



**BAKERSFIELD  
COLLEGE**

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**2017-2020 Biennial Review  
Alcohol and Other Drug Prevention**

***Drug Free Schools  
and Communities Act***



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# Institutional Review and Approval

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In Fall 2020, a task force was assembled to conduct the Bakersfield College Biennial Review in accordance with the Drug Free Schools and Communities Act. The members of the Biennial Review Team included:

- Dr. Nicky P. Damania, Director of Student Life, Task Force Chair
- Chief Shelly Castaneda, Executive Director of College Safety
- Ms. Amalia Caldero, Interim Human Resource Manager
- Ms. Cindy Collier, Interim Director of Student Health and Wellness Center
- Ms. Alyssa Olivera, Campus Advocate
- Mr. Gian Gayatao, Bakersfield College Student Government Association President
- Ms. Reggie Bolton, Interim Dean of Kinesiology
- Ms. Stephanie Baltazar, Student Employment Program Manager
- Mr. Mike Giacomini, Vice President of Finance and Administration
- Dr. Zav Dadabhoy, Vice President of Student Affairs

In September 2020, Dr. Damania spearheaded the Team for the review and reevaluation of the Biennial Review at Bakersfield College and in turn developed this document.

The Bakersfield College 2017-2020 Biennial Review Alcohol and Other Drug Prevention document, as required by the Drug Free Schools and Communities Act, has been reviewed and approved and shall be posted on the Bakersfield College website.

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*Dr. Sonya Christian*  
*President*

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*Date*

## Introduction to the DFSCA Biennial Review

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The Drug Free Schools and Communities Act (DFSCA) requires all institutions of higher education that receive federal funds to conduct a Biennial Review of all alcohol and other drug prevention efforts. The Biennial Review is expected to include an evaluation of alcohol and other drug prevention efforts; recommendations for improvement based on that evaluation; and a report on the number of violations to alcohol and other drug standards of conduct, the number of disciplinary sanctions assigned as a result of violations, and the number of alcohol and other drug fatalities.

As part of the review, the faculty, staff, and student members of the Bakersfield College community were consulted about alcohol and other drug use on campus.

In addition, this document was disseminated to the following Bakersfield College departments for review:

1. Academic Support Services
2. Allied Health Department and Programs
3. Athletics, Health and Kinesiology Department
4. Bakersfield College Student Government Association
5. Child Development Center
6. Counseling Department
7. Department College Safety
8. Disabled Students Programs and Services
9. EOP&S, CARE, CalWORKS, and other programs Office
10. Human Resources
11. Office of Admissions and Records
12. Office of Financial Aid
13. Office of Student Life
14. Office of Student Success and Equity
15. Outreach and School Relations
16. Student Employment
17. Student Health and Wellness Center
18. Veterans Services

This document is a culmination of the findings, discussions, and recommendations from the review and reevaluation of the Bakersfield College Biennial Review Team.

# Summary of Biennial Review Findings and Recommendations

FOCUS AREA	FINDINGS	RECOMMENDATIONS
<b>Alcohol and Other Drug Assessment</b>	<ul style="list-style-type: none"> <li>Initial data collection through the NCHA</li> <li>Supported by anecdotal and local data sources</li> </ul>	<ul style="list-style-type: none"> <li>Continue data collection through NCHA</li> <li>Utilize BC community to collect further anecdotal data</li> </ul>
<b>Alcohol and Other Drug Prevention Programs and Services</b>	<ul style="list-style-type: none"> <li>Decentralized, unintentional prevention activities offered by some on-campus departments</li> <li>No measurement/ evaluation regarding activities</li> <li>Heavy informational dissemination strategies (e.g. Student Health 101)</li> </ul>	<ul style="list-style-type: none"> <li>Centralize and utilize evidence-based prevention and educational programs</li> <li>Develop pre-matriculation/early-matriculation education program for all incoming students</li> <li>Provide evidence-based assessment and intervention services for individuals</li> <li>Increase capacity for program development and implementation</li> </ul>
<b>Reported Alcohol and Other Drug Violations, Sanctions, and Deaths</b>	<ul style="list-style-type: none"> <li>Consistent use of Maxient reporting system</li> <li>No reported alcohol or other drug related deaths</li> </ul>	<ul style="list-style-type: none"> <li>Continue high-quality work in identifying, sanctioning, and following-up with students who violate policy</li> <li>Increase on-campus capacity for more in-depth sanctions</li> </ul>
<b>Campus Alcohol and Other Drug Policies/Procedures</b>	<ul style="list-style-type: none"> <li>Policies in place for students (Code of Student Conduct) and faculty/staff (Drug Free Workplace) meet federal requirements</li> </ul>	<ul style="list-style-type: none"> <li>Continue to communicate policies to students, faculty, and staff annually</li> </ul>

## Section I: Review of Alcohol and Other Drug Prevention Programs and Policies

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### Assessment of Alcohol and Other Drug Use, Behaviors, and Attitudes

#### *National College Health Assessment (2016)*

In the Fall of 2016, the American College Health Association (ACHA) – National College Health Assessment (NCHA) was randomly distributed to Bakersfield College students 18 years of age and older (N= 1500). This survey represents a baseline of health attitudes and behaviors. Bakersfield College plans to administer the survey again at a later time.

#### *Annual Prevalence*

Responses to this question on the NCHA survey indicate that students reported use within the past 12 months.

Substance	Prevalence
Alcohol	64.8
Marijuana/Cannabis	34.1
Cocaine	7.4
Amphetamines	6.0
Other Hallucinogens	5.1
Sedatives	5.1
Other Drugs	4.9
Opiates	4.0
Club Drugs	3.9
Methamphetamines	2.9
Inhalants	1.5
Anabolic Steroids	1.5

#### *High Risk Use and Consequences of Use*

Binge drinking, defined as four or more drinks in a single instance for women or five or more drinks in a single instance for men represents some of the most hazardous alcohol use (ACHA 2016). In the NCHA data, 23.5% of students reported at least one binge episode in the past two weeks. This is similar to the reported Behavioral Risk Factor Surveillance System (BRFSS) data for 2016; in the 18-24 age category, 22.7% of respondents reported at least one binge occurrence in the past two weeks.

Impaired driving is another concern for adolescent consumers of alcohol. At Bakersfield College, 5.0% of respondents who consume alcohol reported driving after a binge episode and 20.2% of students reported driving after having consumed any alcohol. In the Behavioral Risk Factor Surveillance System data for 2014 in the 18-24 age category, 9.2% of respondents reported having driven after drinking too much.

Consequence	Prevalence
Did something you later regretted	26.6
Had unprotected sex	22.2
Forgot where you were or what you did	21.2
Physically injured yourself	10.6
Seriously considered suicide	3.5
Someone had sex with me without my consent	2.4
Got in trouble with the police	2.3
Physically injured another person	2.1
Had sex with someone without their consent	1.3
Reported one or more of the above	44.3

### ***Prescription Drug Misuse***

Prescription medication misuse is a national concern (CPAMM 2016), especially with prescription opioids. At Bakersfield College in 2016, 15.0% percent of students reported misusing a prescription medication in the past 12 months. The most misused prescription medication was a pain killer (12.1%). In most higher education settings, the misuse of prescription stimulants is the highest reported misuse (CPAMM 2016), though at Bakersfield College, misuse of prescription stimulants was relatively low (2.2%).

### ***Other Data Sources***

For the purposes of this review, data was considered from the Behavioral Risk Factor Surveillance System (BRFSS), specifying data to the State of California.

While no community specific data is collected and reported through Kern Behavioral Health & Recovery Services, health outcomes collected through the CDC 500-cities includes city reporting for Bakersfield, CA. Collected data includes BRFSS information, binge drinking reported rates by adults of 17.9% in the past 30 days (CDC 2014), and county health rankings which include various data toward overall health outcomes.

It is still reported that non-affiliated Bakersfield, CA community members come to the Bakersfield College campus as a result of perceived addiction issues, an experience that students reported happens daily, which may be disruptive to educational attainment. The Department of College Safety, non-sworn officers, are aware of and respond to these concerns. Bakersfield College and partnering law enforcement agency, the Bakersfield Police Department, have a good collaborative working relationship.



## **Alcohol and Other Drug Prevention Programs**

Although Bakersfield College offered activities and services related to alcohol and other drug prevention during the reporting period, there is no full-time Alcohol and Other Drug Prevention Coordinator available to provide direct services and coordinate prevention efforts. Duties for prevention are shared between multiple departments and staff members.

### ***Direct Care Services***

All students seen for any direct medical care complete the PHQ 9, GAD 7, and AUDIT-C questionnaires. Credentialed health professionals reviewed/scored questionnaires. Students who are identified as at-risk receive appropriate and immediate intervention then referral to a licensed therapist.

A Student Health Fee covers basic direct student health services.

### ***Health Fair***

An annual health fair is conducted at Bakersfield College, which includes Kern Behavioral Health and Recovery Services and representation from other community resources.

### ***Student Health 101***

In Summer of 2016, the Student Health and Wellness Center introduced the online health magazine *Student Health 101*, a subscription service provided at no cost to the students. Each month there is an article related to drug and alcohol abuse prevention that is reviewed by experts in the field of collegiate prevention. *Student Health 101* publishes psychoeducational information on alcohol abuse and prevention. For example, the 2017 article is a "bystander guide" providing students with the tips and information they need to help a friend who has consumed too much.

The link to the magazine is promoted via the Student Health and Wellness Center website, intranet announcements to the full student body, and the campus and Student Health and Wellness Center Facebook pages. The magazine is also promoted to new students during the Summer Bridge program, a one-day pre-orientation program.

### ***Students of Concern***

Bakersfield College convenes a Students of Concern working group for professional staff and faculty to address student behavior reported to team members. This working group includes discussions of substance abuse where relevant.

### ***Student Handbook and Planner***

The Bakersfield College Student Handbook is re-printed each semester for approximately half the student population. Within the handbook, there is information regarding alcohol and other drug usage and resources or treatment.

### ***StepUp Bystander Intervention Workshops***

In February 2019, thirty college faculty, staff, and students from the Kern Community College District, participated in the StepUp Bystander Intervention workshop train the trainer program. Step UP! is a prosocial behavior and bystander intervention program that educates students to be proactive in helping others. Since then workshops have been hosted for college students to attend.

### ***Campus Advocate***

In partnership with the Alliance Against Family Violence & Sexual Assault, Bakersfield College houses a Campus Advocate on campus to assist students and give presentations revolving around alcohol and other drugs, and specially work with students who could have possibly been victims of date rape drugs. .

### ***Kognito Courses***

Bakersfield College has limited access to Kognito courses, which is used to train students, faculty, and staff to better identify and respond to mental health concerns and substance abuse issues.

# Campus Policies/Procedures Relating to Alcohol and Other Drugs

## **Students**

### ***Student Code of Conduct***

The Student Code of Conduct outlines offenses that may result in the imposition of sanction(s), including Kern Community College District Board Policy (KCCD BP) 4F7D15:

“The use, sale, possession, or being under the influence of alcohol or any other controlled substance prohibited by law, or possession of, or offering, or negotiating the sale of any drug or drug paraphernalia as defined in California Health and Safety Code Section 11014.5 on campus or at any function sponsored or supervised by the College.”

In addition, in regards to smoking and tobacco usage may result in the imposition of sanction, including KCCD BP 4F7D17:

“Smoking and/or the use of tobacco products inside all campus buildings and other unauthorized campus areas.”

Students who violate the Student Code of Conduct meet with the Director of Student Life and complete educative and restorative sanctions as monitored by assigning staff.

### ***Sexual and Other Assaults on Campus***

All students, faculty members or staff members who allege they are the victims of domestic violence, dating violence, sexual assault or stalking on District property shall be provided with information regarding options and assistance available to them through (KCCD AP 4K1) Sexual and Other Assaults on Campus Policy.

### ***Drug and Alcohol Screening for Students in Allied Health Programs***

Students admitted to any Allied Health Program are required to submit to and pass a designated screening for alcohol and other drugs (KCCD BP 4G). These policies include a readmission contingency for completing rehabilitation programs.

## **Faculty & Staff**

### ***Drug-Free Workplace Policy***

All employees must follow the Drug Free Workplace Policy. Violations of this policy will be cause for corrective or disciplinary actions leading up to and including termination.

### ***Student Employees***

At the time of onboarding, student employees receive information related to the districts; Injury and Illness Prevention Programs, Discrimination Policy, Sexual Harassment Guidelines and Domestic Violence Protected Leave and Notification Rights. Additionally, professional development workshops are conducted for student employees that review topics on appropriate workplace conduct, resources for students and prevention programs available. A provision of the workplace guidelines for student employees includes “abuse of drug(s) and/or alcohol” as a reason for termination.

## AOD Policy Violations, Sanctions, and Related Deaths

Effective August 14, 2008, the Higher Education Opportunity Act mandated that as part of their DFSCA Biennial Review, institutions must determine the number of drug and alcohol-related violations and fatalities and the number and type of sanctions that are imposed because of those violations.

In August 2016, the institution started tracking all cases using Maxient, a Campus Safety Software system.

### **Violations Summary**

The following table represents the alcohol and other drug violations that occurred at Bakersfield College during the reporting periods.

	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>
Alcohol Misuse	29	10	4
Drug Misuse	7	6	5
Unfounded	0	0	0
<b>Total</b>	<b>34</b>	<b>16</b>	<b>9</b>

### **Sanctions Summary**

The following table represents related sanctions assigned at Bakersfield College during the reporting period.

<b>Sanction</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>
Community Service	8	1	2
Expulsion	0	0	0
Educational Plan Advising	0	2	1
Letter of Apology	0	1	1
No Contact Order	0	0	0
Placed an Administrative Hold	11	3	2
Probationary Period	10	4	3
Recommended Counseling	7	4	4
Recommended Suspension	0	0	0
Reflection Paper	12	3	3
Removal from Athletic Game	8	0	1
Removal from Student Employment	0	0	0
Restitution	0	0	0
Suspension	1	0	0
Written Warning	3	0	1
<b>Total</b>	<b>60</b>	<b>18</b>	<b>18</b>

### **AOD Related Deaths**

There were no alcohol and other drug related deaths during the reporting periods.

## **Section II: Recommendations for Alcohol & Other Drug Programs and Policies**

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### **Assessment of Alcohol and Other Drug Use, Behaviors, and Attitudes**

The National College Health Assessment (NCHA), offered by the American College Health Association (ACHA), is a 66-question survey that should be administered periodically at Bakersfield College. In addition to the questions regarding alcohol and other drugs, the survey includes questions regarding health, health education, and safety; sexual health behaviors; weight, nutrition, and exercise; mental health; and physical health. Costs associated with NCHA administration vary depending on institutional membership.

In order to better assess alcohol and other drug use, behaviors, and attitudes of students, the biannual utilization of a singular, evidence-supported, survey instrument is recommended. The continued use of the NCHA would meet this need. While there currently is a plan to administer the NCHA in 2019, administrating the survey in Fall 2018 would be more ideal.

Additional questions can be added to the NCHA. Bakersfield College may consider the addition of questions relevant to local concerns (e.g., questions regarding access methods of opioids, methamphetamines could provide prevention strategies towards these substances). While the NCHA already asks about academic success, questions can also be added to query other measures of student success and run data about substance use against measures of student success.

# Alcohol and Other Drug Prevention Programs and Services

## **Centralize and Utilize Prevention and Educational Programs**

### ***Increase Program Staff Capacity***

There are two primary capacity gaps for prevention and response services for alcohol and other drugs at Bakersfield College:

1. Prevention efforts are currently decentralized, with individual departments making minimal prevention efforts without a unifying strategy.
2. Clinical mental health services are limited to part-time contracted mental health providers.

While drug and alcohol prevention services do require an institution to have scalability, not all environmental-level prevention programs require licensed mental health providers. The recommendation for increasing program staff capacity for centralizing prevention efforts could include the hire of an entry-level staff without mental health qualification to centralize and increase capacity for prevention programs.

### ***Provide Pre-matriculation/Early-matriculation Education to New Students***

The National Institute of Alcohol Abuse and Alcoholism (NIAAA) recognizes providing all incoming students with a brief educational and behavioral norming program as a highly effective approach in collegiate alcohol prevention.

Pre-matriculation/early-matriculation reduces risky behaviors associated with alcohol and other drug use and increases self-referral to on-campus services. Pre-matriculation/early-matriculation implementation at other institutions has included intensive online classes provided by third-party organizations, personalized feedback integrated with education, physical classes held the first two weeks of the semester, and in-house developed online classes.

Low-cost pre-matriculation and early-matriculation strategies (like the eCHECKUP TO GO program from San Diego State University or ScreenU from Ohio State University) are appropriate and highly recommended for implementation at Bakersfield College.

### ***Peer Education Programming***

Students can contribute to increasing capacity of prevention program delivery. It is recommended that Bakersfield College consider the implementation of peer education program to utilize students as part of campus-wide prevention strategies.

There are four models of peer education programs, which can serve the Bakersfield College: consultancy, educational and skill development, environmental change, and hybrid models.

In a consultancy model, peer educators focus their work on individual students. This may include one-on-one conversations, screenings, or a drop-in office for individual health education. Peer educators are trained to have dialogue with students to help assess, provide information, and refer students to resources on campus and in the community. Ohio State University and Oregon State University both have consultancy peer education models through their wellness coaching programs.

In an educational and skill development model (also known as a "programming" model), peer educators provide workshops, presentations, and passive programming to impact change on campus. This may include experiential activities, tabling, or presenting to classrooms. Peer educators are trained to facilitate topical based education, develop skills within groups, and answer questions as a result of presentations. Of the singular models, this model is of the most popular of peer education and can be found at many institutions of higher education, including California State University – Bakersfield and College of the Canyons.

In an environmental change and advocacy model, peer educators focus their work on the campus and community. This may include policy change, serving on committees, and making connections between campus and the community. Peer educators are trained to develop actionable policies, participate as a student voice stakeholder, and network with resources relevant to student health and safety. Montana Western is a successful model of using peer education in an advocacy role.

Most peer education groups represent a hybrid model, combining the consultancy, educational and skill development, and environmental change and advocacy models. Hybrid models of peer education groups allow for a diverse set of peer educator skills to be utilized. In California, this model is used at the Claremont Consortium, California State University – Long Beach, Fresno City College, and Santa Rosa Junior College.

### ***Social Norms and Awareness Campaigns***

College students receive persistent messaging as part of higher education lore: "everyone is misusing alcohol and other drugs." The unfortunate result of this messaging is that students believe to be engaging in behaviors at higher rates than is accurate. Social norms campaigns are designed to correct misperceptions about a behavior.

Perception surveys are used to gauge where the student population is at in relation to actual participation in rates of misuse and the beliefs that surrounding misuse. Surveys are performed at the onset of the campaign to identify misperceptions, develop messages, and establish baseline data. Multi-modal media campaigns are then developed to market the accurate campus norms. Follow-up surveys are performed to measure progress toward a reduction in the misperceived norms and a resulting decline in self-reported risk behavior.

It is recommended that Bakersfield College develop a social norming and awareness campaign upon administering a survey that establishes baseline metrics. This is to be reviewed every two years to ensure updated information and success of the program.

## ***Individual Drug and Alcohol Prevention Services***

### ***Increase Program Staff Capacity***

There are two primary capacity gaps for prevention and response services for alcohol and other drugs at Bakersfield College:

1. Prevention efforts are currently decentralized, with individual departments making some prevention efforts without a unifying strategy.
2. Clinical mental health services are limited to part-time contracted mental health providers.

In order to increase capacities for individual services, the hire of full-time licensed or credentialed professionals is preferable. With full-time, non-contract employees, Bakersfield College would be able to offer more comprehensive individual services to students. Individual assessment, intervention, education, and referral services would have the capacity to vary depending upon the needs and goals of the students. The University of California system follows the International Association of Counseling Services (IACS) recommendations formed off of the National Survey of Counseling Center Directors. The most recent recommendations set the ratio of mental health professionals to students is 1 to 1,600 (IACS 2013, AUCCCD 2016). While fully matching this ratio may not be a realistic goal in the next two years, hiring 4-5 qualified, full-time licensed or credentialed professionals would increase services and move Bakersfield College closer to the desired ratio.

In addition, increased mental health service needs would be better served at the institution through the increased capacity of mental health providers. Mental health and substance abuse are often co-indicated.

The community of Bakersfield, CA does not offer robust resources for Bakersfield College students, including limited access to 12-step groups. Under guidance/support of full-time professional staff members, Bakersfield College could provide host opportunities for student-only or student and community blended peer support groups.

### ***Build a Campus/Community Advisory Coalition to Address Alcohol and Other Drug Use***

Research from the NIAAA, the National Institute of Health (NIH), and independent researchers shows empirical support of environmental change from the creation of a campus/community coalition. Developed relationships between campus and communities are vital in the prevention of alcohol and other drug abuse.

It is recommended that Bakersfield College form a campus/community coalition. The coalition would provide oversight and guidance for prevention efforts at Bakersfield College and be responsible for all future DFSCA Biennial Reviews.

Purposefully including faculty members will be an important part of coalition creation, per campus interviews.

## **Evaluation**

Primarily because of reduced capacity, no program or policy evaluation is currently part of Bakersfield College's alcohol and other drug prevention efforts. Program and policy evaluation are recommended for programs conducted in Academic Years 2021 and 2022 for review for the next biennial review.