Objectives – Proposer(s) shall describe the SUD Prevention Priority Areas the Proposer(s) shall support and advance by linking program prevention services to one or more of them and how Proposer(s) shall do so.

J. Program Consideration

1. Geographical/Regional Service Area(s) – DBH's regional system of services consists of seven regions. The County is divided into the following regions: Central Valley, East Valley, West Valley, Mountains, High and Low Desert, and Needles. Contractor shall provide services to their specific regions identified.
2. Service Location Requirements – Environmental Prevention Services
 - a. Sites and Facilities – Contractor shall provide, schedule or otherwise arrange all sites, facilities, facility management, supplies and other resources necessary to provide program services or scheduled activities or events. Contractor may utilize multiple sites and/or locations within the service area.
 - b. Disabled Access – All sites and facilities shall be physically and programmatically accessible to the disabled, pursuant to ADA and California Title 24.
 - c. Sites, Facilities and Program Related Permits, Licenses and Certification – Contractor shall obtain and maintain all required site, facilities and program related permits, licenses and certifications necessary to provide program services, activities and events. Documentation shall be maintained in the program's files and shall be available for County monitoring purposes.

---END OF ADDENDUM---

WORKPLAN FY 2026-2027

**Priority Area: Alcohol – Agency: Institute for Public Strategies
Rialto, San Bernardino, and other cities as needed – Region: Central Valley**

Goals and Objectives

1. Provide technical assistance to communities to achieve changes in conditions that reduce alcohol-related problems among youth and young adults in San Bernardino County. [Section C.1. – Page 15 of 71]
2. Enacted policies and/or increased enforcement of existing policies and practices requiring responsible beverage service and sales training by owners and staff of retail outlets selling alcoholic beverages, as measured by enacted ordinances and/or increased enforcement, including citations, minor decoy operations, and other compliance activities. [Section C.2. (c) 1.b – Page 18 of 71]
3. Expansion of alcohol-free community events, public parks, and other recreational areas, as measured by enacted and/or expanded local ordinances and/or other policies. [Section C.2. (c) 1.c – Page 18 of 71]
4. Enacted and/or expanded public policies to limit the density of stores selling alcohol in communities over-concentrated with alcohol outlets, as measured by enacted and or expanded local ordinances. [Section C.2. (c) 1.d – Page 18 of 71]
5. Implement a community-based campaign designed to educate youth, young adults, and families about the harmful effects of alcohol use. [Section C.2. (c) 1.f – Page 18 of 71]

STRATEGY 1: Research & Data:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
1.1 Increase the amount of local and current data to support campaign efforts related to alcohol problems in target communities.	Monthly	1) Attend the Applied Data and Research workgroup's monthly meeting to receive training and technical assistance on data collection and analysis related to the Alcohol priority area.	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	1-2 data sets	2) Collect, review, and analyze qualitative data to support minor decoy operations related to the RBS Impact Program in Rialto and on-	Program Manager, Prevention Specialist, Community Organizer		

	1-2 data sets	sale/off-sale alcohol density in San Bernardino. 3) Collect, review, and analyze quantitative data, Ex, county-approved surveys (youth and adult)	Program Manager, Prevention Specialist, Community Organizer, Regional Director		
	Annual	CREATE AN ANNUAL REPORT TO DOCUMENT THE COMPLETION OF ALL DELIVERABLES	Program Manager, Prevention Specialist, Community Organizer, Regional Director		

STRATEGY 2: Policy Development:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
2.1 Review and maintain prevention policies and procedures to reduce youth social and retail access to alcohol	Monthly	1) Attend Policy Workgroup monthly meetings to receive training and technical assistance on prevention-related policy efforts	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Included in quarterly & annual report	2) Review, track, analyze, modify, and/or develop alcohol prevention policies in the region using the Policy workgroup's Matrix Tool.	Program Manager, Prevention Specialist, Community Organizer, Chief Program Officer		
	1-2 Engagements	3) Engage with elected officials and/or supporting agencies to promote policies and goals and reduce health	Program Manager, Prevention Specialist, Community Organizer		

	1-2 Engagements	disparities in target cities related to alcohol Ex) Expansion of Alcohol-free community events, public parks, and other recreational areas 4) Engage with elected officials and/or supporting agencies to support and promote policies related to the RBS Impact Program in Rialto and on-sale/off-sale alcohol density in San Bernardino.			
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STRATEGY 3: Community Engagement:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
3.1 Widespread community support and/or engagement in advancing campaign efforts to reduce youth social and retail access to alcohol	2-3 events	1) Attend community events to recruit community members and key stakeholders to participate in project activities that reduce youth and young adult social/retail access and alcohol harms in Rialto, San Bernardino, and other servicing cities. Ex) Minor Decoy Operations and other assessments	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	2-3 presentations	2) Conduct presentations/trainings on alcohol-related problems and policy-based solutions for K-12, college students, and community members	Program Manager, Prevention Specialist, Community Organizer		
	2-3 Partners	3) Engage and maintain school-based partner collaborations where	Program Manager, Prevention Specialist,		

		evidence-based alcohol prevention education presentations will be conducted	Community Organizer		
	2-3 Events	4) Attend community events to recruit community members and key stakeholders to participate in project activities that reduce youth and young adult social/retail access and alcohol harms in Rialto, San Bernardino, and other servicing cities. Ex) Minor Decoy Operations and other assessments	Program Manager, Prevention Specialist, Community Organizer		
	2-3 Presentations	5) Conduct presentations/trainings on alcohol-related problems and policy-based solutions for K-12, college students, and community members	Program Manager, Prevention Specialist, Community Organizer		
	2-3 Partners	6) Engage and maintain school-based partner collaborations where evidence-based alcohol prevention education presentations will be conducted	Program Manager, Prevention Specialist, Community Organizer		

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
4.1 Media activity sufficient to raise alcohol-related issues on the public agenda and advance project goals.	Monthly	1) Attend the Media Workgroup's monthly meeting to receive training and technical assistance on prevention-related media advocacy efforts	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Included in quarterly/annual reports	2) Review media outlets in target cities and across the state for Alcohol-related articles; Ex) track print and/or electronic (internet and/or radio) media outputs generated by project staff; and provide social media analytics.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	1 print media campaign	3) Develop one print media campaign to strategically promote public engagement and generate community support for limiting the alcohol density of stores selling alcohol in communities over-concentrated with alcohol outlets.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief of Programs Program Manager, Prevention Specialist,		

	1media campaign	4) Create a media campaign to change community norms and policies regarding binge and underage drinking, and educate communities about the harms of alcohol use. (Ex: Safe and Sober Holidays, DUI doesn't just mean Booze, Safe and Sober Prom and Graduation)	Community Organizer, Media Specialist		
	Annual	DEVELOP AND IMPLEMENT A STRATEGIC MEDIA PLAN FOCUSED ON THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	DEVELOP AND SUBMIT A TOTAL OF 12 UNDUPLICATED MEDIA PIECES PER YEAR TO BE DIVIDED BETWEEN THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	ENSURE (3) MEDIA PIECES ARE AVAILABLE IN SPANISH	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
5.1 Engage with law enforcement to understand local conditions related to reducing youth social and retail access to alcohol	1 engagement	1) Engage with law enforcement officials and/or community key partners on topics related to underage drinking, such as minor decoys, training for staff and/or community members, outreach, and evaluation; partner with local colleges and universities for enforcement efforts.	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW

WORKPLAN FY 2026-2027

**Priority Area: Cannabis – Agency: Institute for Public Strategies
Grand Terrace and other cities as needed – Region: Central Valley**

Goals and Objectives

1. Provide technical assistance to communities to achieve changes in conditions that reduce cannabis (Marijuana)-related problems among youth and young adults in San Bernardino County. [Section C.1. – Page 15 of 71]
2. Enacted and/or expanded public policies based on the State of California’s Proposition 64 and the County’s local ordinances regarding cannabis. [Section C.2. (c) 2.a – Page 18 of 71]
3. Monitor cannabis use through surveys and treatment data to establish a baseline for future implementation. [Section C.2. (c) 2.f – Page 18 of 71]
4. Assess and monitor for land use policies used elsewhere to give cities local control to address potential issues associated with sales, use, distribution, and manufacturing of cannabis. [Section C.2. (c) 2.d - Page 18 of 71]
5. Implement a community-based campaign designed to educate youth, young adults, and families about the harmful effects of Cannabis (Marijuana) use. [Section C.2. (c) 2.b – Page 18 of 71]

STRATEGY 1: Research & Data:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
1.1 Increase local and current data to support campaign efforts related to Cannabis problems in target communities.	Monthly	1) Attend Applied Data and Research monthly meetings to receive training and technical assistance on data collection and analysis concerning the cannabis priority area.	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	1 dataset	2) Collect, review, and analyze qualitative data on cannabis prevention and enforcement efforts. Ex) key informant interviews with Grand Terrace City Council Members, focus groups with Grand Terrace community members,	Program Manager, Prevention Specialist, Community Organizer		

		and/or other observational data collection methods.			
	1-2 datasets	3) Collect, review, and analyze quantitative data. Ex) Such as county-approved surveys (youth and adult)	Program Manager, Prevention Specialist, Community Organizer, Regional Director		
	Annual	CREATE AN ANNUAL REPORT TO DOCUMENT THE COMPLETION OF ALL DELIVERABLES	Program Manager, Prevention Specialist, Community Organizer, Regional Director		

STRATEGY 2: Policy Development:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
2.1 Review, analyze, and/or modify prevention policies and procedures to reduce youth access to Cannabis.	Monthly	1) Attend policy provider workgroup monthly meetings to receive training and technical assistance on prevention-related policy efforts.	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Included in quarterly & annual reports	2) Review, track, analyze, modify, and/or develop/update the Policy Matrix as needed for cannabis-related prevention policies.	Program Manager, Prevention Specialist, Community Organizer, Chief Program Officer		
	2-3 engagements	3) Engage the city council, planning commission, or key stakeholders in Grand Terrace where cannabis-related issues are being considered to encourage	Program Manager, Prevention Specialist, Community Organizer		

		institutional and local policy adoption related to prohibiting outdoor cannabis use via updated signage in public outdoor spaces; review proceedings and monitor the progress of proposed initiatives			
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STRATEGY 3: Community Engagement:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
3.1 Widespread community support and engagement in advancing campaign efforts to reduce youth access to Cannabis.	2-3 Partners	1) Attend meetings/events of selected key partners and/or community organizations to recruit and/or maintain locally active partners (including youth and one strategic partner) to participate in project activities.	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	2-3 Engagements	2) Engage with partners such as community leaders, faith-based organizations, education sectors, parent groups, youth, non-profit organizations, treatment providers, businesses, and coalition members to secure feedback and/or support on smoke-free policies related to cannabis.	Program Manager, Prevention Specialist, Community Organizer		
	1-2 schools	3) Attend community and school events where the primary task is disseminating cannabis prevention information and promoting health and wellness.	Program Manager, Prevention Specialist, Community Organizer		

	2-3 presentations	4) Engage schools in participating in evidence-based prevention programs related to cannabis through prevention education presentations/prevention education activities.	Program Manager, Prevention Specialist, Community Organizer		
	Annual	CONDUCT A MINIMUM OF 12 COALITION MEETINGS PER YEAR	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENGAGE AND RETAIN A MINIMUM OF 20 CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITY PARTNERS	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENSURE THAT 40% OF THE COALITION IS IDENTIFIED AS STRATEGIC PARTNERS	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENSURE THAT 20% OF THE COALITION IS IDENTIFIED AS YOUTH OR YOUNG ADULTS	Program Manager, Prevention Specialist, Community Organizer		

STRATEGY 4: Media Advocacy:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
4.1 Media activities to raise Cannabis issues on the public agenda and advance project goals.	Monthly	1) Attend media provider workgroup monthly meetings to receive training and technical assistance on prevention-related media advocacy efforts.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW

	Included in quarterly & annual reports	2) Review news outlets and track cannabis-related articles to guide prevention efforts and maintain coalition social media sites to allow for regular & timely media advocacy	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	1 traditional media piece	3) Develop and submit traditional media materials to appropriate media outlets in target cities, while strategically promoting public engagement and community support to change community norms and policies regarding cannabis.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	1 media campaign	4) Develop a media campaign to strategically promote public engagement and generate community support for changes in community norms and policies around cannabis. Ex) Smoke-Free Grand Terrace Campaign	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	DEVELOP AND IMPLEMENT A STRATEGIC MEDIA PLAN FOCUSED ON THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	DEVELOP AND SUBMIT A TOTAL OF 12 UNDUPLICATED MEDIA PIECES PER YEAR TO BE DIVIDED BETWEEN THE FOUR SUBSTANCE	Program Manager, Prevention Specialist, Community Organizer, Media		

		AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Specialist, Chief Program Officer		
	Annual	ENSURE (3) MEDIA PIECES ARE AVAILABLE IN SPANISH	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		

STRATEGY 5: Enforcement:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
5.1 Stronger enforcement of regulations related to Cannabis.	1 engagement	1) Engage with Grand Terrace law enforcement officials and/or key community partners on Smoke-Free Outdoor and institutional policies.	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW

WORKPLAN FY 2026-2027

**Priority Area: Methamphetamine – Agency: Institute for Public Strategies
Colton, San Bernardino, and other cities as needed – Region: Central Valley**

Goals and Objectives

1. Provide technical assistance to communities to achieve changes in conditions that reduce methamphetamine-related problems among youth and young adults in San Bernardino County. [Section C.1. – Page 15 of 71]
2. Monitor methamphetamine use through surveys and treatment data to establish a baseline for future implementation. [Section C.2. (c) 3.c – Page 19 of 71]
3. Implement a community-based campaign designed to educate youth, young adults, and families about the harmful effects of methamphetamine use. [Section C.2. (c) 3. a – Page 19 of 71]

STRATEGY 1: Research & Data:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
1.1 Increase the amount of local and current data to support campaign efforts related to methamphetamine in target communities	Monthly	1) Attend the ADR provider workgroup monthly to receive training and technical assistance on data collection and analysis in relation to the methamphetamine priority area	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	1 data set	2) Review and analyze qualitative data collected through Inland Valley Recovery Services Partners in Colton and San Bernardino locations Ex) focus groups among transitional-aged youth, adults, treatment providers, and support of institutions' drug-free policies; and other observational data collection methods. *Implement prevention-focused tasks to determine the needs for prevention services.	Program Manager, Prevention Specialist, Community Organizer		

	1 data set	3) Collect, review, and analyze quantitative data related to methamphetamine Ex) County-approved surveys, treatment data, and secondary data)	Program Manager, Prevention Specialist, Community Organizer, Regional Director		
	Annual	CREATE AN ANNUAL REPORT TO DOCUMENT THE COMPLETION OF ALL DELIVERABLES	Program Manager, Prevention Specialist, Community Organizer, Regional Director		

STRATEGY 2: Policy Development:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
2.1 Develop Prevention policies and procedures to reduce youth access to methamphetamine	Monthly	1) Attend policy provider workgroup monthly meetings to receive training and technical assistance on prevention-related policy efforts related to methamphetamine.	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Included in Quarterly & annual report	2) Review, track, analyze, modify, develop, and support Meth-related prevention policies, including policies implemented by institutions that work with populations that have been heavily impacted by meth, such as Inland Valley Recovery Services located in Colton and San Bernardino.	Program Manager, Prevention Specialist, Community Organizer,		

			Regional Director		
	1-2 Engagements	3) Engage supporting agencies to advance meth-related policies and goals. Ex) Inland Valley Regional Recovery Services	Program Manager, Prevention Specialist, Community Organizer		

STRATEGY 3: Community Engagement:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
3.1 Widespread community support for and engagement in advancing campaign efforts to reduce issues associated with meth	1-2 Partners	1) Develop or maintain key partnerships to recruit and/or maintain locally active partners who participate in project activities to reduce meth use and harm.	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	1-2 Meetings	2) Organize, conduct, and facilitate coalition community meetings in the region to address and train the community on methamphetamine and other drug use, and foster, support, and enhance community prevention services	Program Manager, Prevention Specialist, Community Organizer		

	1 Engagement	3) Engage community members and key stakeholders in raising awareness of meth harms, reducing youth access, and encouraging/empowering community participation in meth-related prevention activities	Program Manager, Prevention Specialist, Community Organizer		
	1-2 Presentations	4) Conduct a presentation/training on methamphetamine prevention education, including technical assistance to Inland Valley Recovery Services on Methamphetamine Family Prevention Education	Program Manager, Prevention Specialist, Community Organizer		
	Annual	CONDUCT A MINIMUM OF 12 COALITION MEETINGS PER YEAR	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENGAGE AND RETAIN A MINIMUM OF 20 CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITY PARTNERS	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENSURE THAT 40% OF THE COALITION IS IDENTIFIED AS STRATEGIC PARTNERS	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENSURE THAT 20% OF THE COALITION IS IDENTIFIED AS YOUTH OR YOUNG ADULTS	Program Manager, Prevention Specialist, Community Organizer		

STRATEGY 4: Media Advocacy:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
4.1 Media activity sufficient to raise meth-related issues on the public agenda and advance project goals	Monthly	1) Attend media provider workgroup monthly meetings to receive training and technical assistance on prevention-related media advocacy efforts.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Included in quarterly & annual reports	2) Review media outlets for SUD-related articles; track print and/or electronic Ex) (television, internet, and/or radio) media outputs generated by project staff; and provide social media analytics.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	1 traditional media piece	3) Develop and submit traditional media pieces on the impacts of methamphetamine and stigma in target cities; Ex) News releases, media advisories, pitching stories, news columns, letters to the editor, and/or opinion pieces, print and/or social media as well as coordinate media with other San Bernardino County prevention providers through media workgroup for Recovery month.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		

	1 media campaign	4) Develop a social media campaign plan to strategically promote public engagement and generate community support for changing community norms around methamphetamine and uplift voices of recovery through collaboration with Inland Valley Recovery Services.	Program Manager, Prevention Specialist, Community Organizer		
	Annual	DEVELOP AND IMPLEMENT A STRATEGIC MEDIA PLAN FOCUSED ON THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	DEVELOP AND SUBMIT A TOTAL OF 12 UNDUPLICATED MEDIA PIECES PER YEAR TO BE DIVIDED BETWEEN THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	ENSURE (3) MEDIA PIECES ARE AVAILABLE IN SPANISH	Program Manager, Prevention Specialist, Community Organizer, Media Specialist,		

			Chief Program Officer		
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STRATEGY 5: Enforcement:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
5.1 Work with law enforcement to understand local conditions related to methamphetamine and other controlled substances	1 Engagement	1) Engage with law enforcement officials and/or other key community partners to discuss/coordinate issues and alternative solutions related to methamphetamine use in Colton and San Bernardino. (Work related to Institutional and local policies)	Program Manager; Prevention Specialist; Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW

ATTACHMENT E

WORKPLAN FY 2026-2027

**Priority Area: Opioids – Agency: Institute for Public Strategies
San Bernardino and other cities as needed – Region: Central Valley**

Goals and Objectives

1. Provide technical assistance to communities to achieve changes in conditions that reduce Opioid-related problems among youth and young adults in San Bernardino County. [Section C.1. – Page 15 of 71]
2. Educate the community of the safe disposal of unwanted and/or expired prescription drugs in cities and unincorporated areas of the county [Section C.2. (c) 4.a – Page 19 of 71]
3. Increase awareness of the opioid prescription use and misuse for youth and young adults as measured by local survey. [Section C.2. (c) 4.c – Page 19 of 71]
4. Monitor opioid use through surveys and treatment data to establish a baseline for future implementation. [Section C.2. (c) 4.d – Page 19 of 71]
5. Implement a community-based campaign designed to educate youth, young adults, and families about the harmful effects of Opioid use. [Section C.2. (c) 4.b– Page 19 of 71]

STRATEGY 1: Research & Data:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
1.1 Increase the amount of local and current data to support campaign efforts related to prescription drug problems in target communities, including the implementation of prescription drug drop-off boxes.	Monthly	1) Attend the ADR provider workgroup monthly to receive training and technical assistance on data collection and analysis in relation to the methamphetamine priority area	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	1 Data Set	2) Collect, review, and analyze qualitative data via key informant interviews, focus groups, observational community assessment data, or listening sessions to inform prevention efforts and support policies related to reducing access to opioid	Program Manager, Prevention Specialist, Community Organizer		

		and emerging substances and preventing related harm.			
	1-2 Data Sets	3) Collect, review, and analyze quantitative data related to opioids and emerging substances to inform enforcement operations and expand policies that restrict access and reduce related harm. Ex) Take Back Data from Prescription Drug Drop Boxes in San Bernardino, County-approved Adult and Youth surveys, quantitative community assessments, and secondary data)	Program Manager, Prevention Specialist, Community Organizer, Regional Director		
	Annual	CREATE AN ANNUAL REPORT TO DOCUMENT THE COMPLETION OF ALL DELIVERABLES	Program Manager, Prevention Specialist, Community Organizer, Regional Director		

STRATEGY 2: Policy Development:

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
2.1 Implement prevention policies and/ or procedures to reduce youth access to prescription drugs and other controlled substances, including a policy to implement drop-off boxes.	Monthly	1) Attend policy provider workgroup monthly meetings to receive training and technical assistance on prevention-related policy efforts.	Program Manager, Prevention Specialist, Community Organizer, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Status report: quarterly & annual report	2) Review, track, analyze, modify, and/or develop opioid and emerging substance-related prevention policies in the region using the Policy Matrix Tool.	Program Manager, Prevention Specialist, Community		

			Organizer, Chief Program Officer		
	2-3 Engagements	3) Engage city officials and supporting agencies in promoting harm reduction strategies such as safe disposal practices and other opioid-related policies in the region. Ex) Collaboration with CSUSB PD, CSUSB Greek Life, CSUSB Student Life/Health Center)	Program Manager, Prevention Specialist, Community Organizer, Chief Program Officer		
	1 drop box	4) Collaborate with strategic partners to implement temporary and/or permanent prescription drug drop boxes in San Bernardino.	Program Manager, Prevention Specialist, Community Organizer		

STRATEGY 3: Community Engagement

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
3.1 Widespread community support and engagement in advancing campaign efforts to reduce issues associated with prescription drugs	2-3 Partners	1) Establish communication and/or collaboration with selected key partners and/or community organizations (i.e. DEA, pharmacies, community center) to recruit locally active partners (including youth) to participate in project activities and outreach to local community members and stakeholders.	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	2-3 Presentations	2) Provide community education through opioid presentations/training to increase public awareness of the risks of opioid use, safe disposal, and available community resources.	Program Manager, Prevention Specialist, Community Organizer		
	2-3 Events	3) Attend community and school events where the primary task is disseminating opioid prevention information and	Program Manager, Prevention Specialist,		

		promoting health and wellness. Ex) National Night Out, CJUSD, Rialto, San Bernardino School District events, CSUSB, and SB Valley College	Community Organizer		
	2-3 Presentations	4) Conduct presentations related to opioid prevention and harm reduction.	Program Manager, Prevention Specialist, Community Organizer		
	1-2 meetings	5) Organize, conduct, and/or help facilitate coalition and/or community meetings in the region to address substance use and youth access to opioid and foster, support, and enhance community prevention services.	Program Manager, Prevention Specialist, Community Organizer		
	1-2 presentations	6) Conduct opioid/fentanyl and Narcan training to explain the dangers of opioid use and the proper administration of Narcan when a suspected overdose occurs.	Program Manager, Prevention Specialist, Community Organizer		
	Annual	CONDUCT A MINIMUM OF 12 COALITION MEETINGS PER YEAR	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENGAGE AND RETAIN A MINIMUM OF 20 CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITY PARTNERS	Program Manager, Prevention Specialist, Community Organizer		
	Annual	ENSURE THAT 40% OF THE COALITION IS IDENTIFIED AS STRATEGIC PARTNERS	Program Manager, Prevention Specialist, Community Organizer		

	Annual	ENSURE THAT 20% OF THE COALITION IS IDENTIFIED AS YOUTH OR YOUNG ADULTS	Program Manager, Prevention Specialist, Community Organizer		
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STRATEGY 4: Media Advocacy

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
4.1 Media activity sufficient to raise prescription drug issues on the public agenda and advance project goals.	Monthly	1) Attend the media provider workgroup to receive training and technical assistance on opioid prevention-related media advocacy efforts.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Regional Director	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	Included in quarterly & annual reports	2) Maintain coalition social media sites, issue briefings, fact sheets, brochures, and display boards with updated information regarding opioids/fentanyl for events, meetings, and presentations.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist		
	1 Media Campaign	3) Develop an informational social media campaign related to Opioids, Fentanyl & Narcan, and National Take Back Day initiatives in San Bernardino to public support for changing community norms and developing protective policies.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist		

	1 Media Event	4) Coordinate/host a media event in San Bernardino to support of opioid/fentanyl prevention policies, Narcan training/distribution, and/or DEA National Takeback Day.	Program Manager, Prevention Specialist, Community Organizer, Media Specialist		
	Annual	DEVELOP AND IMPLEMENT A STRATEGIC MEDIA PLAN FOCUSED ON THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	DEVELOP AND SUBMIT A TOTAL OF 12 UNDUPLICATED MEDIA PIECES PER YEAR TO BE DIVIDED BETWEEN THE FOUR SUBSTANCE AREAS: ALCOHOL, CANNABIS, METHAMPHETAMINE & OPIOIDS	Program Manager, Prevention Specialist, Community Organizer, Media Specialist, Chief Program Officer		
	Annual	ENSURE (3) MEDIA PIECES ARE AVAILABLE IN SPANISH	Program Manager, Prevention Specialist, Community		

			Organizer, Media Specialist, Chief Program Officer		
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STRATEGY 5: Enforcement

Objectives	Target	Tasks	Responsible Person	Deadline	Completion Date
5.1 Engage with law enforcement to understand the conditions of local prescription drugs and other controlled substances.	Ongoing	1) Track law enforcement (including campus police and other institutional enforcement agencies) operations focused on preventing opioid use and misuse in targeted cities.	Program Manager, Prevention Specialist, Community Organizer	6/30/26 FOR ALL ITEMS LISTED BELOW	6/30/26 FOR ALL ITEMS LISTED BELOW
	1-2 Engagements	2) Engage with law enforcement and/or community key partners to discuss, coordinate, and collaborate on issues and alternative solutions related to opioid use. Discuss law enforcement support for implementing temporary or permanent drop boxes at their facilities.	Program Manager, Prevention Specialist, Community Organizer		

ALCOHOL LOGIC MODEL



INPUTS

OUTPUTS

OUTCOMES

Situation/problems and priorities

- Alcohol being primary drug of choice for youth (age 12 –17.)
- High rates of binge drinking and alcohol consumption is a leading cause of harm or death among young adults (age 18-25.)

Inputs

- Staff trained on implementation of effective environmental prevention program
- Data Collection Research and Evaluation
- (Partners (e.g., local schools and school districts, enforcement agencies, faith-based agencies, community-based)
- Funds
- Equipment
- Trainings
- Community

Activities and participation

- Education/training for the community at large (e.g., workshops, webinars)
- Community Outreach/Community Engagement
- Technical Assistance
- Capacity Building in schools and with other partners in the service area
- Media Outreach

Outputs

- 2-3 trainings provided
- 2-3 school-based partner collaborations where evidence-based prevention education presentations will be conducted
- 2 media outputs (ex, handouts, flyers, fact sheets)
- 1 policy related to Alcohol (institutional policies included)
- 2 data sets (1qualitative and 1quantitative)

Short-term outcomes

- Increased data collection focused on adult AOD and youth surveys to assess community needs regarding alcohol related issues.
- Increased coalition recruitment and membership of local and diverse partners.
- Increased research on local policies related to Social Alcohol Use.
- Increased development of educational materials to heighten awareness of issues.
- Increased Law enforcement engagement and/or community key partners in targeted regions to participate in/support local coalition efforts.

Mid-term outcomes

- Increased data analyzed and shared with the community to obtain strong Alcohol related information.
- Increased engagement among community partners within coalitions to take leadership of local social alcohol related issues in their community.
- Increased-Alcohol Policy discussions with coalition members to address Alcohol retail access.
- Increased education to coalition members and community on social alcohol use materials developed.
- Increased engagement among law enforcement and/or community key partners in coalition efforts, and share best practices with law enforcement agencies

Long-term outcomes

- Increased awareness of harms related to Alcohol misuse.
- Reduced Social Alcohol use through increased community involvement in Alcohol use and Access reduction.
- Enforce regional social alcohol policies.
- Increased awareness of issues measured by media outputs related to Social Alcohol use awareness.
- Increased collaboration among local law enforcement agencies, coalition members, and/or community key partners.

What will the project do? Who will the project reach?

What will the project achieve? How will the world be different?

CANNABIS (Marijuana) LOGIC MODEL



INPUTS

OUTPUTS

OUTCOMES

Situation/problems and priorities

- Attitudes towards cannabis have shifted and become more popular in recent years, especially among youth, and residents are concerned about the youth's ease of access to cannabis. In San Bernardino County, cannabis is the most prevalent substance reported to be used among youth in treatment. (age 12-17)
- Implement an evidence-based prevention program designed to educate youth (12-17)/ young adults (18-25), parents, and educators about the harms of cannabis use.

Inputs

- Staff trained on implementation of effective environmental prevention program
- Data Collection, Research, and Evaluation
- (Partners (e.g., local schools and school districts, enforcement agencies, faith-based agencies)
- Funds
- Equipment
- Trainings
- Community

Activities and participation

- Education/training for community at large (e.g., workshops, webinars)
- Community Outreach/Community Engagement
- Technical Assistance
- Capacity Building in schools and with other partners in the service area
- Media Outreach

Outputs

- 2-3 trainings on cannabis prevention education
- 1-2 schools participating in evidence-based prevention programs related to cannabis
- 1-2 media outputs (e.g., handouts/flyers, issues briefings, of fact sheets created/distributed.
- 1-2 policy related to Cannabis (institutional policies included).

Short-term outcomes

- Increased understanding of risk and protective factors among the community.
- Increased awareness of the dangers of cannabis use among youth and young adults.
- Increased interest among community groups in implementing evidence-based practices related to cannabis use among youth and young adult.
- Increased knowledge of how cannabis affects physical, mental, and emotional well-being.

Mid-term outcomes

- Increased participation among youth, adults, school-based partners, and/or safety /enforcement agencies in implementing EBPs related to cannabis use among youth and young adults.
- Increased number of partnerships among schools in service areas.
- Increased level of self-awareness and healthier lifestyle choices among youth and young adult related to cannabis.

Long-term outcomes

- Increased number of Institutional Policies in Schools that support the implementation of an evidence-based program
- Increased enforcement of drug-free policies on school premises
- Decreased cannabis use in schools among youth and young adults.
- Increased sense of well-being among youth and young adults.

What will the project do? Who will the project reach?

What will the project achieve? How will the world be different?

METHAMPHETAMINE LOGIC MODEL



INPUTS

OUTPUTS

OUTCOMES

Situation/problems and priorities

- Meth is the most reported prevalent substance used among young adults in treatment (age 18-25.)
- Drug paraphernalia sales and easy accessibility promotes meth use among all age group demographics.

Inputs

- Staff trained on the implementation of effective environmental prevention program
- Data Collection, Research, and Evaluation
- Partners e.g., local schools and school districts, enforcement agencies, faith-based agencies
- Funds
- Equipment
- Trainings
- Community

Activities and participation

- Education/training for the community (e.g., workshops, webinars)
- Community outreach/Community engagement
- Technical Assistance
- Capacity Building in schools and with other partners in service area
- Media Outreach (Printed, social media, and/or Radio)

Outputs

- 1-2 trainings provided.
- 1-2 collaborations
- 1 media outputs (e.g., handouts/flyers distributed, issues briefings, fact sheets created/distributed)
- 1 policy related to Methamphetamine (institutional policies included)
- 2 data sets (1 qualitative and 1 quantitative)

Short-term outcomes

- Increased data collection of Alcohol and Other Drug Awareness Survey Tool to assess community attitudes and perceptions on meth use.
- Increased development of prevention education materials to heighten awareness of issues as measured by media outputs related to meth use.
- Increased collaborations with law enforcement and/or community key partners that could support local coalition efforts.

Mid-term outcomes

- Increased data analysis and sharing with the community to obtain strong meth-related perception information.
- Increased education to coalition members and community on meth use materials developed.
- Increased law enforcement and/or community key partners' engagement in coalition efforts.
- Increased sharing of best practices by law enforcement agencies to reduce sales and use of meth/drug paraphernalia.

Long-term outcomes

- Increased knowledge of attitudes and perceptions related to methamphetamine in the service region to advance regional efforts.
- Increased knowledge of the harmful effects of meth use among all age groups demographics.
- Decreased sales of drug paraphernalia among youth, young adults, and adults.
- Decreased use of methamphetamine, treatment admission rates, related ER admissions.

What will the project do? Who will the project reach?

What will the project achieve? How will the world be different?

OPIOIDS LOGIC MODEL



INPUTS

OUTPUTS

OUTCOMES

Situation/problems and priorities

Controlled substances are not being properly disposed of and opioids are excessively prescribed to older adults by the medical profession.

Youth ease of access and low perception of harm to youth and young adults.

Increased misuse of controlled substances by youth.

Tianeptine, nitrous oxide, and kratom are easily available to youth and increase the risk of fatal opioid overdose.

Inputs

- Staff
- Funding
- Training
- Equipment
- Survey Data
- High Desert Community Coalition and other community groups
- Strategic partners in law enforcement, government, health education, faith community, pharmacies and school districts, etc.
- Community
- Data collection and evaluation
- School and parent groups

Activities and participation

- Community training for coalition members and those active in advocating for change
- Technical assistance for partners
- Resources and information to partners
- Resources and support to coalitions
- Capacity building with coalitions
- Policy Analysis to identify best practices
- Community Organizing
- Media Advocacy
- Sustainability Planning with partners

Outputs

- 1 Quantitative and 1 Qualitative Data Set
- 1 opioid report with policy recommendations
- 1 policy brief on emerging substances & policy solutions
- 2-3 engagements with community organizations and city officials to promote and advance policy and harm reduction strategies
- 2 social media campaign
- 1-2 temporary or permanent drop box sites implemented
- 2 engagements with law/code/HIDTA enforcement partners supporting local prevention efforts
- 2 community prevention partners (1 strategic)
- 2-4 presentations on opioid, Fentanyl, or emerging substance harm prevention
- 1 media event (Town Hall)

Short-term outcomes

- Increased awareness of policy solutions by city officials
- Increased knowledge and leadership skills among coalition and community members
- Increased awareness of issues and solutions among community members
- Increased knowledge and awareness of best practices among coalition members, law, and code enforcement.

Mid-term outcomes

- Increased adoption of policy solutions
- Increased sense of safety and comfort among community
- Increased code enforcement among retailers
- Increased engagement from the community and key stakeholders in addressing opioid harms and responsible practices

Long-term outcomes

- Reduction in controlled substance-related treatment admission rates and ER admissions.
- Reduction of prescription drug misuse by youth.
- Increase in RX disposal sites
- Increase in responsible prescription practices by community members and medical professionals

What will the project do? Who will the project reach?

What will the project achieve? How will the world be different?