Safer Homes, Stronger Starts

Data-Informed Messaging & People-Centered Care in California's Opioid Response

COLLABORATIVE® ForsMarsh

Executive Summary

California's opioid crisis remains urgent, with harms unevenly distributed across communities due to a rapidly evolving drug supply and persistent structural inequities. Despite substantial investments in treatment, prevention, and harm reduction, impact often falls short when efforts are not paired with strong communication plans, community engagement, and response team education and engagement capacity-building.

This white paper examines how embedding data-informed, people-centered communication strategies into opioid-funded work can strengthen prevention, expand access to care, reduce stigma about substance use, and support lasting behavior change across California. Drawing on epidemiological data and evidence from public health and communications research, the white paper outlines practical strategies for reaching priority populations, shaping shared norms, and translating evidence-based programs into action. State and local agencies are encouraged to treat communications and capacity-building efforts as core infrastructure, not add-ons, to ensure opioid investments achieve durable, equitable impact.

The paper introduces Safer Homes, Stronger Starts, a collaborative initiative led by Collaborative and Fors Marsh, as an applied model for translating and operationalizing these principles in practice. By pairing rigorous data and analytics with culturally responsive messaging and trusted local partnerships, Safer Homes, Stronger Starts demonstrates how agencies can increase relevance, reach, and effectiveness across California's diverse communities.

HIGH-LEVEL RECOMMENDATION:

State and local agencies should embed communication strategies and capacity-building efforts as core components of opioid-funded initiatives. When treated as foundational rather than supplemental, these elements help ensure that evidence-based programs reach those most affected and deliver durable, equitable impact.

The California Opioid Landscape

A. Scope of the Crisis

California's opioid crisis remains both urgent and complex, affecting individuals and communities across every region of the state. In **2023**, the state recorded **7,847 opioid-related overdose deaths**—an age-adjusted rate of **20.8 per 100,000**, up from 7,057 deaths in 2022.[1] Fentanyl drives this surge, implicated in over 90% of opioid fatalities and accounting for the largest share of opioid-related overdose deaths among even those as young as 10 years old, which is the youngest age group captured in available data.[2] Emergency department visits for opioid-related harms have also climbed sharply in recent years, signaling the growing severity of a public health emergency.[3]

The impact of this crisis is not evenly distributed. **Communities of color**, particularly Black, Latino, and Native populations, bear disproportionate harm. In 2023, overdose mortality among Black Californians reached **69 per 100,000**, and among Native Americans **82 per 100,000**, more than double the statewide average.[4] Rural communities face additional barriers, including **health care provider shortages** and **limited access** to medication-assisted treatment.[5] California's **unhoused population** is especially vulnerable, with substance use and overdose compounding existing health inequities and treatment gaps.[6] **Young people** also face growing risk, with a **45% increase in adolescent overdose deaths nationally between 2018 and 2022**, with California showing a similar pattern.[7] Children under five are not exempt. Children ages 0-4 account for approximately **7% of all fatal pediatric opioid poisonings** nationally,[8] and poison center data show these exposures are typically unintentional and occur in home settings, highlighting the role of caregivers needed in prevention.[9]

Compared to national trends, California's opioid mortality rate (**20 per 100,000**) remains below the U.S. average of **24 per 100,000**. However, the state's trajectory is concerning. While national opioid mortality rates plateaued or declined slightly in 2023, California's continued to rise.[10] At the same time, statewide averages mask variation across regions and populations, with some communities experiencing opioid-related impacts comparable to those seen in higher-rate states.

B. Structural Drivers

California's overdose crisis is shaped by interlocking structural forces like the following: strained behavioral health capacity, uneven access to care across a geographically large state, severe housing instability and unsheltered homelessness, and a rapidly evolving drug supply dominated by synthetic opioids and polysubstance use.

Behavioral health capacity and access.

California faces widespread shortages in its behavioral health workforce. State workforce modeling projections indicate **shortages across all 58 counties** in 2025, including a projected **statewide shortfall of approximately 41%** among non-prescribing licensed clinicians, equivalent to an estimated **55,298** additional providers needed. These gaps are expected to persist through 2033.[11] These gaps are most acute in the Northern & Sierra, Inland Empire, and San Joaquin Valley regions. Consistent with these patterns, 2025 reporting found that California faced **shortages of roughly one-third of its psychiatrists** (~8,100 needed) **and licensed therapists** (~117,000 needed) based on 2022 demand estimates.[12] Together, these shortages contribute to delays in treatment initiation and disruptions in continuity of care.

1 California Department of Public Health (CDPH), *Opioid-Related Overdose Deaths in California* (2023). https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2023OpioidOverdoseDeaths.pdf.

2 California Department of Public Health (CDPH), *Opioid-Related Overdose Deaths in California* (2023). https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2023OpioidOverdoseDeaths.pdf.

3 California Health Care Foundation, *Substance Use in California Almanac—2025 Edition* (2025). https://www.chcf.org/resource/substance-use-in-california-almanac.

4 California Department of Public Health, *Fatal Overdoses in California: 2018–2023* (2025). https://calhps.com/wp-content/uploads/2025/03/CA_OD_BRIEF-March-1.pdf.

5 American Institutes for Research, *Urban–Rural Disparities in Opioid Treatment Access* (2021). https://www.air.org/resource/field/exploring-urban-rural-disparities-accessing-treatment-opioid-use-disorder.

6 UCSF Benioff Homelessness & Housing Initiative, *Behavioral Health and Homelessness Report* (2025). https://homelessness.ucsf.edu/sites/default/files/2025-03/Behavioral%20Health%20Report.pdf.

7 Megan Miller et al., "Changes in Synthetic Opioid–Involved Youth Overdose Deaths in the United States: 2018–2022," *Pediatrics* 155, no. 6 (April 2025): e2024069488, https://doi.org/10.1542/peds.2024-069488.

8 Jeffrey R. Gaither, "National Trends in Pediatric Deaths from Fentanyl, 1999–2021," *JAMA Pediatrics* 177, no. 7 (2023): 733–735, https://doi.org/10.1001/jamapediatrics.2023.0793.

9 Perry E. Rosen et al., "Trends in Opioid Exposures among Young Children Reported to United States Poison Centers from 2016 to 2023," *Clinical Toxicology* 62, no. 11 (2024): 762–769, https://doi.org/10.1080/15563650.2024.2401598.

10 Matthew F. Garnett and Arialdi M. Miniño, *Changes in Drug Overdose Mortality and Selected Drug Type by State: United States, 2022 to 2023* (NCHS Health E-Stats, 2025), https://dx.doi.org/10.15620/cdc/174578.

11 California Department of Health Care Access and Information (HCAI), *Supply and Demand Modeling for California's Behavioral Health Workforce* (2025). https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-behavioral-health-workforce.

12 Christine Mai-Duc, "As California's Behavioral Health Workforce Buckles, Help Is Years Away," *KFF Health News*, August 6, 2025, https://kffhealthnews.org/news/article/california-mental-behavioral-health-workers-medicaid-therapists-psychiatrists.

Geographic disparities.

Urban counties generally report a higher number of overdose deaths overall. However, **rural California counties have at times outpaced urban counties** in overdose mortality including in recent years.[13] National analyses show that rural areas consistently face **lower treatment capacity** from local providers **and longer travel times** to reach care—with **56% of rural counties lacking a buprenorphine prescriber**, and **30% of rural residents** having no access buprenorphine treatment, compared with **2%** in urban areas.[14] California-specific analyses show that access to buprenorphine providers varies widely across communities, with rural and lower-income areas facing the greatest gaps.[15] Policy analysis points to transportation challenges, limited broadband and telehealth access, stigma, and provider shortages as key barriers to treatment for opioid use disorder in rural communities.[16] County-level data further show **higher opioid overdose rates in many northern and rural counties** alongside wide variation in naloxone deployment per capita, reflecting both need and program reach.[17] While sustained overdose declines are emerging in some large urban counties, patterns remain uneven across the state.[18]

Housing instability and unsheltered homelessness.

Large-scale studies find that Californians experiencing homelessness face significant behavioral health needs and barriers to care, with housing instability both increasing the risk of substance use-related harms and worsening existing conditions. A statewide, representative study conducted from 2021–2022 links homelessness with elevated drug exposure and limited treatment access.[19] The findings emphasize the **bidirectional relationship** between behavioral health challenges and housing instability. These dynamics are concentrated in urban areas with high unsheltered rates, but spill over into suburban and rural communities where treatment infrastructure is thinner.[20, 21]

Emerging challenges: synthetic opioids and polysubstance use.

In 2023, **91%** of California's 7,847 opioid-related overdose deaths involved fentanyl (7,137 deaths), underscoring the central role of synthetic opioids in overdose mortality. Polysubstance involvement was widespread: **51%** of opioid-related deaths involved psychostimulants such as methamphetamine (3,979 deaths), **15%** involved cocaine (1,151 deaths), and **8%** involved benzodiazepines (607 deaths).[22] National surveillance corroborates rising **opioid-stimulant combinations** and the appearance of **xylazine** in the illicit supply—complicating clinical response and surveillance.[23]

13 Holly Hedegaard and Merianne Rose Spencer, *Urban–Rural Differences in Drug Overdose Death Rates, 1999–2019*, NCHS Data Brief no. 403 (Hyattsville, MD: National Center for Health Statistics, 2021), https://www.cdc.gov/nchs/products/databriefs/db403.htm.

14 American Institutes for Research, *Exploring Urban–Rural Disparities in Accessing Treatment for Opioid Use Disorder* (2021). https://www.air.org/resource/field/exploring-urban-rural-disparities-accessing-treatment-opioid-use-disorder.

15 Yun Wang et al., "Assessing Buprenorphine Treatment Utilization and DATA Waiver Provider Distribution in 2021: A Real-World Analysis in California," *Scientific Reports* 15 (2025), https://www.nature.com/articles/s41598-025-07315-9.

16 American Institutes for Research, *Exploring Urban–Rural Disparities in Accessing Treatment for Opioid Use Disorder* (2021). https://www.air.org/resource/field/exploring-urban-rural-disparities-accessing-treatment-opioid-use-disorder.

17 California Department of Health Care Services, *Opioid Overdoses and Approved Naloxone by County* (accessed November 2025), https://californiaopioidresponse.org/outcomes/naloxone-distribution-project-data/opioid-overdoses-and-approved-naloxone-by-county.

18 Emily Symon, "Counties Across California Saw Massive Drops in Overdose Deaths in 2024," *California Globe*, June 26, 2025, https://californiaglobe.com/fr/counties-across-california-saw-massive-drops-in-overdose-deaths-in-2024.

19 UCSF Benioff Homelessness & Housing Initiative, *Behavioral Health and Homelessness Report* (2025). https://homelessness.ucsf.edu/sites/default/files/2025-03/Behavioral%20Health%20Report.pdf.

20 Stanford Institute for Economic Policy Research, *Homelessness in California: Recent Challenges and New Horizons* (2024). https://siepr.stanford.edu/publications/policy-brief/homelessness-california-recent-challenges-and-new-horizons.

21 Ronit D. Assaf et al., "Illicit Substance Use and Treatment Access Among Adults Experiencing Homelessness," *JAMA* 333, no. 14 (2025): 1222–1231, https://doi.org/10.1001/jama.2024.27922.

22 California Department of Public Health (CDPH), *Opioid-Related Overdose Deaths in California* (2023). https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2023OpioidOverdoseDeaths.pdf.

23 Centers for Disease Control and Prevention, *Polysubstance Overdose*, May 8, 2024, https://www.cdc.gov/overdose-prevention/about/polysubstance-overdose.html.

Lessons from the Literature

A. Evidence on Messaging & Stigma

Stigma remains one of the most formidable barriers to effective opioid prevention and treatment. Research consistently shows that stigma—whether expressed by the public, embedded in healthcare systems, or internalized by individuals—discourages people from seeking help, delays treatment initiation, and undermines the impact of public health campaigns.[24] **Stigmatizing language** such as "addict" or "drug abuser" perpetuates stereotypes and moral judgments, framing substance use disorder as a personal failing rather than a treatable health condition.[25] These dynamics are particularly harmful in communities already facing structural inequities, such as those where stigma compounds barriers related to poverty, race, and geography.[26]

Evidence demonstrates that **stigma can be reduced through intentional, evidence-based mass media strategies**. Studies of prevention campaigns targeting young adults show associations with lower stigma and greater intentions to seek or share help information,[27] while evaluations of stigma-reduction efforts such as CDC's ***Rx Awareness*** and **Rhode Island's statewide opioid education initiative** document measurable shifts in empathy, perceived risk, opioid-related knowledge, and treatment-seeking intentions.[28, 29, 30] Stigma reduction is linked to the use of person-first language, authentic storytelling from individuals in recovery, and community engagement—approaches shown to improve public understanding and reduce negative stereotypes by shaping narrative framing and trust.[31]

24 James D. Livingston et al., "The Effectiveness of Interventions for Reducing Stigma Related to Substance Use Disorders: A Systematic Review," *Addiction* 107, no. 1 (2012): 39–50, https://doi.org/10.1111/j.1360-0443.2011.03601.x.

25 John F. Kelly and Christine M. Westerhoff, "Does It Matter How We Refer to Individuals with Substance-Related Conditions? A Randomized Study of Two Commonly Used Terms," *International Journal on Drug Policy* 21, no. 3 (2010): 202–207, https://doi.org/10.1016/j.drugpo.2009.10.010.

26 Alexander C. Tsai et al., "Stigma as a Fundamental Hindrance to the United States Opioid Overdose Crisis Response," *PLoS Medicine* 16, no. 11 (2019): e1002969, https://doi.org/10.1371/journal.pmed.1002969.

27 Jennifer M. Rath et al., "Educating Young Adults about Opioid Misuse: Evidence from a Mass Media Intervention," *International Journal of Environmental Research and Public Health* 19, no. 22 (2022), https://doi.org/10.3390/ijerph19010022.

28 Jie Yang and Michael Mackert, "The Effectiveness of CDC's Rx Awareness Campaigns on Reducing Opioid Stigma: Implications for Health Communication," *Health Communication* 38, no. 5 (May 2023): 925–934, https://doi.org/10.1080/10410236.2021.1982561.

29 Jennifer M. Rath et al., "Early Evidence of an Opioid Education Campaign: A Case Study of Rhode Island," *Journal of Public Health Management and Practice* 26, no. 3 (May–June 2020): 252–258, https://doi.org/10.1097/PHH.0000000000001154.

30 Rhode Island Department of Health, *Prevent Overdose RI: Campaign Impact Summary* (2020).

31 Substance Abuse and Mental Health Services Administration (SAMHSA), *Words Matter: Preferred Language for Talking About Addiction* (2021). https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction.

B. Community Engagement in Public Health

The most effective public health strategies are those built with, not just for, the communities they serve. Participatory approaches and co-design—where community members, especially those from disproportionately affected groups, are involved in **message development and testing**—are consistently linked to greater relevance, credibility, and impact.[32] This collaborative model ensures that interventions reflect **lived experience and cultural context**, which is critical for addressing and combatting mistrust and tailoring solutions to local realities. Long-term community coalition models like ***Communities That Care*** (carried out across 24 communities in seven states) demonstrate sustained reductions in substance use through early adulthood.[33] Randomized trials of community-university partnerships further show that sustained, locally-led coalitions using evidence-based frameworks achieve significant and durable **reductions in youth substance initiation**, reinforcing that co-design and long-term community infrastructure are core drivers of impact.[34]

In a state as diverse as California, tailoring messaging to specific cultural and linguistic groups is essential. Evidence suggests that **multilingual outreach**, use of **trusted messengers** (such as faith leaders or community health workers), and **culturally adapted materials** (i.e., specific to the beliefs, values, or norms unique to a particular culture) are associated with greater engagement.[35, 36] These approaches are especially relevant for immigrant communities and populations historically underserved by mainstream health systems, where language barriers, mistrust, and cultural misalignment can limit access to information and care.[37]

C. Youth & Family Prevention Messaging

Prevention efforts that engage families, caregivers, and peers are among the most effective tools for reducing substance use and preventing accidental exposures among children. Evidence from a recent systematic review of various opioid education programs, emergency department interventions, and national campaigns suggests that prevention strategies are most effective when caregiver education, school-based programming, and peer influence align to reinforce consistent safety behaviors across settings. Taken together, these findings suggest that prevention strategies are most effective in changing knowledge, perceptions, and behaviors when they shape shared expectations and reinforce consistent behaviors across a child's social environment—a process aligned with social norm formation. Although these structural changes may take longer to emerge than shifts in individual attitudes, they are more likely to persist over time.[38, 39, 40]

32 Meredith Minkler and Nina Wallerstein, *Community-Based Participatory Research for Health* (San Francisco: Jossey-Bass, 2011).

33 Margaret R. Kuklinski et al., "Long-Term Impacts and Benefit–Cost Analysis of the Communities That Care Prevention System at Age 23, 12 Years After Baseline," *Prevention Science* 22, no. 4 (May 2021): 452–463, https://doi.org/10.1007/s11121-021-01218-7.

34 Richard Spoth et al., "Preventing Substance Misuse through Community–University Partnerships: Randomized Controlled Trial Outcomes 4½ Years Past Baseline," *American Journal of Preventive Medicine* 40, no. 4 (April 2011): 440–447, https://doi.org/10.1016/j.amepre.2010.12.012.

35 Substance Abuse and Mental Health Services Administration (SAMHSA), *The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue*, Publication No. PEP20-05-02-002, Office of Behavioral Health Equity (2020), https://library.samhsa.gov/sites/default/files/pep20-05-02-002.pdf.

36 Matthew W. Kreuter et al., "Achieving Cultural Appropriateness in Health Promotion Programs: Targeted and Tailored Approaches," *Health Education & Behavior* 30, no. 2 (April 2003): 133–146, https://doi.org/10.1177/1090198102251021.

37 U.S. Department of Health and Human Services, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* (Washington, DC: U.S. Department of Health and Human Services, 2013).

38 Erin O'Connor et al., "Interventions to Prevent Illicit and Nonmedical Drug Use in Children, Adolescents, and Young Adults: Updated Evidence Report and Systematic Review for the U.S. Preventive Services Task Force," *JAMA* 323, no. 20 (2020): 2067–2079, https://doi.org/10.1001/jama.2020.1432.

39 Caroline Hua-Nguyen et al., "Effectiveness of Educational Interventions in United States Schools to Prevent Opioid-Related Harms: A Systematic Review," *Addictive Behaviors* 163 (2025): 108268, https://doi.org/10.1016/j.addbeh.2025.108268.

40 Nancy S. Tobler and H. H. Stratton, "Effectiveness of School-Based Drug Prevention Programs: A Meta-Analysis of the Research," *Journal of Primary Prevention* 18, no. 1 (1997): 71–128, https://doi.org/10.1023/A:1024630205999.

Safe Drug Storage & Tailored Caregiver Education.

Research on unintentional methadone and buprenorphine exposures among children ages 0-5 identifies clear, actionable prevention messages for caregivers, including information around locked storage, child-resistant packaging, and explicit warnings about practices such as storing liquid methadone in beverage containers (in cases where patients may be permitted take-home doses).[41] Brief interventions that combine verbal education with **free lockboxes** have demonstrated dramatic improvements in safe storage—from 4% at baseline to 90% post-intervention.[42] Grandparents, who may rely on outdated guidance, benefit from brief educational sessions that significantly improve medication safety knowledge. Evidence from national initiatives like **CDC's PROTECT "Up & Away"** campaign reinforces the value of simple, actionable, tailored messaging for caregivers.[43]

School-Based Educational Programs.

A 2025 systematic review of school-based opioid education programs found consistent improvements in student knowledge, attitudes, awareness, intentions, and behaviors.[44] Programs that combine classroom instruction with caregiver engagement have the strongest effects, including reductions in percentage points of prescription opioid misuse that can persist through Grade 12.[45] Technology-based curricula—such as the **EVERFI Prescription Drug Safety** course—improve social norms, refusal skills, and personal responsibility.[46] Rural middle school interventions like **This Is (Not) about Drugs (TINAD)** demonstrate high likability and measurable increases in opioid-related knowledge and self-efficacy.[47]

Family Engagement and Peer Influence.

Peer-led interventions leverage adolescents' social networks to normalize healthy behaviors and reduce stigma—meta-analytic evidence indicates these approaches can be effective in shaping norms and reducing use.[48] Messaging that is clear, actionable, and delivered through trusted channels, such as schools, peer groups, and community organizations, has the strongest impact on adolescents and caregivers.[49, 50]

41 Lauren Schwartz et al., "Unintentional Methadone and Buprenorphine Exposures in Children: Developing Prevention Messages," *Journal of the American Pharmacists Association* 57, no. 2S (2017): S83–S86, https://doi.org/10.1016/j.japh.2017.01.015.

42 Andrea C. Webb et al., "Effect of Lock Boxes and Education on Safe Storage of Medications," *Injury Epidemiology* 7, suppl. 1 (2020): 21, https://doi.org/10.1186/s40621-020-00257-y.

43 Megha Agarwal et al., "A Brief Educational Intervention Improves Medication Safety Knowledge in Grandparents of Young Children," *AIMS Public Health* 2, no. 1 (2015): 44–55, https://doi.org/10.3934/publichealth.2015.1.44.

44 Caroline Hua-Nguyen et al., "Effectiveness of Educational Interventions in United States Schools to Prevent Opioid-Related Harms: A Systematic Review," *Addictive Behaviors* 163 (2025): 108268, https://doi.org/10.1016/j.addbeh.2025.108268.

45 Caroline Hua-Nguyen et al., "Effectiveness of Educational Interventions in United States Schools to Prevent Opioid-Related Harms: A Systematic Review," *Addictive Behaviors* 163 (2025): 108268, https://doi.org/10.1016/j.addbeh.2025.108268.

46 Mary Smart et al., "Promoting Prescription Drug Safety Skills in School: Evaluating the Effectiveness of a Technology-Based Curriculum," *Child & Youth Care Forum* 52 (2023): 1273–1297, https://doi.org/10.1007/s10566-023-09734-z.

47 Rachel Evans et al., "Preliminary Evaluation of a Prescription Opioid Misuse Prevention Program Among Rural Middle School Students," *Journal of Community Health* 45, no. 6 (2020): 1139–1148, https://doi.org/10.1007/s10900-020-00899-5.

48 Nancy S. Tobler and H. H. Stratton, "Effectiveness of School-Based Drug Prevention Programs: A Meta-Analysis of the Research," *Journal of Primary Prevention* 18, no. 1 (1997): 71–128, https://doi.org/10.1023/A:1024630205999.

49 Jennifer M. Rath et al., "Educating Young Adults about Opioid Misuse: Evidence from a Mass Media Intervention," *International Journal of Environmental Research and Public Health* 19, no. 1 (2022): 22, https://doi.org/10.3390/ijerph19010022.

50 Jie Yang and Michael Mackert, "The Effectiveness of CDC's Rx Awareness Campaigns on Reducing Opioid Stigma: Implications for Health Communication," *Health Communication* 38, no. 5 (2023): 925–934, https://doi.org/10.1080/10410236.2021.1982561.

Communications Gaps & Opportunities

California's response to the opioid crisis is stronger than it has ever been. But the communications infrastructure needed to reach people consistently, across communities and over time, has not kept pace. The result is a patchwork of well-intentioned efforts that often lack shared branding, clear narratives, and the ability to demonstrate how outreach is building awareness and changing behavior. This is the gap that the partnership between Collaborative Communications and Fors Marsh, Safer Homes, Stronger Starts, is designed to fill.

A. Gaps

Limited capacity for branding and narrative alignment at the county and local levels.

Most prevention, treatment, and harm-reduction efforts are planned and funded locally, yet many counties, school systems, and community-based organizations lack the in-house capacity to develop cohesive branding and shared narrative frameworks about the work. Communications efforts are often fragmented across individual programs, with different language, visuals, and messages used. This can create confusion for residents and dilute the overall impact of the state's opioid response.

Insufficient multilingual and culturally tailored outreach.

California's diversity is one of its greatest strengths, but it also means that "one-size-fits-all" campaigns rarely reach those who need them most. Local partners consistently report limited capacity to produce high-quality, multilingual materials or to adapt messages for specific cultural contexts, especially for communities that speak languages other than English and Spanish or have experienced historical mistrust of public systems.

Weak infrastructure for evaluating communications impact.

While many initiatives report outputs (e.g., number of flyers distributed or trainings held), far fewer have the tools to track who they are actually reaching, how messages are landing, and whether communication efforts are changing knowledge, attitudes, or behaviors over time. This makes it difficult for leaders and funders to compare strategies, refine investments, and scale what works—despite strong expectations for accountability and equity in how opioid funds are spent.

B. Opportunities

These gaps also point directly to opportunities for funders and partners to strengthen California's opioid response by investing in shared communications capacity and evidence-informed public education.

Embedding communications in every grant-funded program.

The evidence is clear that campaigns grounded in behavioral science and community voice can reduce stigma, improve knowledge, and support help-seeking and safer behaviors. By building strategic communications, engagement, and evaluation into the design and budgets of opioid-related programs, we can ensure that proven interventions actually reach the people they are intended to serve.

Building local capacity for rapid response and sustained campaigns.

Counties, school districts, and community organizations need practical tools and support to move quickly when conditions change. Investing in shared message frameworks, adaptable creative assets, and responsive training materials can create a durable backbone that local partners use for both rapid-response communication and longer-term campaigns, reducing duplication and stretching limited resources further.

Leveraging Safer Homes, Stronger Starts as a turnkey partner for data-driven, equity-centered communications.

Safer Homes, Stronger Starts is built precisely to meet these needs: it offers a ready-made model that combines behavioral science, multilingual and culturally grounded messaging, coalition support, and evaluation. Funders and implementing partners can use the model to align local narratives, reach priority populations more effectively, and generate the impact data needed to guide future investments.

The Safer Homes, Stronger Starts Model

Safer Homes, Stronger Starts is a public education and capacity-building model that helps communities across the state communicate clearly about opioid risks, prevention, and care—and equips local partners with the tools to sustain that work over time. By combining rigorous research with community-informed storytelling, the model is designed to support anyone investing in the opioid response: public agencies, school systems, healthcare organizations, community-based groups, philanthropy, and private-sector partners.

At its core, Safer Homes, Stronger Starts weaves together three elements.

First, it develops data-informed, people-centered messages that reflect how Californians actually talk about substance use, safety, and help-seeking—across languages, cultures, and regions.

Second, it translates those messages into practical campaign assets and toolkits that local partners can adapt and deploy, from youth-focused materials and family conversation guides to provider-facing resources and coalition messaging frameworks.

Third, it builds in evaluation and learning, so that outreach efforts can be refined over time and everyone can see how investments are changing awareness, attitudes, and behaviors in the communities they care about.

Because the model is modular, partners can plug in at different points: some may seek a turnkey public education campaign, while others may focus on strengthening their own communications, engagement, and evaluation capacity as they leverage Safer Homes, Stronger Starts tools and technical assistance. In all cases, the aim is the same—to make it easier for Californians to access trustworthy information, talk openly about risk and recovery, and connect with lifesaving resources, while giving funders and leaders a clear line of sight into what is working and where additional support is needed.

A. Partnership Strengths

Safer Homes, Stronger Starts is powered by a partnership that blends deep communications and coalition-building experience in California with nationally recognized expertise in behavioral science and evaluation, giving funders and partners a single team that can both move people and measure impact.

COLLABORATIVE®

Collaborative Communications is a social impact communications firm that helps public agencies, school systems, and community-based organizations turn complex issues into clear, people-centered stories and campaigns. Collaborative brings a long track record of working with multilingual communities, co-designing messages with youth and families, and supporting coalitions to speak with a unified voice—across digital, in-person, and data-driven channels—so that public education efforts feel local, trusted, and actionable.

ForsMarsh

Fors Marsh is a national leader in applied social science, message testing, and evaluation for public education and behavior change campaigns, especially on sensitive and stigmatized topics. Fors Marsh designs research and evaluation plans that help partners understand their audiences, test and refine messages, and document changes in awareness, attitudes, and behaviors—producing the kind of evidence that public agencies, philanthropy, and other funders need to assess impact and guide future investment.

Together, the partnership offers a best-in-class engine for public education and capacity building in California's opioid response.

B. Core Services

Safer Homes, Stronger Starts offers a flexible suite of services that any partner—public agencies, school systems, community-based organizations, health providers, funders, and intermediaries—can use to strengthen their opioid-related public education and engagement efforts.

Data-informed messaging frameworks. Audience-specific message architecture grounded in behavioral science and informed by research with priority populations. This includes clear guidance on frames, proof points, language, tone, and calls to action aligned with prevention, harm reduction, and recovery goals that are tailored for youth, families, providers, community leaders, and organizational decision-makers who shape local responses.

Multilingual, equity-centered branding and campaigns. Development of campaign concepts, visual identity systems, and adaptable creative assets designed from the outset for accessibility, cultural relevance, and impact across diverse communities. Safer Homes, Stronger Starts supports full multilingual adaptation (English, Spanish, and additional languages as needed) and community validation to ensure that materials feel authentic, respectful, and actionable to the audiences they are meant to serve.

Coalition alignment and capacity-building. Facilitation and technical assistance to help partners align around shared goals, roles, and messaging, and to build the internal capacity needed to keep campaigns going. This includes implementation toolkits and training that enable community organizations, schools, health systems, and local agencies to deploy campaigns consistently, adapt them to local context, and leverage practical supports to sustain the work.

Evaluation to meet funder and partner needs. Evaluation planning and implementation tailored to the priorities of both funders and on-the-ground partners. Approaches range from formative research and message testing (front-end; at launch) to ongoing monitoring and outcome evaluation (back-end), producing credible evidence for investors and actionable learning for practitioners.

C. Case Illustrations

Safer Homes, Stronger Starts draws on proven methods from education, public health, and youth engagement sectors—fields where Collaborative and Fors Marsh have led similar work:

Education and data accessibility. In California, Collaborative led the end-to-end redesign of the California School Dashboard and co-designed a Local Control and Accountability Plan (LCAP) data tool with educators, families, advocates, and policymakers. Both projects demonstrate Collaborative's ability to facilitate authentic community engagement, translate complex data into clear narratives, and produce tools and materials that help diverse audiences understand and use information to drive local action.

Public health campaigns with reach and results. Fors Marsh has led evaluations of large-scale national campaigns—including CDC's Stop Overdose campaigns (assessing change in naloxone knowledge, carrying behavior, and confidence in overdose response) and SAMHSA's 988 Suicide Crisis Lifeline campaign (measuring awareness and service utilization across priority youth populations and communities of color). These projects show Fors Marsh's ability to design evaluations that capture both exposure and behavioral outcomes, segment results by population, and produce findings that help campaigns iterate and prove impact.

Multilingual, equity-focused engagement. Collaborative's work rolling out California's Universal Pre-Kindergarten initiative and co-designing data systems for the Cradle to Career Dashboard demonstrates sustained commitment to reaching and engaging multilingual communities, particularly those with barriers to mainstream outreach. This includes direct partnership with school districts, county offices, community-based organizations, and families to assess needs, adapt messaging, and ensure that communications reach those often left behind.

Recommendations for California Partners and Funders

Based on the existing evidence and the model demonstrated by **Safer Homes, Stronger Starts**, the following actions are recommended for any organization investing in or championing California's opioid response, including state and local agencies, school systems, health systems, philanthropy, intermediaries, and private-sector partners.

1. **Embed research and communications into opioid-focused investments from the start.**

   Treat strategic communications, community engagement, and evaluation as core components of opioid-related initiatives rather than add-ons. Building these elements into program design and budgets from day one ensures that strategies are grounded in audience research, implementation-ready, and measurable within reporting timelines. Funders and implementers that invest in this infrastructure are better positioned to demonstrate impact, meet accountability requirements, and sustain support over time.

2. **Prioritize people-centered messaging to advance equity and effectiveness.**

   Use language, imagery, and creative approaches that reflect community realities, reduce stigma, and clearly connect people to prevention, harm-reduction, and treatment resources. Ensure multilingual access and culturally responsive adaptation so that priority populations see themselves reflected and understand how to act. Evidence shows that when campaigns speak directly to the communities they intend to reach, engagement and behavior change are significantly stronger.

3. **Leverage Safer Homes, Stronger Starts as a partner to strengthen proposals, amplify local efforts, and scale what works.**

   Prospective funders and implementing partners can engage Safer Homes, Stronger Starts to: 1. align multi-partner coalitions around shared messaging; 2. co-create campaign concepts and creative grounded in community voice; 3. design and implement research and message testing; and 4. build evaluation frameworks that satisfy diverse funder requirements. Involving Safer Homes, Stronger Starts early in planning and proposal development helps coalitions compete more effectively for resources, launch campaigns that are ready for deployment, and generate the learning needed to refine and scale successful approaches.

Next Steps for Interested Partners

Any organization interested in funding, sponsoring, or implementing Safer Homes, Stronger Starts can:

1. **Request a strategy conversation to align on goals, target populations, geographies, and timing.**
2. **Identify potential funding streams—including opioid settlement funds, state and federal grants, and philanthropic investments—where communications, engagement, and evaluation can be integrated as core activities.**
3. **Invite coalition partners (e.g., county agencies, school districts, CBOs, healthcare providers, youth and parent leaders) into early co-design discussions so that campaign concepts and measures of success are shared from the outset.**
4. **Explore pilot opportunities in one or more communities, with a clear plan to document outcomes and translate lessons into future funding applications and broader rollout.**

Partnership Built for California. Backed by Data.

Opioid response efforts are now judged by more than dollars spent. Agencies are expected to show who they reached, how messages resonated, what behaviors changed, and how investments support long-term equity and impact—often under intense public and legislative scrutiny.

Safer Homes, Stronger Starts helps teams demonstrate:

- **Credible engagement across diverse communities**
- **Reduced stigma and increased help-seeking**
- **Clear communication outcomes tied to program goals**
- **Readiness for future settlement, state, and federal funding cycles**

Safer Homes, Stronger Starts helps California agencies turn opioid funding into measurable, equitable impact by embedding data-informed communications and evaluation from day one.

COLLABORATIVE COMMUNICATIONS

A mission-driven communications firm with deep experience supporting education, social impact, and equity-centered initiatives statewide. Collaborative brings expertise in coalition engagement, youth and family prevention messaging, multilingual outreach, media strategy, and storytelling that resonates across California's regions and cultures.

FORS MARSH

A national leader in applied social science, specializing in behavioral research, stigma-reduction strategies, message testing, and evaluation frameworks that meet funder, legislative, and public accountability requirements.

Together, we solve a problem most CA teams are facing in this opioid crisis: Creative without evidence, or research without reach.

COLLABORATIVE® ForsMarsh

Let's Strengthen California's Opioid Response.

Safer Homes, Stronger Starts is ready to support counties, state agencies, coalitions, and nonprofits seeking to turn opioid funding into trusted, measurable impact.

Safer Homes, Stronger Starts ensures California's opioid response is not only funded—but trusted, equitable, and accountable.

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