



PROPOSITION 64 STAKEHOLDER GROUP

Recommendations on the Use of Proposition 64 Adult Use of Marijuana Act Youth Funds

The new revenues generated by state taxes on marijuana represent a unique opportunity to invest in community-based public health education, prevention, early intervention, treatment, and recovery and to do so through the lens of racial and health equity, focusing those strategies on the underlying conditions that lead to substance abuse, such as toxic stress, trauma, multigenerational impacts, stigma and co-occurring mental illness.

The undersigned youth-serving organizations -- including a diverse coalition of stakeholders representing education, prevention, early intervention, treatment, and recovery -- propose the following recommendations to ensure a robust and transparent stakeholder process, that should begin no later than July 2018. All of these recommendations apply both to statewide processes and programs, as well as those at the local level.

Process

We recommend that the California Department of Health Care Services (DHCS), the California Department of Public Health (DPH), the California Department of Education (CDE) conducts a robust needs assessment and planning process in collaboration with community stakeholders and partners to determine the most effective investments in the areas of education, prevention, early intervention, treatment, recovery, and workforce development. Stakeholders should include those explicitly listed in Proposition 64, as well as community-based providers, youth development organizations, impacted youth, families, and communities disproportionately affected by the war on drugs. This planning process must be informed by the evidence about what works to prevent disease and addiction, and the perspectives and lived experiences of adults and young people impacted by past drug policies.

The Proposition 64 Youth Funds should not be used to supplant existing funding for services and supports; funds should be used to fill gaps in local program needs, in the absence of other

funding suitable streams such as the Medicaid 20/20 waiver, private insurance, the substance abuse prevention and treatment block grant (SAPT), Hub and Spoke, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), or existing federal and state education funding dedicated to ongoing prevention activities.

- **Create a statewide needs assessment with common standards that will guide the work consistently across all three state agencies.** The needs assessment should: (1) Establish shared definitions of what public education, prevention, early intervention, treatment and recovery, with guidance on target ages and services for each element; (2) Include an assessment of disparities based on race, ethnicity, primary language, immigration status, gender identity, and sexual orientation; and (3) Examine the needs of children, youth, young adults, families/caregivers across different ages, from 0-26; with specific focus upon the needs of more vulnerable populations such as foster youth, youth experiencing homelessness, youth with disabilities, and transition aged youth.
- **Build capacity:** Leverage and strengthen existing infrastructure for delivering publicly funded substance use activities and services while maintaining and expanding existing community programs with demonstrated positive outcomes that have addressed the needs of the community, including those early intervention programs serving the very young and vulnerable, should be considered as important new programs addressing high need youth and their families.
- **Plan:** DHCS, DPH, and CDE should prioritize spending based on the findings of its needs assessment that creates clear short- and long-term goals related to reducing youth substance use and related health consequences. All funded activities, services, and programs should use science-based information and recommendations in non-judgmental and non-punitive settings. Programs should also prioritize safety, and recognize the importance of moderation, self-regulation, and harm reduction alongside encouraging abstinence in a way that is developmentally appropriate. In particular funds should address vital unmet needs in programs that have proven to be effective in preventing students from engaging in risky behaviors and provide alternatives to suspension and expulsion. Education, prevention, early intervention, treatment, and recovery programs should meet higher quality standards than those currently in place for substance use programs. These may include the use of evidence based or promising practices for preventing and treating substance use disorders (SUDs). State and local planning efforts should incorporate lessons learned from other states and nations on their marijuana, alcohol, and tobacco prevention efforts.
- **Implement:** Funding from DHCS, DPH, and CDE should focus on partnerships across the full spectrum of care including education, prevention, early intervention, treatment, and recovery based on local needs.
- **Evaluate:** DHCS, DPH, and CDE should assist in the evaluation of all funded programs on an ongoing basis and provide sufficient technical assistance to local efforts to ensure that measures are uniform across agencies, use a mixture of indicators and outcomes that

are appropriate to the setting, specific intervention and age of program participants, demonstrate successes and failures of programs designed to reduce substance use-related negative outcomes or consequences, and collect and report consistent demographic data, including sexual orientation and gender identity. Evaluation efforts should not become barriers to programs, organizations and smaller communities receiving funding, and the state should provide a broad range of technical assistance to small organizations and/or new grantees for implementing an effective evaluation plan.

- **Review:** DHCS, DPH, and CDE should review these plans on a periodic basis in order to adapt their planning and implementation activities to maximize impact.

Guidelines and Principles

In addition to above stakeholder process, the coalition also offers the following recommendations as principles that should be guide the work of all funded programs.

- **Integration:** Youth and their families generally interact with multiple public and non-profit entities, therefore their substance use education, prevention, early intervention, treatment, and recovery services should be linked, coordinated and/or integrated, to school programs, afterschool, child care, child welfare interactions, primary care, and mental health systems, when appropriate. The specific nature of the Proposition 64 funding should not serve to isolate activities and programs within separate disciplines or boundaries but should promote approaches that encourage communication between different delivery systems that compliment and integrate activities and services across the youth/family specific domains, ensuring that the funds are leveraged, and impacts of these efforts are maximized at the local level.
- **Meet youth where they are:** Education, prevention, early intervention, treatment, and recovery services should be provided in a variety of school and community settings to ensure access for youth and young adults with diverse needs. Programs should meet youth “where they are” and be widely accessible to all young people, including those not in contact with the public education system, those who are homeless or marginally housed, justice-involved youth, LGBTQ youth, and youth from other underserved and/or marginalized communities. Programs should prioritize health equity and cultural responsiveness.
- **Innovation:** Education and health agencies should be expected to create innovative investments and partnerships with community based organization across the spectrum of education, prevention, early intervention, treatment, and recovery. Funding for piloting and evaluating emerging practices, community-defined practices, and practices targeted at reducing substance use disparities, should be included within the statewide plan.
- **State leadership:** Though the majority of state and federal funds are now allocated to counties through state legislation, there remain important opportunities for addressing statewide needs and gaps. Efforts such as public education campaigns, work force

components and assistance in developing state of the art programs can be done effectively through coordinated state level implementation activities.

- **Equity:** Communities of color have been disproportionately impacted by marijuana policy and under legalization will be particularly at risk. For decades Black, Latino, immigrant and LGBTQ communities suffered disproportionate arrests and convictions for marijuana-related and other drug crimes. As a result, families were driven into poverty, children were separated from parents, and adults faced huge obstacles in gaining employment, housing and education as a result of felony convictions. In many communities marijuana businesses and marijuana ads are disproportionately located in low-income communities and communities of color. Certain vulnerable populations of young people suffer disproportionate rates of marijuana and substance abuse, including LGBTQ, foster youth and homeless youth
- **Positive youth development:** Any youth system of care should be designed from a positive youth development model that is developmentally appropriate, culturally and linguistically competent, takes a trauma-informed and harm reduction approach, and honors youth choice and voice. Youth development professionals should inform program design. Any programs funded needs to serve youth in accordance with their gender identity and must meet a basic level of LGBTQ cultural competency.
- **Trauma-informed:** Programs serving populations who have experienced trauma, funded by Proposition 64 will be trauma-informed. Proposition 64 funding should be provided to entities committed to engaging in trauma-informed approaches and interventions. These organizations should be committed to training all staff to be trauma-informed. These organizations should reflect Substance Abuse and Mental Health Services Administration (SAMHSA) six principles for a trauma-informed approach.

Workforce

As a part of the stakeholder process, the DHCS, DPH, and CDE should develop and implement a strategic plan for addressing the workforce shortage for substance use prevention, early intervention, treatment, and recovery. The plan should also include education, training, and standards for first responders, teachers, community members, youth workers, afterschool professionals; expanded treatment roles for primary care providers, nurse practitioners, peer support specialists, and other non-traditional providers; promoting efforts to recruit more people into the mental health substance use workforce through loan forgiveness and financial incentives; and advancing the use of technology to expand treatment options and access to care.

- Resources must be portable across the different systems of care while also encouraging a continuum that promotes communication between adequately trained and compensated substance use, mental health, and primary care providers serving underserved communities who provide education, prevention, and early intervention.
- Barriers to entry to the workforce treating youth should be reviewed to ensure that persons with lived experience are prioritized, encouraged, and not being excluded.

- All services, in all settings, need to be culturally competent and available in variety of languages. Training should be provided to ensure competency for special populations, including LGBTQ, trauma, criminal justice involvement, foster care and others.
- In developing a workforce for the provision of services and supports, DHCS, DPH, CDE, and stakeholders should work to include a pathway for a peer specialist, student assistance program professionals, and peer intervention specialist certification program for youth.

California AfterSchool Network

California Alliance of Child and Family Services

California Associations of Alcohol and Drug Program Executives, Inc

California Association for Alcohol/ Drug Educators

California Behavioral Health Planning Council

California Consortium of Addiction Programs and Professionals

California Council of Community Behavioral Health Agencies

California Health + Advocates

California LGBTQ Health and Human Services Network

California School-Based Health Alliance

Child and Adolescent Health Measurement Initiative, John Hopkins University

Children's Defense Fund – California

County Behavioral Health Directors Association

MILPA Collective

Steinberg Institute

Tarzana Treatment Center

Youth Forward

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