

Proposition 64 Public Health and Safety Grant

Riverside County – First 5 Riverside County (Applicant)

RIVERSIDE COUNTY CANNABIS PREVENTION AND EARLY INTERVENTION CONTINUUM

Project Summary – 1000-character limit

Riverside County proposes a developmentally staged, cross-system cannabis prevention and harm-reduction continuum addressing local impacts of cannabis legalization across early childhood, adolescence, and highest-acuity foster youth. F5RC will serve as fiscal lead and implement the prenatal-to-8 track through protective-factor promotion, early identification, caregiver education, and referral coordination delivered. RUHS-PH will lead public health education, safe storage messaging, epidemiology, and evaluation, including implementation through schools, sports leagues, and community groups serving youth and families. DPSS will provide the highest-acuity intervention layer through Harmony Haven and the BE WELL framework, integrating trauma-informed supports, cannabis risk mitigation, and stabilization for foster youth. The project builds on existing county infrastructure to reduce cannabis-related harm, strengthen coordination, and increase access to appropriate supports.

Proposal Abstract – 2800-character limit

Riverside County proposes a developmentally staged, cross-system cannabis prevention and harm-reduction continuum designed to address local impacts of cannabis legalization across early childhood, adolescence, and highest-acuity foster youth. The project responds to cannabis-related public health and safety risks that present differently across developmental stages, including caregiver-mediated risk for young children, direct youth exposure and use among adolescents, and elevated risk among foster youth experiencing trauma, instability, and behavioral health needs.

The project is structured as one county continuum with three reinforcing tracks. F5RC will serve as fiscal lead and implement the prenatal-to-8 track through protective-factor promotion, early identification, caregiver education, developmental screening, and referral coordination delivered through Family Resource Centers and RivCoONE. This track is designed to reduce cannabis-related risk to young children by strengthening caregiver protective factors, improving safe supervision and safe storage practices, identifying household stress and developmental concerns earlier, and increasing connection to child care, HealthySteps, HealthySteps Plus, home visiting, and related supports.

RUHS-PH will lead public health education, safe storage messaging, epidemiology, and evaluation, including implementation through schools, sports leagues, and community groups serving youth and families. This track is designed to increase parent and youth knowledge of cannabis-related harms, expand safe storage awareness, strengthen countywide public health messaging, and improve visibility into cannabis-related trends and outcomes.

DPSS will provide the highest-acuity intervention layer through Harmony Haven and the BE WELL framework, integrating trauma-informed wellness supports, cannabis risk mitigation, individualized planning, and stabilization for foster youth. This track builds on existing DPSS infrastructure to provide a targeted intervention setting for youth whose cannabis-related risk intersects with foster care placement, instability, and trauma.

Rather than creating a separate silo, the project builds on existing county infrastructure. It leverages RivCoONE, the Whole Person Health Score, shared referral planning, Family Resource Centers, public health education capacity, and Harmony Haven stabilization services to create a coordinated county response. The intended result is reduced cannabis-related harm, stronger protective factors, improved cross-system coordination, and expanded access to developmentally appropriate supports across the life course.

Project Need – 8400-character limit

Riverside County seeks to implement a developmentally staged, cross-system cannabis prevention and harm-reduction project addressing cannabis-related public health and safety risks across early childhood, adolescence, and highest-acuity foster youth stabilization settings.

The need for this project is directly related to the purpose of Proposition 64 because cannabis-related risk in Riverside County is showing up across multiple developmental stages and service settings, but the County's existing response is still fragmented. For young children, cannabis-related harm is often indirect and mediated through caregiver stress, unsafe storage, impaired supervision, normalized use in the home, accidental exposure or ingestion, unmet social needs, and delayed connection to developmental and family supports. For adolescents and transition-age youth, cannabis-related risk becomes more direct and is shaped by access, peer norms, social messaging, family communication, and reduced perception of harm. For highest-acuity foster youth already connected to child welfare systems, cannabis-related risk may intersect with trauma, placement instability, dysregulation, co-occurring wellness needs, and behavioral incidents that require targeted stabilization, individualized mitigation planning, and strong handoff to services.

This need is directly aligned with the selected Project Purpose Areas. Under PPA 2, Public Health, Riverside needs stronger cannabis-related public education, safe storage messaging, epidemiology, and shared evaluation. Under PPA 3, Youth Development / Youth Prevention and Intervention, Riverside needs stronger protective-factor promotion, early identification, referral coordination, and targeted intervention strategies that reduce cannabis-related harm before it escalates. The County's need is not for a stand-alone campaign or a single-service response. It is for a coordinated cannabis prevention and harm-reduction continuum that uses different strategies at different developmental stages while connecting residents through shared county infrastructure.

Local data supports the need for this county approach. Among Riverside County adolescents ages 12–17, 12.6% reported having tried marijuana or hashish, compared with 11.4% statewide. County health burden data also show that cannabis-related harm continues to affect both youth and adults over time. Annual age-adjusted emergency department visit rates related to cannabis burden for youth ages 0–20 increased from 1.6 per 10,000 in 2016 to 2.6 in 2022 and remained elevated at 2.2 in 2023. Among adults ages 21 and older, rates increased from 2.3 in 2016 to 4.0 in 2019 and again in 2022, with the 2023 rate at 3.0 per 10,000. Together, these data support a county strategy that addresses cannabis-related harm across developmental stages: early through caregiver, household, and developmental risk mitigation, and later through public health education, safe storage messaging, and targeted intervention for adolescents and highest-acuity foster youth.

Riverside County also has specific local service gaps that this project is designed to address. Existing systems do not yet consistently translate caregiver stress, household instability, developmental concerns, accidental exposure risk, and cannabis-related household risk into a coordinated early-identification and early-intervention response. Parents and caregivers may interact with Family Resource Centers, county departments, health settings, and community partners without receiving a consistent cannabis-related prevention, safe storage, screening, or referral pathway. Adolescents and parents of adolescents may receive generalized public health messaging, but not always through a countywide framework that links cannabis education, safe storage, risk communication, and referral supports. Highest-acuity foster youth may receive crisis-oriented care, but the County needs a more explicit cannabis-related stabilization pathway that ties trauma-informed wellness supports to individualized cannabis risk mitigation and successful transition to stable placements. Across all three populations, fragmentation still creates duplicated intake, inconsistent referral follow-through, and missed opportunities to intervene earlier.

The County is uniquely positioned to address these gaps because it is already building integrated service infrastructure through RivCoONE, including universal registration, the Whole Person Health Score, consented information-sharing, and shared referral planning. First 5 Riverside County (F5RC), Riverside University Health System - Public Health (RUHS-PH), and the Department of Public Social Services (DPSS) are all participating departments within this broader county direction. This proposal responds to a local need not only for services, but for stronger use of shared county infrastructure to identify

cannabis-related risk earlier, reduce fragmentation, and move residents to the right level of support sooner. Riverside's need is therefore both programmatic and infrastructural: the County must strengthen prevention and intervention while also strengthening the pathways that connect residents to care.

The proposed project is also shaped by the reality that Riverside already has implementation platforms that can be strengthened rather than replaced. F5RC brings Family Resource Centers, child care and developmental access pathways, HealthySteps, HealthySteps Plus, home visiting alignment, and family-facing referral infrastructure. RUHS Public Health brings public education, safe storage messaging, epidemiology, and evaluation capacity. DPSS brings the highest-acuity stabilization setting through Harmony Haven and the BE WELL framework. This is especially important for Harmony Haven, where early data already suggest strong promise. Harmony Haven serves an average of 1,300 foster youth per year, with a highest daily census of 48 foster youth. DPSS reported 70 baseline cannabis-related or substance-related incidents, 1,209 stable placement transitions since October 2024, an 89% reduction in 911 calls / emergency response events associated with the BE WELL model, and a 32% reduction in overall incident reports from December 2025 to January 2026. Importantly, these results were achieved with limited pilot service coverage of 2 days a week. Riverside is not proposing a speculative new idea for highest-acuity foster youth; it is proposing to expand an intervention platform already demonstrating measurable benefit, with the potential for greater impact through more consistent service coverage and stronger integration with the broader county continuum.

Stakeholder input has shaped this project design. F5RC, RUHS-PH, and DPSS worked together to define the developmental segments, partner roles, shared outcomes, budget tradeoffs, and cannabis-specific language and measures. DPSS contributed outcome data and design considerations for Harmony Haven and the BE WELL model. RUHS-PH contributed public education, safe storage, epidemiology, and evaluation functions. F5RC contributed the early childhood prevention continuum, Family Resource Center platform, child care access, HealthySteps, HealthySteps Plus, home visiting alignment, and referral infrastructure through RivCoONE. The result is a project built around county strengths, local data, and operational fit rather than disconnected activities.

For these reasons, Riverside County's identified need is directly responsive to the intent of Proposition 64 and strongly aligned with the selected PPAs 2 and 3. The County needs a coordinated cannabis prevention and harm-reduction project that builds from existing infrastructure, closes service gaps, and delivers developmentally appropriate strategies across the life course.

Project Organizational Capacity and Coordination – 5600-character limit

F5RC, as the applicant and fiscal lead, has the organizational capacity to administer the proposed project and manage a multi-department implementation model. F5RC will serve as fiscal lead, administrative lead, contracting and grant administration lead, and operational lead for the prenatal-to-8 track. This role is consistent with F5RC's county function in early childhood prevention, including Family Resource Center operations, developmental screening pathways, child care access and referral support, HealthySteps, HealthySteps Plus, home visiting alignment, and countywide referral infrastructure through RivCoONE. It is also consistent with F5RC's demonstrated role as a fiscal intermediary and braided-funding partner across systems. F5RC has experience leveraging flexible local dollars to make interagency efforts operationally workable, including braiding Proposition 10 and CalWORKs funding to support home visiting, serving as fiscal lead for Region 9 quality early learning and home visiting work, and supporting Medi-Cal technical assistance and cross-system implementation. That experience makes F5RC the strongest fit for grant administration, fiscal oversight, subcontract management, and cross-agency coordination, while RUHS-PH and DPSS remain focused on their program roles within their respective tracks.

The project also benefits from existing county infrastructure. Riverside County is already building integrated service infrastructure through RivCoONE, including universal registration, the Whole Person Health Score, consented information-sharing, shared referral planning, and warm handoff workflows. RivCoONE was designed to reduce duplication, streamline

service access, and create a coordinated, client-centered model across participating departments. Its universal registration process allows residents to share key information once, supports a shared referral plan, and helps identify needs early and connect residents to the right services with resident permission. This infrastructure reduces startup burden, strengthens readiness to proceed, and provides a platform for earlier identification and coordinated care across all three project tracks.

Staff required to operate the project are substantially identified and aligned to each department's function. Within F5RC, the majority of grant-supported staff time will support fiscal oversight, contract administration, compliance, reporting, invoicing, partner coordination, and implementation management across the countywide continuum. A smaller portion will support the prenatal-to-8 track through CHW/FRC platform activities, including caregiver education coordination, navigation, referral follow-up, and connection to child care, Resource and Referral, HealthySteps, HealthySteps Plus, home visiting, and related supports. RUHS-PH will provide staff capacity for public health education, safe storage messaging, evaluation, epidemiology, and shared reporting, including a dedicated 1.0 FTE in the Epidemiology Unit for the duration of the project. DPSS will provide staff and operational capacity for the BE WELL model at Harmony Haven, including trauma-informed wellness supports, youth engagement, individualized planning, and stabilization services for highest-acuity foster youth.

Project management and oversight will preserve clear accountability while enabling cross-system coordination. As grantee, F5RC will retain responsibility for grant administration, compliance, subcontracting, budget oversight, invoicing, and overall project coordination. RUHS-PH will lead evaluation and epidemiology, with shared responsibility for common indicators, dashboards, and annual reporting. Each track lead will remain responsible for implementation performance and outcomes within its lane. Monthly reporting will be tied to contract monitoring and invoicing, and quarterly cross-department meetings will review dashboards, performance trends, barriers, and continuous quality improvement. Cross-agency coordination will also be supported through shared referral logic, closed-loop referral monitoring, and cross-system planning through RivCoONE/START.

The partner structure is based on county function, service fit, and existing infrastructure. F5RC is the strongest fit for early childhood prevention, caregiver protective-factor promotion, developmental screening, and referral infrastructure for prenatal-to-8 children and caregivers. RUHS-PH is the strongest fit for public health education, safe storage messaging, epidemiology, and evaluation. DPSS is the strongest fit for child-welfare-connected family stabilization and the highest-acuity foster youth intervention layer through Harmony Haven.

The County is ready to proceed if funded. The proposal has already been shaped through interdepartmental planning, role clarification, development of a shared budget framework, and completion of a county work plan. During startup, partner departments will finalize measures, reporting templates, and operating workflows. F5RC will initiate grant administration and partner subcontract execution, RUHS-PH will activate the dedicated epidemiology and evaluation function, and DPSS will integrate grant-supported activities into existing Harmony Haven and BE WELL operations. Because the project builds from existing Family Resource Centers, RivCoONE workflows, RUHS-PH public health functions, and DPSS Harmony Haven operations, Riverside County can move quickly from award into implementation and focus on performance rather than startup.

Project Description

Riverside County proposes a developmentally staged, cross-system cannabis prevention and harm-reduction continuum that begins with early identification and early intervention for young children and families and extends through adolescence and transition-age youth with age-appropriate public health education, safe storage messaging, evaluation, and targeted stabilization. The proposed project is one county continuum with three reinforcing tracks: (1) prenatal-to-8 early identification, early intervention, and family protective factors; (2) adolescent and transition-age youth public health education, safe storage, and epidemiology; and (3) targeted highest-acuity foster youth stabilization and wellness through the BE WELL framework. This structure aligns with PPA 2 and PPA 3 and is reflected in the Project Work Plan.

The project is designed around how Riverside residents will enter and move through services. Parents and caregivers will primarily enter through F5RC Family Resource Centers, RivCoONE-enabled county and community access points, and referral pathways that identify household stress, developmental concerns, and family support needs earlier. Through those access points, families will receive cannabis-related caregiver education, screening, navigation, and referral to age-appropriate supports. RUHS-PH will lead countywide public health education, safe storage messaging, and epidemiological visibility, with implementation through schools, sports leagues, and community groups serving youth and families. DPSS will anchor the highest-acuity intervention layer through Harmony Haven, where foster youth placements provide a defined setting for individualized wellness-based cannabis risk mitigation, stabilization, and service connection. The tracks are designed to function as a continuum rather than as separate projects, with RivCoONE, WPHS, shared referral logic, and shared evaluation providing the connective structure across departments.

Track 1 addresses the earliest and most upstream point of cannabis-related risk. It focuses on prenatal-to-8 children and their caregivers, where cannabis-related harm is often mediated through caregiver stress, unsafe storage, impaired supervision, normalized use in the home, accidental exposure or ingestion, and delayed connection to developmental and family supports. F5RC will use its five Family Resource Centers and related community access points as trusted entry points for caregiver engagement, cannabis-specific education, screening, navigation, and connection. Because the project budget prioritizes referral infrastructure and navigation over a broad expansion of direct FRC outreach staffing, this track will rely on RivCoONE-enabled referrals and county and community access points to extend reach beyond direct FRC programming and to move families into support earlier.

Within Track 1, F5RC will use the Whole Person Health Score within RivCoONE/START-enabled workflows to identify caregiver and household stressors early, including instability, caregiver dysregulation, unmet behavioral health needs, weak connection to support, and other household conditions that can increase cannabis-related risk for children. F5RC will pair caregiver screening through WPHS with child developmental screening through ASQ and, where feasible, ASQ:SE, creating a dual-generation early-identification model. Site-based family-facing staff will function as navigators to connect families to parent engagement, developmental screening, child care options, subsidy support through Resource and Referral, HealthySteps, HealthySteps Plus, home visiting, behavioral health, and early intervention. Over the course of the project, F5RC anticipates engaging approximately 10,000 families through Family Resource Centers and partner access points, delivering approximately 180 caregiver education sessions, completing approximately 10,000 WPHS screenings and 35,000 ASQ/ASQ:SE screenings, and completing approximately 3,200 closed-loop referrals to child care, Resource and Referral, HealthySteps, HealthySteps Plus, home visiting, and early intervention. These estimates align with the work plan and reflect both direct FRC activity and referral-enabled reach through partner access points.

The cannabis-specific rationale for Track 1 is direct: for young children, risk is often created in the household before it appears in a clinical or crisis setting. Caregiver education and safe storage messaging are included because they are practical prevention strategies for reducing accidental exposure and ingestion, reducing access to cannabis products by young children, and reducing caregiver-mediated risk associated with impaired supervision and delayed response to emerging family stress. Developmental screening and caregiver risk screening are included because cannabis-related household risk does not usually present in isolation; it is often co-occurring with stress, instability, dysregulation, and unmet developmental or family support needs. The objective of this track is therefore not only to educate, but to identify risk earlier and route families into mitigation pathways before preventable harm occurs.

Track 2 focuses on the stage where cannabis-related risk becomes more direct and behaviorally expressed. Its purpose is not to create a separate service silo, but to strengthen the countywide continuum through public health education, parent-facing education, safe storage messaging, epidemiology, and shared evaluation. RUHS-PH will provide parents and caregivers of youth ages 12–18 with tools related to adolescent brain development, cannabis-related harms, family communication, warning signs, and referral resources. RUHS-PH will also lead broader countywide public health messaging intended to reinforce age-appropriate cannabis prevention, safe storage, reduced youth access, and awareness of

cannabis-related harms across settings. These materials and messages will not operate in isolation; they will also be available for use through F5RC access points and other county and community settings so that family-facing and public-health-facing messages reinforce one another. In addition, RUHS-PH will partner with schools, sports leagues, and community groups serving youth and families to implement training, outreach, and dissemination through trusted settings already reaching the target population. RUHS-PH will also provide local epidemiological analysis, dashboards, and reporting across all tracks. Local adolescent data and cannabis-related emergency department burden trends support this track's focus on public health education, safe storage, and countywide risk communication. Track 2 serves adolescents, transition-age youth, and parents/caregivers countywide through public health education and safe storage messaging, with estimated annual direct reach of approximately 900 to 1,500 individuals through parent/caregiver education sessions, faith-based and community partner organizations, and CHW/HEA outreach and tabling events.

The rationale for Track 2 is equally direct. Adolescent cannabis education is included not as a generic awareness activity, but as a prevention and early intervention strategy intended to delay initiation, reduce normalization of use, improve parent-youth communication, and reduce progression from experimentation to harmful patterns of use. Safe storage is included in this track because youth access is shaped not only by retail and peer environments, but also by product availability in homes and other settings. Public education is therefore paired with epidemiology and evaluation so that county messaging is not generic; it is responsive to local patterns of harm, local disparities, and the need to align education with real referral and intervention pathways.

Track 3 provides the most targeted intervention layer for foster youth with the highest acuity and greatest instability through the BE WELL framework operating on the Harmony Haven campus. Rather than creating a new silo, this strategy builds on existing DPSS infrastructure and a trauma-informed stabilization model grounded in the Eight Dimensions of Wellness: emotional, physical, intellectual, social, environmental, occupational, financial, and spiritual wellness. In this project, those dimensions are not treated as enrichment categories; they function as a structured assessment and intervention framework for identifying dysregulation, disrupted coping, impaired functioning, low protective connectedness, and unmet needs that may increase vulnerability to cannabis-related or other substance-related risk. Harmony Haven serves an average of 1,300 youth annually, with a highest daily census of 48 youth, and provides a defined setting for youth whose cannabis-related risk or related harms intersect with foster care placement, instability, trauma, and dysregulation.

Cannabis-related mitigation in this track will include individualized risk review, wellness-based coping and regulation support, restorative check-ins and reentry planning following cannabis-related or other substance-related incidents where relevant, and individualized referral and action planning for youth with elevated cannabis-related risk. Youth emotional and mental stabilization while temporarily residing at Harmony Haven is a core outcome in this track; the goal is not long stay, but stabilization that supports successful transition to a more appropriate and stable placement. The cannabis-specific rationale is that highest-acuity foster youth often do not benefit from information-only interventions. They require a structured stabilization setting that can assess risk, regulate crisis response, strengthen coping and functioning across multiple domains, and coordinate handoff to ongoing supports. The Eight Dimensions of Wellness and trauma-informed BE WELL approach provide that structure by translating complex behavioral and wellness need into individualized planning, measurable engagement, and safer transition.

Track 3 is also supported by early implementation evidence. DPSS reports a baseline of 70 cannabis-related or substance-related incidents, 1,209 stable placement transitions since October 2024, an 89% reduction in 911 calls and emergency response events associated with the BE WELL model, and a 32% reduction in overall incident reports from December 2025 to January 2026. Importantly, these results were achieved with limited pilot service coverage of 2 days a week. This indicates that Riverside is not proposing a speculative new model for highest-acuity foster youth; it is proposing to build on a defined intervention platform already demonstrating measurable benefit, with potential for greater impact through more consistent service coverage and stronger integration with the broader county continuum.

The intended impact of the full project is a county continuum that identifies cannabis-related risk earlier, improves connection to mitigation supports, reduces fragmentation, and delivers developmentally appropriate prevention and intervention across the life course. The project is grounded in existing local infrastructure and informed practice rather than a speculative new model. It builds on Family Resource Centers, HealthySteps, HealthySteps Plus, home visiting alignment, RivCoONE universal registration and shared referral logic, RUHS-PH public health education and epidemiology, and DPSS's BE WELL stabilization model. It is innovative in how it connects these existing components into one coordinated county cannabis prevention and harm-reduction framework. It also directly responds to local service gaps by using shared county infrastructure to identify cannabis-related risk earlier, strengthen handoffs, and move residents to the right level of support sooner.

This project does not create a wholly new program silo. It cost-shares with and strengthens operations already underway in F5RC, RUHS-PH, DPSS, Harmony Haven, and RivCoONE. Grant funds will add targeted capacity for cannabis-specific early identification, safe storage and public education, screening and referral coordination, and highest-acuity stabilization while leveraging county and Proposition 10-supported infrastructure already in place. That design allows Riverside County to move quickly, reduce startup burden, and maximize the public impact of the grant.

Project Evaluation – 5600-character limit

Riverside County will evaluate the project through a shared framework led by the RUHS-PH Epidemiology Unit, with track-specific implementation accountability retained by each lead department. The budget supports a dedicated 1.0 FTE for epidemiology across the project period. RUHS-PH will lead dashboards, trend analysis, and overall evaluation coordination, while F5RC and DPSS will maintain responsibility for implementation data, participant tracking, and performance management within their tracks. Evaluation will be integrated into project operations and used for both required reporting and continuous quality improvement.

The evaluation will include shared countywide outcomes and track-specific outcomes. Shared outcomes will include reduced cannabis-related harm across developmental stages, increased access to age-appropriate prevention and intervention, increased use of early-identification and referral pathways, stronger protective factors across families, adolescents, and highest-acuity foster youth, and improved cross-system coordination. For F5RC, evaluation will assess caregiver knowledge of cannabis-related harms to young children, safe storage and safe supervision practices, identification of household and developmental risk factors, and successful connection to appropriate supports. For RUHS-PH, evaluation will assess parent and youth knowledge, safe storage awareness, campaign reach, and countywide visibility into cannabis-related trends and disparities. For DPSS, evaluation will assess completion of Wellness Snapshots, Personal Wellness Plans, and cannabis-related risk-reduction plans where indicated, along with supportive service connection, incident de-escalation, stabilization, and successful transition to stable placements.

The project will use a phased evaluation approach. During startup, partner departments will finalize measures, common data elements, reporting templates, survey tools, and workflows. During implementation, departments will monitor reach, screening volume, referral completion, material dissemination, service uptake, and intervention delivery. During the outcome phase, the County will assess change in knowledge, practices, incidents, stabilization, and county trend data. Baseline values will be established using the most recent full year of available pre-implementation data and early implementation measures where historical data are limited.

The evaluation will rely on existing county infrastructure wherever possible. RivCoONE will provide unique identifiers, shared referral workflows, and closed-loop tracking to support consistent participant monitoring across tracks. For this project, a closed-loop referral means the resident accessed or enrolled in the referred service, not simply that a referral was offered or intake was initiated. Universal registration supports participant tracking across access points and reduces duplicate counting across departments.

All three departments already use the Whole Person Health Score as a shared assessment framework. WPHS functions as a universal metric that supports strategic intervention and tracks change over time at both the individual and population level. Within this project, WPHS data will support identification of household stressors, social needs, and other well-being conditions that may elevate cannabis-related risk or reduce the likelihood of successful stabilization and service connection.

The County will collect data from multiple sources across the continuum. F5RC sources will include Family Resource Center participation logs, caregiver pre/post surveys, WPHS results, ASQ and ASQ:SE data, RivCoONE referral and closure data, and connection data for child care, Resource and Referral, HealthySteps, HealthySteps Plus, home visiting, and early intervention. RUHS-PH sources will include campaign records, reach and distribution data, pre/post session surveys, epidemiological monitoring, and dashboards tracking youth cannabis-related emergency department visit trends and adolescent use trends. DPSS sources will include Harmony Haven participation records, Wellness Snapshots, Personal Wellness Plans, cannabis-related risk-reduction plans where indicated, referral logs, incident reports, 911 and emergency response data, supportive service connection records, and stable placement transition data. The Child and Family Services Division of DPSS will partner to incorporate child welfare data trends and cross-system planning into project monitoring and improvement.

Measurement cadence will be built directly into project operations. Monthly data reporting will be tied to contract monitoring and invoicing. Quarterly cross-department meetings will review dashboards, performance trends, barriers, and continuous quality improvement actions. Annual reporting will summarize outcomes, trend data, lessons learned, and recommended adjustments. RUHS-PH will stratify findings where feasible by geography, age group, race/ethnicity, and service track to identify disparities in exposure, reach, service uptake, and outcomes.

This evaluation approach is feasible because it is built on established County policy and infrastructure. County Policy B-23 and the County's integrated service delivery model provide the governance, privacy, and coordination foundation for cross-system evaluation, referral monitoring, and continuous improvement. Overall, Riverside County's evaluation plan is designed to document implementation, measure outcomes, and improve performance over time through clear accountability and shared infrastructure.