Proposition 64: Cohort II
Local Evaluation Report

Descriptive Report Title
The Healthy Student Initiatives: Achieving Resiliency and Independence through Support and Education (ARISE)

Grantees
Santa Barbara County Department of Behavioral Wellness

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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

Executive Summary

Project Background and Introduction

Santa Barbara County has one of the highest marijuana youth use rates in the state. The school systems are overwhelmed with students using marijuana, and do not have the resources to provide youth with robust marijuana education, prevention, and early intervention programs. Additionally, school staff may be unaware of community resources when a student needs a referral to services. Santa Barbara County's Proposition 64 PH&S grant began to address these concerns.

Results

Each of the four goals for this project were partially met.

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 the SAP/BRRIIM.

- The Behavioral Wellness team successfully developed and implemented a SAP/BRRIIM referral process with the partnership of the school district and within each of the participating schools. The original intention was to partner with six schools. Ultimately, two schools participated.
- There was no increase in school attendance but there was a decrease in discipline behaviors for most students. Additionally, parents and youth both rated the SAP/BRRIIM as being beneficial.

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

- Due to COVID-19 complications, the peer-to-peer model of programming was not developed. However, there were still reported increases in perception of harm of marijuana use.
- Students in the district increased their perceptions of the harm of both daily and occasional marijuana use by at least 10%.

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

- The Behavioral Wellness team successfully implemented the SAP/BRRIIM in the participating high schools; the intervention was provided to 42 students.
- After completing SAP/BRRIIM, 61.5% of students reported a reduction in frequency of use, and 38.5% reported an increased desire to quit.

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

- While the campaigns were successfully implemented and received nearly 200,000 hits, there was not a sizeable reduction in marijuana consumption.

Discussion

Despite the implementation and start up challenges brought about by COVID-19, this project provided early intervention and prevention services to youth and families in Santa Maria, CA

Project Background

According to Lucille Packard Foundation, Santa Barbara County has one of the highest marijuana youth use rates in the state. The Los Angeles Times and Santa Barbara Independent published articles indicating that the amount of marijuana 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 substance use disorder (SUD) treatment system report that marijuana 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.. 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, indicating those who may meet medical necessity for treatment are never enrolled in treatment programs. 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 marijuana and other drug prevention and intervention services, and the need for SBIRT services. The school systems are overwhelmed with students using marijuana and do not have the resources to provide youth with robust marijuana 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 marijuana 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. The County Public Health Department (PHD) has limited marijuana information on its website and a lack of social media campaigns. Nearly all of local marijuana 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 begin to tackle these concerns, Santa Barbara County's Proposition 64 PH&S grant addressed PPA1 and PPA2. 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 marijuana 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 marijuana 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.

Throughout the duration of the project, Behavioral Wellness has collaborated with the school district and participating schools to provide a foundation for Student Assistance Programs (SAP). SAPs were 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 marijuana 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 SAP/BRRIIM interview process includes both the student and one or more members of their family.

The SAP/BRRIIM has provided a full array of primary and secondary prevention, screening, care coordination, and Brief Intervention and Referral to Treatment (SBIRT). The SAP/BRRIIM provides a systematic team process used to mobilize school resources to remove barriers to learning. SAP/BRRIIM is designed to assist in identifying issues including alcohol, tobacco, other drugs, mental health, and other behavioral issues which pose a barrier to a student's success. The primary goal of the SAP/BRRIIM is to help students overcome these barriers so that they may achieve, advance, and remain in school. The SAP/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. The SAP/BRRIIM was led by an Alcohol and Drug Services Specialist, who was responsible for directly linking students to prevention, treatment, and ancillary services, when indicated. Students referred for Substance Use Disorder (SUD) treatment were given the ASAM Criteria to guide the creation of a comprehensive assessment and service plan, which was administered by another local organization, the Council on Alcohol and Drug Abuse (CADA).

Table 1. PPA 1 Program Participant Information

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

Substance Use Disorder 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 marijuana information on its website and few resources to coordinate social media campaigns and nearly all of local marijuana 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 addressed these public health needs through universal prevention measures. Behavioral Wellness collaborated with the PHD to develop a robust social media campaign to increase education and awareness about the harm around marijuana, which has eroded with the legalization of recreational use. Public Health social media campaigns consisted of research-based, youth developed messaging identifying the negative impacts, including on the brain, that are associated with marijuana use.

Goals and Objectives

The goals and objectives for the grant are summarized below as they appeared in the Local Education Plan (LEP). Not all objectives within each goal were able to be implemented as originally outlined in the LEP due to barriers caused by the COVID-19 pandemic. The updated objectives are presented in the following section with additional notes about how these new objectives were updated and differ from the original objectives.

A Note on COVID-19

The project was limited in certain aspects by the unforeseen ramifications of the COVID-19 pandemic, which was still in an acute phase at the start of the grant. This unforeseen barrier impacted the project's ability to meet some of its goals and objectives, as the pandemic impacted outreach, engagement, and delivery of services. For example, schools were still engaged in remote learning when the project began, with an eye on re-opening the subsequent fall. Returning to in-person learning was a large undertaking that required school staffs' full attention. Therefore, not as many schools as initially anticipated were able to participate in this project, and recruitment was slow to start within the participating schools. The result was a slow recruitment process, with fewer students than anticipated joining the SAP/BRRIIM with enough time to collect pre-post data for evaluation services (many students are still participating). Additionally, with shelter-in-place orders and remote learning, youth and families also experienced unprecedented stressors, which may have impacted relationships and substance use. Despite these challenges, the program still met many of its goals and achieved positive outcomes for the youth who participated and their families.

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 SAP/BRRIIM.

Objective 1.A. Collaborate with 6 schools to implement the SAP/BRRIIM adhering to evidence-based standards.

Objective 1.B. From pre-test baseline average for each student, reduce disciplinary infractions for substance use by 10%.

Objective 1.C. From pre-test baseline average for each student, to increase average daily attendance rates by 10%.

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

Note on Goal 1: Objectives 1B and 1C were updated to examine particpant-level data, rather than school-level data. In the original LEP, these objectives would use school-level data to measure whole-school changes. The change in measurement for these objectives was due to the small amount of students who participated, which would likely not have had any clinically meaningful or statistically significant change at the school level, but may have at the individual level.

Goal 2: Increase perception of harm of marijuana 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 the SAP/BRRIIM.

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 marijuana 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. Engage 75% of students referred to SAP/BRRIIM and/or Peer to Peer intervention with substance-related concerns for ASAM screening and referral to appropriate level of care.

Objective 3.C. After the SAP/BRRIIM program, 30% of students will be more motivated to change their marijuana use patterns and significantly reduce their marijuana use.

Note on Goal 3: In the original LEP, Objective 3C measured this change in students after their completion of the ASAM rather that the SAP/BRRIIM. This change was made due to both the larger sample size available from the SAP/BRRIIM data, as well as the fact that the ASAM data was collected by an outside partner agency, meaning that Behavioral Wellness did not have access to the data.

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 marijuana use by 10% for students in grades 9 and 11 in participating districts as measured by the CHKS.

Evaluation Overview

The program evaluation involved collaboration between internal and external research teams. The internal evaluation was overseen by Dr. Caitlin Lepore, the Behavioral Wellness Quality Measurement and Improvement Program Manager. The external evaluation was 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 worked 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. Caitlin Lepore (Ph.D., LCSW) has been a Research and Program Evaluation Associate for the Santa Barbara County Department of Behavioral Wellness since 2018. She supports data collection, management and analysis for diverse projects including the Mental Health Services Act (MHSA), Full Service Partnership (FSP) programs, and Criminal Justice Mental Health collaborations. Throughout her career she has focused on applied research and evaluation within interdisciplinary community partnerships.

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 utilized quantitative and qualitative data to inform process and outcome evaluations. All quantitative process data was tracked through Smartsheet® documenting, frequency and attendance. Outcomes were assessed through quantitative and qualitative data designed to understand the impact of the Healthy Student Initiative – marketed to the community as the "Achieving Resiliency and Independence through Support and Education (ARISE)" program and referred to in this report as the SAP/BRRIIM model – on desired outcomes. The Treatment Perception Survey provided data directly from youth participants and their parents regarding their perception of the program, its quality, and its impact on their well-being. A pretest and posttest design determined if participating youth demonstrated improved levels of readiness for change and improved levels of use upon completing the SAP/BRRIIM. In addition, we also implemented a baseline comparison of participating students' data regarding discipline referrals and average daily attendance in order to determine if the implementation of this project coincided with improvement in these goals that are directly tied to program activities. All data were shared at regular intervals with the project team to support continuous program improvement.

Methods

Types of Interventions

All project components are provided in Table 1. Social Media campaigns were delivered through popular social media outlets and tracked through hits on the content. Counselors and administrators interacted with all students in their respective schools and provided referrals to the SAP/BRRIIM.

Table 1. Target Interventions for each Project Component

Project Component	Level of Intervention
Social Media Campaigns	Universal Prevention
SAP/BRRIIM	Targeted Prevention
Substance Use Treatment	Intervention

Table 2. Evaluation Questions

Process Evaluation Questions	Outcome Evaluation Questions
• Were activities implemented? • How well were activities implemented? • 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 SAP/BRRIIM coincide with a reduction in discipline infractions? • Did implementation of the SAP/BRRIIM 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?

Note. Each question is hyperlinked to the relevant outcome section.

Process Evaluation Method and Design

The process data evaluation included counts gathered through two databases linked by a project-specific identification number. Behavioral Wellness used their Electronic Health Record (EHR) to track client screening and service encounters and Smartsheet® was used to track project milestones and other project relevant activities. For example, Smartsheet® was utilized to track each program activity including activity type, dates of implementation, participating school(s), and completion date. Smartsheet® complemented the EHR to track participants referred to and engaged by the SAP/BRRIIM. Smartsheet® tracked the project-specific identification number (for participant confidentiality), demographic information (e.g., race and ethnicity), referral date, and enrollment date. The EHR tracked enrollment date, screening/intake date and results, services including attendance, and discharge date. Program satisfaction (Treatment Perception

Survey) was gathered via and stored in Qualtrics. Specific process evaluation components are detailed in Tables 3-6, by goal.

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

Behavioral Wellness collaborated with participating school districts to develop and implement the SAP/BRRIIM. Process measures, detailed in the following table, were tracked through Smartsheets® by the Alcohol and Drug Service Specialist. Anonymous consumer surveys of youth and parent satisfaction were administered with students and parents who engage in the intervention through Qualtrics, which, overseen by the external evaluation team, tracked dates and results of the surveys. Smartsheet® and EHR data was de-identified and transmitted to the external evaluator on a quarterly basis.

Table 3. Goal 1 Smartsheet® Process Tracking

Goal 1 Objectives		
Activity Tracked	**Data Point 1**	**Data Point 2**
Collaborate with 2 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 marijuana use for youth utilizing a peer-to-peer model.

Goal 2 involved Behavioral Wellness collaborating with participating school districts to strengthen peer-to-peer model implementation in the schools. Unfortunately, due to external, school-based barriers brought on by the COVID-19 pandemic, this goal was unable to be accomplished. As schools adjusted back to in-person learning after a year of remote learning, their priorities did not include developing a peer-to-peer model.

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

The Alcohol and Drug Service Specialist implemented SBIRT to identify and provide brief substance use intervention to youth within participating schools. Smartsheet® recorded initial process data including referral date, student project identification number, and demographic information. Once the student was engaged in the screening process, their data was gathered through Smartsheet. Data are linked across systems with the project-specific identification number. Data were linked by Behavioral Wellness and transmitted quarterly to the external evaluator for analysis and reporting.

Table 4. Goal 3 Smartsheet® Process Tracking

Goal 3 Objectives			
Activity Tracked	**Data Point 1**	**Data Point 2**	**Data Point 3**
School personnel 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 marijuana consumption by utilizing local media campaigns to educate youth on the impacts of marijuana use.

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

Table 5. Goal 4 Smartsheet® Process Tracking

Goal 4 Objectives		
Smartsheet® Process Data Tracking	**Data Point 1**	**Data Point 2**
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 was used. Baseline data was first collected using the SAP/BRRIIM prevention plan to code for engagement in referrals. Consumer satisfaction was analyzed with descriptive statistics and qualitative coding (for open-ended questions about what youth/parents appreciated most or would recommend improving). Quantitative outcomes were analyzed through descriptive statistics (for outcome indicators). The impacts of separate program components were not possible as each intervention is tailored to the unique student's personal, social, and family context. Engagement is defined as any student movement towards motivation for education or treatment as evidenced by involvement in the program. Excel were utilized to perform analyses.

Table 6. Measurement Information for Outcome Objectives

Outcome Objectives	**Data Source**	**Design/Analysis**	**Frequency**
Increase self-reported perception of harm of marijuana 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 marijuana use by 10% by 10% for all students in grades 9 and 11 in participating schools.	CHKS		Biannually
Reduce number of disciplinary infractions for substance use from pre-test to post-test.	Participant-Level Data	Frequency Counts:	Annually

Reduce number of disciplinary infractions for substance use from pre-test to post-test.	Participant-Level Data	Pre-test minus post-test	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 youth who participate in the SAP/BRRIIM Screening will report improved level of readiness for change at discharge from enrollment.	SAP/BRRIIM Prevention Plan	Change score analysis from pre- to post-test	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

Participating schools provided the evaluation team with the GPA, attendance, and disciplinary data that they had available for each of the students participating in the SAP/BRRIIM.

Treatment Perceptions Survey

Youth and parent feedback was measured using a brief feedback survey that has successfully been used by Dr. Sharkey on other evaluative projects. See Appendix A for the full list of questions.

SAP/BRRIIM Prevention Plan

The SAP/BRRIIM motivational interviewing process identifies individual and family strengths and resources to customize a prevention plan to meet their needs and priorities. The plan includes 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 level of treatment is needed. 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 occurred through monthly and quarterly project meetings of all partners including Behavioral Wellness (administrators, internal evaluators, information technology, the Alcohol and Drug Service Specialist) 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 coordinated technical assistance to project oversight teams and staff implementing the protocols. All process and outcome data from Smartsheet® and the EHR were 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 provided evaluation reports to share at the meetings that included attention to each of the process and outcome measures (as the data became available). Topics included issues that have arisen around data collection and progress towards use of the assessments for treatment planning and evaluation purposes. Quarterly progress reports summarized the process and outcome measures and helped the project oversight committee attend to these details so partners can attend to project barriers and successes.

Evaluation Results

Participant Information & Process Evaluation

Forty-two youth across Santa Maria and Pioneer Valley high schools participated in the SAP/BRRIIM. Demographic information can be found in Figures 1-4. At the date of this report, nine of those students have successfully completed the SAP/BRRIIM, and 31 have not yet completed the program. Two students dropped out, stating that they were doing better and no longer interested. The parents of these two students agreed with the choice to discontinue. All students were referred to at least one outside service, which included the following: Future Leaders of America, Fighting Back – FBSMV, Youth-Well, Family Service Agency, Primary Doctor, CADA, CASA Pacifica, School Tutoring, Wellness Center, Boys and Girls Clubs, Santa Ynez Tribal Health Clinic – SM youth activities/events, Family Resource Centers (FRCs), and One Community Action. Data about whether or not families engaged with these outside resources was not collected. Figure 5. outlines the process data for the participating students, as well as what services were offered and provided.

Figure 1. Gender

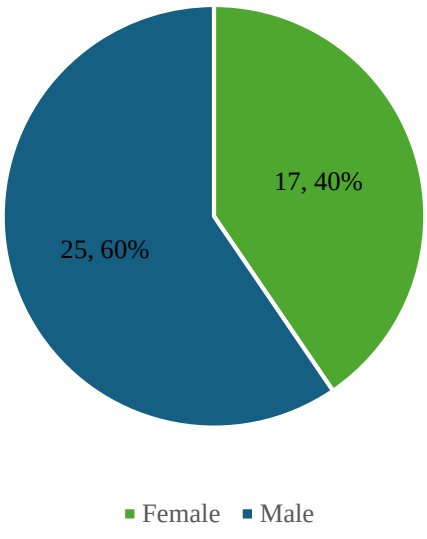
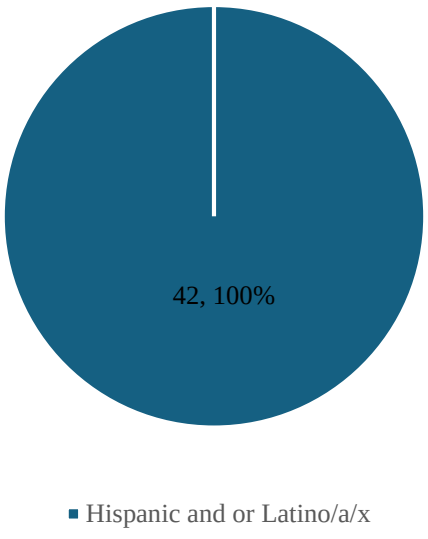
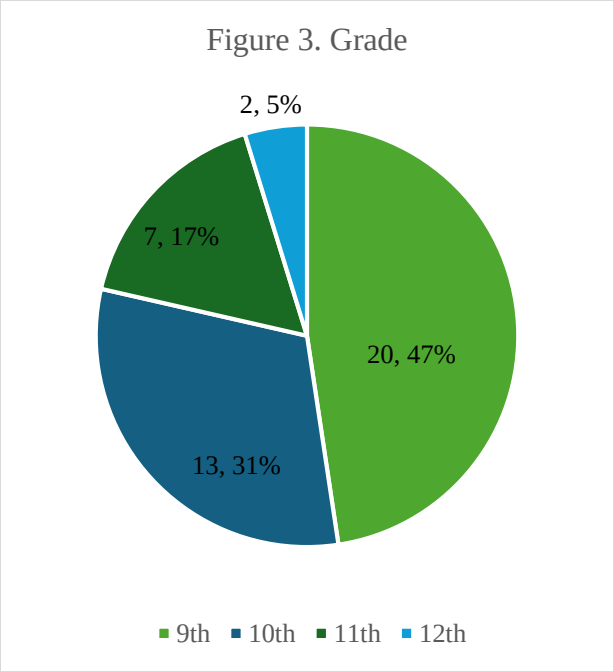


Figure 2. Ethnicity





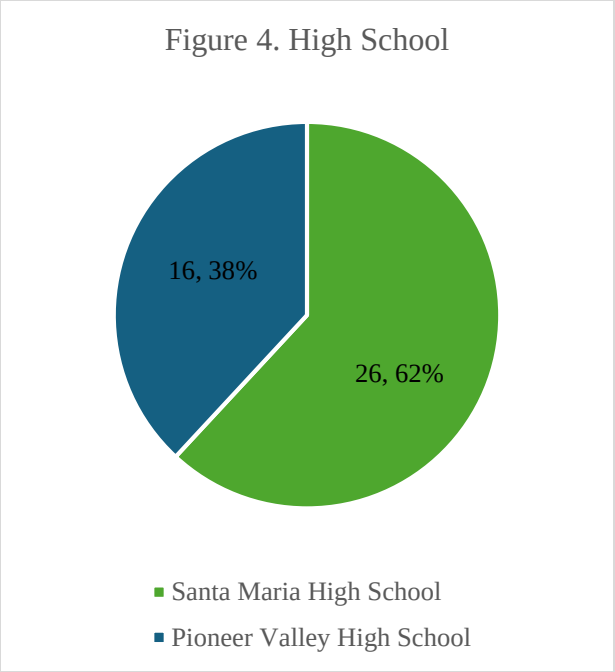
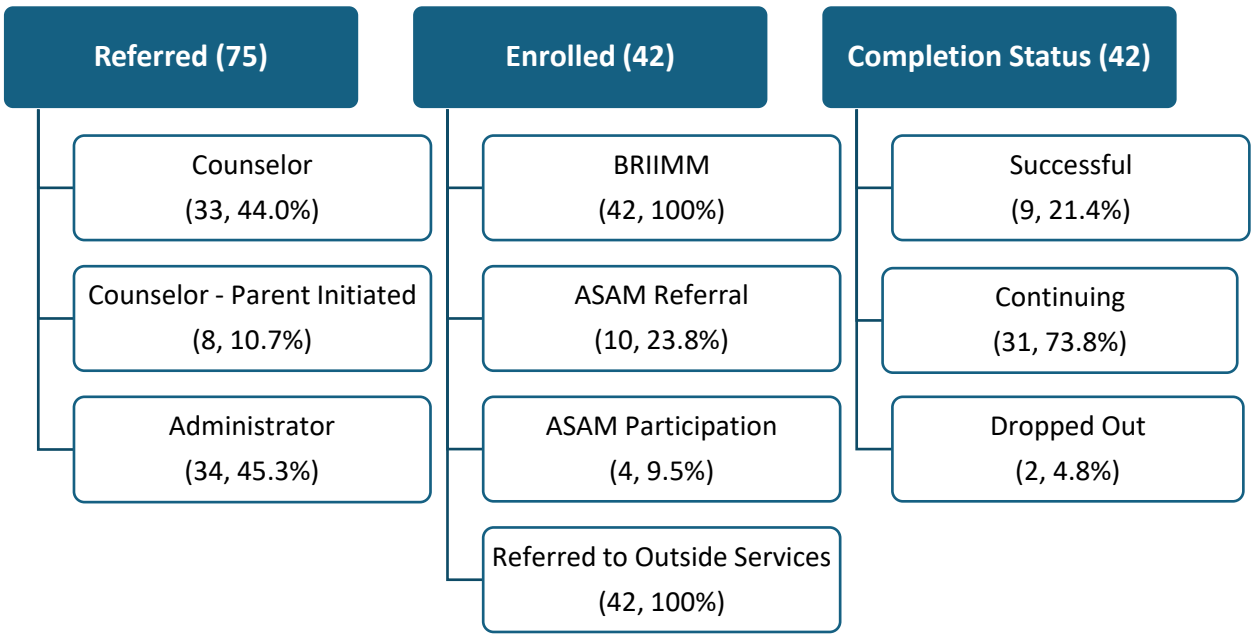


Figure 5. Process Data



Progress Toward Goals

Table 7. Goals and Objectives

Goal 1 & Objectives	Outcome	Note
Goal 1. Develop a support system for school districts and students by implementing the SAP/BRRIIM to identify and coordinate referrals to and engagement with early intervention and treatment programs.	**Goal Partially Met**	The Behavioral Wellness team successfully developed and implemented the SAP/BRRIIM referral process within partnership with the schools.
Objective 1a. Collaborate with six schools to implement the SAP/BRRIIM adhering to evidence-based standards.	**Objective Partially Met**	The original intention was to partner with six schools. Ultimately, two schools participated.
Objective 1b. From pre-test baseline average for each student, reduce disciplinary infractions for substance use by 10%.	**Objective Met**	72.7% of students who received at least one disciplinary infraction prior to starting BRRIIM have not received any further infractions since completing at least one semester of the program.
Objective 1c. From pre-test baseline average for each student, to increase average daily attendance rates by 10%.	**Objective Not Met**	There was not a meaningful change in daily attendance for most students.
Objective 1d. Conduct Consumer survey youth and parent satisfaction.	**Objective Met**	Parents and youth both rated the SAP/BRRIIM as being beneficial.
Goal 2 & Objectives	Outcome	Note
Goal 2. Work with school districts to strengthen or develop peer-to-peer model programming in the school system for students referred by the SAP/BRRIIM.	**Goal Partially Met**	Due to COVID-19 complications, the peer-to-peer model of programming was not developed. However, there were still reported increases in perception of harm of marijuana use.
Objective 2b. Train three Peer Coordinators and 12 Peer Leaders to work with local school districts to develop one peer support group in six schools**.**	**Objective Not Met**	Due to COVID-19 complications, the peer-to-peer model of programming was not developed.
Objective 2c. Increase self-reported perception of harm of marijuana use by 10% for students in grade 9 and 11 in participating districts as measured by the CHKS.	**Objective Met**	Both 9th and 11th grade students increased their perceptions of the harm of marijuana use by at least 10%.

Goal 3 & Objectives	Outcome	Note
Goal 3. Develop and implement early intervention and treatment support systems to high school youth in schools for marijuana substance abuse.	**Goal Partially Met**	The Behavioral Wellness team successfully implemented the SAP/BRRIIM in participating high schools.
Objective 3a. Implement SBIRT to identify and provide brief substance use intervention to youth within the schools.	**Goal Met**	The intervention was provided to 42 students.
Objective 3b. Engage 75% of students referred to SAP/BRRIIM and/or Peer to Peer intervention with substance-related concerns for ASAM screening and referral to appropriate level of care.	**Objective Not Met**	Of the 75 students referred to the SAP/BRRIIM, 42 (56.0%) enrolled.
Objective 3c. After the SAP/BRRIIM program, 30% of students will be more motivated to change their marijuana use patterns and significantly reduce their marijuana use.	**Objective Met**	Of the 13 students who completed the post-test SAP/BRRIIM and who also reported having a history of marijuana use, 61.5% reported a reduction in frequency of use, and 38.5% reported an increased desire to quit.
Goal 4 & Objectives	**Outcome**	Note
Goal 4. Reduce marijuana consumption by utilizing local media campaigns to educate youth on the impacts of use.	**Goal Partially Met**	While the campaigns were successfully implemented, there was not a sizeable reduction in marijuana consumption.
Objective 4a. Create and develop local campaign using videos and state image ads for messaging.	**Objective Met**	The local campaigns were posted and received hits throughout the scope of the project.
Objective 4b. Reduce self-reported marijuana use by 10% for students in grades 9 and 11 in participating districts as measured by the CHKS.	**Objective Not Met**	There was a slight decrease in self-reported marijuana use among 11th graders, but the results were small (2.0% decrease). There was a slight (2.0%) increase in self-reported marijuana use among 9th graders.

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

Objective 1a. Collaborate with six schools to implement the SAP/BRRIIM adhering to evidence-based standards.

Behavioral Wellness collaborated with two schools from the participating school district to develop and implement the SAP/BRRIIM. At the outset of the project in September 2022, the Behavioral Wellness team met with district staff at the district office to develop the plan for referral and subsequent implementation of the SAP/BRRIIM. Subsequently, school personnel began to refer students to the Alcohol and Drug Service Specialist, who delivered the intervention on the two participating campuses. The school personnel who provided the referral included school administrators and school counselors. In several instances, parents would reach out to the counselors with concerns about their children, which would then prompt the counselor to refer to the Alcohol and Drug Service Specialist.

Table 8. Goal 1 Smartsheet® Process Tracking

Goal 1 Objectives		
Activity Tracked	**Data Point 1**	**Data Point 2**
Collaborate with 2 schools to develop a format for referring students with behaviors related to SUD.	9/26/2022	District Office
Develop a referral process to identify students and level of services.	9/26/2022	District Office

Objective 1b. From pre-test baseline average for each student, reduce disciplinary infractions for substance use by 10%.
Objective 1c. From pre-test baseline average for each student, to increase average daily attendance rates by 10%.

The data presented here in Tables 9-11 address Objectives 1b and 1c, reflecting the changes in disciplinary infractions and attendance rates. In addition, we also collected their GPAs to see if there was any change. These data should be used as an exploratory descriptive analysis and interpreted with caution due to low sample sizes and the fact that many students recently started the SAP/BRRIIM and may not yet be experiencing changes in their outcomes. Regarding the small sample size: not all students had enough data by the time of the report to evaluate pre-post changes in GPA, attendance, or disciplinary infractions. This was due to several factors. First, some data was missing because the schools did not have it for various reasons, including students being new to the country, county, or district, or students withdrawing from the school. Second, GPA, attendance, and disciplinary infraction data from the semester students started the SAP/BRRIIM was not included in the analyses, as students started at various times throughout the semester, which meant they may have received a very low dosage of the program in their initial semester, and therefore it was likely not enough to yet see meaningful change. Last, the schools did not yet have Spring 2024 GPA data because the semester was still underway at the end of the data collection period of the grant. They did provide attendance and disciplinary infraction data through 5/30/24.

Table 9. Discipline Infractions During the Grant Period

ID	SAP/ BRRIIM Start Date	Incident 1	Incident 2	Incident 3	Incident 4	Incident 5	Incident 6	**Number of Incidents Since Completing a Semester of SAP/BRRIIM**
1002	11/17/22	04/26/2023: Use of Drugs						**1**
1006	12/1/22	12/06/2023: Possession of Drugs						**0**
1007	12/8/22	10/10/2022: Possession of Alcohol	08/16/2023: Use of Drugs	03/27/2024: Use of Drugs				**1**
1009	2/1/23	12/14/2022: possession of Alcohol						**0**
1012	3/6/23	09/26/2023: Use of Drugs						**1**
1015	3/23/23	11/29/2023: Use of Drugs						**1**
1016	4/3/23	06/05/2023: Possession of Alcohol	08/16/2023: Possession of Drugs					**1**
1017	4/10/23	12/16/2022: Possession of Drugs						**0**
1019	5/11/23	06/07/2023: Possession of Drugs						**0**
1020	8/28/23	03/02/2023: Possession of Drugs						**0**
1025	9/13/23	03/06/2023:	09/22/2023:					**0**

		Drug Paraphernalia	Possession of Drugs					
1026	9/21/23	01/12/2023: Drug Paraphernalia						**0**
1027	10/9/23	10/03/2023: Possession of Drugs	10/18/2023: Drug Paraphernalia	02/06/2024: Use of Drugs	02/23/2024: Use of Drugs	04/09/2024: Use of Drugs		**4**
1029	10/30/23	12/08/2022: Use of Drugs						**0**
1033	11/2/23	08/21/2023: Use of Alcohol						**0**
1034	11/13/23	09/15/2023: Use of Drugs						**0**
1035	1/10/24	12/15/2023: Use of Drugs						**0**
1036	1/18/24	11/28/2022: Use of Drugs	02/10/2023: Use of Drugs	03/29/2023: Use of Drugs	04/27/2023: Use of Drugs			**0**
1037	1/22/24	11/15/2023: Use of Drugs						**0**
1038	1/24/24	10/26/2022: Possession of Drugs	11/28/2022: Possession of Drugs	10/06/2023: Use of Drugs	01/12/2024: Sale of Drugs			**0**
1039	3/6/24	09/22/2023: Use of Drugs	10/31/2023: Possession of Drugs	11/30/2023: Drug Paraphernalia	01/31/2024: Possession of Drugs	04/29/2024: Drug Paraphernalia	05/03/2024: Use of Drugs	**0**
1040	3/21/24	04/20/2023: Possession of Drugs						**0**

Note 1. The semester each student started is represented by the blue highlighted boxes. Attendance rates from the semesters when the students were in BRRIIM are written in blue. All students who participated in the SAP/BRRIIM and who have received a disciplinary infraction are represented here, with the exception of 1041 and 1042 who joined last and were not included in the data provided by the school.

Table 10. Attendance During the Grant Period

ID	SAP/ BRRIIM Start Date	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Pre-SAP/ BRRIIM Average Attendance	During SAP/ BRRIIM Average Attendance	**Attendance Change**
1001	11/14/22		71.60%	52.63%	44.71%	28.89%		49.46%	
1002	11/17/22	98.95%	97.65%	96.84%	100.00%	100.00%	98.95%	98.94%	**N/A***
1003	11/18/22		96.47%	75.79%	92.94%	93.33%			
1004	11/21/22		97.65%	92.63%	89.41%	100.00%			
1005	11/28/22		91.76%	7.37%				7.37%	
1006	12/1/22	86.32%	84.52%	92.63%	91.76%	93.11%	86.32%	92.50%	**+6.18%**
1007	12/8/22	100.00%	98.82%	97.89%	97.65%	94.44%	100.00%	96.66%	**N/A***
1008	1/20/23		97.65%	82.11%	77.65%		97.65%	77.65%	**-20.00%**
1009	2/1/23		100.00%	100.00%	83.53%	94.12%	100.00%	88.83%	**-11.17%**
1010	2/7/23		91.76%	73.68%	56.47%	87.78%	91.76%	72.13%	**-19.63%**
1011	2/22/23		100.00%	100.00%	100.00%	98.89%	100.00%	99.45%	**N/A***
1012	3/6/23		97.65%	95.79%	98.82%	96.67%	97.65%	97.75%	**N/A***
1013	3/6/23		91.76%	94.74%	95.29%	100.00%	91.76%	97.65%	**+5.89%**
1014	3/22/23		98.82%	97.89%	100.00%	95.56%	98.82%	97.78%	**N/A***
1015	3/23/23		100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	**N/A***
1016	4/3/23		94.12%	96.84%	94.12%	94.44%	94.12%	94.28%	**+0.16%**
1017	4/10/23		90.59%	91.58%			90.59%		
1018	4/26/23		92.94%	71.58%	82.35%	100.00%	92.94%	91.18%	**-1.76%**
1019	5/11/23		100.00%	100.00%	98.82%	100.00%	100.00%	99.41%	**N/A***
1020	8/28/23			98.95%	96.47%	92.22%	98.95%	92.22%	**-6.73%**
1021	8/29/23			100.00%	95.29%		100.00%		
1022	8/31/23				87.06%	78.89%		82.98%	
1023	9/6/23			96.84%	95.29%	97.78%	96.84%	97.78%	**+0.94%**
1024	9/13/23			100.00%	98.82%	98.89%	100.00%	98.89%	**N/A***
1025	9/13/23			82.69%	82.35%	94.44%	82.69%	94.44%	**+11.75%**
1026	9/21/23			85.26%	82.35%	0.00%	85.26%	0.00%	**-85.26%**
1027	10/9/23				95.29%			95.29%	
1028	10/25/23			98.95%	90.59%	94.44%	98.95%	94.44%	**-4.51%**
1029	10/30/23			93.68%	88.24%	94.67%	93.68%	94.67%	**+0.99%**
1030	10/30/23				62.90%	91.11%		91.11%	

1031	10/31/23				84.28%	0.00%		0.00%	
1032	11/1/23			89.47%	84.71%	96.67%	89.47%	96.67%	+7.20%
1033	11/2/23				92.94%	84.44%		84.44%	
1034	11/13/23			91.58%	90.59%	91.11%	91.58%	91.11%	-0.47%
1035	1/10/24				72.71%				
1036	1/18/24				83.98%	74.44%	83.98%		
1037	1/22/24				92.94%	88.89%	92.94%		
1038	1/24/24				100.00%	94.44%	100.00%		
1039	3/6/24				57.65%	86.67%	57.65%		
1040	3/21/24				91.76%	86.67%	91.76%		

Note 1. *If students started and stayed above 95% attendance, we reported that as N/A because they maintained good attendance at both before and during the SAP/BRRIIM. Missing data is represented by grey boxes. The semester each student started is represented by the blue highlighted boxes. Attendance rates from the semesters when the students were in BRRIIM are written in blue. We characterized a meaningful change in attendance as +/- 5%. The school reports students as being present for the day if they attend at least three periods of the day. For example, a student who attended the first three periods of school and left for the remaining three would still be marked as in attendance for that day. Therefore, the results should be interpreted with caution as attendance percentages could possibly be inflated in some cases.

Table 11. GPA

ID	SAP/ BRRIIM Start Date	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Pre-SAP/ BRRIIM Average GPA	During SAP/ BRRIIM Average GPA	**GPA Change**
1001	11/14/22					0.00	0.00	0.00		0.00	
1002	11/17/22	2.50	3.00	1.00	1.67	1.50	1.60	3.00	2.04	2.30	+0.26
1003	11/18/22					2.20	0.60	1.00		1.80	
1004	11/21/22					0.40	0.00	0.20		0.10	
1005	11/28/22					0.57	0.00			0.00	
1006	12/1/22			3.20	3.60	2.17	2.57	2.71	3.40	2.64	-0.76
1007	12/8/22	2.60	0.50	3.00	2.20	2.64	3.40	3.00	2.08	3.20	+1.12
1008	1/20/23					3.00	0.80	0.20	3.00	0.20	-2.80
1009	2/1/23				3.67	3.75	3.43	3.00	3.71	3.00	-0.71
1010	2/7/23					1.14	0.17				
1011	2/22/23					3.25	2.80	2.67	3.25	2.67	-0.58
1012	3/6/23	2.33	1.75	1.17	1.00	2.50	2.40	3.67	1.75	3.67	+1.92

1013	3/6/23					2.20	1.60	2.00	2.20	2.00	**-0.20**
1014	3/22/23					0.83	2.00	1.40	0.83	1.40	**+0.57**
1015	3/23/23					2.50	3.20	3.33	2.50	3.33	**+0.83**
1016	4/3/23			3.60	2.40	3.00	3.60	2.33	3.00	2.33	**-0.67**
1017	4/10/23			0.86	0.00	0.33	0.00				
1018	4/26/23					2.60	0.00				
1019	5/11/23			3.40	3.60	2.40	2.20	2.00	3.13	2.00	**-1.13**
1020	8/28/23					0.75	1.00	1.20	0.86		
1021	8/29/23			1.80	2.00	2.57	2.57	1.17	2.24		
1022	8/31/23							0.00			
1023	9/6/23					2.25	3.40	2.60	2.83		
1024	9/13/23				2.40	2.00	1.20	1.20	1.87		
1025	9/13/23			1.60	1.20	0.60	1.80	1.00	1.30		
1026	9/21/23					1.50	1.33	0.17	1.42		
1027	10/9/23							0.40			
1028	10/25/23					2.00	1.67	1.60	1.84		
1029	10/30/23	0.67	0.50	1.17	1.33	0.86	1.00	0.00	1.11		
1030	10/30/23							0.40			
1031	10/31/23										
1032	11/1/23					1.50	1.80	0.60	1.65		
1033	11/2/23							1.25			
1034	11/13/23					3.50	3.20	1.33	3.35		
1035	1/10/24			1.00	0.20	0.50	1.00	0.50	0.64		
1036	1/18/24							0.00	0.00		
1037	1/22/24							1.40	1.40		
1038	1/24/24							1.20	1.20		
1039	3/6/24					0.60	0.00	0.00	0.20		
1040	3/21/24					1.80	0.60	0.00	0.80		

Note. Missing data is represented by grey boxes. The semester each student started is represented by the blue highlighted boxes. GPAs from the semesters when the students were in BRRIIM are written in blue. We characterized a meaningful change in GPA as +/- 0.31 points, due to this being the difference between grades (e.g., a B+ being 3.70 and an A being 4.00). All students who participated in the SAP/BRRIIM are represented here, with the exception of 1041 and 1042 who joined last and were not included in the data provided by the school.

The results outlined in Table 9-11 indicate that there was a reduction in most students' disciplinary infractions starting the semester after they entered the SAP/BRRIIM program. Of the 22 students in SAP/BRRIIM who had ever received a disciplinary infraction for drugs or alcohol, 16 (72.7%) have not received another infraction since the semester after they started the program. Attendance rates did not increase in a meaningful way for most students. Twenty-three students had sufficient data to compare pre-SAP/BRRIIM attendance with their attendance during the SAP/BRRIIM. Of these 23, five (21.7%) had attendance rates that were above 95% both before and during the program. Four (17.4%) students increased their attendance rates by over five percent. However, five (21.7%) students' attendance rates decreased by more than 5%. The remaining students did not have a meaningful change in their attendance rates. These results indicate that the SAP/BRRIIM did not have a positive impact on attendance rates. Similarly, GPA did not increase in a meaningful way for most students. Twelve students had sufficient data to compare their pre-SAP/BRRIIM GPAs with their GPAs while in the program. Of these 12, four (33%) students' GPAs increased by at least 0.31 point. Conversely, GPA during SAP/BRRIIM decreased by at least 0.31 point for another six (50.0%) students. Two (16.7%) students' GPAs did not change a meaningful amount. These results indicate that the SAP/BRRIIM did not have a positive impact on attendance rates.

Objective 1d. Conduct Consumer survey youth and parent satisfaction.

Student and Parent Perceptions About the SAP/BRRIIM ("ARISE")

Students and parents were asked to complete a brief consumer feedback form via Qualtrics upon completion of the SAP/BRRIIM program, which was advertised to them as the "ARISE" program. These results were anonymous and sent directly to the UCSB team for analysis. Participants were asked about their perceptions of the SAP/BRRIIM model. They were subsequently asked about the impact that the SAP/BRRIIM had on them and their families. There were open-ended questions at the end of the survey where participants had the opportunity to share what they liked about the program and what they would improve.

Student Perspectives

ARISE Students agreed or strongly agreed that they liked ARISE, and that the time and location were convenient. When asked about the ARISE staff, students also all agreed or strongly agreed that the staff was respectful, spoke to them in their native language, and spoke in a way that they understood. Additionally, the majority (78.6%) agreed or strongly agreed that ARISE has helped their family. These results (seen in Figure 5) indicate that the students liked ARISE and the ARISE staff.

These students were also asked about their perceived impact of participating in ARISE. They survey asked them the degree to which they agreed with each of the following sentences found in Figure 6. Each statement started with, "Because of ARISE…" Students all (100%) agreed or strongly agreed that they feel better about themselves after finishing ARISE. Half (50%) of students reported that their family gets along better after finishing ARISE. Similarly, half (50%) of students reported doing better in school after finishing ARISE. These results indicate that ARISE was universally helpful for this sample of students in increasing their self-esteem and that for half of students, it was also helpful in supporting their family relationships and school success.

Figure 5. Student Perceptions about ARISE (N=14)

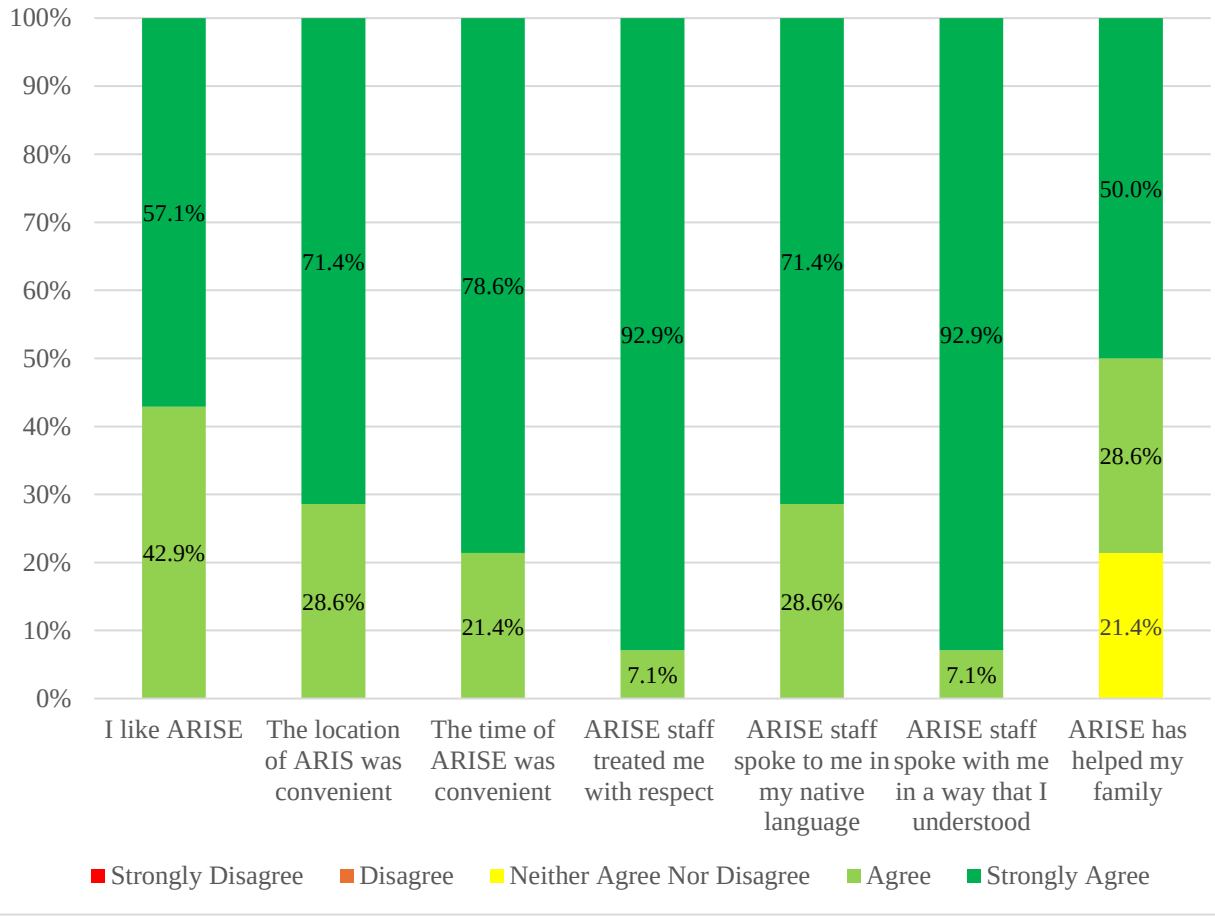
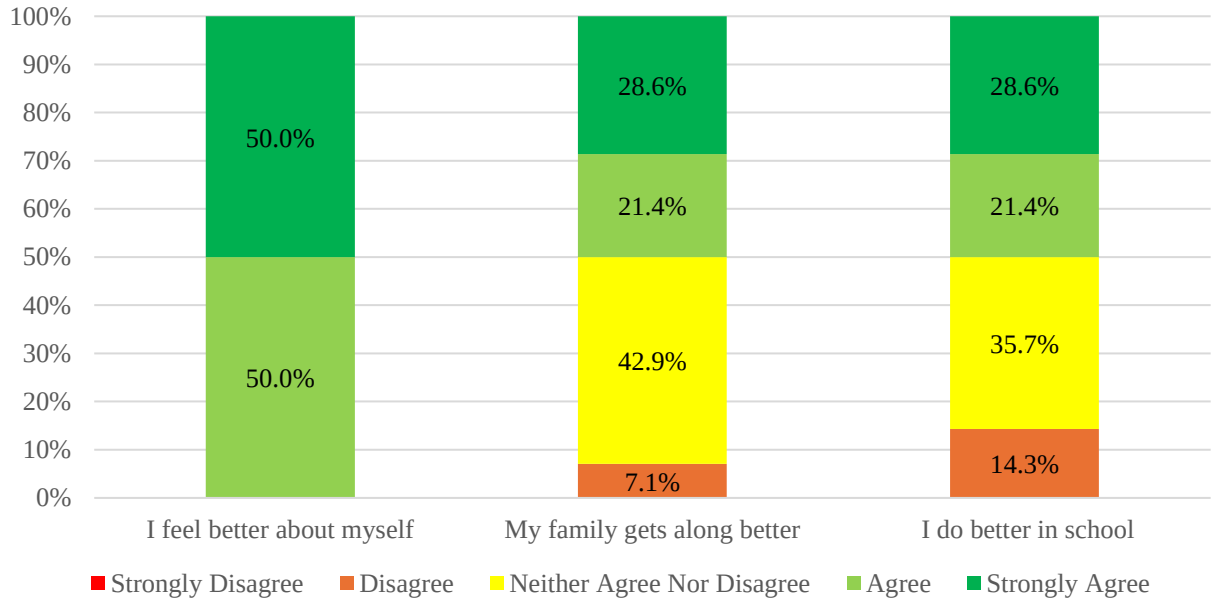


Figure 6. Student Perceptions of ARISE Impact (N=14)



Students were also asked to describe what they liked most about ARISE in an open-ended format. The first theme that arose was that the ARISE facilitators were kind. Specifically, one student reported, “She is nice, and I feel good talking to her,” another said, “Everyone is nice,” a third shared, “She is really nice and she understands where I’m coming from,” and a fourth participant reported, “What I liked was, the way she explained things to me.” A second theme was the benefit of having someone to talk to. Two students reported liking, “having someone to talk to,” while a third specified liking “having someone at school to talk to.” A third theme was that ARISE supports family relationships. One student said they liked “that it is able to help my relationships with my family members.” A fourth theme was convenience and community; one student shared, “The convenience and the fact that people reach out to other kids,” and another stated they liked that it was “at school and not afterschool.”

Students also responded open-endedly to the question of what can be done to improve ARISE. One theme that arose in this area involved increasing non-school activities. A student suggested adding “things we can do outside school.” Another recommended, “Do activities outside school,” and a third suggested, “Have activities outside school.” The second theme that came up was making adjustments to the ARISE structure. Two students suggested food; one simply said, “Have food,” while another suggested, “Maybe some snacks because sometimes I’m hungry.” Another student suggested, “More games to have fun,” while another said, “We could pick music to play in the room if we want to fill in silence.” Two students said they did not have any areas for improvement, stating, “Nothing much I like it very much,” and “I think everything is fine.”

Parent Perspectives

ARISE parents generally agreed or strongly agreed that they liked ARISE (83.3%), and that the time (91.7%) and location (83.4%) were convenient. When asked about the ARISE staff, parents all agreed or strongly agreed that the staff was respectful and spoke to them in their native language, and nearly all (91.7%) agreed or strongly agreed that the staff spoke in a way that they understood. Additionally, the majority (75.0%) agreed or strongly agreed that ARISE has helped their family. These results (found in Figure 7) indicate that parents liked ARISE and the ARISE staff. These parents were also asked about their perceived impact of participating in ARISE. The survey asked them the degree to which they agreed with each of the following sentences found in Figure 8. Each statement started with, “Because of ARISE…” Results indicate that a large majority (91.7%) of parents experienced an increased sense of self-confidence about their parenting after completing ARISE. Over half (66.7%) reported that they felt they learned more about their child as a result of participating, and half (50%) felt their child was doing better in school as a result of participating.

Figure 7. Parent Perceptions about ARISE (N=12)

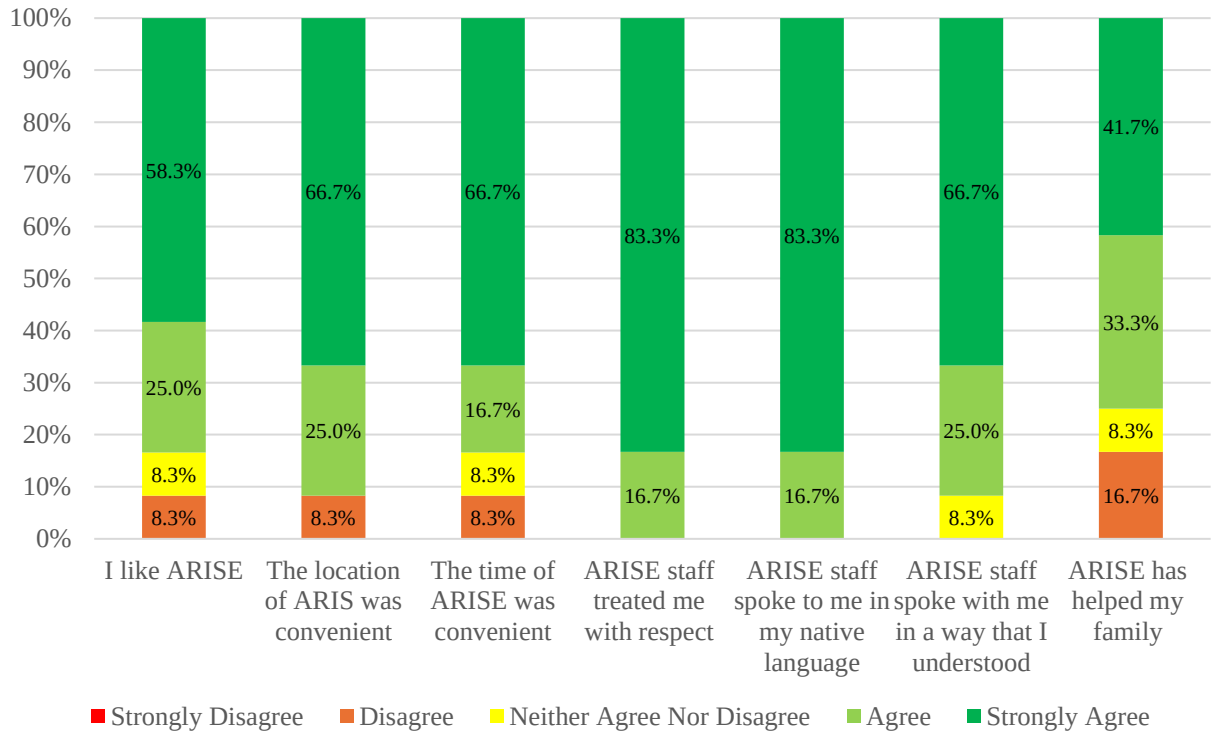
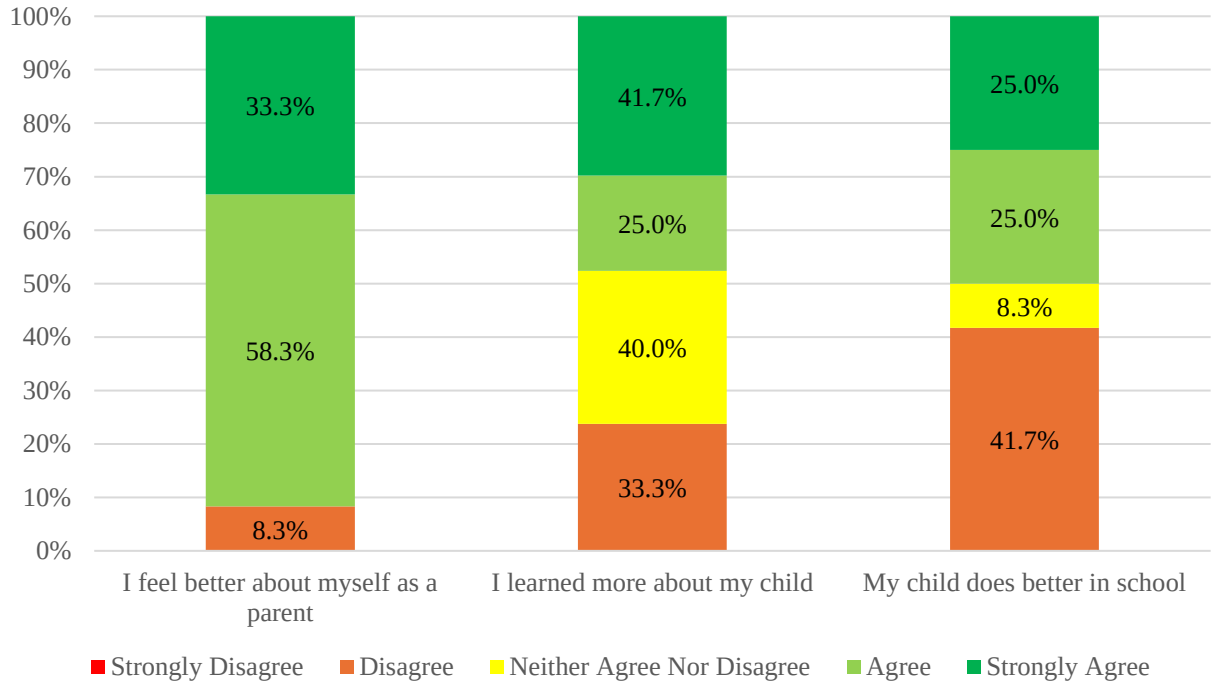


Figure 8. Parent Perceptions of ARISE Impact (N=12)



Parents were asked to describe what they liked most about ARISE in an open-ended format. The first theme across responses was the fact that the parents found the staff to be kind. One parent spoke specifically to the kindness of the ARISE counselor ("Consejera fue amable." / "The counselor was kind."), while another stated that not just the counselor, but "everyone" was kind. A second theme that came up across responses was the convenience of the location. Two parents shared that they appreciated that both the counselor and the parent meetings were held at school ("Me gustóque las juntas fueron en la escuela."/ "I liked that the meetings were at school"). A final theme that arose was the impact of the program on their children. While one parent felt that things could still be better ("Mi hija fue referida otro programa, pero las cosas no han mejorado." / "My daughter was referred to another program, but things have not improved."), another shared a noticeable positive change in her relationship with her daughter ("Mi hija habla conmigo más que antes, y me ayuda en la casa más que antes." / "My daughter talks to me more than before, and helps me around the house more than before.").

In addition to providing feedback about what they liked about the program, parents also responded open-endedly to the question of what can be done to improve ARISE. The first theme that parents discussed revolved around making logistical changes to help fit better with their work schedules. Parents requested later appointments ("Trabajo tarde y no estoy disponible antes de las 4pm." / "I work late and am not available before 4pm."), weekend appointments ("Participar fue dificil porque mi trabajo. trabajo muy tarde. los sábados son mejores para mi." / "Participating was difficult because of my job. I work very late. Saturdays are better for me."), and childcare ("Tengo niños chiquitos y una niñera durante la cita estaría muy bien." / "I have small children and a babysitter during the appointment would be very nice."). A second theme that came up was suggestions to increase the amount of support provided by the program. Suggestions included making the program mandatory, having the counselor on campus more frequently ("Estar en la escuela todos los días para má ayuda." / "Be at school every day for more help."), and providing a more cohesive network of wrap-around services available through one program, rather than using a refer-based system ("Que todos servicos que necesita el estudiante, esté en el mismo programa." / "That all services that the student needs are in the same program.").

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

Objective 2a. Work with school districts to strengthen or develop peer-to-peer model programming in the school system for students referred by the SAP/BRRIIM.

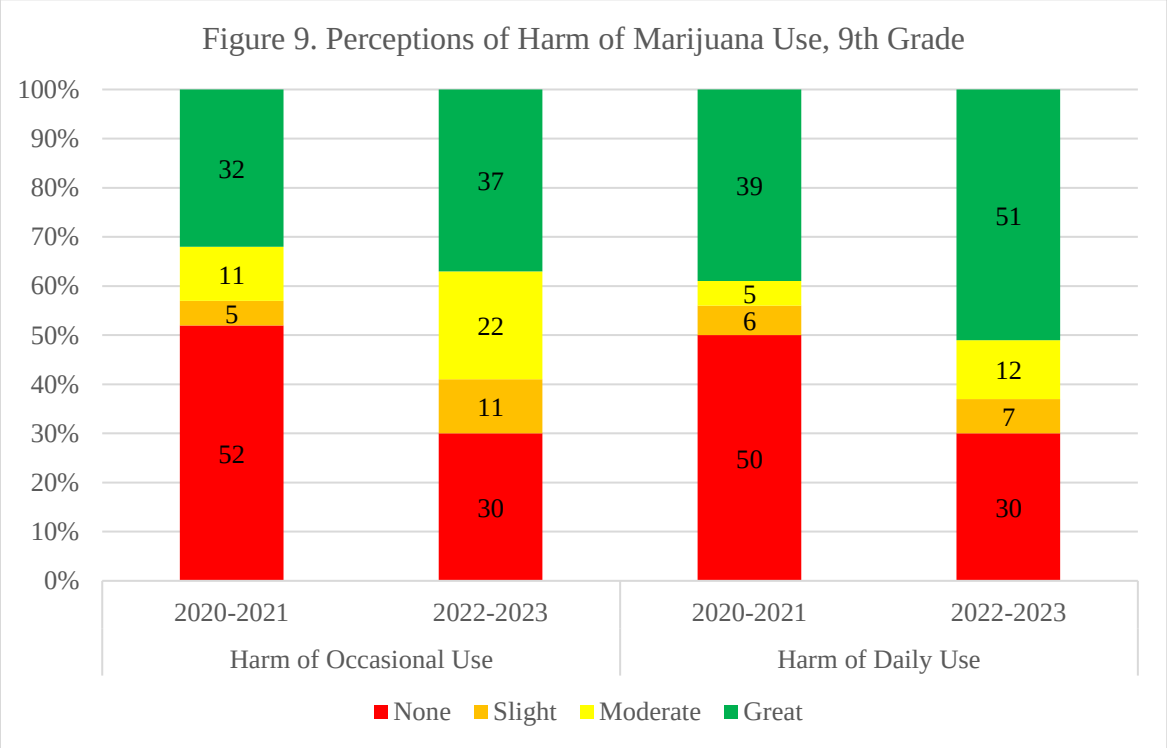
Unfortunately, due to external, school-based barriers brought on by the COVID-19 pandemic, this objective was unable to be accomplished. As schools adjusted back to in-person learning after a year of remote learning, their priorities did not include developing a peer-to-peer model.

Objective 2b. Train three Peer Coordinators and 12 Peer Leaders to work with local school districts to develop one peer support group in six schools.

Unfortunately due to external, school-based barriers brought on by the COVID-19 pandemic, this objective was unable to be accomplished. As schools adjusted back to in-person learning after a year of remote learning, their priorities did not include developing a peer-to-peer model.

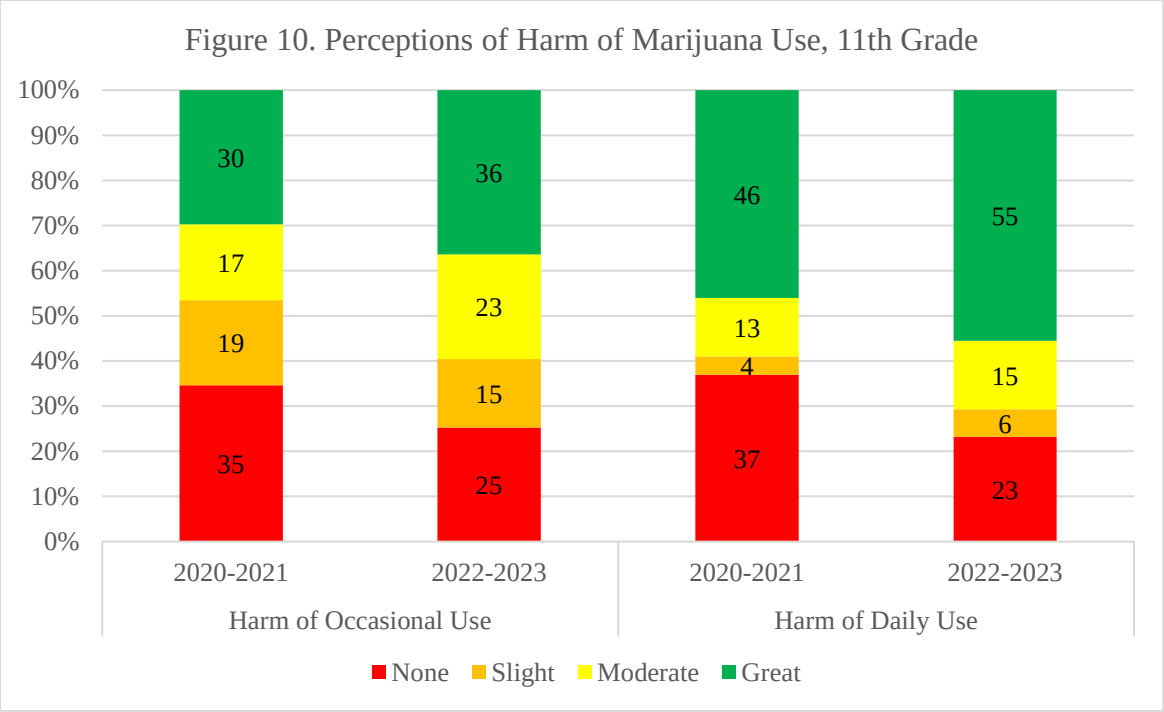
Objective 2c. Increase self-reported perception of harm of marijuana use by 10% for students in grade 9 and 11 in participating districts as measured by the CHKS.

As seen in Figure 9, 9th grade students' perceptions of the harm of occasional and daily use increased from the baseline year (2020-2021) to the 2022-2023 school year. Specifically, while only about half of 9th grade students reported seeing at least slight harm in occasional or daily use of marijuana, by the 2022-2023 school year, 70% of 9th grade students reported perceiving that there was at least slight harm in occasional and daily marijuana use.



Note. The 2023-2024 CHKS data will not become available until December 2024, and was therefore unable to be used for this report.

Similarly, to the positive change in 9th graders' perceptions of the harm of marijuana use, 11th graders' perceptions also trended positively in the Santa Maria Unified School District from the baseline of the 2020-2021 school year to the 2022-2023 school year. At baseline, 65% of 11th grade students reported seeing some harm in occasional marijuana use, and 63% reported seeing some harm in daily use. Contrastingly, in the 2022-2023 school year, that number increased to 75% of students perceiving at least slight harm in occasional use, and 77% perceiving at least slight harm in daily use.



Note. The 2023-2024 CHKS data will not become available until December 2024, and was therefore unable to be used for this report.

Taken together, the responses indicate that student perceptions about the harm of occasional and daily marijuana use has increased from baseline, with roughly three quarters of 9th and 11th graders reporting that there is at least slight harm in using marijuana occasionally or daily. This increase met and exceeded the 10% increase that was set out as the goal of this project.

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

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

The Alcohol and Drug Service Specialist implemented the SAP/BRRIIM as a means of providing brief substance use intervention to youth at the two participating schools. In addition to participating in the SAP/BRRIIM, all students and their families were also referred to various external community resources, and ten of the students were referred to ASAM (four of the ten then participated in ASAM).

Objective 3b. Engage 75% of students referred to SAP/BRRIIM and/or Peer to Peer intervention with substance-related concerns for ASAM screening and referral to appropriate level of care.

As shown in Figure 5 in the process evaluation section, of the 75 students referred to the SAP/BRRIIM, 42 (56.0%) enrolled in the program. Of those 42 students, 10 (23.8%) were referred to the ASAM process. Of those 10 students referred, four (40%) engaged with the ASAM treatment referral. The participation rates after referral for both the SAP/BRRIIM and

ASAM did not reach the 75% rate that was the initial goal of the objective. There are several reasons why this might be the case. First, the SAP/BRRIIM was marketed to the school staff as an opportunity to offer extra support to students and families who were struggling with a variety of academic and/or social emotional concerns. This could include concerns about substance use, but did not have to. Therefore, school staff often referred students who did not endorse substance use concerns to the BRRIIM to receive other types of support. Therefore, a referral to ASAM was not appropriate for many of the students. Second, sometimes school staff would refer students struggling with substance use concerns directly to the community partner responsible for providing ASAM services. The Council on Alcoholism and Drug Abuse (CADA) is the local nonprofit that provides this support for youth. Students who participated in the SAP/BRRIIM were referred to CADA to engage with the ASAM. In some instances, the school staff referred students directly to CADA rather than to SAP/BRRIIM, which was also likely responsible for the lower numbers of ASAM referrals among the students participating in SAP/BRRIIM.

Objective 3c. After the SAP/BRRIIM program, 30% of students will be more motivated to change their marijuana use patterns and significantly reduce their marijuana use.

By the end of the grant period, 13 students who had completed the post-BRRIIM interview also reported having used marijuana in the past. These students' responses were then compared between their pre-BRRIIM interview and their post-BRRIIM interview to gauge the changes the frequency of their marijuana use, as well as changes in their desire to reduce marijuana use. Of the 13 students who reported using marijuana, eight (61.5%) reported reducing the frequency of their marijuana use at post-test. The remaining five students reported using marijuana the same amount, and no students reported an increase in the frequency. When asked about their plans for future use, five of the 13 students (38.5%) reported wanting to quit, when they had reported wanting their habits to stay the same at the pre-test. Another 5 students (38.5%) reported wanting to quit at both pre- and post-test. The remaining three (20%) students reported wanting their habits to stay where they were at post-test.

In summary, 10 of the 13 students (76.9%) reported wanting to quit using marijuana at post-test. The reported rates of reductions in marijuana use (61.5%), and the increased desire to quit (38.5%) indicate this this objective was met and exceeded.

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

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

The Public Health Department developed a media campaign that was implemented throughout the grant period using social media, websites, YouTube, and radio. Both adults and youth have been reached through these placements. Reports from the contractor, which can be found below in Table 11, indicate that these campaigns received at least several hundred hits per quarter, and had the potential to reach thousands of youth and parents.

Table 11. Goal 4, Objective 4a Data

Quarter	Type of Outreach	# of youth potentially reached during the above campaign	# of adults potentially reached during the above campaign	# of social media hits
7	1 website	62,510	443,480	178,711
8	1 website, 12 My Best Life Images	184,286	331,716	337
9	1 website, 12 My Best Life Images	323,000	1,900,000	800
10	1 website, 12 My Best Life Images	68,000	445,000	931
11	1 website, 12 My Best Life Images	56,000	20,000	5,000
12	1 website, 12 My Best Life Images	47,000	23,000	6,000
13	1 website, 12 My Best Life Images	47,000	23,000	6,000
TOTAL	**1 website, 12 My Best Life Images**	**787,796**	**3,186,196**	**197,779**

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

Table 12. Student Marijuana Use Per CHKS – 9th and 11th Grade

	2020 – 2021 (%)		2022-2023 (%)		Change	
	9th	11th	9th	11th	9th	11th
Lifetime marijuana use	8%	21%	9%	15%	**+1%**	**-6%**
Current marijuana use	3%	9%	5%	7%	**+2%**	**-2%**

Note. The 2023-2024 CHKS data will not become available until December 2024, and was therefore unable to be used for this report.

Reports from the baseline 2020-2021 CHKS to the 2022-2023 CHKS indicate mixed results. There was a very small increase in lifetime (+1%) and current (+2%) marijuana use among 9th graders. Contrastingly, there was a very small decrease in lifetime (-6%) and current (-2%) use of marijuana among 11th graders. While the results for 11th graders was trending in the right direction, it did not reach the 10% decrease that was set as the goal for this grant.

Discussion of Results

The data outlined in this report demonstrate that several of the initiatives funded by the Proposition 64 grant have had a positive impact on youth and families, both specifically in reducing youths' use of marijuana, and also regarding their relationships with their families more generally. In particular, the SAP/BRRIIM was well-received by both students and families, as reported in their feedback responses. Crucially, many students who have completed the SAP/BRRIIM have endorsed both a reduction in use of marijuana and a desire to quit using marijuana. Additionally, preliminary data for youth in the SAP/BRRIIM indicate that the

program may be associated with fewer disciplinary infractions related to drugs and alcohol. Additionally, the social media posts that provided psychoeducation on the harm of youth marijuana use received nearly 200,000 hits during the duration of the grant cycle. Finally, the CHKS data indicated a trending increase in high school students' perceptions of the harm of using marijuana.

In addition to the successes of the project, there were also some goals and objectives that were not fully met. First, only two rather than six schools participated in the project. Additionally, the objective of increasing students' attendance was not met. Furthermore, a reduced bandwidth in the wake of COVID-19 meant that no peer-to-peer model was implemented throughout the grant cycle. Additionally, the percent of students who engaged with BRRIIM and ASAM after referral was lower than the team's goal. Lastly, there was not a sizeable reduction in marijuana use as reported by students who completed the CHKS (though as stated above, there was a reduction in use reported specifically by students who completed the SAP/BRRIIM).

Strengths

These outcomes are the result of several strengths of the project. First, the Behavioral Wellness team was able to forge strong relationships with the staff at two local schools, which led to a successful referral process. While working in the schools, the Alcohol and Drug Service Specialist responsible for working with the families was able to refer all families to appropriate outside agencies, indicating a successful integration within both the school and community contexts. In large part, these strengths are due to the Alcohol and Drug Service Specialist's ability to be very flexible in her implementation approach. Specifically, she reported that she was able to be flexible with meetings times, and would often meet with parents after work hours rather than during school hours. In addition to meeting with students and families at the school campuses, she reported driving to families' homes if needed. Another strength of the program was the fact that very few (two) students dropped out of BRRIIM once they were in it. This not only indicates a high level of acceptability and buy-in to the program, but also allowed for a larger pool of students' data to analyze at post-test.

Limitations and Lessons Learned

While the study had many strengths, there were also several limitations that the team experienced throughout the three-year project. First and foremost, this grant was impacted by COVID-19 and the subsequent school closures and return to campus. Specifically, at the start of the grant cycle, many schools were heavily focused on providing a smooth transition back to in-person learning, and adjusting to the ramifications of COVID-19. Therefore, fewer schools than originally anticipated participated in the grant partnership. Within the two schools that did participate, students did not begin getting referred to the SAP/BRRIIM until November of 2022. There were several ramifications of these roadblocks. First, no peer-to-peer models were implemented throughout the grant cycle, which was initially a goal of the project. Second, there was not an opportunity to collaborate very much with School Resource Officers (SROs), which had initially been part of the plan. Third, a relatively small number (42) of students participated in the program. An even smaller amount (nine) students fully completed the SAP/BRRIIM by the end of the grant cycle, with a few more participating for long enough (nine months) to engage in post-test assessment. This small sample size prevented assessing for statistically significant changes, though descriptive comparisons were still possible. The late implementation

start also made it difficult to see what the longitudinal impacts of the program will be, as many students are still new to the program. Additionally, this small sample size made it difficult to assess for school-level environment impacts of the program, given the small percentage of students who participated compared to the large number of students at both high schools.

In addition to COVID-specific limitations, there were other logistical limitations to the project. One of these limitations included a staff change within Behavioral Wellness, wherein the internal fidelity evaluator exited the grant. This staff change led to a lack of fidelity measurement for the SAP/BRRIIM. The Alcohol and Drug Service Specialist also described logistical limitations she experienced in implementing the SAP/BRRIIM, which may have led to fewer students participating. Specifically, her time was split between the two participating schools, meaning less opportunity to integrate herself at each school. Relatedly, there was often an issue finding space for her to conduct her sessions at the campuses. Lastly, recruitment slowed during the summer. The Alcohol and Drug Service Specialist reported some lack of communication between her and the school when it came to summer planning, leading to a slowdown in recruitment.

Future Directions & Suggestions for Next Steps

Given these limitations, future research into the SAP/BRRIIM would benefit from a larger sample size of students and families across a larger span of schools. Several students are still enrolled in the SAP/BRRIIM this summer, and we encourage their continued progress through the program, as well as encourage the participating schools to continue to refer and enroll more students. We are hopeful that we will acquire the necessary grant funding and school buy-in to be able to continue the program in the new school year. Additionally, we suggest that schools and community partners who implement the SAP/BRRIIM will benefit from being proactive about planning out where and when the sessions will take place on campus, and what summer programming will include, to facilitate ease of integration of the Alcohol and Drug Service Specialist. The team is optimistic that the limitations that presented themselves specifically as a result of COVID-19 (e.g., schools' priorities being elsewhere) will continue to lesson as we move away from the acute phases of the pandemic.

A Current Logic Model

Grantee Highlight

SUCCESSES BY THE NUMBERS

42 Students & Families

engaged with the Student Assistant Program (SAP)

100% of Students

reported liking the SAP

10+% Increase

in students' perceptions of the harm of marijuana use

38.5% Increase

in students' desire to quite using marijuana

197,779 Hits

on educational social media programming demonstrating the harm of marijuana use

STUDENT VOICES

The SAP "is able to help my relationships with family members."

The presence of the SAP on campus means "having someone at school to talk to."

Appendix A

Treatment Perceptions Survey – Parent

1. Please answer the following questions about ARISE (strongly disagree to strongly agree)
    a. I like ARISE
    b. The location of ARISE was convenient
    c. The time of ARISE was convenient
    d. ARISE staff treated me with respect
    e. ARISE staff spoke to me in my native language
    f. ARISE staff spoke with me in a way that I understood
    g. ARISE has helped my family
2. Because of ARISE... (strongly disagree to strongly agree)
    a. I feel better about myself as a parent
    b. I learned more about my child
    c. My child does better in school
3. What did you like most about ARISE? (open ended free response)
4. What can we improve about ARISE? (open ended free response)

Treatment Perceptions Survey – Student

1. Please answer the following questions about ARISE (strongly disagree to strongly agree)
    a. I like ARISE
    b. The location of ARISE was convenient
    c. The time of ARISE was convenient
    d. ARISE staff treated me with respect
    e. ARISE staff spoke to me in my native language
    f. ARISE staff spoke with me in a way that I understood
    g. ARISE has helped my family
2. Because of ARISE... (strongly disagree to strongly agree)
    a. I feel better about myself
    b. My family gets along better
    c. I do better in school
3. What did you like most about ARISE? (open ended free response)
4. What can we improve about ARISE? (open ended free response)