



Comprehensive Community Prevention Action Plan

2019 - 2022

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Executive Summary

The United Way of Broward County Commission on Behavioral Health & Drug Prevention (Commission) developed and presents this Comprehensive Community Prevention Action Plan to promote behavioral health wellness in Broward County. This Comprehensive Community Prevention Action Plan is designed to provide guidance intended to reduce the prevalence, impact, and consequences of mental health and substance abuse conditions in Broward County. This Action Plan serves as an integrated prevention framework to execute effective strategies through the implementation of data-driven and evidence-based approaches.

This Plan is intended to be a living document that is responsive and adaptable to changing circumstances over time and flexible to revisions as needed. No single strategy or program is expected to be solely responsible for moving a community level indicator. The combined and collective efforts of all funders, public and private agencies, communities, families, and residents are required for community change. Through procurement, contracting, and coalition work, the Commission aligns strategies, programs, and services to promote behavioral health outcomes and impact.

Mission

United Way of Broward County Commission on Behavioral Health & Drug Prevention's mission is to **empower our diverse community to live healthy and drug-free.**

Guiding Principles

The Commission recognizes the significance of co-occurring mental health and substance abuse conditions among youth and adults in Broward County. Consequently, over the past several years, the Commission initiated an integrated health promotion approach. With the advancement of community prevention and wellness as the Commission's focus, extensive work has been done to concurrently address mental health and substance abuse. The Commission rebranded its name from the Commission on Substance Abuse to the Commission on Behavioral Health & Drug Prevention, simultaneously addressing behavioral health and substance abuse. The Commission acquires and directs resources to integrated evidence-based mental health promotion and substance abuse prevention programming and capacity building. The Commission

supports service provider organizations to strengthen their prevention infrastructure and impact.

Aligned with the *Substance Abuse and Mental Health Services Administration's (SAMHSA) Working Definition of Recovery*, the Commission embraces the following guiding principles:

- Individuals can improve their health and wellness, live a self-directed life, and strive to reach their full potential
- Individuals can make informed decisions and healthy choices to manage their health and support their well-being
- Individuals overcome internal and external challenges that confront them
- Self-determination and strength-based approaches promote resiliency
- Wellness encompasses individuals' whole life – mind, body, and spirit
- Individuals, families, and communities have the resources and opportunities to serve as a foundation for health promotion
- Prevention and early intervention provides individuals, families, and communities with the necessary tools to support healthy development
- Partnership with individuals, families, and communities facilitates a successful prevention and health promotion system

Behavioral Health

Behavioral health is characterized as a state of emotional well-being. Behavioral health is delineated by conditions and actions that affect wellness. Behavioral health problems include serious psychological distress as well as substance abuse and dependence.

Health Promotion

Health promotion is a process of building individuals' capacity to improve their health. Health promotion involves the development of self-directed competencies that increase protective factors, mitigating risk and adverse circumstances. Health promotion is connected to social and environmental conditions and interventions as well as to optimal levels of functioning for individuals and communities.

Strategic Prevention Framework

The Commission's work is based on SAMHSA's Strategic Prevention Framework. The Commission engages in assessment, capacity building, problem statement and community needs assessment tool, planning, implementation, and evaluation. The Commission employs logic models/, data-driven methods, and evidence-based practices to strategically reduce the impact of mental health and substance abuse conditions within Broward County.

The Problem Statement and Community Needs Assessment Tool is found in Appendix A.

Capacity Building

The Commission is dedicated to capacity building within its network of provider organizations and across Broward County communities as part of its coalition work. Through capacity building, the Commission strengthens the skills, competencies, and abilities of individuals, organizations, and communities to be effective, impactful, and sustainable. The Commission employs training, technical assistance, and coaching to enhance professional and organizational development as well as ensure program fidelity adoption and management.

Plan Development

This Comprehensive Community Prevention Action Plan is a continuation from the previous 2015 – 2018 Action Plan. The accomplishments from the previous Action Plan include two objectives from Goal 1: Improve behavioral health among youth and adults in Broward County and all four objectives from Goal 2: Building community capacity to promote behavioral health wellness. Two out of four objectives under Goal 1 were met by the percentage goals entailed within each objective. Decreasing prevalence and incidence rates for underage drinking and marijuana use was accomplished. The Commission along with its stakeholders and community partners were able to 1. Increase prevention and health promotion resources in Broward County by 10% 2. Increase the use of evidence-based interventions among at least 15 Broward County behavioral health providers 3. Increase the number of trainings and participants in suicide recognition educational program by 10% and 4. Increase the number of Broward County behavioral health providers incorporating trauma resolution for recovering clients. In regards to the evaluation from the previous Action Plan, the current 2019 – 2022 Action Plan was developed through a methodical process of assessment and strategy. The Commission examined numerous data sets to determine the current state of mental health and substance abuse within Broward County. The Commission analyzed trends and identified priorities corresponding to prevailing community needs. It then translated priorities into goals and objectives for which interventions strategies were established with the previous Action Plan evaluation of goals and objectives as guiding document. The Commission engaged in numerous stakeholder dialogues to obtain critical input, validating the Plan's content. These stakeholders included the youth coalition, parent groups, community action teams, academicians, Board of Governors, and consulting epidemiologist.

Target Population

This Action Plan and the work of the Commission is focused on both youth and adults within Broward County. Goals and interventions address community mental health and substance abuse needs across the lifespan. The target population is inclusive of all youth and adults in Broward County, including those with increased risk, vulnerable, and special needs groups such as veterans and Lesbian, Gay, Bisexual, and Transgendered (LGBT+) persons.

Current Trends¹

Mental Health

Among Broward County adults aged 18 and older, 5.6% reported to the National Survey on Drug Use and Health as recorded in its sub-state data having had a major depression episode in the last year. A Serious Mental Illness in the past year was reported by 3.1%, and 14.6% report any mental illness in the last year, the same percent that also reported having ever in their lifetime been told they had a depressive disorder. While 88% of Broward adults are considered to have good mental health, 10% report having experienced poor mental health on 14 or more days in the past month. Three percent of Broward County adults age 18 and older report thoughts of suicide in the past year. Broward County deaths attributed to suicide for 2015-17 was 13% of all deaths.¹

The Broward County Center for Mental Health Services reports that at least one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem. Disorders that begin in childhood can affect future educational success, and adolescent mental disorders influence the likelihood of risk-taking behaviors. Nine to thirteen percent of youth, aged 9 to 17 years, experience serious emotional disturbances (SED) that interfere substantially with school, family, community activities, and other aspects of daily life. Approximately 2/3rds of youth with a SED experience extreme limitations. Furthermore, 20 percent of students with SED are arrested at least once while still in school, and nearly half are arrested within five years of leaving school.

Among Broward County high school students who participated in the 2017 Youth Risk Behavior Surveillance Survey (The Centers for Disease Control and Prevention) 15.5% reported that they have seriously considered a suicide attempt with 13.3% developing a plan as to how they would commit suicide. Among the surveyed students 11.1% reported attempting suicide at least one time, and 3.7% disclosed that a suicide effort resulted in an injury, poisoning, or an overdose which required medical treatment. Rates of these suicide-related indicators were significantly higher for Broward County high school females as compared to males.

¹Florida Department of Health, Bureau of Health Statistics accessed at www.floridacharts.com.

Behavioral health statistics for 2017 reveal that Broward County had 5,567 cases of domestic violence (or 295 per 100,000 residents). There were 1,516 cases of Broward County children aged 5 to 11 years experiencing child abuse. This was the highest number of child abuse cases for any county in Florida during 2017 representing 11% of all cases statewide. It could be postulated that mental health conditions and substance abuse may have contributed to this high rate.

¹Florida Department of Health, Bureau of Health Statistics accessed at www.floridacharts.com.

Substance Abuse

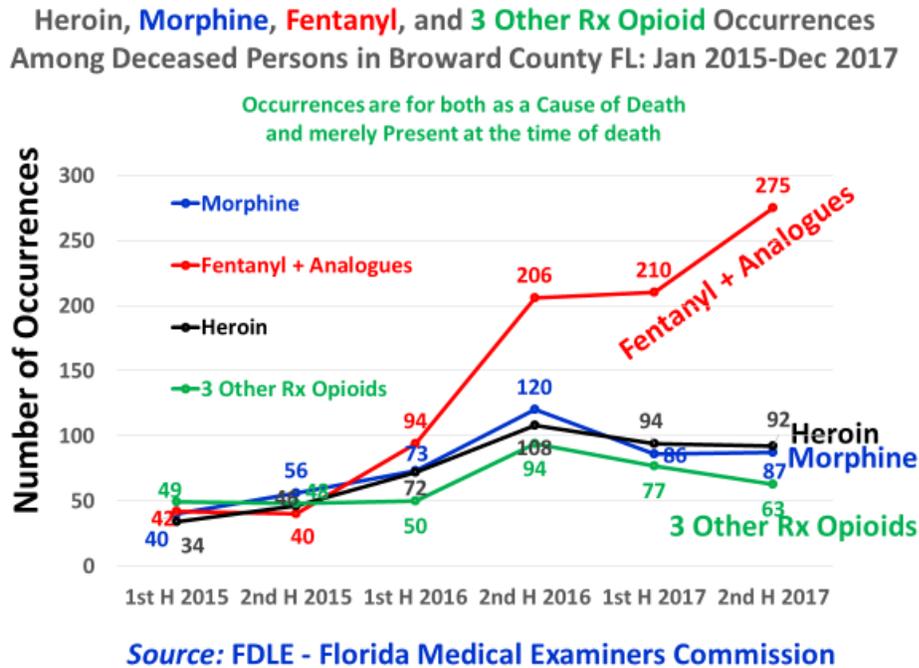
Non-pharmaceutical fentanyl and its analogues from foreign clandestine labs are the major factor for the dramatic increase in opioid deaths related to adulterated heroin as well as cocaine and counterfeit medications in Broward County and all of Florida. The increasing availability of poisonous fentanyl analogues and their distribution are critical issues related to the escalation of deaths from the opioid epidemic. Other opiate analogues detected locally include Carfentanil and U-47700.

The key measure of fentanyl consequences is the number of deaths attributed to it. In previous years medical examiner reports in Florida included both pharmaceutical fentanyl as well as its non-pharmaceutical analogues from clandestine labs mostly produced in China, Mexico, and Canada. Beginning in early 2016 some Florida medical examiner officers have been able to identify specific fentanyl analogues in their toxicology reports. There were 485 fentanyl deaths including mostly non-pharmaceutical fentanyl analogs in Broward County during 2017. This toll is up from the 300 fentanyl deaths in 2016 and 82 in 2015.

Deaths related to the non-medical misuse of **prescription opioids** and particularly oxycodone increased following their decline from 2011 to 2013 with Florida's crackdown on prescription drug diversion. In the first decade of the 21st Century there was a dramatic increase in the availability of diverted pharmaceutical opioids and deaths linked to their non-medical misuse as well as primary addiction treatment admissions for prescription opioids. Numerous new laws and regulations took effect beginning in 2010 along with the abuse-deterrent reformulation of high dose extended release opioids. The collective impacts of these supply-reduction strategies are reflected in declining prescription opioid deaths beginning in 2011. At the same time **heroin** deaths increased sharply from 2015 to 2016, rising 125% from 80 in 2015 to a 180 in 2016 prior to stabilizing at 186 heroin deaths in 2017. Among the 2017 heroin medical examiner occurrences for Broward County, 88% were considered to be "a cause of death," and 98% involved other drugs in addition to heroin. The sharp escalations of fentanyl and heroin use, treatment admission, and deaths along with stable and high levels of non-medical prescription opioid use constitute the local opioid epidemic.

In Broward County opioid occurrences (not including heroin) detected in deceased persons during 2017 totaled 798 including 92 for oxycodone, 30 for hydrocodone, 18 for methadone, 173 for morphine, and 485 for fentanyl including non-pharmaceutical fentanyl

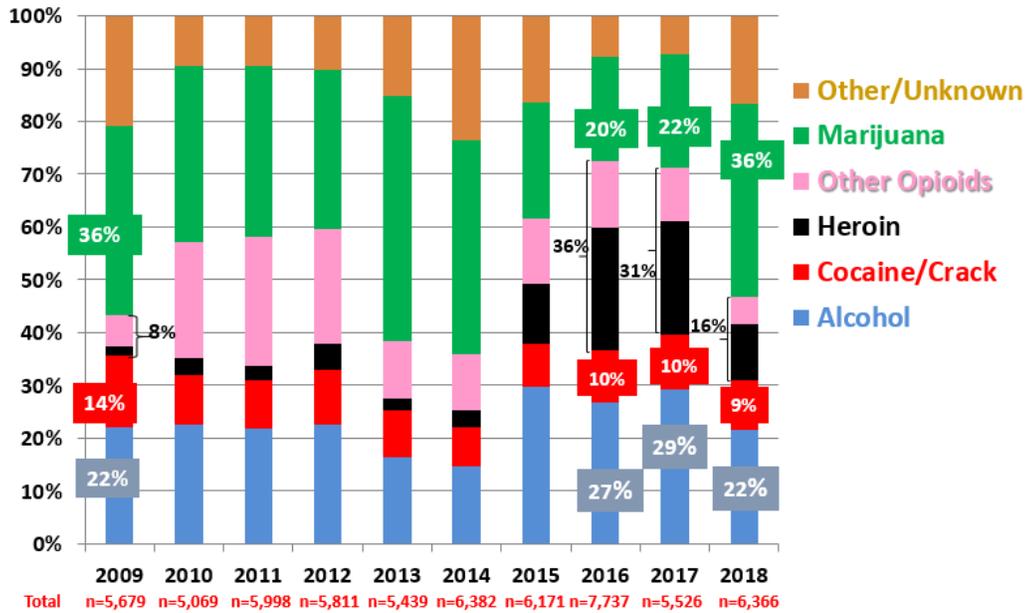
analogues. Ninety percent of these occurrences were considered to be a cause of death. Most of the medical examiner morphine occurrences are actually heroin which rapidly metabolizes to morphine. As well, most fentanyl occurrences are for non-pharmaceutical fentanyl analogues from clandestine labs.



The most currently available data on hospital overdose cases are from 2017 when there were 1,642 hospital opioid overdose poisonings in Broward with 85% being linked to self-reported heroin use and 15% for prescription opioids. Twenty percent of these emergency department patients left the hospital against medical advice and 75% were discharged to self-care.

There were 1,180 heroin primary treatment admission in Broward County during 2017 accounting for 21% of all treatment admissions (including alcohol). There were also 564 admissions for opioids other than heroin reported as primary treatment admissions in Broward County during 2017 accounting for 10% of all treatment admissions (including alcohol). Females accounted for 54 % of the other opioid clients and 64% of the heroin patients were male. One of the heroin patients was younger than 18 years of age. Among the combined 1,744 heroin and other opioid treatment clients 11% were between 18 and 25 years of age, 47% were aged 26-34, and 42% were aged 35 or older. Injecting drug use was reported by 83% of the heroin treatment clients and 34% of those whose primary substance of abuse was an opioid other than heroin.

Percent of Treatment Admissions by Primary Drug Broward County: 2009 - 2018

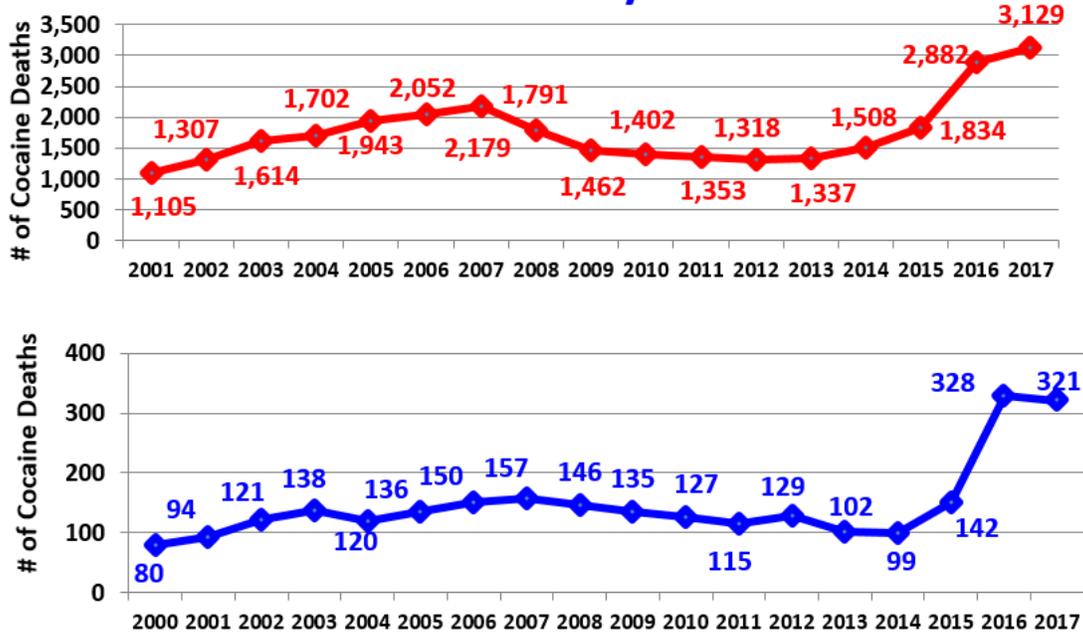


Source: Florida Department of Children and Families - SAMH

There were 767 heroin crime laboratory reports or 7% of the 11,140 total primary, secondary, and tertiary National Forensic Laboratory Information System (NFLIS) reports from Southeastern Florida in the first six months of 2018. Heroin ranked fourth among all substances analyzed. There were also 1,362 prescription and clandestine opioid crime laboratory reports other than heroin, or 12% of the NFLIS reports in the first half of 2018 including 628 for fentanyl, 337 for oxycodone, 336 for 8 different fentanyl analogues (including 76 for carfentanil), 41 for hydromorphone, 39 for hydrocodone, 26 for morphine, 25 for buprenorphine, 25 for codeine, 12 for U-47700, 10 for tramadol, and 7 for methadone.

Cocaine deaths steadily increased from 2014 to 2016 attributed in part to polysubstance use with heroin and other opioids. In Broward County cocaine-related deaths increased 231% between 99 occurrences in 2014 and 328 in 2016 before stabilizing at 321 in 2017. The drug was considered the cause of death for 76% of the 2017 cases, and polydrug use was detected in 87% the cocaine-related deaths. There was one cocaine-related decedent under age 18; 13% were 18-25, 23% were 26-34 while 38% were aged 35-50 and 25% were over 50 years of age.

Number of Cocaine Deaths in **Florida** and **Broward County** 2000 – 2017



Source: Florida Medical Examiners Commission 2017 Annual Report

Polysubstance abuse of opioids with cocaine either knowingly or unintentionally with non-pharmaceutical fentanyl-adulterated cocaine are considered a key factor in the rise of cocaine-related deaths nationally and in Florida. A review of deaths caused by cocaine in Florida during 2017 revealed 65% were also found with fentanyl or a fentanyl analogue, 28% with morphine which most likely was heroin along with another 19% where heroin itself was identified. Other opioids detected included oxycodone in 10% and codeine in 8%. Non-opioid drugs found present in the 2015 cocaine-caused deaths included ethanol in 31% of the cases, alprazolam in 21%, cannabinoids in 16%, and methamphetamine in 7%.

In Broward County there were 573 cocaine primary treatment admission in 2017 or 10% of all clients. Males accounted for 65% of these clients with crack cocaine specified by 70% of all the cocaine patients. None of the admissions was for someone under 18 years of age, 13% were 18-25, 28% were 26-34 and 59% were age 35 or older. Smoking cocaine was the route of administration reported by 55% of the cocaine clients with intranasal sniffing cited by 40% and 2% reported injecting cocaine. The remaining 3% reported oral or other or unknown routes of administration.

There were 3,851 cocaine crime laboratory reports or 35% of the 11,140 total primary, secondary, and tertiary NFLIS reports for Southeastern Florida in the first half of 2018. Cocaine ranked first among all substances analyzed.

Marijuana was the primary drug of use reported by 88% of adolescents younger than 18 years of age entering addiction treatment programs in Broward County during 2017 as prevalence rates of current marijuana use among youth have modestly declined since 2012. The Florida Youth Substance Abuse Surveys revealed the rate of Broward County high school students reporting past 30-day use of marijuana decreased from 19% in 2012 and then declined to 16% in 2014 before declining to 14.7% in 2018. The rate for middle school students increased from 2.5% in 2006 to 4.3% in 2010 and then remained relatively stable until 2014 before declining to 2.8% in 2018.

There has been a weakening of marijuana prevention protective factors over the past 10 years. The percent of Broward middle and high school students reporting to the FYSAS that the regular use of marijuana once or twice a week presents a “great risk of harm” declined from 65.1% in 2006 to 33.1% in 2018. A similar trend in the perceived risk of harm in trying marijuana for the first time declined from 36.1% in 2006 to 25.5% in 2018. About 80% of Broward students consistently disapproved of youthful marijuana use between 2002 and 2010 by responding that it was “wrong” or “very wrong” for someone their age to smoke it; that measure declined slightly to 76.7% by 2018.

The NSDUH Sub-State data estimates that there were 120,000 current (past 30 day) marijuana users or 7.9% of those aged 12 and above living in Broward County from the most current data available which are from 2014-2016.

Primary addiction treatment admissions for marijuana totaled 1,196 patients in Broward County during 2017 or 22% of all admissions. Males accounted for 71% of the 2017 clients. Youth younger than 18 years of age totaled 186 or 16% of the marijuana admissions, 38% were 18-25, 29% were 26-34 and 17% were age 35 or older. Marijuana was the primary drug cited by 88% of 212 clients for any substance who were younger than 18 years of age.

The 2,115 cannabis crime lab cases in Southeastern Florida during the first half of 2018 accounted for 19% of all drug reports and ranked second among all substances.

A critical issue impacting substance abuse in Florida and the Nation during the current decade has been the emergence of new synthetic drugs of abuse. They were often first detected in Australia or New Zealand followed by Eastern then Western Europe around 2006 before arriving in North America about 2010. By 2017 these drugs were reported globally and found on every continent. The United Nations and major national government agencies have adopted the term, “**Novel Psychoactive Substances**” or NPS, to describe these drugs. Not all of these substances are new, but some may have been around for 20-30 or more years but not used as drugs until recently. The term “emerging” is not always appropriate to describe the problem as these substances often arrive in various locations in different years. Thus, what may be an emerging drug problem in Florida may have already come and gone in Great Britain. While most NPS are synthetic chemicals, so are many other drugs that have been around for decades.

More than three-fourths of **Synthetic Cannabinoids** analyzed in Florida crime labs in 2016 were from 2 different substances not seen in previous years while Broward County

had less than one-percent of all synthetic cannabinoid crime lab exhibits statewide. The availability of unregulated synthetic cannabinoids increased via retail sales throughout 2010 and the first half of 2011. Their use was mostly among those who were subject to frequent drug testing that did not identify these products. Nevertheless, drug tests are now available for their detection for some, but not all, of these ever-changing substances and many of the synthetic cannabinoids are now illegal.

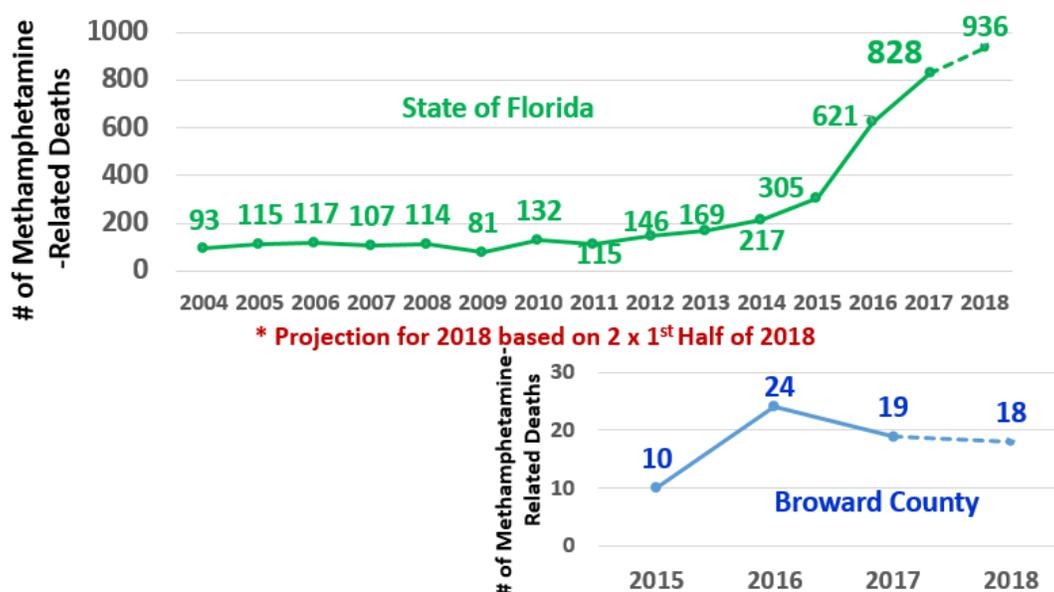
There were 28 crime lab cases for synthetic cannabinoids in Southeastern Florida during the first six months of 2018. Eighteen were FUB-AMB and representing only 0.2% of all local crime lab reports. There were also 7 crime lab reports for AD Fubinaca and 3 for Fluoro-ADB. The FYSAS has tracked use of synthetic cannabinoids among Broward high school students since 2012. Past-30-day use declined between 2012 and 2018 from 3.0% to 1.4%.

The ban by China in October 2015 of 116 Novel Psychoactive Substances including *alpha*-PVP (“Flakka”) and other **Synthetic Cathinones** appears to have dramatically reduced the availability of those substance in Broward County and across all of Florida in 2016. An epidemic of the synthetic cathinone, *alpha*-PVP, the drug sold as “flakka” erupted in Broward County in September of 2014. Consequences of its abuse rapidly escalated in 2015 with the drug linked to thousands of hospital emergency cases many from the excited delirium syndrome. Broward County had more crime lab cases of *alpha*-PVP than any other county in the nation. There were 63 *alpha*-PVP deaths in Broward County from September 27, 2014 to December 11, 2015 and none since that date.

In the first half of 2018 there were 22 crime lab cases for *alpha*-PVP in Southeastern Florida accounting for 0.2% of all crime lab exhibits, yet N-Ethylpentylone, usually sold as “Mollys,” is now the most frequently seen synthetic cathinone with 817 crime lab cases in the first six months of 2018 or 7.3% of all crime lab reports. There were also 27 reports for Dibutylone and another 26 reports for 11 different synthetic cathinones.

Indicators of **methamphetamine** remain relatively low in Broward County compared to other parts of Florida. The highest rates of methamphetamine treatment admissions and crime lab cases in Florida are in the Tampa Bay, Western Panhandle, and Orlando areas. Most methamphetamine being used in Florida is produced in Mexico. Domestic clandestine laboratory production in Florida appears primarily still to be in the north and central parts of the State using the 2-liter soda bottles “shake and bake” method that yields a relatively small amount of methamphetamine for personal use by the “cook” and for sharing with those who may have helped supply the precursor, pseudoephedrine. Indicators of methamphetamine have been steadily increasing across Florida since 2011 with deaths related to the drug escalating 646% from 115 in 2011 to 858 in 2017. In Broward County there were 10 methamphetamine deaths in 2014, 24 in 2015, and 19 in 2017.

Number of **Methamphetamine**-Related Deaths in **Florida** and **Broward County**: 2000-2018*



Source: Florida Medical Examiners Commission Jan 2004-Jun 2018 Reports

There were 70 primary treatment admissions (1% of all patients) for methamphetamine in Broward County during 2017. Males accounted for 76% of the Broward methamphetamine clients and 38% of all clients were between 18 and 34 years of age while 61% were age 35 and above. Smoking methamphetamine was the route of administration reported by 63% of these clients with intranasal sniffing cited by 17% and 14% reported injecting methamphetamine. The remaining 6% reported oral route of administration. Private treatment counselors continued to report serious methamphetamine abuse problems among men who have sex with men and who are often not included in the number of clients from treatment programs receiving public funding. These clients are at high risk of infectious disease transmission related to both unprotected sexual activity and injecting drug use. In Southeastern Florida there were 365 methamphetamine crime lab cases or 3.3 % of all items analyzed during the first half of 2018 ranking seventh among all drugs. The same region also reported 125 amphetamine crime lab exhibits or 1.1% of all cases ranking ninth.

Benzodiazepine deaths increased in 2015 and 2016 following sharp declines from 2011 to 2013 paralleling trends of prescription opioid fatalities. During 2017 in Broward County, there were 162 medical examiner occurrences for Alprazolam, 34 for Diazepam, and 12 for Clonazepam. Of these 208 benzodiazepine occurrences, 63% were considered “a cause of death” and 96% of the cases were detected with at least one other drug found present.

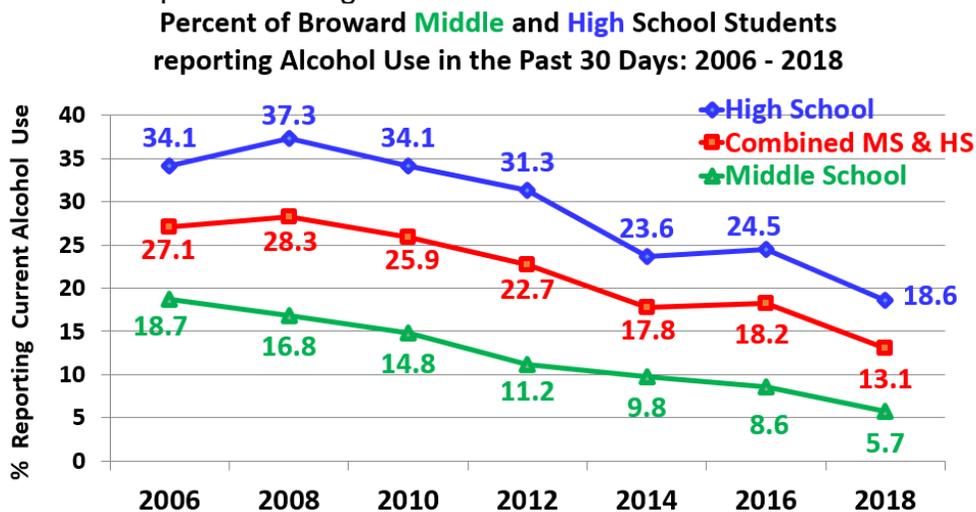
There were 530 benzodiazepine NFLIS crime lab reports in Southeastern Florida during the first half of 2018 representing 5% of all substances analyzed. Alprazolam accounted

for 87% of the benzodiazepine crime lab cases followed by clonazepam (9%), diazepam (3%), and Lorazepam (1%).

The prevalence of **underage current alcohol use and binge drinking** among Broward students declined from 2010 to 2018 paralleling declines Statewide. The most recent update on trends of alcohol use by Broward youth is from the 2018 Florida Youth Substance Abuse Survey (FYSAS). It reported a 15.5 percentage point decline (or 45% decrease) in current (past 30-day) use of alcohol among Broward high school students between 2006 (34.1%) and 2018 (18.6%) The FYSAS also reported a 13 percentage point decline (or 69% decrease) in current use of alcohol among Broward middle school students between 2006 (18.7%) and 2018 (5.7%). The 2018 rates of current alcohol use among Broward students are similar to the percentages for all Florida high school students at 21.2% and middle schoolers at 7.3%.

The FYSAS also reports an 8.9 percentage point decrease (or 52% decline) in binge drinking of having five or more drinks in a row during the past two weeks among Broward high school students from 17% in 2006 to 8.1% in 2018. Broward middle school students also reported a 54% decline in binge drinking (or 3 percentage points) between the same ten-year period from 5.6% in 2006 to 2.6% in 2018. Binge drinking percentages among Broward students in 2018 were also similar to those for high school students statewide at 9.6% and 3.1% among middle schoolers.

The percent of Broward high school students reporting they had their first drink of alcohol other than a few sips before the age of 13 as tracked by the FYSAS has declined 58% from 40.1% in 2006 to 16.8% in 2018. Statewide 17.6% of high school students in 2018 reported alcohol use prior to the age of 13.



Source: Florida Youth Substance Abuse Surveys 2006-2018

The National Survey on Drug Use and Health (NSDUH) Substate Data provides prevalence rates of alcohol use for Broward County underage drinking for those 12 to 20 years of age citing 20.15% of that population were current (past 30-day) users of alcohol

and 11.51% reported binge drinking in the past month. These were the lowest rates in Florida where the statewide rates were 24.04% for current alcohol use and 14.24% for binge drinking among those 12-20 years of age.

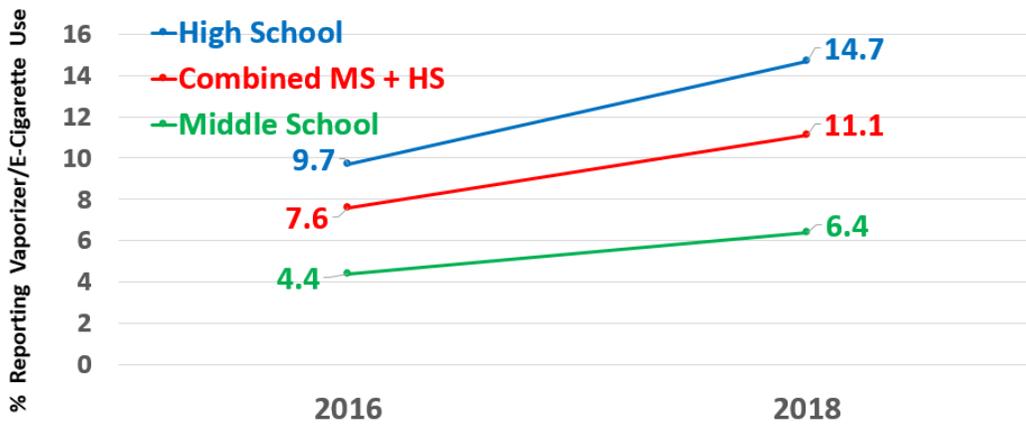
Alcohol was detected as being present in 36% of all drug-related deaths in Broward County during 2017 with 124 of the 339 alcohol occurrences being considered “a cause of death.”

Alcohol was the primary drug cited by 1,617 patients (or 29%) of those admitted to addiction treatment in Broward County during 2017. Three-fourths of all alcohol primary admissions clients were males. Three of the alcohol clients were under the age of 18 and young adults aged 18-25 accounted for 5% of the alcohol admissions. Those aged 26-34 years represented 24% and those age 35 and older comprised 70%.

While **cigarette smoking** by youth has dramatically declined over the past decade, many more Broward students report use of **e-cigarettes** as compared to regular cigarette. Significant declines in cigarettes smoking among Broward students are reported by the FYSAS over the past decade. In 2008, 8.2% of high school students reported past 30-day or current cigarette use as did 2.3% of middle school students. By 2018, the rate among high schoolers had declined 76% to 2% and dropped 91% among middle school students to 0.2%. These are the most significant declines of any substance use ever recorded during the 18 years of the FYSAS and are noted as the de-normalization of cigarette smoking among youth.

Nearly twice as many Broward high school students and more than thirty times as many middle school students are current users of e-cigarettes than regular cigarettes according to the 2018 FYSAS which reveals that 14.7% of Broward high school students had used e-cigarettes in the past 30 days as compared to 8.2% who had smoke regular cigarettes. The rates for middle schoolers were 0.2% for current use of regular cigarettes while 6.4% reported current use of e-cigarettes or vaporizers. Use of electronic smoking devices has increased 51% among Broward high school students and 45% among middle schoolers between 2016 and 2018.

Percent of Broward Middle and High School Students reporting Vaporizer/E-Cigarette Use in the Past 30 Days: 2016 - 2018



Source: Florida Youth Substance Abuse Surveys 2016-2018

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Current Resource and Capacity Assessment

Throughout its history, the Commission has acquired and leveraged a variety of monetary, human capital, and in-kind resources to execute its mission. Current resources include, but are not limited to funding, dedicated professional staff and consultants, Board of Governors, service provider network, community stakeholders, and diverse behavioral health programming. The Commission employs a number of comprehensive strategies to achieve its goals and objectives. Successful strategies include the following:

Media campaigns	Drug awareness programming in schools
Community newsletters	Youth leadership activities
Health fairs	Youth group support
Community and parent events	Mentoring programming
Family support programming	Service learning projects
Data and surveillance reports and presentations	Prevention and early interventions screening, assessment and referral
Training curriculum	Public policy advocacy
Conferences and training	Community education and awareness
Technical assistance	Community meetings and dialogues
Toolkits	Coalition building
Evidence-based interventions	Community coordination and action

The Commission has aligned its strategic objectives with its interventions and programs. These programs increase capacity assessment through identified and selected strategies and programming have been implemented at target sites throughout Broward County.

Currently funded and operated programs are found in Appendix B.

Goals and Objectives

The following goals and objectives have been established by the Commission to guide activities and programming, promoting behavioral health and wellness in Broward County from 2019 - 2022. These goals and objectives along with the associated strategies and key performance indicators are directed to the Commission's target population. **This target population includes youth, adults, and older adults in Broward County inclusive of those with increased risk, vulnerable, and special needs groups such as veterans and LGBT persons.**

Goal 1: Improve behavioral health among youth and adults in Broward County

Objective 1: Reduce alcohol, drug related deaths, and other serious consequences in Broward County by 5-%*

Objective 2: Prevent incidence rates and reduce underage drinking prevalence rates among Broward County youth by 10-%*

Objective 3: Prevent incidence rates and reduce the increasing prevalence of Broward County youth reporting marijuana use by 10-%*

Objective 4: Prevent incidence rates and reduce mental, emotional, and behavioral, and health risk among Broward County youth and adults by 5-%*

Objective 5: Prevent incidence rates and reduce the increasing prevalence rate of Broward County youth reporting electronic cigarette use by 5-%*

**NOTE: Percent Change Format reflects that the percent of change is different than change in percentage points.*

Goal 1 Implementation Strategies

The following are the implementation strategies associated with Goal 1:

- Implement social and health marketing campaigns; social norms
- Support evidence-based and health promotion programs
- Continuation of policy recommendations and changes through ordinance, regulation and compliance checks
- Information dissemination for media literacy, media advocacy, and mass media

Goal 1 Key Indicators

The following outlines the key indicators and associated data sources for objectives within Goal 1:

Objective 1 Key Indicators

- Reduce opioid overdose deaths
(Florida Medical Examiner Commission Report)
- Increase compliance with prescription medication regulation
(Florida Prescription Drug Monitoring Program)
- Increase awareness of risk and harmful consequences of alcohol abuse and dependence among youth and adults
(National Survey on Drug Use and Health Substate Data)
- Increase number of Broward County municipalities with mandatory vendor alcohol retail sales training
(Florida Division of Alcohol and Tobacco)
- Reduced deaths related to synthetic cannabinoids, cathinones, and other new psychoactive substances
(Florida Medical Examiner Commission Report)
- Reduce the prevalence of youth reporting use of prescription pain relievers.
(Florida Youth Substance Abuse Survey)
- Reduce the number of Poison Exposure Calls in Broward County for synthetic cathinones, synthetic cannabinoids, and other new psychoactive substances
(Florida Poison Information Center)

Objective 2 Key Indicators

- Increase rate of merchant compliance with underage alcohol sales
(Florida Division of Alcohol and Tobacco)
- Reduce the prevalence of youth reporting alcohol use
(Florida Youth Substance Abuse Survey)

Objective 3 Key Indicators

- Reduce the prevalence of youth reporting marijuana and synthetic marijuana use
(Florida Youth Substance Abuse Survey)
- Increase awareness of risk and harmful consequence of marijuana use among youth and adults
(National Survey on Drug Use and Health Substate Data)

Objective 4 Key Indicators

- Reduction in youth and adults attempting suicide**
(CDC Youth Risk Behavior Surveillance System; National Survey on Drug Use and Health Substate Data)
- Reduction in youth reporting bullying **
(CDC Youth Risk Behavior Surveillance System)

- Reduction in youth and adults reporting consideration of suicide**
(CDC Youth Risk Behavior Surveillance System; National Survey on Drug Use and Health Substate Data)
- Reduction in youth and adults reporting depression**
(CDC Youth Risk Behavior Surveillance System; National Survey on Drug Use and Health Substate Data)
- Reduction in childhood trauma associated with child welfare incidents involving caregivers with mental health and/or substance abuse conditions**
(Florida Department of Children and Families)

****NOTE:** indicators will be addressed by the Broward Suicide Prevention Coalition

Objective 5 Key Indicators

- Reduced prevalence of youth reporting electronic cigarette use
(Florida Youth Substance Abuse Survey)
- Increase knowledge and awareness of risk and harmful consequences of electronic cigarette use
(Florida Youth Substance Abuse Survey)

Goal 2: Build community capacity to promote behavioral health wellness

Objective 1: Increase primary prevention activities and health promotion resources in Broward County by 10%

Objective 2: Increase number of trainings and participants in behavioral health educational programs by 20%

Goal 2 Implementation Strategies

The following are implementation strategies associated with Goal 2:

- Grant funding and resource acquisition
- Provider training and technical assistance
- Implementing evidence-based programming
- Community coalition building through continuation of action team initiatives.

Goal 2 Key Indicators

The following outlines the key indicators and associated data sources for objectives within Goal 2:

Objective 1 Key Indicators

- Increase prevention and behavioral health promotion resources with information dissemination, education, and evidence-based programming.
(CBHDP MHFA grant & BBHC)
- Increase number of convening's (forums, meetings, summits, and community conversations) to bring community residents together on issues of shared importance
(CBHDP MHFA grant & BBHC)

Objective 2 Key Indicators

- Increase in behavioral health and prevention education programs and trainings
(CBHDP MHFA grant & BBHC)
- Increase number of community providers and First Responders trained in behavioral health programming.
(CBHDP MHFA grant & BBHC)

Future Capacity Building

Procurement Plan

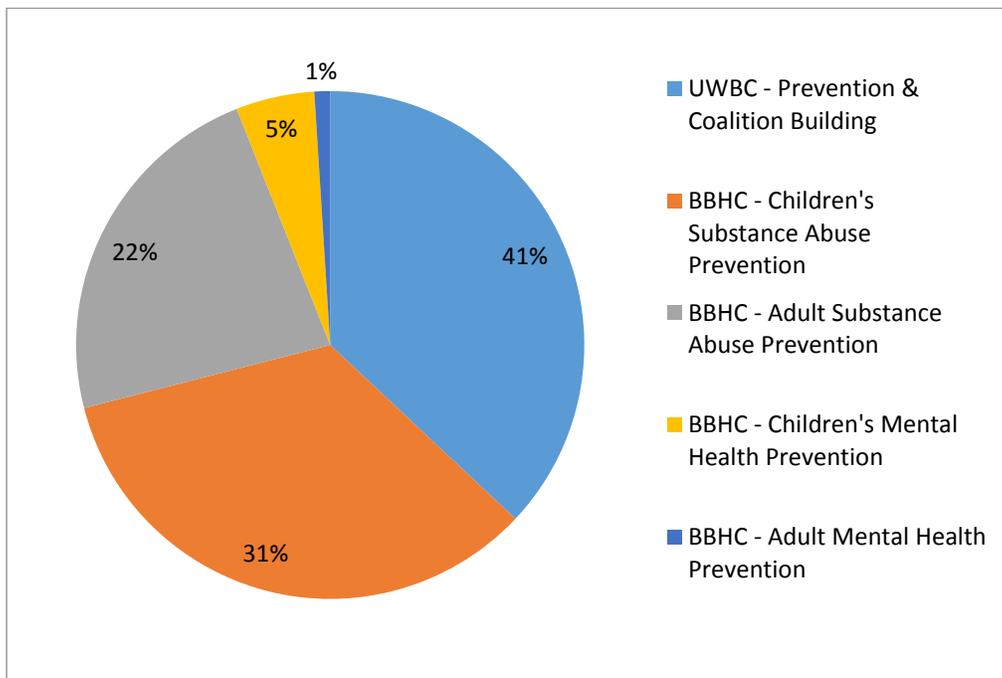
In 2019, the Commission will seek qualified organizations and subcontract the provision of a comprehensive array of behavioral health strategies and programs delivering mental health promotion and substance abuse prevention for children and adults in Broward County. Subcontracted organizations will be a combination of grassroots entities and those who have a proven track record of high quality performance and historical success in the provision of prevention services in compliance with solicitation criteria. Subcontractors will be expected to comply with the Commission's service, administrative, fiscal, and data requirements. Subcontractors must be financially stable, employ appropriate technology and possess the capacity to provide effective, accessible, and responsive services to individuals, families, and communities as aligned with the goals and objectives in this Plan.

Funding Allocation

The Commission will subcontract with an array of providers based on the available funding the Commission receives from the Broward Behavioral Health Coalition as determined by the Florida Department of Children and Families. This funding originates from several sources: state general revenue; Temporary Assistance to Needy Families; Federal Community Mental Health Block Grant; Substance Abuse Prevention and Treatment Block Grant; and other grants, contracts, or awards. Each funding source requires special criteria and compliance conditions.

Currently, the Commission receives \$3,171,973.20 in funding from the Broward Behavioral Health Coalition. The Commission matches this funding with investment from United Way of Broward County, including \$150,817 in cash match and \$350,000 of in-kind support, and additional secured funding.

The following pie chart reflects the allocation of resources by the Broward Behavioral Health Coalition (BBHC) and United Way of Broward County (UWBC) to each programming area:



The Commission's procurement process promotes financial responsibility among subcontracted providers to ensure direct service management and limit unnecessary expenditures. Providers are expected to implement and manage policies and procedures that detect and prevent potential or suspected fraud, waste, and abuse in service delivery administration. Goals and objectives outlined in this Plan will guide subcontractor procurement, outcomes, and reporting.

Appendix B also includes all other current Commission programs and coalitions.

Provider Development

The Commission seeks to initiate capacity building among Broward County behavioral health providers engaged in substance abuse and mental health prevention programming. To employ capacity building, the Commission recognizes the need to strategically plan with key partner and stakeholder organizations. This planning will

establish a framework for evidence-based program implementation, provider coaching and technical assistance, information and performance management, outcome measurement, continuous quality improvement, and learning community deployment. The Commission has established a collaborative affiliation with Broward Behavioral Health Coalition, Broward County's substance abuse and mental health managing entity. The Commission will work with Broward Behavioral Health Coalition to increase provider competence and application of evidence-based practices designed to address substance abuse and mental health. The Commission wants to ensure subcontracted providers have knowledge, skills, and resources to successfully execute evidence-based programming. The Commission recognizes capacity building for its community-based provider network organizations as a participatory process. The Commission will conduct facilitated meetings with providers to discuss adoption and implementation of substance abuse and mental health evidence-based programming.

Providers will be engaged in discovery activities and an environmental scan to evaluate capacity. The Commission will develop and administer an evidence-based practice readiness assessment with providers measuring their existing infrastructure for evidence-based programming.

The Commission will coordinate and conduct training to prepare organizations for effective evidence-based intervention administration and quality service provision. Training topics include understanding evidence-based practices, implementing evidence-based interventions, monitoring and adhering to fidelity, managing performance, determining and measuring outcomes, and employing continuous quality improvement.

Along with its provider network, the Commission will determine a meaningful approach to coaching and technical assistance. This includes the feasibility and framework for establishing a learning community. The Commission and providers will explore and agree upon a practical data and performance management system.

Community Development

The Commission will continue to work with Broward County communities to form alliances among municipalities, neighborhoods, and stakeholders to bring mental health promotion and substance abuse prevention to the local level. The Commission will assist parents, youth, and concerned citizens with implementing social and environmental strategies that promote healthy and drug-free living.

Evaluation Plan

The Commission will continue using available surveillance data from a variety of sources. The Commission will track drug-related mortality rates using information available from the Florida Department of Law Enforcement Medical Examiners' Commission. The Commission will access treatment admissions and youth risk behaviors from the Department of Children and Families. To analyze trend data, the Commission will use information available from SAMSHA's Center for Behavioral Health Statistics. These data

sources will allow the Commission to complete an in-depth analysis comparing trends in Broward County to state and national trends. The Commission's subcontracted epidemiologist will seek other information on drug use patterns using ethnographic data. The Commission will initiate internal data collection and analysis to evaluate the success of subcontracted programming. The Commission will employ a mixed methods approach and collect both quantitative (surveys) and qualitative data (interviews and focus groups). The Commission will develop and utilize quality measurable outcomes for targeted and comparative analysis. A continuous feedback loop will be facilitated between the Commission, Broward Behavioral Health Coalition, subcontracted providers, and the community.

Current literature suggests that in order to decrease the susceptibility of substance use and abuse, programming need to focus their efforts on resiliency by targeting an increase in protective factors and a decrease in risk behaviors. Therefore, the Commission will employ a pre- (baseline data) and post-test design to evaluate the effectiveness of programs. In addition, the Commission will investigate a participant's perceived quality of life and participant satisfaction using electronic data collection methods.

The Commission will include a strong and vigorous evaluation requirement as a part of its Intention to Negotiate process. Each subcontracted provider will be required to track at least three measurable outcomes. All data collected in this process will be closely evaluated by Commission staff using acceptable collection and analysis practices.

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APPENDICES

APPENDIX A: Problem Statement and Community Needs Assessment Tool.

APPENDIX B: Current Program Descriptions

Commission on Behavioral Health and Drug Prevention Funded via Broward Behavioral Health Coalition 2018-2019

Archways, Inc./Archways Substance Abuse Prevention Program – provides universal substance abuse prevention programming for a minimum of 800 children ages 6 - 12 and youth ages 13 – 17. The Evidence-Based Program (EBP) interventions include LifeSkills Training (LST) and Positive Action (PA). School-based services are provided throughout Broward County. A summer component will also be provided at three community-based partner agencies who serve at risk youth involved with the dependency system and/or youth with behavioral health challenges that elevate the risk for substance use. The EBP models are designed to address the social and psychological factors that can lead to substance use and other high risk behaviors through the use of facilitated discussion, structured small group activities and sequenced curricula to build resilience and help children and youth develop the skills necessary to resist pro-drug influences.

Broward Partnership for the Homeless/Targeted Outreach for Persons Experiencing Homelessness – The Broward Partnership and the Task Force for Ending Homelessness are submitting a collaborative application to support the *Targeted Outreach for Persons Experiencing Chronic Homelessness (TCO)* project. The TCO project will utilize the evidence-based practice of Brief Strengths-Based Case Management for Substance Abuse Prevention. The services provided in this model include access to care, health education, outreach-centered case management, behavioral health support, clinical outreach, and benefit eligibility assistance. The target population for the TCO project is persons experiencing chronic homelessness in Broward County. The key program components include pre-engagement, engagement, and service delivery, focusing on Brief Strengths Based Case Management for Substance Abuse Prevention, clinical interventions, and peer support designed to target the chronically homeless population. Through coordinated street outreach activities, the TCO team will engage persons experiencing chronic homelessness, in their environment, in order to begin prevention and intervention services, as well as facilitate access to the behavioral health, primary care, and social services delivery systems. The TCO team will engage at least 250 individuals experiencing chronic homelessness per year during pre-engagement and will deliver brief strengths-based case management and peer support services to at least 75 individuals experiencing chronic homelessness per year.

Firewall Centers, Inc. T.H.I.N.K Leadership Middle School Program – The program proposed by Firewall Centers is called T.H.I.N.K. Leadership, an integrated, comprehensive, academic and behavioral health selective prevention program. Through this program, Firewall Centers will serve 200 low-income, high-need students in 6th-8th grades. The public middle schools they attend are located in some of Broward County's highest-need neighborhoods including Pompano Beach, Sunrise, and Lauderhill. The

program will serve low-income students with unique needs, and all students are eligible to apply. The goals of T.H.I.N.K. Leadership are to address the academic, social-emotional, and developmental needs of students, and the program's daily, school-based services help students achieve academic success, build resiliency, improve grades/graduation rates, develop a positive outlook, pro-social relationships with peers and adults, and positive decision-making skills including choosing to live healthy and drug-free lives. The evidence-based model to be provided by a Prevention Specialist is Life Skills Training. Specifically, Firewall Centers will use the Botvin LifeSkills Training program. Botvin LifeSkills Training is a substance abuse prevention program based on 30+ years of scientific research. Botvin's program has been deemed as a best practice in peer-reviewed literature (SAMHSA's National Registry of Evidence-based Programs and Practices) and is used to prevent tobacco, alcohol, marijuana use, and violence by targeting psychological and social factors in students ages 7-18. There are 30 lessons, and each program participant will have a Botvin workbook.

First Call for Help of Broward, Inc. d/b/a 211-Broward/2-1-1 Broward Helpline – is the 24-hour comprehensive helpline, providing free, confidential crisis and suicide counseling, empathetic listening and information and referrals for social services including mental health and substance abuse through this funding. Alternate funding sources allow the agency to provide information and referral for a wide range of additional issues including food, shelter, financial assistance, violence, relationship issues, stress, anxiety, family problems and other concerns.

Hanley Center Foundation, Inc./Comprehensive Approach to Prevention Services – provides universal substance abuse prevention programming for a minimum of 596 16 - 18 children and 893 youth 18 – 21. The Evidence-Based interventions include LifeSkills Transitions training for children and youth. Services are provided at five Alternative High Schools in Broward County. Through this project provider will increase knowledge about alcohol, tobacco, and marijuana use and reduce pro-drinking attitudes among program participants.

Hanley Center Foundation, Inc./ Provider Prevention Partnership Grant – offers the Alcohol Literacy Challenge program in Broward County, serving 3,500 students per school year. Facilitators implement 10 Active Parenting programs in Broward County in schools, churches and community centers each year and serve 120 parents. Additionally, Hanley Center Foundation trains primary care professionals, employers, business leaders, faith leaders, school personnel and educators, local police and corrections officers, mental health providers, volunteers, young people, and families throughout Broward County in Mental Health First Aid. After completing the course and passing an examination, participants are certified for three years as a Mental Health First Aider. Provider aims to train and certify 150 individuals each year in the community in Mental Health First Aid.

Institute for Child and Family Health, Inc./Substance Abuse Prevention Program – provides universal substance abuse prevention programming for a minimum of 600 Elementary and Middle School students in the City of Pembroke Pines using LifeSkills

Training (LST) as its Evidence-Based model. Services are provided at three Elementary and three Middle Schools in southern Broward County. LST is a 15 week program designed to address the social and psychological factors that can lead to substance use and other high risk behaviors through the use of facilitated discussion, structured small group activities and sequenced curricula to build resilience and help children and youth develop the skills necessary to resist pro-drug influences.

South Broward Hospital District – Memorial Healthcare System/ Community Access to Resources, Education and Support (CARES) – provides universal substance abuse prevention programming for a minimum of 3,150 children and 250 parents/caregivers throughout Broward County. The Evidence-Based interventions include LifeSkills training for children and youth and Guiding Good Choices for adults. Services are provided at convenient locations including public elementary and middle schools and charter schools serving lower socioeconomic students and their families; faith-based and community venues; and the City of Hollywood Parks and Recreations Department.

SunServe/Interactive Journaling Program – provides Adult Behavioral Health Indicated Prevention services to increase the skills necessary to navigate identity issues, increase protective factors, mitigate feelings of isolation and rejection, prevent substance abuse, and victimization for under-served Lesbian, Gay, Bisexual, and Transgender (LGBT) populations. The Evidence-Based program Interactive Journaling operationalizes, or “tailors” the Trans-theoretical Model of Change and relies on principles of Cognitive Behavioral Therapy (CBT) and Motivational Interviewing. The program shall serve a minimum of 140 LGBT individuals throughout Broward County for an average of eight (8) sessions per participant. Individuals shall also receive comprehensive assessments prior to the initiation of services. The program shall operate at SunServe, located in Wilton Manors, and which has a large LGBT population. Public transportation is accessible and convenient to participants.

Coalitions & Events

United Way of Broward County Commission on Behavioral Health & Drug Prevention (UWBCCBHDP) is a broad-based substance abuse coalition dedicated to reducing substance abuse and its consequences. UWBCCBHDP directs initiatives to prevent and treat substance abuse. UWBCCBHDP coordinates social marketing and programming aimed at promoting optimal health through the reduction of risky behaviors and the development of protective factors that prevent substance misuse and promote behavioral health

Broward Youth Coalition Leadership Program (BYC) - BYC is a countywide youth leadership coalition made up of middle and high school students with a with a mission of creating positive youth development using a public health approach and promoting substance abuse prevention by proactively promoting protective factors in young people. Through training and education youth to plan and implement substance abuse prevention

strategies that will create positive, sustainable change among peers, parents, and adults in their local neighborhoods, communities, and schools.

Choose Peace/Stop Violence – Choose Peace/Stop Violence is a county-wide violence prevention collaborative whose vision is for youth and families to thrive in safe and healthy neighborhoods, vibrant with opportunities for personal, educational and economic growth. The initiative has been successfully implemented for the past four years. Choose Peace/Stop Violence is overseen by the United Way of Broward County Commission on Substance Abuse and is funded by United Way of Broward County, School Board of Broward County and Children's Services Council of Broward County. Community partners include: Broward County, Broward County Health Department, Broward Sheriff's Office, Broward County Children's Services Administration, Florida Department of Children and Families, Florida Department of Juvenile Justice, Memorial Healthcare System and 2-1-1 Broward.

Funding for these programs provided by **Broward Behavioral Health Coalition (Florida Department of Children & Families)**.

Broward County Programs Associated with: Mental Health and Substance Use Disorder Services⁴