

Calaveras County does not have one central urban area, but has multiple small communities, primarily grouped along the main travel corridors of Highways 4, 12, 26 and 49. Angels Camp is the only incorporated city in the county, and according to the 2000 Census data, more than 80% of county residents live outside of urban areas.

Round trips from these communities to San Andreas, the county seat, where Calaveras County Behavioral Health is located are as follows:

Angels Camp	24 mi.	Mokelumne Hill	20 mi.
Arnold	64 mi.	Murphys	40 mi.
Copperopolis	44 mi.	Valley Springs	22 mi.
		West Point	52 mi.

The most recent estimates of race/ethnicity indicate that 87% of residents are White, 7% are Latino, 2% are Native American, 2% are Asian or other Pacific Islander, and 1% are African American. It is estimated that nearly 3% speak Spanish as a primary language. In 2000, 30% of the County's population was older than 65 and/or disabled.

NEEDS AND RESOURCE ASSESSMENT

The needs and resource assessment was started by Calaveras County Health Education Manager, Joan Mazzetti, in coordination with Prevention by Design consultant Randy Davis beginning in 2005. They gathered and analyzed a wide range of data from:

Resilience Indicators from the California Healthy Kids Survey (CHKS):

- Age at first use (5th through 11th grades)
- Lifetime use of substances (alcohol, methamphetamine, marijuana and tobacco)
- 30-day use patterns
- Perceptions of harm/risk
- Binge drinking patterns
- Drunk or high on school property-lifetime
- Very drunk or sick after drinking-lifetime
- High from using drugs-lifetime
- Youth drinking and driving/ever ridden in a car with someone who has been drinking

California Alcohol and Drug Data System (CADDSS) Summary

- Age at first use (5th through 11th grades)
- Treatment Admissions Report (including age per drug)

California Health Interview Survey (CHIS)

Children Now and the Risk Indicator Report

- Child abuse report

California Highway Patrol - Risk Indicator Report

- Death and Injuries due to alcohol-involved crashes

Attorney General web site

- Adult and juvenile DUI rates
- Alcohol and drug-related crimes

Alcoholic Beverage Control

- Availability (Retail licenses in County)
- Results of “decoy sales” activity

Calaveras County

- County and local policies related to alcohol/drugs
- Restrictions for one-day/special license for public events

Additional Data Sources:

- Self-Report by participants in Substance Abuse Youth Education and Treatment programs regarding access to and use of alcohol and other drugs
- Environmental Surveys by Friday Night Live Youth and Public Health Staff (tobacco & alcohol advertising prevalence in retail outlets)

- Observations and anecdotes from the Bret Harte High School Social Worker and Behavioral Health Services in school and community settings regarding social and retail access to alcohol, patterns of alcohol (and other drug) use reported by youth, and the reported need for prevention and treatment services for youth by school staff
- Blue Mountain Coalition for Youth community health and wellness survey in West Point (2005)

The review of the data resulted in three key findings:

- Significant numbers of youth and adults report initiating alcohol use before the legal age of 21.
Based upon the 2005 California Healthy Kids Survey (CHKS), 45-74% of 11th graders reported initiating alcohol use before age 18.
California Alcohol Drug Data System (CADDSS) Treatment Admissions data for 2004-05 indicate that 28.7% of clients report initiating use before age 15, another 29.8% before 18, and an additional 15.8% before age 21, for a total of 74.3%.
CADDSS 2003-04 data indicate that 27.2% of clients report initiating use before age 15, another 30.7% before age 18, and 15.7% before age 21, for a total of 73.6%.
- Significant numbers of youth report easy to very easy access to alcohol.
Based upon the 2005 CHKS, up to 90% of 11th graders.
- Additional data and information are needed for planning of prevention services.

The following is an initial listing of potential resources for prevention in Calaveras County: Calaveras County Board of Supervisors; Health Services Agency – Substance Abuse Program, Friday Night Live; Sheriff’s Department (Student Resource Officer); Calaveras Works & Human Services; Angels Camp Police Department (Student Resource Officer); California Highway Patrol; County Office of Education, and Bret Harte, Calaveras Unified, Vallecito and Mark Twain school districts; local Youth Centers (Valley Springs, San Andreas, Mountain Ranch, West Point); Human Resources Council; local churches; local businesses and associations; community health clinics; and interested citizens. Further exploration is needed to identify additional resources.

CAPACITY BUILDING

Prior to starting the Strategic Planning Framework (SPF) process, Substance Abuse Program prevention services were limited to Friday Night Live and a youth Substance Abuse Education group. Some school outreach services had also been provided in the past, but were discontinued due to loss of staff. There were, and are, no other substance abuse prevention service providers in the county. In addition, due to difficulty in hiring for vacant positions, there was no staff available to begin the SPF process prior to the recruitment of Joan Mazzetti, MPH, in August of 2004.

The SPF process was initiated by Ms. Mazzetti in the fall of 2004 with technical assistance from Randy Davis of Prevention by Design. In March of 2005, David Sackman, MFT, was hired as Deputy Director of Behavioral Health Services and assigned to assist with the Prevention Program and SPF process as part of his duties. Staff from the Health Services Agency participated in focus groups in May of 2005 as part of planning for participatory community assessments. The Tobacco Prevention Coalition (TPC), made up of community members, representatives from social services, behavioral health, child abuse prevention, school, county and local law enforcement, local churches, and non-profit agencies, began discussing expansion of its scope to include substance abuse prevention in March of 2006.

The TPC formally adopted expanding its scope in April of 2006, and in July of 2006 renamed itself the Alliance for Substance Abuse Prevention (ASAP). At that time they also reviewed the data collected by Ms. Mazzetti and Ms. Davis as part of the SPF process. Subsequent to that review Ms. Mazzetti and Ms. Davis developed a draft plan, which was distributed to ASAP members for comment. In October 2006, responsibility for completing the SPF plan was transferred to the Director of Behavioral Health Services, Rita Downs, MPA. At the same time, Prevention by Design was in the process of transitioning the technical assistance for the SPF to the Center for Applied Research Solutions (CARS). During the winter of 2006-07 and spring of 2007, Ms. Downs and Mr. Sackman consulted with Michael Sparks on several occasions, one also included his colleague Sharon 'O Hara.

The level of capacity to develop, implement, and assess outcomes of prevention services remains limited at the present time due to the difficulty of hiring and retaining qualified staff in a small, rural county. Prevention services continue to be primarily provided by Substance Abuse Program staff, except for Friday Night Live which is staffed by Public Health. These programs are under the umbrella of the Health Services Agency, composed of the Public Health Department and the Behavioral Health Services Department (including the Substance Abuse Program and the Mental Health Program). All of these programs are located in San Andreas, with limited satellite services in other towns at this time.

There is considerable potential for increasing capacity by enabling the Alliance for Substance Abuse Prevention (ASAP) to be able to prioritize and implement universal prevention strategies such as social host ordinances, and local retail outlet liquor license fees, which in turn could be used to enhance prevention and/or enforcement efforts. Prevention capacity was increased during the initial assessment and planning phase as a result of the formal creation of the ASAP. Prior to this phase, there was no formal prevention coalition organized to address substance abuse prevention. This was primarily due to county prevention hiring and retention difficulties, and was corrected once the Health Education Manager was hired (partially funded by the SAPT Prevention set-aside).

Capacity was also improved by the implementation of a pilot project working with youth in the community of West Point, the increase in counselor time provided to two alternative school sites, and also by the development of monthly Family Night events at the Substance Abuse Program site.

The County continues to build prevention capacity to address underage drinking through ongoing improvement of current projects that focus on selected and indicated populations (e.g. West Point and school-based services) and increasing membership and participation of the ASAP. Currently the ASAP has had a limited role in guiding county prevention efforts. It is anticipated that the ASAP will have a larger role in the future, especially with regard to selecting, developing and implementing universal prevention strategies. The ASAP will also serve to gather and disseminate information to the community through the various member organizations, agencies, and individuals.

Planning for county-wide prevention systems and infrastructures in order to foster sustainability is still in the early stages of development due to limited resources, staffing issues, and until recently, the lack of a formal community prevention coalition. The County is making efforts to foster the growth of the ASAP as part of the prevention system and infrastructure. It is anticipated that the ASAP will work to engage the community to participate in the prevention system and infrastructure development.

At this time the county has mainly informal agreements and relationships with a few partner agencies and stakeholders. Until November of 2006, substance abuse prevention services were co-managed with the Public Health Department, who continue to run the Friday Night Live program in partnership with Calaveras High School. The Substance Abuse Program provides counselor time by informal agreement at two alternative school sites for prevention outreach. In school year 2006-07 that time was increased through a formal Agreement with the Bret Harte High School District, who had applied for and received a Community and School Violence Prevention grant, funding the additional counselor time. The pilot project working with youth in West Point was started in partnership with Public Health in July of 2005.

The Substance Abuse Program has an informal partnership with the Sheriff's Department in providing community outreach and education, particularly regarding methamphetamine abuse. So far, two communities have requested and received presentations and others are anticipated in the upcoming year. The SPF planning process is not expected to impact competitive bidding or request-for-application procedures, due to limited funding and a lack of substance abuse prevention service community providers. However, it is anticipated that the county will form additional formal and informal partnerships with stakeholders (e.g. schools, youth-oriented groups and organizations, adult and older adult organizations) as capacity exists to provide services.

The following areas of training and technical assistance will be helpful in developing and maximizing prevention capacity in the county:

- Further refinement of the county's strategic plan
- Tools to expand and strengthen the Alliance for Substance Abuse Prevention
- Assistance to the Alliance for Substance Abuse Prevention in developing locally achievable environmental prevention strategies and goals
- Data collection and management tools (e.g. annual report template)

Planning Process

The planning process was initiated by Public Health Education Manager Joan Mazzetti and Prevention by Design consultant Randy Davis, who gathered and analyzed available data related to substance use and abuse in the county. Once the information was reviewed, a plan was developed to begin participatory community assessments. Because the county population is spread out among multiple small and culturally dissimilar communities and, due to limited resources, it was agreed that it would not be possible to develop prevention activities in all parts of the county at once. Through informal interviews, Valley Springs and West Point were identified as high needs areas, where a participatory community assessment process might be possible.

As a next step, focus groups were held in May 2005 with county employees who were either residents of these two areas, or had spent extensive time there during the course of their work and were thus familiar with community issues and resources. These initial focus groups were used to determine where to begin participatory community assessments to expand involvement in the Strategic Prevention Framework (SPF) process. Questions were asked of participants to assess level of need regarding the extent of substance abuse and related problems, and to identify resources available in these communities. This was to determine which would be engaged initially, and to identify informal leaders for follow up. As a result of these initial focus groups, it was decided that participatory community assessments would be done sequentially in identified high need communities beginning with West Point.

The decision to choose West Point as the first community was due to its smaller population and geographic area, and more centralized population. It also has a strong local identity and had recently developed new informal coalitions working to improve the community. This isolated town has long been identified as an area in the county with higher rates of alcohol and other drug use reported among youth and adults. Interviews were held with several identified informal and formal community leaders who reported that many adults were very involved with community action and renewal activities, but that youth were not being involved.

Based upon that feedback from participants, it was decided that prevention efforts would be focused on involving youth. The key findings noted in the Needs and Resource Assessment section above also support this decision, along with the data from the Blue Mountain Coalition for Youth survey (2005). This survey, which obtained participation from 92% of the homes in West Point, indicated that 15% of homes surveyed reported substance abuse, 21% of homes surveyed reported alcohol abuse, and 45% of homes surveyed reported tobacco use in the home as compared to the state average of 16%.

The West Point participatory community assessment process began in July 2005 with public relations and outreach to youth in the community involving participants in a four day process, that included Asset Mapping, to develop a vision and goal set. Youth received stipends for their participation with Ms. Mazzetti, David Sackman, and Substance Abuse Counselor John Van Dyck. After the initial assessment process, the youth continued to meet with Ms. Mazzetti, Mr. Sackman, and Mr. Van Dyck as a pilot project working with youth in a community participation prevention program, later self-named as the Dreamcatchers. The youth continue to meet weekly with Mr. Van Dyck to build and maintain connectedness within the group, and to develop and implement

community activities to expand the connections beyond the group to include other citizens and raise awareness of alternatives to substance use.

In July 2006, having gathered and summarized the available data, Ms. Mazzetti and Ms. Davis held two half-day retreats to begin reviewing the data on drug/alcohol use and abuse, and to develop Vision, Mission, and Value statements for the Alliance for Substance Abuse Prevention (ASAP). During these retreats, the facilitators presented the data for discussion by the ASAP members. The resulting mission, vision, and values statements for the group are:

Vision Statement: “Calaveras County communities and families are healthy, safe, supported and engaged in positive drug-free activities.”

Mission Statement: “To engage and partner with youth, families, and individuals to create opportunities which support a safe and healthy future by building capacity and strengthening community assets”

Values: “Local people solve local problems best.”
“People support what they help create.”
“Youth are equal partners and resources for community change.”

The facilitators also led the group through a community Strength Weaknesses-Challenges, Opportunities and Threats (SWOT) analysis, during which the group identified the following:

Strengths:

- Small communities pull together to accomplish goals
- Local pride is strong
- 35 youth groups identified
- Local formal and informal leaders are easily contacted

Weaknesses:

- Community norms favor alcohol use and abuse
- Insufficient funding is available for prevention and for treatment
- Staff burnout because of inability to fill vacancies

Opportunities:

- District 2 is a model for community action and involvement
- Calaveras Wine Alliance and other local business could be developed as allies
- Technical Assistance available from California Department of Alcohol and Drug Programs

Threats

- Growth of wine industry in Calaveras County
- Rapid population expansion challenges existing resources and services
- Community norms to raise funds from alcohol sales at public events

Following the SWOT analysis, the ASAP members identified three primary problem areas, particularly in relation to youth: alcohol misuse, methamphetamine use, and tobacco use. Marijuana use was also identified as an area of concern. It was agreed that, given the limited

resources of Calaveras County, only one primary issue should be addressed. The ASAP members agreed to select the problem of underage drinking as the primary issue to address, which has been a consistent problem for generations, and developed draft goals and objectives.

After the retreats, the facilitators summarized the group's discussions and sent out drafts for review by participants. After the review period was over, they began a draft Prevention Strategic Plan, including draft goals and objectives. Due to staffing constraints, in October 2006, Ms. Mazzetti was reassigned from her duties in Prevention and the responsibility for completing the Strategic Plan was transferred to the Behavioral Health Services Director, Rita Downs. At the same time, the contract with Prevention by Design was in the process of wrapping up and transitioning from Ms. Davis to a new technical assistance provider, the Center for Applied Research Solutions (CARS).

Upon review of the draft Prevention Strategic Plan, and after a technical assistance conference with Michael Sparks from CARS, the following Priority Areas, Goals, Objectives, and Strategies were developed and then reviewed with Mr. Sparks and his colleague Sharon 'O Hara in additional phone conferences. Additional technical assistance in the form of a plan template was extensively utilized.

Priority Area 1: Reduction of Underage Drinking and Related Problems

Goal 1: Decrease overall availability and youth access to alcohol

Objective

- 1.1.1 Reduce access to alcohol at events sponsored by public and non-profit organizations
Examples of strategies
- Develop, pass, and implement community events policies at the county level

Goal 2: Reduce youth exposure to alcohol marketing and promotional activities

Objective

- 1.2.1 Decrease point-of-purchase alcohol marketing and promotions in on/off-sale interiors
Examples of strategies
- Train youth (e.g. Friday Night Live) to develop and seek adoption of voluntary marketing policies for on and off-sale outlets

Priority Area 2: Strengthen Protective Factors among Individuals, Families, and Communities

Goal 1: Increase capacity of schools, parents, and community organizations to promote healthy development of youth to prevent problems associated with youth alcohol (and Other Drug) use

Objectives

- 2.1.1 Increase implementation of evidence-based alcohol and other drug (AOD) practices in schools

Examples of strategies

- Partner with five schools to provide substance abuse education and connectedness programs (e.g. Mt. Ranch School and Vallecito High School pilot projects, Friday Night Live)

2.1.2 Stimulate community connectedness and social efficacy by increasing awareness of AOD related problems, and the services and resources available

Examples of strategies

- Partner with law enforcement to provide community presentations to disseminate information about alcohol and other drugs, and engage in community-specific discussion on addressing concerns related to drug abuse (e.g. Meth in Your Community)
- Substance Abuse Program Family Night events

2.1.3 Partner with and engage youth to develop opportunities to foster community connectedness

Examples of strategies

- Pilot project with youth to develop group connections, then expand those connections through shared alternative activities with other groups (West Point Dreamcatchers pilot project)

Priority Area 3: Enhance System Capacity for AOD Prevention

Goal 1: Expand the participation and collaboration of community organizations and individuals in preventing AOD-related problems

Objective

3.1.1 Expand the membership of the Calaveras County Alliance for Substance Abuse Prevention (ASAP) to include the active participation of a broad range of community members and sectors (e.g. faith, law enforcement, schools, youth, parents, etc.)

Examples of strategies

- Targeted invitations to join the ASAP to include a broader range of communities and sectors
- Develop specific events and activities to encourage active participation by current members

Goal 2: Develop and disseminate information to support and improve prevention planning and evaluation

Objectives

3.2.1 Track progress on identified goals, objectives, and other key indicators

Examples of strategies

- Develop a list of AOD-related Indicators for Calaveras County

3.2.2 Review data to identify emerging needs and priorities. Revise goals and objectives, as needed

Examples of strategies

- Convene annual Alliance for Substance Abuse Prevention meeting to review and elicit feedback on current trends

Much consideration was given to the need for the above goals and objectives to be measurable and achievable, and for the strategies to be realistic, given the limited resources of the county. In addition, long-term sustainability was a primary concern, to maximize and build resources for enduring change in the county. Cultural relevance was taken into account by utilizing the identified values of “Local people solve local problems best,” “People support what they help create,” and “Youth are equal partners and resources for community change” as core principles for planning, service delivery, and in community engagement in prevention activities.

Implementation

It is anticipated that the ongoing planning process will assist with the development of new directions in local prevention services, and with deepening understanding and ability to deliver evidence-based practices. In addition, the process will help better link prevention services with data driven and realistic best practices. For now, several prevention strategies have been selected, taking into consideration: the primary issue selected (underage drinking); existing resources and limitations; the intent to expand prevention efforts to reach all of the Institute of Medicine (IOM) population categories (universal, selected, and indicated); and the need to address short, medium and long-range goals.

An example of a prevention strategy intended to target the universal population in the county is the expansion of the Alliance for Substance Abuse Prevention (ASAP) in environmental interventions to address the availability of alcohol to minors. This is a significant expansion of the county's historical scope of prevention efforts, but one that is realistic through the potential synergy of existing and underutilized resources. The increased role of the ASAP is anticipated to be culturally relevant to the county as a whole through the breadth of membership in the ASAP, which is open to any interested community members.

It is expected that the ASAP will be able to serve several functions through its members by increasing community awareness through data collection and reporting; and engaging the community, business groups, and the Board of Supervisors to develop support for implementing county policies and ordinances that restrict availability of alcohol to minors. Based upon experience, there will be more active participation by the ASAP members and increased interest among the community.

Another prevention service intended to target the universal population in the county is the multimedia presentation created in partnership with the Substance Abuse Program and the Sheriff's department under the working name "Meth in Your Community." In response to the current increase in publicity and interest in "the methamphetamine epidemic," two communities, Mountain Ranch and Railroad Flat, have already requested and received presentations in their community. These presentations are culturally relevant to the communities served and are an opportunity to dialogue with representatives of the two agencies. It is expected that these presentations will continue to inform and stimulate ongoing discussion in the community, as seen in Mountain Ranch and Railroad Flat. This service can be sustained indefinitely, and "retooled" to address a variety of substance abuse concerns of interest or concern to communities.

Prevention services intended to target selected populations include: Friday Night Live, the Dreamcatchers pilot project, and the Substance Abuse Program's Family Night program. Friday Night Live is designed for and run by high school students in conjunction with adult partners from Public Health and Calaveras High School staff. Students self-select to participate in the program and may drop out any time. It is expected that Friday Night Live will reach a segment of the youth population who will then exert influence on their peers and the community, as has already been demonstrated in the second half of this past school year through a revitalized program. Given current resources, Friday Night Live can accomplish its objective of strengthening protective factors in participants, and the community on an ongoing basis.

The Dreamcatchers youth development pilot project is also designed and run primarily by high school students in conjunction with an adult partner, in this case a Substance Abuse Counselor experienced at working with youth. Youth self-select to participate in the group and may drop out at will. However, youth have to be voted in by core members to become one of 11 core members, where status is valued in part through a monthly stipend. Several youth in the program have experimented with or used alcohol, tobacco, or other drugs (ATOD) in the past, but have pledged to abstain as members of the Dreamcatchers and could face sanctions or be voted out for engaging in ATOD use. The group is culturally relevant to youth in their community, and takes action in West Point to promote physical activity and healthy eating as alternatives to substance use. Activities are determined by members, who are often influenced by the community. Given current structure and resources, there are concerns regarding the group's ability create gains in the community beyond the core members, and with long-term sustainability. Plans are being made to address these issues.

Family Night is currently held on the second Tuesday of the month at the Substance Abuse Program site in San Andreas. The purpose is to disseminate information on addiction and related issues (e.g. codependency) to the community. Persons concerned about loved ones with substance abuse problems self-select to participate, and Substance Abuse Program clients and participants in the Social Services Beyond Talking program are strongly encouraged to have their family members attend for a better understanding of addiction and the recovery process. Based upon satisfaction surveys, several participants have gained useful information and have requested that Family Night be held more often than once per month. Given current resources, this service can be maintained, and possibly expanded.

The Mountain Ranch Community School (MRCS) and Vallecito High School (VHS) projects work with students at two alternative education school sites. MRCS is operated by the county Office of Education and is often the "last stop" for students with behavior issues, including use of ATOD. VHS is part of the Bret Harte High School District and receives students transferred from Bret Harte High School due to behavior and academic issues, or in some cases by student/parent choice. The project is designed to help youth avoid use of alcohol and other drugs, and is based upon the strategy of connectedness as outlined in the Add Health study, "Connections That Make a Difference in the Lives of Youth." Counselor time at each school is scheduled on a regular and consistent basis each week to make the counselor a familiar fixture in the school environment. This increases the likelihood of students using the support available by reducing barriers to student trust and disclosure.

Prior to this project's implementation, VHS had occasional visits from a school counselor preceded by a last minute announcement of counseling availability. It has been reported that no students took advantage of those opportunities. In contrast, having a counselor on a regular schedule allows students to speak with someone they have observed, assessed, and developed a connection with in their own time and on their own terms. The counselor reported that, having spent a whole school year at each school site, he has been able to interact with each student and develop a connection with many. Several students have reported abstinence from or significant decreases in their use of alcohol or other drugs as a result of their interaction with him, either one-on-one, or in a group of students. The reports from this strategy are promising, and should reflect in the results of the California Healthy Kids Survey administered in Fall of 2007. Given current resources, this service can be maintained, and it is partially grant funded at one school site.

Priority Area 1: Reduction of Underage Drinking and Related Problems
 Corresponding Goal 1: Decrease overall availability and youth access to alcohol

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short-term	Intermediate	Long-term	
1.1.1 Reduce access to alcohol at events sponsored by public and non-profit organizations	Develop, pass and implement community events policies (CEP) at the county level	Alliance for Substance Abuse Prevention (ASAP)	Assess community support for CEP	Develop CEP with community input	Supervisors pass CEP	Five years

Priority Area 1: Reduction of Underage Drinking and Related Problems
 Corresponding Goal 2: Reduce youth exposure to alcohol marketing and promotional activities

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short-term	Intermediate	Long-term	
1.2.1 Decrease point-of-purchase alcohol marketing and promotions in on/off-sale interiors	Train youth to develop and seek adoption of voluntary marketing policies for on and off-sale outlets	Friday Night Live	Develop and implement by end of school year 08-09	Monitor policy compliance of participating vendors Implement with new participants	Monitor policy compliance of participating vendors Implement with new participants and/or re-implementation with previous participants	Five years

Priority Area 2: Strengthen Protective Factors among Individuals, Families, and Communities
Corresponding Goal 1: Increase capacity of schools, parents, and community organizations to promote healthy development of youth to prevent problems associated with youth alcohol (and Other Drug) use

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short-term	Intermediate	Long-term	
2.1.1 Increase implementation of evidence-based Alcohol and other drug (AOD) practices in schools	Partner with five schools to provide substance abuse education and connectedness programs	Substance Abuse Program (SAP) and Friday Night Live	Maintain school partnerships Collect data, monitor substance use and connectedness (e.g. CHKS)	Maintain school partnerships Evaluate data collected so far, continue data collection	Maintain school partnerships Summarize key findings. Continue data collection	Five years
2.1.2 Stimulate community connectedness and social efficacy by increasing awareness of AOD related problems, and the services and resources available	Community presentations/discussions in partnership with Law Enforcement. Substance Abuse Program Family Night events	SAP and County Sheriff (Narcotics Unit)	Refine and promote presentations to increase demand Develop list of organizations interested in Prevention	Six presentations to community groups completed	Presentation given in each community Increased community activism to prevent AOD related problems	Five years
2.1.3 Partner with and engage youth to develop opportunities to foster community connectedness	Pilot project with youth to develop group connections, then expand those connections through shared activities with other groups	SAP Prevention (Dreamcatchers)	Continue and stabilize current pilot project	Expand scope of pilot project to partner with other groups in alternative activities	Expand pilot project to another community	Five years

Priority Area 3: Enhance System Capacity for alcohol and other drug (AOD) Prevention
Corresponding Goal 1: Expand the participation and collaboration of community organizations and individuals in preventing AOD-related problems

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short-term	Intermediate	Long-term	
3.1.1 Expand the membership of the Alliance for Substance Abuse Prevention (ASAP) to include the active participation of a broad range of community members and sectors	Targeted invitations to join the ASAP to include a broader range of communities and sectors	ASAP	Develop plan to expand membership Identify and engage targets for invitation	Orientation to ASAP for potential members developed	Expanded active membership	Three years

Priority Area 3: Enhance System Capacity for AOD Prevention
Corresponding Goal 2: Develop and disseminate information to support and improve prevention planning and evaluation

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short-term	Intermediate	Long-term	
3.2.1 Track progress on identified goals, objectives, and other key indicators	Develop a list of AOD related Indicators for Calaveras County	Substance Abuse Program (SAP) Alliance for Substance Abuse Prevention (ASAP)	Identify data collection needs	Data collection and management system established	Develop report template and first report	Three years
3.2.2 Review data to identify emerging needs and priorities. Revise goals and objectives, as needed	Convene annual ASAP meeting to review and elicit feedback on current trends	ASAP and SAP	Review and evaluate initial data. Identify key findings.	Revise goals and objectives, as needed	Convene annual ASAP meeting to review and elicit feedback on identified trends	Three years

EVALUATION

A variety of data collection methods will be identified and reviewed by the Alliance for Substance Abuse Prevention (ASAP) to address the three identified priority areas: the Reduction of Underage Drinking and Related Problems; to Strengthen Protective Factors among Individuals, Families, and Communities; and to Enhance System Capacity for Alcohol and other drug (AOD) Prevention. A subcommittee of the ASAP will be assigned to develop a method of monitoring key data elements to be reviewed annually.

Measurable changes related to Reduction of Underage Drinking and Related Problems include:

- Existence of county-wide community events policies related to the serving of alcoholic beverages
- Existence and adoption of voluntary marketing policies
- Subsequent changes (or lack thereof) in quantity of alcohol marketing and promotional materials in on/off-sale outlet interiors.

Measurable changes related to Strengthening Protective Factors among Individuals, Families, and Communities include:

- Changes in the quantity and frequency of the provision of evidence-based AOD practices in schools, as evidenced by agency records
- Changes in the quantity and frequency of community presentations, as evidenced by Cal-OMS Prevention records
- Self-reports of increased knowledge by individuals participating in Family Night events, as evidenced by satisfaction surveys and tracked in Cal-OMS Prevention
- Changes in the quantity and frequency of activities by the Dreamcatchers, as evidenced by agency records
- Development of a partnership between the Dreamcatchers youth and an adult community group, as evidenced by a completed MOU between the Substance Abuse Program and the adult community group.

In order for the ASAP to be able to address the identified priority areas, the membership will need to increase and involve members from strategic areas of the community. Therefore, the capacity issue itself is being addressed as a priority. Measurable changes related to Enhancing System Capacity for AOD Prevention include:

- Increased membership in the ASAP, as evidenced by membership records
- Increase in attendance and participation of members, as recorded by meeting attendance records
- Development of data collection and management tools, as evidenced by increased information and ability to organize and evaluate that information.

Many issues related to data collection and analysis are yet to be determined, as the county has historically had limited capacity to develop or implement data collection, management, and analysis. The members of the ASAP will be involved in the evaluation process, with the Substance Abuse Prevention Program having primary responsibility. The county hopes to periodically utilize technical assistance provided through State Alcohol and Drug Program contracts.

The evaluation data and findings will feedback into the planning, resource application, continuous improvement and implementation processes as a result of review by the ASAP and the Health Services Agency management team. The evaluation information (e.g. key findings) will be disseminated to key stakeholders through the ASAP, and also through points of interaction with the community such as Family Night, “Meth in Your Community”, and in the long-term, annual reports.

Evaluation Plan Priority Area One Goal One Objective 1.1.1

Reduce access to alcohol at events sponsored by public and non-profit organizations

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Level of community support for community events policies (CEP) determined	Interviews, focus groups, surveys	Questionnaire	ASAP members	Before drafting CEP
Intermediate	Draft of CEP developed	Review CEPs from other jurisdictions, and any data on their effects on the community	Existing CEP's in other jurisdictions	BHS Deputy Director in consultation with County Counsel	While drafting CEP
Long-term	CEP process brought to BOS and approved	CEP records	County records	ASAP	Upon completion of CEP draft

Evaluation Plan Priority Area One Goal Two Objective 1.2.1

Decrease point-of-purchase alcohol marketing and promotions in on/off-sale interiors

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Summary of baseline observation data, draft policy developed, outlet interest surveyed	Observations	Record of observations of quantity of alcohol advertising and promotional materials	Friday Night Live	By end of school year 2008-09
Intermediate	Voluntary policies adopted by participating outlets	Observations	Record of observations. Copies of signed policies adopted	Friday Night Live	After outlet interest survey completed
Long-term	Comparison of follow up observation data with prior data	Observations	Record of observations	Friday Night Live	After initial follow up

Evaluation Plan Priority Area Two Goal One Objective 2.1.1

Increase implementation of evidence-based alcohol and other drug (AOD) practices in schools

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Maintain existing partnerships, establish new partnerships, establish baseline measures	Interviews, observations, surveys, record comparisons	CHKS	Substance Abuse Program (SAP) counseling staff, school staff (CHKS)	Before (prior year data) and during program
Intermediate	CHKS data indicate improvement Clients report positive outcomes to counselor(s)	Interviews, observations, surveys, record comparisons	CHKS	SAP counseling staff, school staff (CHKS)	During program
Long-term	CHKS data indicates improvement Clients report positive outcomes to counselor(s)	Interviews, observations, surveys, record comparisons	CHKS	SAP counseling staff, school staff (CHKS)	During program

Evaluation Plan Priority Area Two Goal One Objective 2.1.2

Stimulate community connectedness and social efficacy by increasing awareness of AOD-related problems, and the services and resources available

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Community organizations interested in Prevention activities identified	Records developed	List of organizations contacted. Number of completed presentations.	SAP staff, Sheriff's Deputy (Narcotics) BHS Deputy Director	Before identification and contact of target community organizations
Intermediate	Six completed presentations Increased request for presentations. Additional promotion to target organizations	Record comparisons	Record of requests for presentations. Number of completed presentations.	SAP staff, Sheriff's Deputy (Narcotics) BHS Deputy Director	After target community organizations have been contacted and advised of presentation availability
Long-term	Presentation given in each community	Record comparisons	Record of requests for presentations. Number of completed presentations.	SAP staff, Sheriff's Deputy (Narcotics) BHS Deputy Director	After target community organizations have been re-contacted and advised of presentation availability

Evaluation Plan Priority Area Two Goal One Objective 2.1.3

Partner with and engage youth to develop opportunities to foster community connectedness

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	<ul style="list-style-type: none"> • Dreamcatchers group structure stabilized, increased number and variety of group activities • Potential adult community partners identified 	Observations	Group Records (incl. Cal OMS Prv)	SAP Counselor	One year
Intermediate	Dreamcatchers will partner with a community group. MOU developed between SAP and community group	Observations, records (MOU)	Group Records (incl. Cal OMS Prv), MOU	SAP Counselor and BHS Deputy Director	After group has stabilized and engaged with target adult community partner groups
Long-term	Dreamcatchers will serve as peer mentors for pilot project in another community	Observations, records	Group activity records (incl. Cal OMS Prv)	SAP Counselor	After group has maintained an ongoing schedule of activities with adult community partner groups

Evaluation Plan Priority Area Three Goal One Objective 3.1.1

Expand the participation and collaboration of community organizations and individuals in preventing AOD-related problems

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Membership expansion plan developed. Potential members identified and engaged.	Record comparisons, interviews	Lists of past members, meeting attendance sheets	Alliance for Substance Abuse Prevention (ASAP)	One year
Intermediate	New members oriented to ASAP mission, vision, values, goals, and objectives	Record comparisons	Membership roster, New member orientation attendance sheet(s)	ASAP	After implementation of membership expansion plan
Long-term	Expanded active membership	Record comparisons	Membership roster	ASAP	After membership recruitment

Evaluation Plan Priority Area Three Goal Two Objective 3.2.1

Track progress on identified goals, objectives, and other key indicators

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Data collection needs identified and fields prioritized	Review of available data records, includes all methods noted above.	CHKS, CADDs, ABC, CHIS, CHP, Atty General, Local records	Substance Abuse Prevention Program Alliance for Substance Abuse Prevention (ASAP)	Before Prevention Plan implemented, and during initial implementation
Intermediate	Data collection and management system established	Review of available data records, includes all methods noted above.	CHKS, CADDs, ABC, CHIS, CHP, Atty General, Local records, additional tools to be determined	Substance Abuse Prevention Program ASAP	After Prevention Plan implemented, and after sufficient data sources identified and collected
Long-term	Develop report template and first report	Review of available data records, includes all methods noted above.	CHKS, CADDs, ABC, CHIS, CHP, Atty General, Local records, additional tools to be determined	Substance Abuse Prevention Program ASAP	Upon evaluation of data collected in management system

Evaluation Plan Priority Area Three Goal Two Objective 3.2.2

Review Data to identify emerging needs and priorities. Revise goals and objectives, as needed.

Outcomes (Degree of Change— Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)
Short-term	Review and evaluate initial data. Identify key findings	Review of available data records, includes all methods noted above.	CHKS, CADDs, ABC, CHIS, CHP, Atty General, Local records	Substance Abuse Prevention Program	Before Prevention Plan, and then ongoing.
Intermediate	Revise goals and objectives, as needed	Review of available data records, includes all methods noted above.	CHKS, CADDs, ABC, CHIS, CHP, Atty General, Local records	Substance Abuse Prevention Program	After implementation of Prevention Plan, and then ongoing.
Long-term	Convene annual ASAP meeting to review and elicit feedback on identified trends	Review of available data records, includes all methods noted above.	CHKS, CADDs, ABC, CHIS, CHP, Atty General, Local records	Substance Abuse Prevention Program	After evaluation of data, post-implementation of Prevention Plan