

Glenn County  
Alcohol and Drug Services

**Strategic Prevention Framework  
2007 ~ 2010**

Glenn County Health Services Agency  
242 N. Villa Ave.  
Willows, CA 95988



## Introduction

### **Overview of Prevention Planning**

---

In July 2005, the California Department of Alcohol and Drug Programs adopted a new policy directing counties that receive Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds to use the Strategic Prevention Framework (SPF). The framework is a planning and program design process developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF consists of five steps – assessment, capacity building, planning, implementation, and evaluation – and helps counties plan for and build a community-based infrastructure for effective prevention.

In Glenn County, SAPT funds are administered through the Glenn County Health Services Agency, which includes the Drug and Alcohol Services Unit.

To design and implement an SPF in Glenn County, staff from the Health Services Agency met with collaborating partners throughout the county as part of a process to identify alcohol and other drug (AOD) prevention issues and to develop a framework to guide the community toward appropriate prevention strategies.

### **Guiding Principles for Prevention**

---

According to the California Department of Alcohol and Drug Programs (CADP), primary prevention is a strategy or strategies using principles to guide the development and implementation of prevention. In its Prevention Strategic Plan,<sup>1</sup> CADP offers the Guiding Principles for Prevention.

**Prevention fosters safe and healthy environments for individuals, families, and communities.** To create safe and healthy environments, prevention must reduce adverse personal, social, health, and economic consequences by addressing problematic alcohol, tobacco, and other drug (ATOD) availability, manufactures, distribution, promotion, sales, and use. By prevention providers leveraging resources, prevention programs will achieve the greatest impact.

**The entire community share responsibility for prevention.** All sections, including youth, must challenge their ATOD standards, norms and values to continually improve the quality of life within the community. “Community” includes organizations, institutions, ethnic and racial communities, tribal communities and governments, and faith communities. Community also includes

---

<sup>1</sup> California Department of Alcohol and Drug Programs, Prevention Strategic Plan, October 2002

associations/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, and affiliations determined by geographic boundaries.

**Prevention engages individuals, organizations, and groups at all levels of the prevention system.** This includes those who work directly, as well as indirectly, in the prevention system who share a common goal of ATOD prevention (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.).

**Prevention utilizes the full range of cultural and ethnic wealth within communities.** By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales, and use of ATOD.

**Effective prevention programs are thoroughly planned and delivered.** To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention actions; evaluate measure results to improve prevention outcomes, and use a competent, culturally proficient and properly training workforce.

## **The Strategic Prevention Framework**

---

The Substance Abuse and Mental Health Administration (SAMHSA) designed the Strategic Prevention Framework (SPF) to assist communities in designing and implementing effective and sustainable prevention programs to reduce AOD problems. The framework set forth by SAMHSA's Center for Substance Abuse Prevention<sup>2</sup> outlines an approach to prevention planning:

1. **Assessment:** Assess population needs (nature of the substance abuse problem, where it occurs, whom it affects, how it is manifested), the resources required to address the problem, and the readiness to act.
2. **Capacity:** Build capacity at community levels to address needs and problems identified in Step 1.
3. **Planning:** Develop a comprehensive strategic plan. At the community level, the comprehensive plan articulates a vision for organizing specific prevention programs, policies, and practices to address substance abuse problems locally.
4. **Implementation:** Implement the evidence-based program, practices, and policies identified in Step 3.

---

<sup>2</sup> Center for Substance Abuse Prevention, Identifying and Selecting Evidence-Based Interventions, January 2007

5. **Evaluation:** Monitor implementation, evaluate effectiveness, sustain effective activities, and improve or replaced those that fail.

By using the SPF to design and implement a comprehensive prevention plan, counties that receive SAPT block grant funds will undergo something of a paradigm shift as they establish goals and objectives as a part of the prevention process.

## **County Overview**

---

The County of Glenn is a rural, frontier county situated in the northern part of the Upper Sacramento Valley. The county is approximately 100 miles of north of Sacramento. The county is bordered to the north by Tehama County, to the south by Colusa County, to the east by Butte County and to the west by Lake and Mendocino Counties. Bisected by Interstate 5, Glenn County experiences a large amount of traffic as people travel through the northern part of the state.

Glenn County has a population of 28,000 people, which is expected to increase to about 32,000 by 2020. The racial makeup of the county is approximately 70% Caucasian, 1% Black or African American, 2% Native American, 3% Asian, and 24% Latino. The unemployment rate is approximately 8.5%, reflecting a slight decline from recent years, and 12.5% of the families (18.1% of the population) were below the poverty line.

Although the county has a lower crime rate than the state's average (31.1% compared to 39.4%), the reported rate of adult arrest for drug violations was 12.5%, compared to the state's average of 10%. Additionally, the average of adults arrested for driving under the influence of alcohol or other drugs was twice the state average. Glenn County has a higher per capita number of retail liquor outlets than the state, as well. In 2002, Glenn County had 335 licenses, compared to the state's average of 188.<sup>3</sup>

As for the county's adolescents, arrests of juveniles for alcohol and drug offenses was 22% in 2001, compared to the state average of 8.5%, and the national average of 8.1%. According to the California Healthy Kids Survey (CHKS) and the 2004 Community Indicators for Drug and Alcohol Abuse for Glenn County:

- 15% of seventh graders, 36% of ninth graders and 39% of eleventh graders said they had consumed alcohol within 30 days of the survey

---

<sup>3</sup> Statistics for this section were compiled from the U.S. Census Bureau, the California Alcoholic Beverage Control, and the 2004 Glenn County *Community Indicators of Alcohol & Drug Abuse*, prepared by the Center for Applied Research Solutions for the California Department of Alcohol and Drug Programs.

- When asked if they had ever been very drunk or sick from drinking alcohol on one or two occasions, 6% of seventh graders, 18% of the ninth graders and 22% of the 11<sup>th</sup> graders said they had been very drunk or sick from alcohol once or twice. 11% of the eleventh graders admitted there were more than seven different occasions when they had been very drunk or sick from drinking alcohol (57% of which were female, and 37% were male)
- The older students engaged in binge drinking more often than the younger students: When asked how many days during the past 30 days they had had five or more drinks within four hours, 1% of seventh graders said they had engaged in binge drinking, while a combined 25% of ninth and eleventh graders said they had. This is relatively close to the statewide average
- An alarmingly high number of students drove after drinking or rode with a friend who had been drinking. 7% of ninth graders said this had happened three to six times, and 12% of the eleventh graders said this had happened three to six times
- In 2002, 8.9% of Glenn County adolescents were admitted drug and alcohol treatment, compared to the state's average of 2%

This confirms the findings of the county's needs assessment as part of this Strategic Prevention Framework. Many of the county's teenagers engage in methamphetamine use and underage drinking.

Like many small counties in the state, the staff members of Glenn County Alcohol and Drug Services provide treatment as well as prevention services. The creation of a Strategic Prevention Framework offers them the opportunity to move ahead in an organized and efficient manner as they build capacity within the agency and with collaborating partners.

### **SPF Step 1: Assessment**

Step 1 involves conducting an assessment of prevention needs in the county and determining the resources available for those needs. The Glenn County assessment process involved collection and analysis of data specific to the alcohol and other drug issues within the county.

The assessment was conducted by the Alcohol and Drug Services unit of the Glenn County Health Services Agency, and consisted of the gathering of data from community surveys, youth and client focus groups, key informant interviews, information from archival data (such as the California Health Kids Survey, the California Health Interview Survey, arrests, DUI, treatment and off-sale and on-

sale alcohol outlets and disciplinary actions against problem outlets), and other state and national surveys and data resources.

As a result of the data collection and internal Alcohol and Drug Services analysis, two distinct priority problem areas were identified at the countywide level:

- Methamphetamine use among adolescents
- Underage alcohol consumption and availability

### **Summary of Key Findings and Contributing Factors**

The key findings and contributing factors for both priority problem areas are:

#### **Methamphetamine Use Among Adolescents**

##### **Key Findings:**

- Methamphetamine use among Glenn County adolescents is increasing
- High-risk behaviors are associated with adolescents using methamphetamine

##### **Contributing Factors to Methamphetamine Use**

- Adolescents are able to purchase or otherwise obtain methamphetamine fairly easily
- As a whole, Glenn County has a methamphetamine problem that promotes the drug among users

#### **Underage Alcohol Consumption and Availability**

##### **Key Findings:**

- Alcohol is the leading drug used by Glenn County youth
- High-risk behaviors are associated with adolescents using alcohol
- Glenn County adolescents engage in high-risk drinking

### **Contributing Factors to Alcohol Use**

- Adolescents are able to purchase or otherwise obtain alcohol fairly easily
- Certain populations of Glenn County residents have a permissive attitude about underage drinking
- Alcohol is easily obtained by teenagers

### **Summary of Community Resources to Address Needs**

Glenn County is a rural, frontier county with limited resources, but its collaborating partners are united in providing AOD prevention to adolescents. To address the priority problems listed above, Glenn County will rely upon a contingent of community organizations to work together. This includes the Glenn County Health Services Agency, which has created a Unity Initiative to address the methamphetamine problem with youth. Other groups joining in the prevention effort include schools, community-based organizations, cities and county agencies.

### **SPF Step 2: Capacity**

Step 2 of the Strategic Prevention Framework involves identifying the current level of capacity to address prevention issues, the extent to which capacity was built during the initial planning process, and the degree to which capacity will be built.

The involvement of collaborating partners and key stakeholders within the community is vital in planning and implementing prevention strategies. Continuing involvement by all partners is critical in sustaining the prevention programs. The Glenn County Health Services Agency has met with various coalitions and groups, conducted key informant interviews, facilitated interactive presentations and conducted surveys to ascertain the current capacity and identify gaps in service in prevention programs.

The following groups were involved in building capacity and will be future partners in continuing planning, implementing, and sustainability:

Glenn County Mental Health, Drug and Alcohol Commission  
Glenn County Systems of Care/Children's Mental Health  
Juvenile Drug Court  
Children's Interagency Coordinating Council  
Parent Education Network  
Willows Police Department

Orland Police Department  
California Highway Patrol  
Glenn County Board of Supervisors  
Glenn County Probation Department  
Glenn County District Attorney  
Glenn County Sheriff's Department  
Glenn County Superior Court  
Juvenile Hall and Community Schools  
Not In Our Town  
Youth and Adult Treatment Groups  
Friday Night Live  
Glenn Family Resource Center  
Northern Valley Indian Health  
First 5  
Every 15 Minutes  
Glenn County Human Resource Agency  
Juvenile Justice Commission  
Glenn County Office of Education  
Willows Unified School District  
Orland Unified School District  
Hamilton City School District  
Stony Creek Joint Unified School District

Through meetings with these groups and agencies, capacity development needs have been identified. These include expanding and strengthening Glenn County's prevention efforts, developing evidence-based, best-practice prevention strategies, and addressing environmental issues in planning and implementing prevention activities.

As outlined in Step 1, capacity must be built in addressing youth and methamphetamine, and underage drinking. Glenn County's plan is to engage new stakeholders and continue the current, good relationships with existing ones, in order to address these priority areas. Our small county enjoys unusually close relationships with other collaborating partners that are willing to be mutually supportive.

The county's Health Services Agency includes public health, environmental health, adult and child mental health, and alcohol and drug services. The agency has begun a Unity Initiative to address the local issue of adolescents using methamphetamine. This is an indication of the agency's commitment to reducing or resolving the problem. All parts of the agency will work collaboratively toward a common goal during the upcoming year, with plans for sustainability in prevention activities one of the goals.

Glenn County Alcohol and Drug Services is a partner in prevention with various organizations. Current capacity includes helping plan and participate in the Drug Store program, a prevention exercise for the county's eighth graders (similar to the Every 15 Minutes program), presentations at schools and juvenile hall, and public presentations. The county's Mental Health, Drug and Alcohol Advisory Commission, an active and dedicated group of residents representing the professional fields, drug and alcohol and/or mental health recovery, and other facets of community life, acts as the county's prevention advisory group.

Additional training and technical assistance will be obtained through the Community Prevention Initiative.

### **Step 3: Planning**

The planning process involves a description of specific prevention goals and objectives that will address the problem statements and needs assessment.

The planning step began in Glenn County in June 2006 when a new program manager was hired for Alcohol and Drug Services. To that point, prevention activities had not grown or changed for several years. However, relationships with collaborating partners were strong and engagement of key stakeholders was virtually effortless.

Through interviews, surveys and presentations throughout the county, local AOD issues were quickly identified as a lack of public awareness of AOD resources, the need for more prevention activities, methamphetamine use by adolescents, and issues of underage drinking and easy access to alcohol.

### **Prevention Goals Identified During Planning Process**

---

(Objectives for the goals presented below can be found in Appendix 1)

#### **Priority Area 1: Reduce Adolescent Methamphetamine Use**

Goal 1: Increase awareness of the availability and potential harm related to methamphetamine use

Goal 2: Increase education in school settings about methamphetamine

Goal 3: Reduce availability of methamphetamine

#### **Priority Area 2: Underage Alcohol Consumption and Availability**

Goal 1: Conduct social marketing campaign to raise community awareness of underage drinking

Goal 2: Reduce easy access to alcohol at retail-based sites

Goal 3: Reduce underage drinking related to social access and approval of drinking

#### **Step 4: Implementation**

Implementation of prevention services is the culmination of planning, building capacity and developing strategies.

In implementing new or strengthened prevention services, Glenn County will use the implementation strategies articulated by SAMHSA's Center for Substance Abuse Prevention:

1. **Information Dissemination:** Provides awareness and knowledge of the nature and extent of issues associated with alcohol and other drug use, including how AOD use affects communities, families and individuals. This is typically conducted in one-way communication from the source (Glenn County Alcohol and Drug Services), to the intended recipient. This can be done via print, broadcast and electronic media, presentations to local organizations, and resource fairs.
2. **Education:** This is distinguished by two-way communication and interaction between the source and the recipient. Examples of this can include classroom settings, peer mentor groups, parenting skills programs and educational groups.
3. **Alternatives:** This step includes providing alternative activities that are drug, alcohol and tobacco free. It promotes an active and healthy lifestyle, showing the adolescent that healthy activities can meet the needs sometimes filled by AOD use.
4. **Problem Identification and Referral:** Provides help for an adolescent who has used drugs or alcohol to determine if their behavior can be reversed through education. This is not treatment, but is education for behavioral change. Some activities in this area can include assessments for risk and resultant referral to student assistance programs or support groups, and school-based prevention programs.
5. **Community Based Process:** This builds capacity within the larger community to effectively provide prevention services for those who use or are at risk for AOD use. Activities within this area can

include team building within the collaborating partners, coalition building, and networking.

6. **Environmental:** The Environmental Strategy focuses on places and specific problems, not on who was served and the services they might have received. This can include influencing written and unwritten community standards and attitudes toward alcohol and other drug use. The Environmental Strategy is two-pronged: activities that center on legal and regulatory initiatives, and activities related to service initiatives.

The County of Glenn will seek technical assistance and training from Community Prevention Initiative to build coalitions, prevention capacity and the ability to address environmental issues.

### **Step 5: Evaluation**

The comprehensive evaluation of a program helps identify the program's strengths and weaknesses and helps determine if goals have been met, or if changes should be made at an early stage of the process in order to meet identified goals and objectives. The evaluation process involves monitoring, data collection and analysis.

Glenn County will use a logic model design including surveys, pre- and post-questionnaires and tests, focus groups, key informant interviews, participant observations and other evaluation tools.

The same data sources used in the assessment stage will be used throughout the next several years in order to create consistency and to identify emerging issues. These issues can be addressed in future prevention planning. The data used for the assessment stage included:

- California Healthy Kids Survey
- California Department of Justice
- California Department of Alcoholic Beverage Control
- California Health Information Survey

## **Conclusion**

The opportunity to create a Strategic Prevention Framework had long-reaching effects on the collaborating partners. It helped to identify gaps in services, and helped to educate service professionals as to unmet needs of adolescents who use alcohol and other drugs. It also created a renewed synergy among the key stakeholders toward reducing community harm based on AOD use, and a revitalized sense of working together for the good of the community and its children.

## **Glenn County Alcohol and Other Drug Prevention Goals and Objectives**

### **Priority Area 1: Reduce Adolescent Methamphetamine Use**

#### **Goal 1: Increase awareness of the availability and potential harm related to methamphetamine use**

Objectives:

- 1.1.1 Increase community awareness through community presentations
- 1.1.2 Increase parent and community education as to signs of adolescent methamphetamine use
- 1.1.3 Leverage social marketing by participating in all county resource fairs
- 1.1.4 Utilize Glenn County Health Services Agency's Unity Initiative toward increasing awareness of the risks and harm caused by methamphetamine

#### **Goal 2: Increase education in school settings about methamphetamine**

Objectives

- 1.2.1 Collaborate with local advocacy groups and law enforcement in presenting methamphetamine education in the schools, raising the presentation rate by 15%
- 1.2.2 Participate in community prevention activities such as Glenn County Drug Store

#### **Goal 3: Reduce availability of methamphetamine**

Objectives

- 1.3.1 Form neighborhood organizations such as Neighborhood Watch to monitor activity where methamphetamine is known or suspected to be used
- 1.3.2 Increase and improve partnership between neighborhood groups and law enforcement

**Priority Area 2: Reduce Underage Alcohol Consumption and Availability**

**Goal 1: Conduct social marketing campaign to raise community awareness of underage drinking**

Objectives

- 2.1.1 Increase adult awareness of the issues and risks of youth alcohol consumption
- 2.1.2 Provide training and education to parents to effectively address adolescent alcohol use
- 2.1.3 Leverage social marketing by participating in county resource fairs, providing information on adolescent alcohol use

**Goal 2: Reduce easy access to alcohol at retail-based sites**

Objectives

- 2.2.1 Increase merchant compliance with existing laws
- 2.2.2 Reduce adult provision of alcohol to adolescents
- 2.2.3 Introduce environmental modification to retailers to reduce the number of outlets where alcohol is situated next to candy and snack foods

**Goal 3: Reduce underage drinking related to social access and approval of drinking**

Objectives

- 2.3.1 Reduce adult provision of alcohol to youth in homes
- 2.3.2 Reduce access to alcohol at community events