Proposition 64: Cohort II
Local Evaluation Plan

The Local Evaluation Plan has been developed as a tool to evaluate the work of the *Healthy Student Initiative* program which addresses cannabis use in Junior and High School students. As a proactive approach, the Healthy Student Initiative is using evidence-based models for all strategies, which include a Student Assistance Program, a Prevention Interview process, Early Intervention and Treatment programs, all which are being evaluated for effectiveness.

Grantee
Santa Barbara County Department of Behavioral Wellness

Authors
Jill Sharkey, Ph.D., University of California, Santa Barbara, External Evaluator
Patricia Gonzalez, Ph.D., Santa Barbara County Department of Behavioral Wellness
Evelyn Zuroske, MSEd Counseling, Grants Manager
John Doyel, Division Chief, ADP
Katarina Zamora, Healthcare Program Coordinator, Prevention

Contact Information
John Doyel, Division Chief, ADP
County of Santa Barbara
Behavioral Wellness Department
300 North San Antonio Rd., Bldg. 3
Santa Barbara, CA 93110
(805) 681-4907; jdoyel@sbcbwell.org

Katarina Zamora
Grant Administrator
County of Santa Barbara
Behavioral Wellness Department
1410 South Broadway
Santa Maria, CA 93454
(805) 614-1338; kzamora@sbcbwell.org

Jill D. Sharkey, Ph.D., External Evaluator
Department of Counseling, Clinical, and School Psychology
Gevirtz School of Education
University of California
Santa Barbara, CA 93106-9490
jsharkey@ucsb.edu

Project Time Period
May 1, 2021 to April 30, 2024

Funding Source

Proposition 64 Cohort II Grant Program, California Board of State and Community Corrections

Project Background

According to Lucille Packard Foundation, Santa Barbara County has one of the highest cannabis youth use rates in the State. The Los Angeles Times and Santa Barbara Independent published articles indicating that the amount of cannabis grown and consumed in Santa Barbara County is so great that the county could be renamed "CannaBarbara." (LA Times, 6/26/19; SB Independent, 5/28/20).

The need for primary and secondary prevention, Screening Brief Intervention and Referral (SBIRT) and care coordination services is further evidenced by the fact that over 75% of transitional-aged youth (12 to 24) in our SUD treatment system report that cannabis is their drug of choice. To further complicate the need, the County has limited substance use services for youth who may meet medical necessity for treatment, but are never enrolled in treatment programs. Santa Barbara County is home to approximately 60,000 transitional-aged youth with approximately 275 in Behavioral Wellness treatment programs. Taking into consideration that 10% to 15% of the general population experience some form of SUD misuse, Santa Barbara's treatment rate of 0.45% falls significantly below the threshold. Adolescents, in particular, do not have access to adequate prevention, screening, early intervention and referral resources since those resources do not exist in their natural environments and they lack direct connection with resources outside of their communities.

The impact of Proposition 64 has highlighted several unmet needs in Santa Barbara County, most notably a lack of school-based primary and secondary cannabis and other drug prevention and intervention services, and the need for screening, brief intervention and referral to treatment (SBIRT) services. The school systems are overwhelmed with students using cannabis and do not have the resources to provide youth with robust cannabis education, prevention, and early intervention programs and staff may be unaware of community resources when a student may need a referral to services. While some schools have a School Resource Officer (SRO), officers have limited resources to help address issues around cannabis use. County ADP funding sources are limited to Drug Medi-Cal (DMC) and SAPT/SABG funding for clients who meet medical necessity for treatment, and SAPT/SABG funding for primary prevention services nestled in local communities, resulting in a significant gap within the school and when coordinating and linking services to existing treatment or prevention services for youth. County Public Health Department (PHD) has limited cannabis information on its website and a lack of social media campaigns. Nearly all of local cannabis tax revenues are allocated to the county CEO's office for developing business and licensing protocols, with some funding for law enforcement to identify illegal grow operations.

Description of Activities

To address these concerns, Santa Barbara County's Proposition 64 PH&S grant addresses PPA1, PPA2, and PPA 3. A description of why and how the project addresses each PPA follows.

PPA 1 – Youth Development/Youth Prevention & Intervention

Schools currently do not have the resources needed to provide youth with robust cannabis education, prevention, and early intervention programs and staff may be unaware of community resources when students need a referral to services. While some schools have a School Resource Officer (SRO) program, officers have limited resources to help address issues around cannabis use. Behavioral Wellness' ADP funding sources are limited to Drug Medi-Cal (DMC) and Substance Abuse Prevention and Treatment Block Grant (SABG) funding for clients who meet medical necessity for treatment. While SABG funding for primary prevention services is nestled in local communities, there is still a significant gap within the schools and when coordinating linkages to services for youth prevention and treatment services.

In the fall of 2020, Behavioral Wellness was awarded a Mental Health Student Services Act (MHSSA) grant from the Mental Health Services Oversight and Accountability Commission to create partnerships with County schools. MHSSA programming is designed to increase youth access to mental health and AOD services. One of the primary goals for both grants is to integrate youth substance use and mental health services. ADP's Healthy Student Initiatives, MHSSA and EPI programs will serve as interwoven referral sources covering education, prevention, and early intervention with direct access to higher levels of care. MHSSA will help create partnerships in previously underserved school districts, allowing this Initiative to have an impact beyond the confirmed commitment of the Santa Maria Joint Union High School District.

ADP will be able to utilize the new collaborations to further identify schools with high need for AOD services to participate in the proposed program. Behavioral Wellness will collaborate with schools to provide a foundation for Student Assistance Programs (SAP). SAPs will be created using the Brief Risk Reduction Interview and Intervention Model (BRRIIM). BRRIIM is an early intervention model for youth starting to struggle with behavioral issues including cannabis use and associated factors. It is structured as a three stage Motivational Interview, combining two evidence-based Center for Substance Abuse (CSAP) strategies: 1) Problem Identification and 2) Referral and Education. The BRRIIM process identifies a student's individual and family strengths and resources, then customizes a prevention plan to meet their needs and priorities.

The BRRIIM SAPs will provide a full array of primary and secondary prevention, support groups, screening, care coordination, and Brief Intervention and Referral to Treatment (SBIRT). The SAP provides a systematic team process used to mobilize school resources to remove barriers to learning. SAP is designed to assist in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barrier to a student's success. The primary goal of the SAP is to help students overcome these barriers so that they may achieve, advance, and remain in school. The BRRIIM is inclusive as a prevention model by addressing the factors of the behavior that interferes with the student's ability to learn and is inclusive to parent involvement. Providing an assessment to these underlying issues follows a direct path into secondary prevention which addresses SUD concerns before being a need for further treatment assessment. This follows the model of care that is inclusive to addressing every level of need. SAPs will be led by peer leaders within the school and will be supervised by an Alcohol and Drug Services Specialist (ADSS) who will be State of CA certified and experienced in alcohol and other drug counseling. If the school

has a School Resource Officer (SRO) program, peer leaders will assist SROs, when appropriate, to address cannabis use among the students.

ADSS staff will be responsible for directly linking students to prevention, treatment and ancillary services, when indicated. Students referred for substance use treatment will be given the ASAM Criteria to guide the creation of a comprehensive assessment and service plan. When appropriate, Harm Reduction (HR) activities will be utilized and framed to assist clients in understanding that treatment will continue, even if they cannot stop using quickly.

ADP has established the Strengthening Families Program (SFP) throughout each region of the County and is an opportunity to link families to this program when needed. SFP is an evidence-based family educational and skills-building training, that focuses on improving parenting skills and family relationships while reducing harmful behavioral and improving social competencies and school performance and will be utilized when interacting with youth and their families.

Developing this model of services and identifying it as the Healthy Student Initiative (HSI), County staff will also be responsible for providing a full range of educational presentations and materials to teachers, nurses, administrators and School Resource Officers. Educational training topics may include Cannabis and Human Development, the Process of Substance Use, Addiction and Recovery, Motivational Interviewing, and the Adolescent Community Reinforcement Approach (A-CRA) and other SUD Treatment Models.

Table 1. PPA 1 Program Participant Information

Programs with Participants	Target Population	Criteria for Eligibility	Criteria for Selection of Intervention
BRRIIM SAP	Students in participating high schools (ages 13-19 of all genders) with identified needs	Self, parent, teacher, SRO, or other referral to the BRRIIM SAP	BRRIIM motivational interview and personal prevention plan.
Substance Use Treatment	Students in participating high schools with identified substance treatment needs	ASAM Criteria	SBIRT

PPA 2 – Public Health

Many adults and youth do not understand or believe messages about the negative impacts of high THC potency, especially when using concentrated oils through vaping. County Public Health (PHD) has limited cannabis information on its website and few resources to coordinate social media campaigns and nearly all of local cannabis tax revenues are allocated to the county CEO's office for developing business and licensing protocols, with some funding for law enforcement to identify illegal grow operations. Our project will address these public health needs through universal prevention measures. Behavioral Wellness will collaborate with the Public Health Department (PHD) and community youth to develop a robust social media campaign to increase education and awareness about the harm around cannabis, which has eroded with the

legalization of recreational use. Public Health social media campaigns will consist of research-based, youth developed messaging identifying the negative impacts, including on the brain, that are associated with cannabis use. To guide and refine our social media campaign, qualitative feedback (e.g., informational interviews, focus groups) for our social media campaign will be collected from students, selected through youth development programs.

PPA 3 – Public Safety

Our project will also address Public Safety through School Resource Officer (SRO) participation in the prevention and intervention of risk factors associated with youth cannabis use. SROs, in partnership with SAPs, will address multiple factors related to risk for and engagement in cannabis use including family and academic functioning. We will also partner with Santa Barbara County Sheriff's Office to support SRO efforts when addressing cannabis prevention and use at County middle and high schools. HSI staff will collaborate with School Resource Officers (SRO) to address SUD issues before they become legal issues for students. ADSS staff will assist SROs to establish trust with students and school staff and they will be able to call upon the ADSS's and peer leaders to assist in screening and interventions. SROs, peer leaders and ADSS staff will collaborate to triage cases and work with students and their families on treatment planning and repairing harm caused by the student's cannabis use.

Goals and Objectives

Goal 1: To identify and coordinate referrals to and engagement with early intervention and treatment programs, develop a support system for school districts and students by implementing the Student Assistance Programs.

Objective 1.A. Collaborate with 6 schools to implement a Student Assistance Program adhering to evidence-based standards.

Objective 1.B. From three-year (2019-2020, 2018-2019, 2017-2018) baseline average at each participating school, reduce disciplinary infractions for substance use by 10%.

Objective 1.C. From three-year baseline at each participating school, to increase average daily attendance rates by 10%.

Objective 1.D. Conduct consumer survey youth and parent satisfaction.

Goal 2: Increase perception of harm of cannabis use for youth utilizing a peer-to-peer model.

Objective 2.A. Partner with School Districts to strengthen or develop peer-to-peer model programming in the school system for students referred by Student Assistance Programs.

Objective 2.B. Train 3 Peer Coordinators and 12 peer leaders to work with local school districts to develop 1 peer support group per school (Total of 6 schools).

Objective 2.C. Increase self-reported perception of harm of cannabis use by 10% for students in grades 9 and 11 in participating districts as measured by the California Healthy Kids Survey (CHKS).

Goal 3: Develop and implement early intervention and treatment support systems to High School youth in schools for marijuana substance abuse.

Objective 3.A. Implement SBIRT to identify and provide brief substance use intervention to youth within the schools.

Objective 3.B. Of students referred to SAP BRRIIM with substance-related concerns, engage 75% for ASAM screening and referral to appropriate level of care.

Objective 3.C. After ASAM screening, intervention and or treatment, 30% of students will be more motivated to change their cannabis use patterns and significantly reduce their cannabis use.

Goal 4: Reduce marijuana consumption by utilizing local media campaigns to educate youth on the impacts of use.

Objective 4.A. Create and develop local campaign using videos, state image ads for messaging.

Objective 4.B. Reduce self-reported cannabis use by 10% for students in grades 9 and 11 in participating districts as measured by the CHKS.

Evaluation Overview

The program evaluation involves collaboration between internal and external research teams. The internal evaluation will be overseen by Dr. Patricia Gonzalez, the Behavioral Wellness Quality Measurement and Improvement Program Manager, and her team. The external evaluation will be overseen by Dr. Jill Sharkey and her research team in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara. These evaluation teams will work in close contact with each other and other project team members to ensure timely and effective staff training, oversight, and communication to execute the evaluation activities including continuous project monitoring.

Dr. Gonzalez holds a doctorate in Social and Health Psychology from Colorado State University. She completed a Postdoctoral fellowship at City of Hope National Medical Center and a Post-Doctoral Fellowship at San Diego State University (SDSU). She has secured grant funding from the National Institute of Health, and Substance Abuse and Mental Health Services (SAMHSA). Previously, Dr. Gonzalez served as the principal evaluator for a SAMHSA funded Assisted Outpatient Treatment program. Additionally, she has had two of programs accepted by SAMHSA's National Registry of Evidence-based Programs and Practices which includes Parenting from Prison, an education curriculum that teaches inmates' skills to strengthen family functioning, increase positive behaviors, decrease substance use, and increase knowledge of risk and resilience factors. She brings a well-rounded 20-year record in research and evaluation, quality improvement, statistics, and program development and implementation.

Dr. Jill Sharkey engages in community-based research designed to understand optimal ways to support youth in schools and juvenile justice, behavioral health, and child welfare systems. She has completed several evaluation projects in Santa Barbara County funded by the California Board of State and Community Corrections including a four-year project to examine racial and ethnic disparities in juvenile justice and four multi-year projects to various cities (Lompoc, Carpinteria, Santa Barbara, and South County) to evaluate the California Gang Reduction,

Intervention and Prevention (CalGRIP) Program. Her recent federal grant work applied locally has included two projects funded by the Substance Abuse and Mental Health Services Agency (SAMHSA): Evaluation of Santa Barbara Veterans Entering Treatment Services 2017 to 2020 (1 H79 TI080118-01) and Bridges to Recovery 2010-2013 (H 79 TI 022513-01). Dr. Sharkey's experience with practical application of research and evaluation in vulnerable-population serving institutions paired with her experience as a school psychologist working within systems has prepared her to lend expertise to this proposed project.

Research Design

The evaluation will utilize quantitative and qualitative data to inform process and outcome evaluations as summarized in the Project Work Plan found on the last two pages of this document. All process data will be tracked through quantitative data collected through Smartsheet® documenting frequency and attendance. Outcomes will be assessed through quantitative and qualitative data designed to understand the impact of the HSI on desired outcomes. The Treatment Perception Survey will provide data directly from all youth participants and their parents regarding their perception of the program, its quality, and its impact on their well-being. For students referred for treatment, the ASAM will ensure that project interventions are tailored to individual youth in the least restrictive environment; results will reflect how the youth is functioning–given the sum total of all interventions–when they are discharged from the program. A pretest posttest design will determine if participating youth demonstrate improved levels of readiness for change and improved levels of use upon discharge. In addition, we are also implementing a baseline comparison of overall school-level data regarding discipline referrals and average daily attendance in order to determine if the implementation of this project coincides with improvement in these goals that are directly tied to program activities. These data will be triangulated with results of the CHKS to see if a recent uptick in youth cannabis use and perception of cannabis as not harmful can be shifted back to a downward trend. All data will be shared at regular intervals with the project team to support continuous program improvement.

Methods

Estimated Number of Participants Receiving Interventions

All project components and target numbers are provided in Table 2. Social Media campaigns will be delivered through popular social media outlets and tracked through reactions to the content. School Resource Officers will interact with all students in their respective schools and provide referrals to the SAPs. Educational presentations will be given to teachers, nurses, administrators, School Resource Officers, families, and youth.

Table 2. Target Numbers for each Project Component

Project Component	Level of Intervention	Number Receiving Intervention
Social Media Campaigns	Universal Prevention	1,200
School Resource Officers (SROs)	Targeted Prevention	90 youth referred to the SAP BRRIIM by SROs

SAP BRRIIM	Targeted Prevention	270 youth participating in the SAP BRRIIM
Substance Use Treatment	Intervention	60 youth referred from SAP BRRIIM
Educational Presentations	Universal Prevention	800 youth, parents, school personnel, and community members

Table 3. Evaluation Questions

Process Evaluation Questions	Outcome Evaluation Questions
• Were activities implemented? • How well were activities implemented? • Were data protocols implemented to fidelity? • Were referrals made? • Were target audiences reached?	• Were youth and parents satisfied with the SAP BRRIIM? • Did a majority of youth engaged by the SAP BRRIIM engage with referred programs? • Did a majority of youth engaged by the SAP BRRIIM successfully complete their prevention plan? • Did a majority of youth referred to treatment improve readiness for change? • Did a majority of youth referred to treatment improve in their level of problematic substance use? • Did implementation of the HSI coincide with a reduction in discipline infractions? • Did implementation of the HSI coincide with an increase in average daily attendance? • Did percentage of self-reported perception of harm of marijuana use increase in participating schools? • Did percentage of self-reported use of marijuana decline in participating schools?

Process Evaluation Method and Design

The process data evaluation will include counts gathered through two databases linked by a project-specific identification number. Behavioral Wellness will use their Electronic Health Record (EHR) to track client screening and service encounters. and Smartsheet® will be used to track project milestones and other project relevant activities. For example, Smartsheet® will be utilized to track each program activity including activity type, dates of implementation, participating school(s), and completion date. Smartsheet® will complement the EHR to track participants referred to and engaged by the SAPs. Smartsheet® will track the project-specific identification number (for participant confidentiality), demographic information (e.g., race and ethnicity), referral date, and enrollment date. The EHR will track enrollment date, screening/intake date and results, services including attendance, and discharge date. Program satisfaction (Treatment Perception Survey) will be gathered via SurveyMonkey and data will be stored in Smartsheet. Specific process evaluation components are detailed in Tables 4 -7, by goal.

Goal 1: Develop a support system for school districts and students by implementing the Student Assistance Programs to identify and coordinate referrals to and engagement with early intervention and treatment programs.

Behavioral Wellness will collaborate with participating school districts to develop and implement the SAPs. Process measures, detailed in the following table, will be tracked through Smartsheets® by the ADSSs. Consumer surveys of youth and parent satisfaction will be administered with students who engage in treatment through SurveyMonkey, which, overseen by the internal

evaluation team, will track dates and results of the surveys. Smartsheet® and EHR data will be de-identified and transmitted to the external evaluator on a quarterly basis.

Table 4. Goal 1 Smartsheet® Process Tracking

Goal 1 Objectives		
Activity Tracked	**Data Point 1**	**Data Point 2**
Train local leaders on the SAP model including the identification of marijuana use behaviors.	Meeting Dates	School
Collaborate with School Leadership to develop a SAP plan for school districts that will be supportive of a SUD peer-to-peer intervention in the schools.	Meeting Dates	School
Collaborate with 6 schools to develop a format for referring students with behaviors related to SUD.	Meeting Dates	School
Develop a referral process to identify students and level of services.	Meeting Dates	School

Goal 2: Increase perception of harm of cannabis use for youth utilizing a peer-to-peer model.
Behavioral Wellness will collaborate with participating school districts to strengthen peer-to-peer model implementation in the schools. Process measures, detailed in the following table, will be tracked through Smartsheets® by the ADSSes and monitored by Dr. Gonzalez and her team. Process data will be collected as they occur and linked. Smartsheet® data will be de-identified and transmitted to the external evaluator on a quarterly basis.

Table 5. Goal 2 Smartsheet® Process Tracking

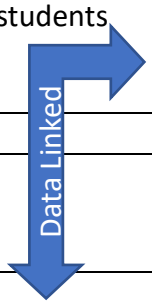
Goal 2 Objectives		
Activity Tracked	**Data Point 1**	**Data Point 2**
Train 4 district leaders and teachers on the Peer-to-Peer model, SBIRT and referral process.	Meeting Dates	School
Develop and implement a peer-to-peer model plan for schools.	Meeting Dates	School
Train 3 Peer Coordinators and 12 peer leaders in peer-to-peer model	Meeting Dates	School

Goal 3: Develop and implement early intervention and treatment support systems to High School youth in schools for cannabis substance abuse.
ADSSs will implement SBIRT to identify and provide brief substance use intervention to youth within participating schools. Smartsheet® will record initial process data including referral date, student project identification number, and demographic information. Once the student is engaged in the screening process, their data will be gathered through the EHR including ASAM screening results, program enrollment and attendance, and discharge data and results. Data are linked across systems with the project-specific identification number. Data will be linked by

Behavioral Wellness and transmitted quarterly to the external evaluator for analysis and reporting.

Table 6. Goal 3 Smartsheet® Process Tracking

Goal 3 Objectives			
Activity Tracked	**Data Point 1**	**Data Point 2**	**Data Point 3**
Peer -to-Peer leaders will identify referred students for SUD assessment.	Student Project Identification #	Demographics	Referral Date
Electronic Health Record Tracking			
Identify students and refer to group early intervention.	ASAM Screening Date and Results	Discharge Date and Results	Enrollment Date
Provide services through school year.	Program Name(s)	Attendance/ Sessions	



Goal 4: Reduce cannabis consumption by utilizing local media campaigns to educate youth on the impacts of cannabis use.

Public health has been contracted to create and develop local campaign using videos, state image ads for messaging. Smartsheet® will track the completion of this activity.

Table 7. Goal 4 Smartsheet® Process Tracking

Goal 4 Objectives		
Smartsheet® Process Data Tracking		
Create and develop local campaign using videos, state image ads for messaging	Description of campaign	Number of responses

Outcome Evaluation and Design

To complete the evaluation, a pre-/post-test research design will be used. Baseline data will first be collected using the SAP BRRIIM prevention plan to code for engagement in referrals. For youth referred for treatment, the ASAM Criteria (focusing on Dimensions 4 and 5) will be collected at intake and discharge to document change throughout the intervention period using change score analysis taking into consideration discharge level. Consumer satisfaction will be analyzed with descriptive statistics and consensual qualitative coding (for open-ended questions about what youth/parents appreciated most or would recommend improving). Quantitative outcomes will be analyzed through descriptive statistics (for outcome indicators). The impacts of separate program components will not be possible as each intervention is tailored to the unique student's personal, social, and family context. Criteria for determining participant success is successful engagement of the student in at least one referral. Engagement is defined any student movement towards motivation for education or treatment as evidenced by involvement in the program. IBM SPSS and Excel will be utilized to perform analyses.

Table 8. Measurement Information for Outcome Objectives

Outcome Objectives	Data Source	Design/Analysis	Frequency
Increase self-reported perception of harm of cannabis use by 10% for all students in grades 9 and 11 in participating schools.	CHKS	Frequency Counts: 20-21 results minus 23-24 results	Biannually
Reduce self-reported cannabis use by 10% by 10% for all students in grades 9 and 11 in participating schools.	CHKS		Biannually
Reduce disciplinary infractions for substance use by 10% from three-year (2019-2020; 2018-2019, 2017-2018) baseline average at each participating school.	School-Level Data	Frequency Counts: 3-year baseline minus 3-year intervention	Annually
Increase average daily attendance rates by 10% from three-year baseline at each participating school.	School-Level Data		Annually
75% of youth will "Agree" or "Somewhat Agree" to each item of satisfaction (e.g., Staff treated me with respect) related to the SAP BRRIIM.	Treatment Perceptions Survey	Percentage	Discharge
75% of parents will "Agree" or "Somewhat Agree" to each item of satisfaction (e.g., Staff treated me with respect) related to the SAP BRRIIM.	Treatment Perceptions Survey	Percentage	Discharge
75% of participants in the SAP BRRIIMs will engage with at least one referral.	SAP BRRIIM Prevention Plan	Code Plan for Engagement	Discharge
75% of youth who participate in ASAM Screening will report improved level of readiness for change at discharge from enrollment.	ASAM	Change score analysis paired with discharge level (if already low) to code success	Discharge
75% of youth who participate in ASAM Screening, and score 2+ across 2+ domains, will report improved level of relapse, continued use, or continued problem potential upon discharge from enrollment.	ASAM		Discharge

Measures

California Healthy Kids Survey

The CHKS is administered to California students every other year in seventh, ninth, and eleventh grades. School districts receive reports of aggregated data. The CHKS includes myriad questions about substance use including perceptions of harm and past 30-day use.

School-Level Data

The California Department of Education provides data and statistics for California's K12 public schools system via Data Quest. Available data include suspension rate, suspension count, and absenteeism by ethnicity.

Treatment Perceptions Survey

Data on consumer satisfaction by youth and parents will be collected through the Youth Treatment Perception Survey (TPS). The TPS items are grouped into six domains that include: Perception of Access, Perception of Quality and Appropriateness; Perception of Therapeutic Alliance; Perception of Care Coordination; Perception of Outcome Services; and General Satisfaction.

SAP BRRIIM Prevention Plan

The BRRIIM motivational interviewing process identifies individual and family strengths and resources to customize a prevention plan to meet their needs and priorities. The plan will include referral and engagement with services as well as goals to achieve for success.

ASAM

The ASAM is used by treatment and care providers to determine what services will best match an individual's needs. The evaluation will focus on dimensions 4 (readiness to change) and 5 (relapse, continued use, or continues problem potential).

Program and Data Monitoring

Project oversight will occur through monthly project meetings of all partners including Behavioral Wellness (administrators, internal evaluators, information technology, ADSSs), Public Health, the Sheriff, school district representatives, and the External Evaluator. Process measures are designed to help collaborators make progress on project deliverables and to ensure that a majority of referred youth are enrolled in interventions tailored to their needs. The internal and external evaluation teams will coordinate technical assistance to project oversight teams and staff implementing the protocols. All process and outcome data from Smartsheet® and the EHR will be transmitted from Behavioral Wellness to the External Evaluator on a quarterly basis at least one month prior to the quarterly oversight meetings. The External Evaluator will provide evaluation reports to share at the meetings that will include attention to each of the process and outcome measures (as the data become available). Topics will include issues that have arisen around data collection, progress towards use of the assessments for treatment planning and evaluation purposes, and monitoring subpopulation disparities. Quarterly progress reports will

summarize the process and outcome measures and help the project oversight committee attend to these details so partners can attend to project barriers and successes. Partners have the administrative authorities within their organizations to make systems changes necessary to reduce barriers that arise.

Program Fidelity

As part of the program monitoring, program fidelity, extent to which the delivery of an intervention adheres to the protocol, will be evaluated. The Fidelity assessment will include aspects identified in the "QuickLook at Fidelity for Infrastructure: Redleaf Resources Student Assistance Programs with BRRIIM Brief Risk Reduction Interview and Intervention Model (BRRIIM)." A program fidelity checklist and scoring process will determine a fidelity rating. Given that the BRIMM model will be a new evidence-based practice, implemented for Behavioral Wellness, we anticipate that the fidelity rating score will increase over time. Dr. Gonzalez will provide oversight for the Fidelity Assessment and Dr. Sharkey will analyze the data. Fidelity assessment activities will include the following:

1. Project launch meeting with program staff to confirm desired outcomes for the fidelity assessment and identify contact persons for each program activity.
2. Assessor will interview team members.
3. Assessor will review available program documentation.
4. Fidelity rating will be determined and fidelity results will be reviewed with program staff.

Project Logic Model

Project Work Plan

(1) Goal:	Develop a support system for school districts and students by implementing the Student Assistance Programs to identify and coordinate referrals to and engagement with early intervention and treatment programs.			
Objectives (A., B., etc.)	1.A. : Collaborate with 6 schools to implement a Student Assistance Program adhering to evidence-based standards 1.B. : Reduce disciplinary infractions for substance use by 10% from three-year (2019-2020; 2018-2019, 2017-2018) baseline average at each participating school. 1.C. : Increase average daily attendance rates by 10% from three-year baseline at each participating school. 1.D.: Conduct consumer survey youth and parent satisfaction.			
Project activities that support the identified goal and objectives		Responsible staff/ partners	Timeline	
			Start Date	End Date
1.1 Train local school leaders on the SAP model including the identification of cannabis use behaviors. 1.2 Collaborate with School Leadership (Superintendents, Principals or teachers) to develop a Student Assistance Program plan for school districts that will be supportive of a SUD peer-to-peer intervention in the schools. 1.3 Collaborate with 6 schools to develop a format for referring students with behaviors related to SUD. 1.4. Develop a referral process to identify students and level of services.		Peer Leaders/ Identified trainer	April 2021	August 2021
(2) Goal:	Increase perception of harm of cannabis use for youth utilizing a peer-to-peer model.			
Objectives (A., B., etc.)	2.A. Work with School Districts to strengthen or develop peer-to-peer model programming in the school system for students referred by Student Assistance Programs. 2.B. Train 3 Peer Coordinators and 12 peer leaders to work with local school districts to develop 1 peer support group in 6 schools. 2.C. Increase self-reported perception of harm of cannabis use by 10% for students in grades 9 and 11 in participating districts as measured by the CHKS			
Project activities that support the identified goal and objectives		Responsible staff/ partners	Timeline	
			Start Date	End Date
2.1 : Train 4 district leaders and teachers on the Peer-to-Peer model, SBIRT and referral process. 2.2 : Develop and implement a peer-to-peer model plan for schools. 2.3 : Train 3 Peer Coordinators and 12 peer leaders in peer-to-peer model		Peer Leaders/ Identified trainer	April 2021	September 2021
(3) Goal:	Develop and implement early intervention and treatment support systems to High School youth in schools for cannabis substance abuse.			
Objectives (A., B., etc.)	3.A. Implement SBIRT to identify and provide brief substance use intervention to youth within the schools 3.B. Engage 75% of students referred to SAP and/or Peer to Peer Intervention with substance-related concerns for ASAM screening and referral to appropriate level of care. 3.C. After ASAM screening, intervention and or treatment, 30% of students will be more motivated to change their cannabis use patterns and significantly reduce their cannabis use.			
Project activities that support the identified goal and objectives		Responsible staff/ partners	Timeline	
			Start Date	End Date
3.1 : Peer -to-Peer leaders will identify referred students for SUD assessment. 3.2 : Identify students and refer to group early intervention. 3.3: Provide services through school year.		Peer Leaders	September 2021	June 2021

(4) Goal:	Reduce cannabis consumption utilizing local media campaigns to educate youth on the impacts of use.		
Objectives (A., B., etc.)	4.A. Create and develop local campaign using videos, state image ads for messaging 4.B. Reduce self-reported cannabis use by 10% for students in grades 9 and 11 in participating districts as measured by the CHKS		
Project activities that support the identified goal and objectives		Responsible staff/ partners	Timeline
			Start Date / End Date
4.1: Develop or identify a media campaign to address underage cannabis use. 4.2: Distribute cannabis media campaign to local media outlets to include social media and other media outlets.		Prevention staff / provider	April 2021 / March 2022