

County Behavioral Health
Substance Use Disorder Services (SUDS): Youth
Prevention

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March 18, 2026



HEALTH AND HUMAN
SERVICES AGENCY
EL DORADO COUNTY
Transforming Lives and Improving Future



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Transforming Lives and Improving Futures

Purpose and Agenda

1. Mandates and Requirements (Federal & State)
2. Why Prevention Matters
3. Strategies & Framework
4. Data & Outcomes
5. County Role
6. Local Initiatives



Federal Substance Use Prevention, Treatment, and Recovery Services Block Grant

- The Substance Use Prevention, Treatment, and Recovery Services Block Grant, referred to as the Substance Use Block Grant (SUBG), provides funds to all 50 states and other jurisdictions.
- Primary Purpose is Substance Use Prevention, Treatment & Recovery.
- Prevention must be primary (before onset) Federal statute requires allocating at least 20% of SUBG to primary prevention.

California Department of Health Care Services Requirements

Department of Health Care Services administers and ensures compliance for SUBG funding to local non-federal governments to either provide services directly or by contracting with local SUD providers.

The SUBG Program's objective is to help plan, implement, and evaluate activities that prevent and treat SUDs. Grantees use the SUBG program for prevention, treatment, recovery support, and other services to supplement Medicaid.

Prevention Set-Aside

- Requires the Counties to spend a minimum of 20 percent of the total SUBG Award to California on primary prevention services.
- Department of Health Care Services recognizes that each community is uniquely different; therefore, the Substance Use Prevention Plan contains multiple objectives to allow counties to select multiple strategies based on local need.
- California's DHCS enforces federal rules and county compliance.
- Counties must implement primary prevention using evidence-based approaches and adhere to federal set-asides and reporting.



Substance Use Block Grant Primary Prevention Requirements Strategic Prevention Framework (SPF)



- **Assessment:** Identify local prevention needs based on data. (For example: What is the problem?).
- **Capacity Building:** Build local resources and readiness to address prevention needs. (For example: What resources do you have to work with?).
- **Planning:** Identify what approaches are effective in addressing prevention needs and determine how to implement them successfully. (For example: What should you do, and how should you do it?).
- **Implementation:** Deliver Evidence-Based Practices and Culturally-Defined Evidence-Based Practices as intended. (For example: How can you put your plan into action?).
- **Evaluation:** Examine both the process and the outcomes of programs and practices. (For example: Is your plan working?).

PREVENTION FRAMEWORK FOR CALIFORNIA

The two guiding principles that must be integrated throughout the Strategic Prevention Framework are:

- **Cultural Competence:** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their unique heritage and social relationships.
- **Sustainability:** The process of building an adaptive and effective system that can achieve and maintain desired long-term results.

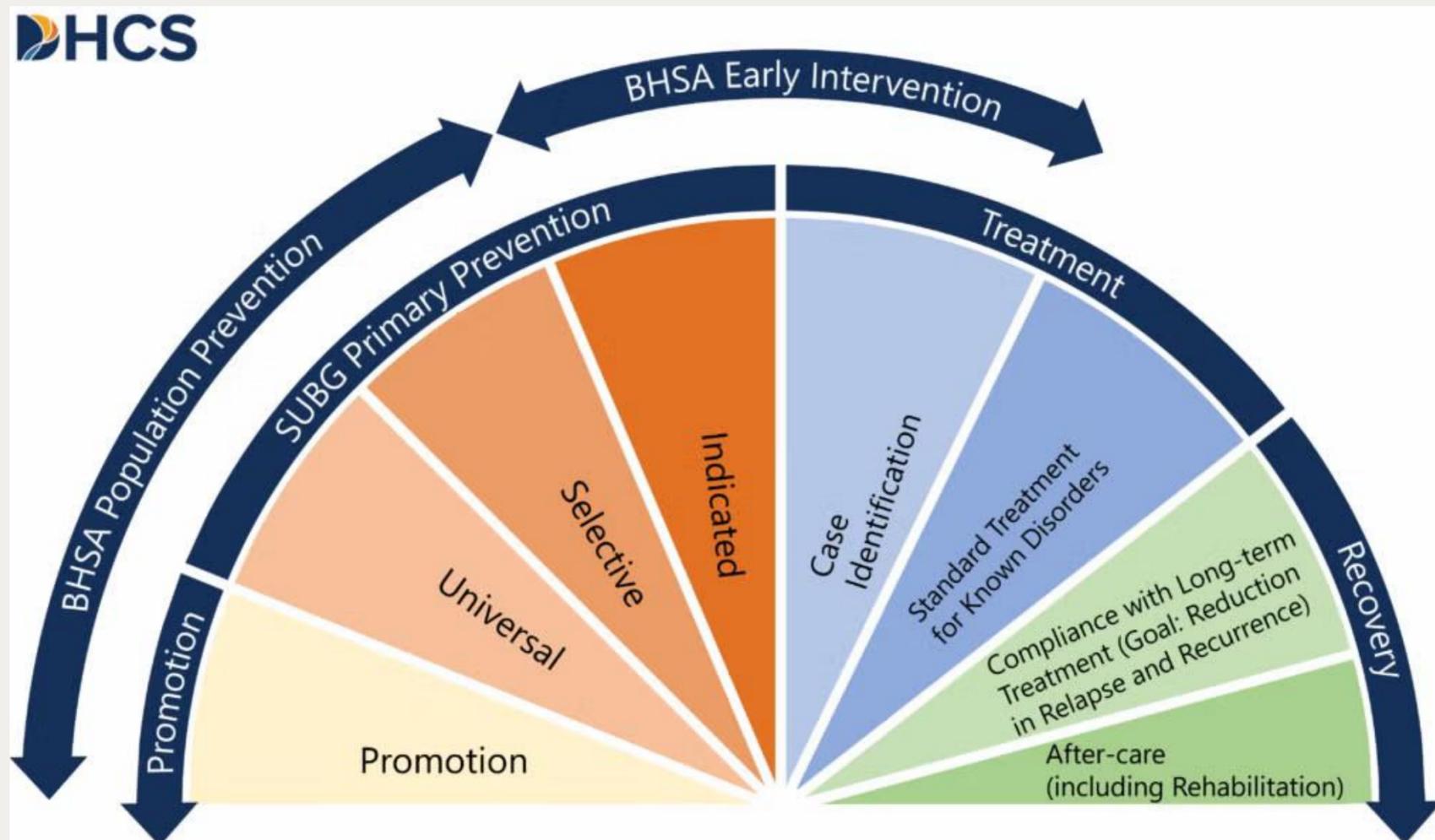




Why Substance Use Disorders Youth Prevention Matters

- Reduces costly treatment demand
- Builds youth & family resilience
- Strengthens community health & safety
- Complements mental health services

Institute of Medicine's Continuum of Care and Categories



- Universal: All youth populations
- Selective: Higher-risk youth groups
- Indicated: Early substance use signs



Risk and Protective Factors

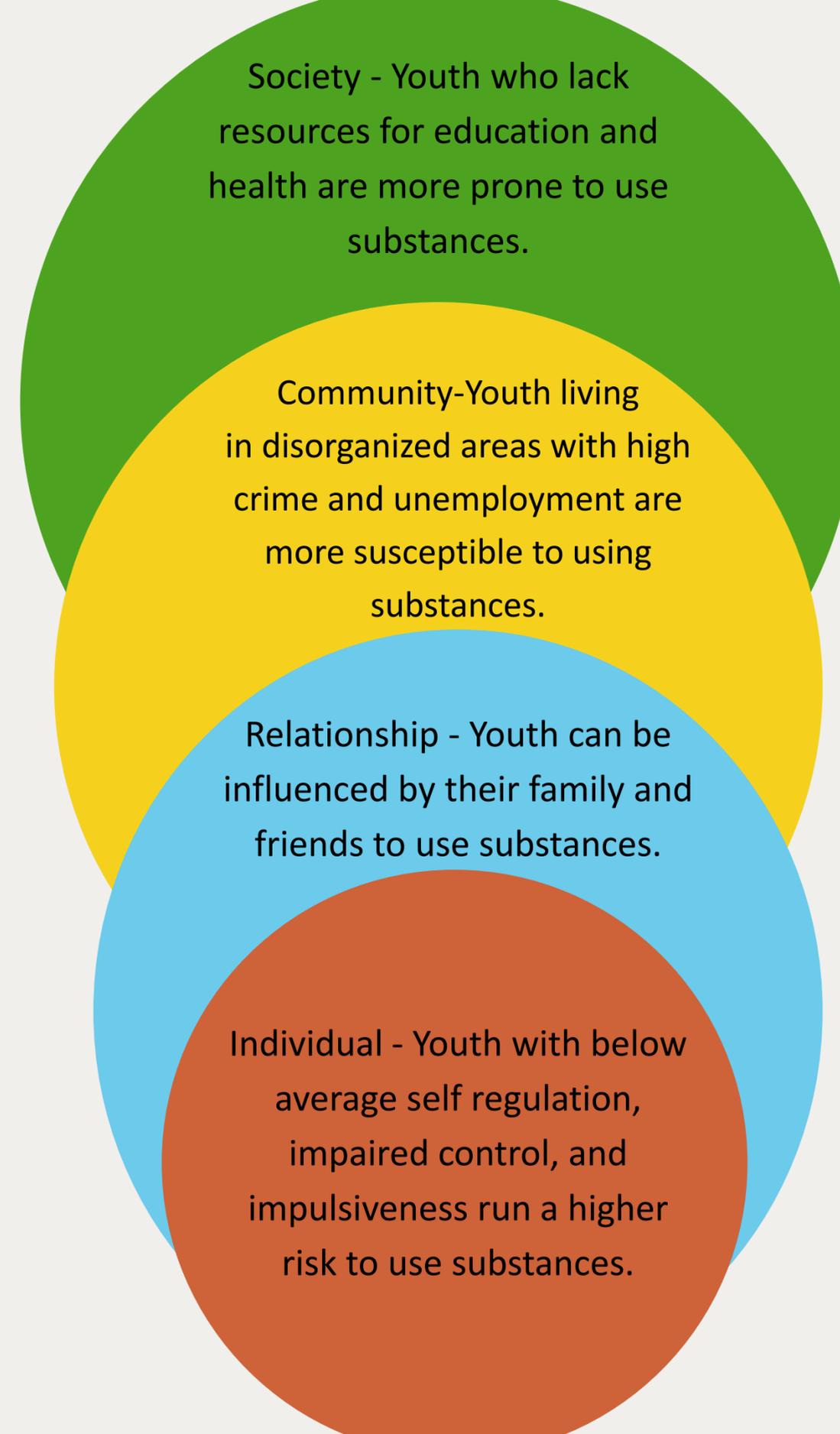
- Individual: Coping, Refusal Skills
- Family: Involvement, Communication
- Peers: Positive Norms, Activities
- Community: Resources, Safe Spaces
- Society: Policies, Cultural Norms

ADVERSE CHILDHOOD EXPERIENCES AND POSITIVE CHILDHOOD EXPERIENCES

- **Adverse Childhood Experiences:** Stressful or traumatic events between ages 0–17 that undermine safety, stability, and bonding. ACEs increase lifelong risks for substance misuse, mental health disorders, and serious emotional disturbances.
- **Impact of ACEs:** The more adverse childhood experiences a person has, the greater the risk for negative health and behavioral outcomes across the lifespan.
- **Protective and Compensatory Experiences (PCEs):** Positive childhood experiences that buffer against ACEs, promote resilience, and reduce intergenerational transmission of trauma. Adults with more PCEs show better physical, mental, and emotional health.
- **SAMHSA's ACEs Framework:** Prioritizes trauma-informed, upstream strategies to build resilience, including:
 - Implementing prevention curricula in youth-serving organizations.
 - Strengthening protective factors through family engagement and mentorship.
 - Fostering cross-sector collaboration among health, education, and child welfare systems.

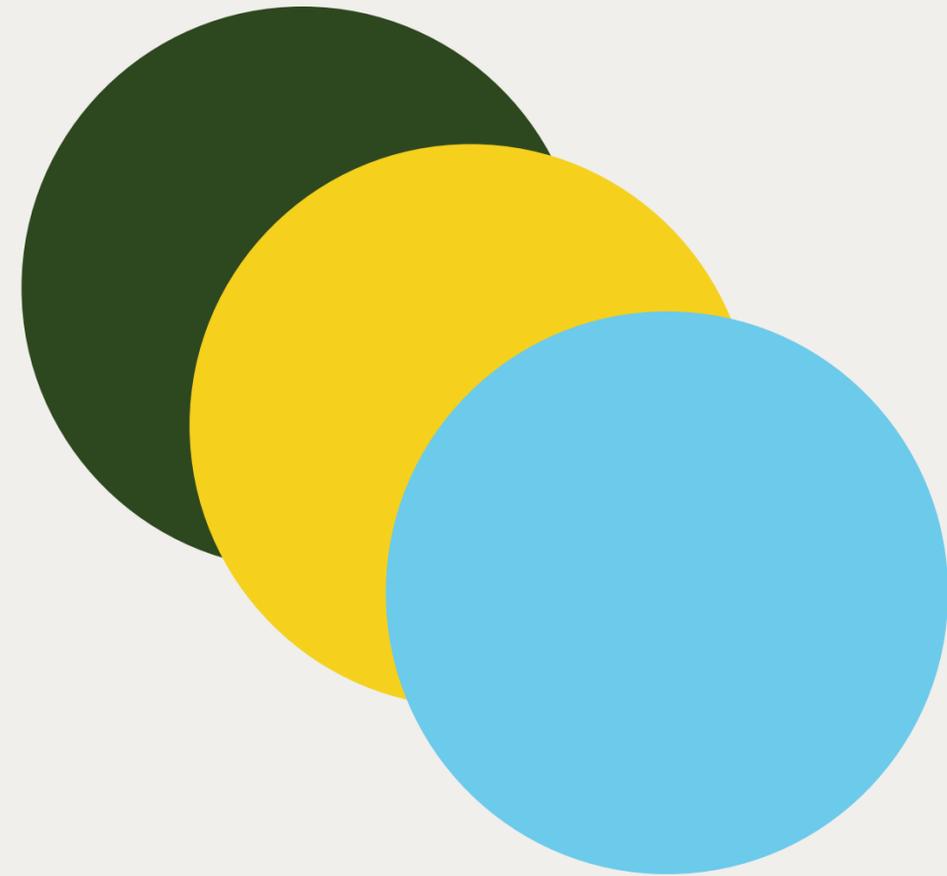
SAMHSA's Socio-Ecological Model

The Socio-Ecological Model identifies the domains in which we interact with our environments. These include the individual, relationship, community, and society levels.



Social Drivers of Health

- Education access & quality
- Community support & engagement
- Economic stability & resources
- Healthcare access & quality care
- Safe neighborhoods & built environment



Center for Substance Abuse Prevention (CSAP-

6) Prevention Strategies



1. Information Dissemination - One way communication to increase awareness.
2. Education - Two-way communication to promote critical life and social skills, i.e. refusal skills, decision making.
3. Alternatives - Participation of target populations (youth), i.e. schools, clubs.
4. Problem Identification & Referral - Identification of behavior that includes engaging in substance use, does not include treatment.
5. Community-Based Processes - Aim to build protective factors within the community to deter youth substance use.
6. Environmental - Change the environment by minimizing the influences of substance use by establishing written or unwritten changes in community standards, codes, and attitudes around substances, particularly involving easy access to youth.



Welcome to the Substance Use Prevention Evidence-Based Resource!

The Substance Use Prevention Evidence-Based Resource (SUPER) is a centralized resource designed to give California counties, youth service providers, and tribal entities streamlined and straightforward information about evidence-based, promising, and innovative substance use prevention practices.

In 2025, DHCS and UCLA launched the new SUPER, “a free online resource designed to promote the uptake and utilization of effective, innovative, and youth-centered substance use prevention programming across California” (UCLA (Website), 2025)

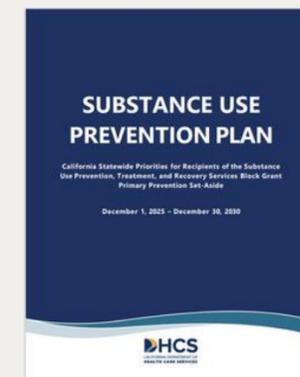
Substance Use Prevention Plan

The Substance Use Prevention Plan is Department of Health Care Services' overarching guidance for counties receiving primary prevention funding to use prevention science, theory, and planning frameworks when making local programmatic decisions that best meet the needs of the individuals, families, and communities they serve. This can be achieved through a collective statewide alignment with the following priorities:

- Priority 1: Remain Grounded in Evidence-Based Primary Prevention Science.
- Priority 2: Promote Resilience and Engagement for Children, Youth, Families, and Communities.
- Priority 3: Improve the Overall Health and Quality of Life for Individuals, Families, and Communities.
- Priority 4: Strengthen the SUBG Primary Prevention Workforce.

SUBSTANCE USE PREVENTION PLAN (SUPP)

California Statewide Priorities for Recipients of the Substance Use Prevention, Treatment, and Recovery Services Block Grant
Primary Prevention Set-Aside December 1, 2025 – December 30, 2030.



County Role

- Develop & oversee prevention programs
- Fund local initiatives & coalitions
- Collect & analyze community data
- Champion prevention-focused policies
- Evaluate outcomes for accountability
- Civic Engagement to sustain Prevention funding
- Capacity Building
- Assessment



Practice Components

Age-appropriate Interventions

- Individual: Skills, Self-efficacy, Activities
- Relationship: Parent Support, Peer Norms
- Community: Coalitions, Policy Enforcement
- Other: Tailored local fit strategies

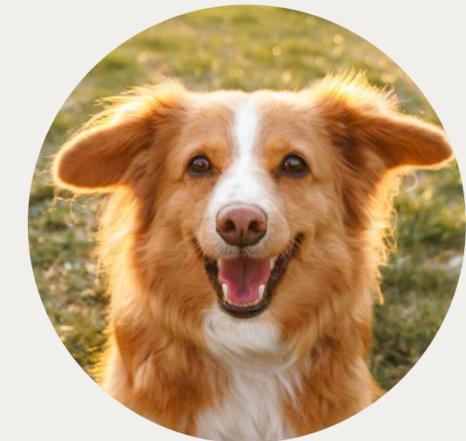
When a flower doesn't bloom,
you fix the environment in which
it grows, not the flower.

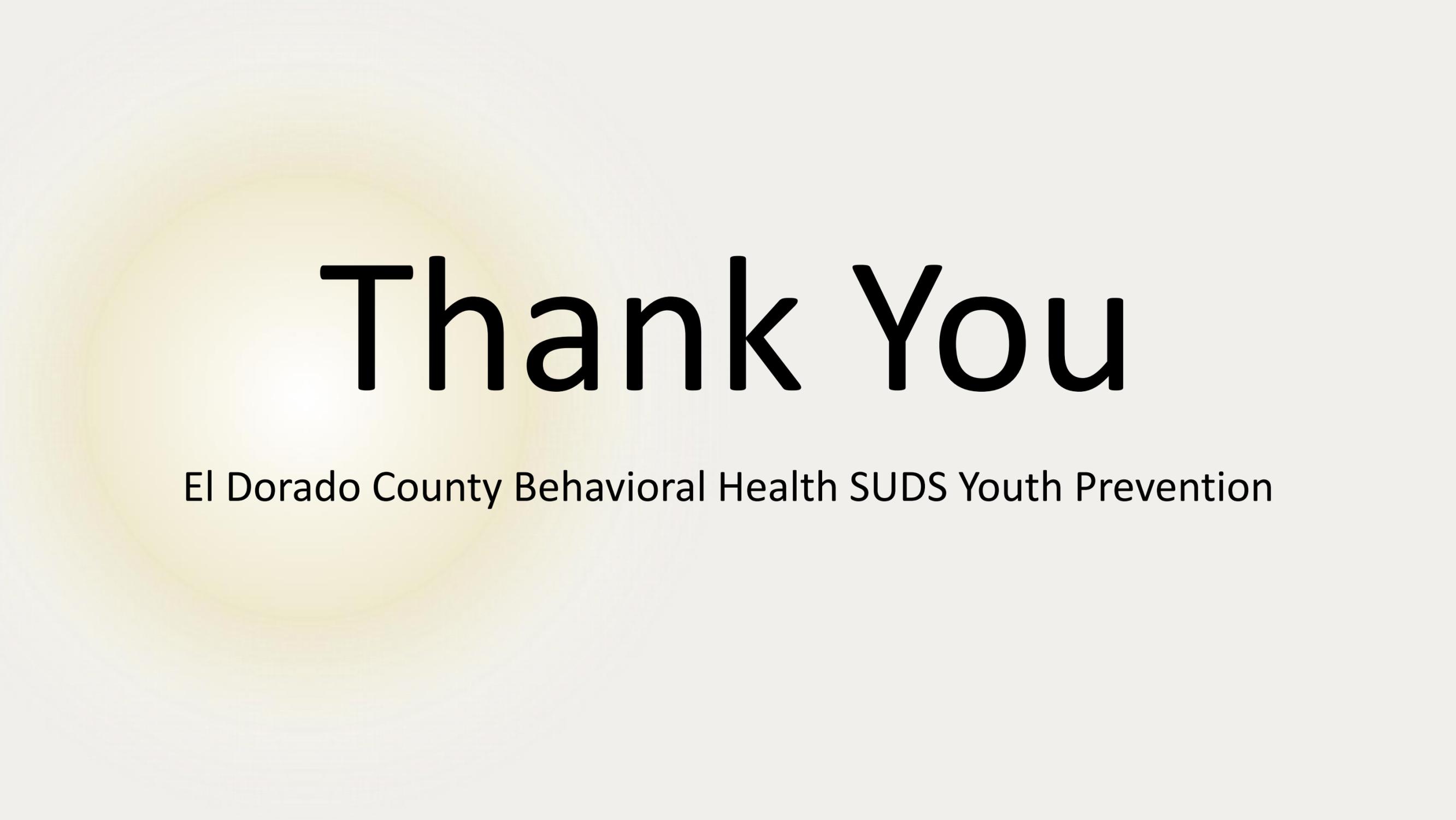
Alexander Den Heijer

EDC Behavioral Health SUDs Youth Prevention

Local Initiatives

- Partnership: EDC Animal Services (Protective Factors), EDC Sheriff's Dept (HS Presentations).
- Presentations: Juvenile Hall, Peer Advocacy classes.
- Trainings: Local organizations on protective factors and facilitation skills to create participant led initiatives.
- Education: Alcohol & drug effects for youth/orgs, exposing cannabis marketing techniques targeting youth (candy, colors, packaging).
- Mentoring partnerships: Increase number of mentors in El Dorado County.
- Student-led initiatives: Training of Trainers to identify risk/protective factors.
- Outreach: Flyers, fairs, information dissemination.
- Environmental: Research establishments selling Kratom (7-OH).
- Promote: Alcohol & drug-free community activities.
- Support: Schools/orgs with Brief Intervention & Motivational Interviewing, engaging presentations, and other requested services.





Thank You

El Dorado County Behavioral Health SUDS Youth Prevention