

Introduction

The California Department of Alcohol and Other Drug Programs defines primary prevention as a strategy, or set of strategies, employing principles that have produced evidence of effectiveness in preventing community-level alcohol and other drug problems among those not in need of treatment.

Prevention policies and services adhere to the following basic principles:

- I. 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 and other drug (AOD) availability, manufacture, distribution, promotion, sales and use.
 - By prevention providers leveraging resources, prevention programs will achieve the greatest impact.
- II. The entire community shares responsibility for prevention.
 - All sectors, including youth, must challenge their AOD standards, norms and values to continually improve the quality of life within the community.
 - “Community” includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; e) faith communities.
 - Community also includes associations/affinity groups based on age, social status, sexual orientation, as well as affiliations determined by geographic boundaries.
- III. Prevention engages individuals, organizations and groups at all levels of the prevention system.
 - This includes those working directly, as well as indirectly, in the prevention system who shares a common goal of AOD prevention (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.)
- IV. 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 alcohol and other drugs.

- V. Effective prevention programs are thoughtfully 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 measured results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

Lake County Strategic Plan Development Process

Step One: Assessment

The assessment process involves a systematic collection and analysis of data specific to alcohol and other drug (AOD) problems within Lake County.

The Mental Health Department, Division of Alcohol and Other Drug Services Prevention Program began to conduct a community assessment of the scope of AOD-related problems in Lake County in February 2006. This process included the following steps:

Collection of data from Last Drink Surveys, youth focus groups, treatment client focus groups, surveys to professionals and community members effected by AOD issues and key informant interviews.

As a result of the data collection and internal AODS analysis process, six priority areas were identified at the countywide level:

- ✓ Lack of Public Awareness of AOD Issues and Prevention Resources
- ✓ Underage Alcohol and Youth Access
- ✓ Lack of Positive Activities and Programs for Youth
- ✓ High-risk Alcohol Consumption and Related Problems
- ✓ Methamphetamine Use
- ✓ Limited Coordination of Collaboration among Prevention Providers

Step Two: Capacity

The capacity-building step involves identifying and enlisting resources to address the needs of Lake County communities. The beauty of working within such a small county is partners are very accessible and willing to be mutually supportive. Within the past year, we were able to engage key stakeholders, service providers and community members who are most effected by AOD problems to plan our future prevention efforts.

Interactive presentations, focus groups and key informant interviews were conducted within the following groups:

Healthy Start Collaborative
Lake County Children's Report Card
Juvenile Justice and Delinquency Prevention Commission
Domestic Violence Prevention Council
Differential Response Team
Toxicology Protocol Team Meeting

Maternal Child Adolescent Advisory Board
Lake County Mental Health Cultural Competency Committee
Safe Schools Healthy Students Town Hall Meeting Group
Tribal Health Reach Out Advisory Board
High Risk Infant Team
Indian Children Welfare Agency Round Table
Juvenile Hall and Community Court Schools
Youth and Adult Treatment Groups
AODS All Staff Meetings
Friday Night Live Prevention Coordinators
Juvenile Drug Court
Lake Family Resource Center
Migrant Education
Veterans Services
California Highway Patrol
Lake County Sheriff's Department
Lake County Probation Department
Lake County District Attorney
Lake County Board of Supervisors
Alcohol and Other Drugs Advisory Board

These individual and collaborative processes helped build and reinforce the foundation of the Strategic Planning Framework (SPF). Alcohol and other drug-related issues are at the core of most of the problems facing Lake County community members and service providers. There is wide consensus regarding Lake County's AOD problems and community prevention needs. Collectively, we have selected appropriate goals, objectives and strategies to address the priority problems and contributing factors.

Strategic Planning Framework technical assistance for the planning process was provided by Prevention by Design at the California Prevention Collaborative, California Friday Night Live Partnership Consortium, Alcohol Drug Program Conference as well as at regional and local workshops.

Step Three: Planning

The planning step began in February 2006 when a Prevention Coordinator was hired as a 900 hour position. The prevention program had been dormant for some time as staff had retired and resigned. The first step was to re-establish working relationships with previous collaborators and forge new partnerships. Conversations, interviews, focus groups and surveys quickly identified local AOD priorities as lack of public awareness about AOD issues and resources; underage alcohol access and drinking; limited activities for Lake County youth; high-risk adult drinking and related impact on the community; Methamphetamine use; and lack of coordination of prevention services.

The final step to the planning process was to apply the logic model as a tool representing the logical connections between program activities and program goals. The product will be a comprehensive prevention plan that will systematically reduce the identified substance related problems facing Lake County.

Step Four: Implementation

Implementing the goals and objectives identified in the Planning Step of the SPF will involve the Primary Prevention Strategies defined by the Center for Substance Abuse Prevention (CSAP).

Information Dissemination:

“This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and the effects on individuals, families and communities...(and)...increases knowledge and provides awareness of available prevention programs and services.”

CSAP characterizes information dissemination as “one way” communication from the source to the audience. A message is delivered, but there is little opportunity for an exchange of information with those who receive the message. Examples of this strategy include print and electronic media, speaking engagements, resource directories, clearinghouses or health fairs/promotions.

Education:

“This strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities.”

The services under this strategy aim to “improve critical life and social skills,” which includes “decision making, refusal skills, critical analysis and systematic judgment abilities.” Approaches used in this strategy involve some form of teaching to enhance individual efforts to remain alcohol, tobacco and drug free. Examples include classroom education, educational groups, mentoring, parent/family life skills programs and peer leader/helper programs.

Alternatives:

“This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or remove the need to use these substances.”

Alternative programs and activities redirect individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs. Examples of this strategy include AOD-free social and recreational events, Friday Night Live activities, community service activities and youth/adult leadership activities.

Problem Identification and Referral:

“This strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.”

A key aspect of this strategy is that the service is educational for behavioral change, not therapeutic for ATOD abuse or dependency treatment. Some of the services within this strategy have the potential to bridge into treatment. It is important that providers note that administration of addiction severity instruments, case screening and/or preparation for intervention are not a component of this strategy. Examples of this strategy include workplace prevention education programs, structured prevention education programs intended to change the behavior of youth and adults, risk screening, assessment, and referrals for placement in services and student assistance programs such as support groups.

Community-Based Process:

“This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and other drug disorders. Activities in this strategy include organizing, planning and enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.”

The past decade has seen an increased use of community-based processes for supporting prevention outcomes. The nationally funded community partnerships and later community collaboration grants are evidence of the heightened awareness of the importance of community approaches in addressing alcohol, tobacco and other drugs. This strategy area includes a broad range of activities including assessing community needs, developing community teams, providing technical support and training and organizing community efforts. For many California communities there will be a close link between community organizing efforts and their use of Environmental Strategy approaches.

Environmental:

“This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general populations. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.”

The first five strategies focus on who was served and the services they received. The Environmental Strategy focuses on places and specific problems, with an emphasis on public policy. A growing body of research and practice supports the environmental approach to prevention. Environmental prevention seeks to reduce AOD availability and use risks associated with local retail, social and public environments.

The source for these strategies is the Prevention Activities Data System User's Guide, published by the California Department of Alcohol and Drug Programs. Definitions are cited from Federal Register, 58:60, March 31, 1993.

Step Five: Evaluation

Evaluation involves the process of monitoring, measuring and reporting outcome data from the prevention activities as they are implemented. It is essential to measure the effectiveness and impact of the implemented strategies on an ongoing basis so the areas needing improvement can be addressed as early as possible. At this time a data collection system only exists for AOD treatment services. Prevention staff will be responsible for the data collection and evaluation process. Progress towards achieving the goals and objectives defined during the assessment and planning phases will be documented in CalOMS quarterly reports. CalOMS and CFNLP reporting timelines will dovetail with the SPF findings to provide feedback into the ongoing planning, resource application, continuous improvement and implementation processes.

The evaluation process will include collecting data using surveys and questionnaires, key informant interviews, pre and post tests, focus groups, mini-grant reports, participant observations, research and other evaluation tools. The logic model design (see attached sample) will provide a visual snapshot of short-term, intermediate and long-term outcomes and will measure changes resulting from the prevention strategies. Indicators which were used to create the plan's priorities will be monitored for emerging trends that will be addressed in the future strategic planning.

Sample Outcome-Based Evaluation Plan

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)

Lake County Community Profile

Lake County is located about 110 miles north of San Francisco and 50 miles east of the Pacific Coast. It is both a rural and comparatively poor county. Visitors are attracted to Lake County with its picturesque small towns and beautiful two-lane country roads meandering through orchards and vineyards.

Having California's largest natural lake in our county's center is a recreational blessing but also a curse as it makes access to commercial and social services an expensive and time consuming challenge with the limited public transportation system and poorly maintained roadways. Lake County once had defined areas of prosperity and poverty but with California's recent real estate boom and current general migration pattern to northern California, every local community now faces the ramifications of alcohol and drug abuse. Lake County, population 64,106, with a growth rate of 13% was claimed last year to be the fastest growing county in California so the problems are not likely to disappear.

We are surrounded by chronic poverty, violence, child abuse, domestic violence and substance abuse. Multi-generational families lack the economic, emotional, social and educational resources to raise their children well. When children and parents feel desperate and depressed they often seek solace in substance abuse and high-risk behavior, fail in school and employment and perpetuate the cycle of poverty and despair.

In 2004, the Community Indicators of Alcohol & Drug Abuse Risks for Lake County was prepared by the Center for Applied Research Solutions (CARS) for the California Department of Alcohol and Drug Programs. This information

system, designed to assist with county prevention planning and policy-making, confirmed the prevalence of alcohol and drug-related environmental problems. Lake County uniformly shows high levels of need for increased comprehensive substance abuse prevention programming. Lake County ranks 58th (1st) in California for deaths due to alcohol and drug use; 58th for school expulsions; 54th for adults arrested for alcohol violations; 53rd for adults arrested for driving under the influence (DUI); 52nd for adolescent admissions to alcohol and drug treatment; 52nd for child abuse; 51st for total TANF recipients; 50th for alcohol-involved motor vehicle accidents; 50th for total students in alternative education; 49th for adult alcohol and drug treatment admissions; 48th for adult arrest for drug violations (in populations ages 18-69 years); 41st for total number of retail liquor licensees; and, 40th for school drop outs.

Twenty eight percent of ninth graders and 31% of 11th graders reported drinking and driving in the 2004 California Healthy Kids Survey (CHKS). Underage DUIs have caused a high level of alcohol-related collisions and fatal accidents whose ripple effect has left many local people's lives devastated for such a small community. Fifty-six percent of 11th graders reported alcohol was "very easy to get" and 59% said the same about marijuana. When asked how most kids who drink alcohol get it, 11th graders answered: 53% at parties or events outside school; 49% from friends or another teenager; 45% get adults to buy it for them; 39% from adults at friends' homes; and, 37% at their own home. A too familiar comment made by parents of teens in Lake County is "I'd rather they drink at home so I know where they are" or "but it's only alcohol---not drugs."

Lake County youth start using substances early and heavily: 40.3% of Lake County users in treatment started before they were 15 years old. Twenty eight percent began use between ages 15-17. Statewide, only 27.8% begin using before age 15 and only 24.2% start between ages 15-17. Lake County youth in treatment tell us their AOD use is driven by boredom, stress, access and need for immediate relief of their circumstances.

The California Healthy Kids Survey documents our concerns:

Student High Risk Behavior—Alcohol, Other Drugs, & Tobacco (“AOD” & “T”)

Type of Risk-Oriented Behavior	7th Grade	9th Grade	11th Grade
Cigarette Use (last 30 days)	14%	23%	29%
Alcohol (last 30 days)	26%	45%	47%
Marijuana (last 30 days)	12%	28%	38%
Sold drugs on campus?	11%	11%	17%
If using alcohol or drugs, ever felt you need help?	3%	6%	17%

Baseline Assessment of Student Risk Factors

Risk Factor	Number or Rate
Student AOD use or violent behavior	1,956 students (CHKS & CSSA calculations)
Incidence/prevalence of AOD use	10.05/1,000 students; CA rate is 4.3/1,000
Prevalence of weapons in school	2.76/1,000 students—highest rate in 6 years; CA rate is stable at 1.21/1,000 students
Incidents of serious/violent crime	46
Truancy (School Attendance Review Board)	1,318 referrals

Risk Factor	Number or Rate
Suspension/expulsions for AOD/violence	1,168
Juvenile arrests/year and rate per 100,000 in 2000	600 arrests or 5,212/100,000; CA rate is 5,600
Students on probation	428 wards of the court; 25 on informal
Annual # CPS reports/children reported	1,283/2,285-(1,000 more children than last year, 16.2% of all children 0-17)
CPS average monthly caseload	256
Children in foster care/CPS placement	176 (\$1,785,792/year in placement costs)
Students w/emotional/behavioral disorders	1,000

Among Lake County's estimated 45,088 licensed drivers, the driving under the influence rate is nearly double the state's rate. AODS has approximately 200 adults currently enrolled in its DUI program consisting of 18-20 weekly groups. Of the 265 people in treatment groups, 47 are youth. We know this is just the tip of the iceberg considering Lake County juvenile alcohol and drug-related arrests are also nearly twice the state rate. In response to the tremendous need for earlier and more comprehensive AOD prevention and intervention programs, the Lake County Office of Education (LCOE) has received an Underage Alcohol Abuse Reduction Grant and our District Attorney's Office has an Office of Traffic Safety (OTS) DUI Outreach Program Grant. The LCOE project will target 7th-9th grade students and the DA's project will fund positions for victim advocates, enhancement of education, outreach, enforcement and the vertical prosecution process. The existing problem is confirmed by relevant OTS, CHP and Department of Motor Vehicles data.

Collision Type	2001				2002				2003			
	Collisions		Victims		Collisions		Victims		Collisions		Victims	
Fatal	10		10		19		24		15		17	
Injury	305		446		349		522		309		484	
	Fatal	Injury	Killed	Injured	Fatal	Injury	Killed	Injured	Fatal	Injury	Killed	Injured
Alcohol Involved	4	57	4	82	8	65	11	98	7	58	8	85

OTS Rankings	2002 (By Collision)		2003 (By Victims)		2004 (By Victims)	
Note: Alcohol-involved rankings remained high despite new methodology.	Daily Vehicle Miles	Average Population	Daily Vehicle Miles	Average Population	Daily Vehicle Miles	Average Population
Total Fatal & Injury	13	32	21	43	15	30
Alcohol-Involved	2	11	4	20	3	11
HBD Driver<21	3	7	23	35	16	21

Other OTS/DMV Data	2001		2002		2003	
% of total collisions	State	Lake	State	Lake	State	Lake
Alcohol-involved fatal	10.4%	18.9%	10.4%	18.6%	10.2%	18.8%
Alcohol-involved injury	33.3%	40%	34.2%	42%	34.2%	47%
DUI arrests/1,000 drivers	N/A		N/A		.8	1.4

DMV and OTS are inconsistent on the percentage of alcohol-involved fatal collision; DMV appears low.

California Highway Patrol (CHP) coordinates one Every Fifteen Minutes Program per year throughout the five high school districts in Lake County. An active cadre of partners contributes to making this a powerful experience which may or may not have a lasting impact on teens. AODS sponsors alcohol and drug-free

activities through the six Friday Night Live Chapters involving youth from 3rd-12th grades.

Aside from underage and binge drinking prevention, AODS Prevention Program is poised to address the issues of methamphetamine use; over-the-counter drug abuse among youth and the elderly; and prenatal toxicology positive drug use prevention and intervention. Great progress is being made in building trust and unprecedented working partnerships with Lake County's Native American population as well as the growing Latino Community. Another newly recognized resource was discovered at the 2006 Recovery Happens Event with several people feeling empowered to come forward and offer to be involved as mentors and leaders within the recovery community. We are at the threshold of a time when our county will choose the direction in which it will proceed. As we grow and evolve we need to be active, inclusive leaders fostering a safe and healthy environment for individuals, families and the communities.

Priority Areas:

I. PRIORITY AREA: Increase Public Awareness and Support of AOD Prevention Campaigns and Activities.

INDICATORS:

High rates of alcohol and drug use
Universal binge drinking
Limited public education and awareness of AOD issues and impact on communities
General social acceptance of marijuana use and abuse

II. PRIORITY AREA: Reduce Youth Access to Alcohol and Problems Related to Underage Drinking.

INDICATORS:

Alcohol is the leading drug used by Lake County youth
Alcohol is easy for Lake County youth to obtain commercially and socially
High-risk behaviors occur in association with underage alcohol use (DUI arrests, injuries, violence, vandalism, pregnancy, fatalities)
Lack of retail/social access training, legal enforcement and restriction policies

III. PRIORITY AREA: Create Positive and Healthy Communities for and with Young People.

INDICATORS:

Lack of positive activities for Lake County youth
Lack of opportunities for youth community service and social advocacy
Need for more interaction among diverse groups of youth in Lake County
High rates of youth alcohol and drug use and related issues

IV. PRIORITY AREA: Reduce High-risk Adult Drinking and Related Problems

INDICATORS:

High rates of alcohol binge drinking
High-risk behaviors associated with adult consumption of alcohol (DUIs)
High rate of alcohol consumption at social and special events
High rate of alcohol consumption negatively impacts public health and safety

V. PRIORITY AREA: Reduce Methamphetamine Use and Related Problems

INDICATORS:

Methamphetamine use is a very serious problem in Lake County

Meth use starts young and is multi-generational
Meth use increases the likelihood of high-risk sexual activity, toxicology positive births, child neglect/ abuse, and domestic violence

VI. PRIORITY AREA: Increase Participation and Collaboration of Community Agencies and Organizations in AOD Prevention

INDICATORS:

Limited capacity of individuals/agencies involved in prevention
Limited participation of marginalized and underserved populations
Need for earlier identification, referral and intervention system
Need for cohesion and enhanced communication among providers

Lake County Action Plan 2007-2010

Mission: To prevent and address alcohol and drug-related problems by promoting individual and community responsibility for an environment free of alcohol misuse and drug abuse.

Vision: Lake County gains respect for healthy individual and community lifestyles free of alcohol and other drug abuses.

Based on the findings of focus groups and needs assessments, the Lake County Alcohol and Other Drug Services Prevention Program identified and prioritized six areas of focus for primary prevention for the next three years:

Priority Area I: Increase public awareness & support of AOD prevention campaigns and activities.

- Goal 1: Increase awareness of alcohol and other drug use and related harm to communities and individuals through social marketing strategies.

Objective 1: By July 1, 2010, increase development and implementation of a comprehensive media plan by 90%.

Activity 1: Research and collect baseline sources of AOD prevention information.

Activity 2: Develop a calendar of annual AOD campaigns to be implemented each year.

Activity 3: Conduct media plan utilizing print, radio, television and other resources in the community.

Activity 4: Conduct media advocacy projects within appropriate populations to create and promote unique AOD messages.

Activity 5: Create innovative strategies to counter the prevailing social acceptance of marijuana use and abuse.

- Goal 2: Engage the community to identify and change harmful norms regarding alcohol and other drug use.

Objective 1: By July 1, 2010, increase prevention visibility and presence at community events by 50%.

Activity 1: Co-sponsor events and activities with other agencies and providers.

Activity 2: Provide AOD information and educational materials to the public at events.

Activity 3: Explore new partnerships with faith, cultural and recovery communities.

Objective 2: By July 1, 2010, increase research and approach potential funding agencies to leverage current resources and apply for grants by 30%.

Activity 1: Utilize funding resources to engage and mobilize the community to advocate for prevention.

Activity 2: Share evaluation results with key stakeholders and funders to demonstrate the success and need for ongoing primary prevention funding.

Priority Area II: Reduce Youth Access to Alcohol and Problems Related to Underage Drinking.

- Goal 1: Reduce alcohol-related problems associated with retail access to alcohol.

Objective 1: By July 1, 2010, increase development of a comprehensive Youth Access Campaign consisting of media, education and training activities, enforcement and policy by 30%.

Activity 1: Apply for the CFNLP Every 15 Minutes and Beyond Grant.

Activity 2: Collaborate with CFNLP to train youth in leadership and advocacy skills at regional and state conferences and local youth retreats.

Activity 3: Implement the components of the EFM Grant: Casey's Pledge, Parents' Pledge, Cinco de Mayo, Media Advocacy Project, TRACE Program, and policy development.

Activity 4: Coordinate with ABC, the District Attorney and local law enforcement to develop local decoy/compliance operations.

Activity 5: Collect and maintain data to measure outcomes.

Objective 2: By July 1, 2010, increase merchant compliance with existing laws by 50%.

Activity 1: Provide Responsible Beverage Service and Sales Training to licensed alcohol vendors and clerks.

Activity 2: Conduct decoy operations at all off-sale liquor retailers to establish baseline compliance rate.

Activity 3: Conduct regular decoy operations at all off-sale liquor retailers.

Activity 4: Compile Lake County data with relevant data on youth access from ABC (violation data) and CA Healthy Kids Survey (perceived ease of access) as well as other sources of alcohol access data.

Activity 5: Publicly recognize merchants who are in compliance.

Objective 3: By July 1, 2010, reduce the overall availability of alcohol to minors in communities by 50%.

Activity 1: Facilitate modification of placement of alcohol products with retailers to reduce theft and access of alcohol.

Activity 2: Reduce adult provision of alcohol (shoulder taps/buying up) in and around off-sale outlets.

Activity 3: Reduce access to alcohol at events sponsored by public and non-profit organizations.

Activity 4: Coordinate trainings for youth and parents to expand capacity to advocate for alcohol accessibility policies.

Activity 5: Implement media campaign on youth alcohol access.

- Goal 2: Reduce alcohol-related problems associated with social access to alcohol.

Objective 1: By July 1, 2010, increase adult awareness of the extent and risks associated with youth alcohol use and the adults' responsibilities by 50%.

Activity 1: Collaborate with Office of Education and District Attorney in holding Underage Drinking Awareness Town Hall Meetings.

Activity 2: Coordinate with parents, schools and agencies involved in Prom and Sober Graduation activities.

Activity 3: Implement CFNLP Every 15 Minutes and Beyond Grant components.

Objective 2: By July 1, 2010, reduce adult provision of alcohol to youth in homes by 30%.

Activity 1: Implement CFNLP Parent Pledge before prom season and graduation.

Activity 2: Empower parents through education to effectively address alcohol and other drug issues with their children.

Activity 3: Coordinate trainings for youth and parents to expand capacity to advocate for social host policies.

- Goal 3: Reduce youth exposure to alcohol marketing and promotional activities.

Objective 1: By July 1, 2010, increase compliance with legal restrictions on advertising at retail alcohol outlets by 30%.

Activity 1: Collaborate with Tobacco Education STOMP Program in media literacy youth trainings to conduct point-of-purchase ATOD marketing and interior promotions surveys.

Activity 2: Conduct initial point-of purchase surveys to compile baseline data.

Activity 3: Conduct regular alcohol marketing surveys at all licensed retail outlets.

Activity 4: Compile survey data.

Activity 5: Implement media campaign.

Objective 2: By July 1, 2010, decrease alcohol promotions and advertising at community events where youth are present by 30%.

Activity 1: Develop a speakers' bureau to attend community service groups, Chambers of Commerce, Lake County Fair Board, city councils and board of supervisors meetings to provide accurate information about alcohol promotions and liabilities at community events.

Activity 2: Attend Native American and Latino community leadership meetings for the same purpose.

Activity 3: Coordinate trainings for youth to expand capacity to advocate to stakeholders for decrease of alcohol promotions at community events.

Priority Area III: Create Positive and Healthy Communities for and with Young People.

- Goal 1: Increase the Friday Night Live Chapters throughout Lake County.

Objective 1: By July 1, 2010, increase groups comprised of non-traditional youth leaders to include youth organizations, institutions, ethnic and racial communities, tribal communities, juvenile hall, teen clinics, after school programs, youth worksites, scouting groups, sports groups, foster youth, faith groups, and any other youth services organization by 50%.

Activity 1: Develop a list of potential sites to approach and conduct outreach to assess their interest in joining the FNL network.

Activity 2: Develop an informational packet on FNL and distribute to those potential new chapters.

Activity 3: Implement a FNL media campaign during Casey's Pledge activities.

Activity 4: As CAFNL funds are available, provide \$200 as one-time startup funds to a new chapter or to one which has been dormant and has applied for the mini-grant.

- Goal 2: All FNL chapters will plan, coordinate, and implement at least one environmental project per year.

Objective 1: By July 1, 2010, 100% of Friday Night Live chapters will be involved in projects that are compatible with the six prevention strategies: information dissemination, education, alternatives, problem identification and referral, community based process and environmental.

Activity 1: FNL members will be educated on environmental prevention approaches and creating effective projects.

Activity 2: Chapters will submit proposed activities along with mini grant application.

Activity 3: Mini grants will be awarded based on CFNLP criteria and selected by a qualified panel of impartial judges.

Activity 4: Provide members with education on alcohol and drug use and how to remain clean and sober youth in any situation that promotes use.

Activity 5: Youth will raise awareness on their school campus and in their communities changing norms and policies.

- Goal 3: Increase parent support and involvement.

Objective 1: By July 1, 2010, develop collaborative parent education groups in 2-3 communities.

Activity 1: Create a survey to send to the parents at schools and throughout the county.

Activity 2: Collect the data and evaluate the needs.

Activity 3: Develop a six to twelve week curriculum, using evidence-based resources to meet the needs of the parents/caregivers in the community.

Activity 4: Invite parents to sign-up for the groups provided in communities such as but not limited to Clearlake, Kelseyville, Nice, Lucerne, Upper Lake, Middletown and Lakeport.

Activity 5: Collaborate with other prevention providers for more comprehensive resources and staff time.

Activity 6: Train the parents that complete the group to facilitate future groups as parent mentors.

Activity 7: Support and provide celebrations, recognition and reunions.

Activity 8: Leverage funding and support to sustain these programs.

Priority Area IV: Reduce High-risk Adult Drinking and Related Problems.

- Goal 1: Reduce alcohol-related problems associated with retail availability of alcohol.

Objective 1: By July 1, 2010, increase improvement of sales and service practices of licensed outlets by 50%.

Activity 1: Recover baseline data from AODS DUI Program Last Drink Surveys to identify Lake County "hot spots."

Activity 2: Contact alcohol retail licensees regarding liabilities and resources available to them.

Activity 3: Develop and implement a comprehensive Responsible Beverage Service Program in Lake County.

Activity 4: Recognize responsible outlets.

Activity 5: Review data and evaluate effectiveness of program by reduction of DUIs.

- Goal 2: Reduce alcohol-related problems associated with social acceptability of alcohol.

Objective 1: By July 1, 2010, increase public awareness of individual responsibilities and risks associated with DUI by 50%.

Activity 1: Collaborate with CHP and OTS in implementation of public safety grants.

Activity 2: Collaborate with District Attorney in implementation of DUI Vertical Prosecution Grant.

Activity 3: Conduct media campaign partnering with AAA to promote costs of DUI, arrests and perceptions of being caught.

Activity 4: Conduct media campaign about older adult binge drinking and do outreach to senior centers and programs.

Activity 5: Facilitate communication about DUI prevention and increased/sustained enforcement between community, law enforcement and courts.

- Goal 3: Reduce alcohol-related problems associated with community events.

Objective 1: By July 1, 2010, increase public awareness of high-risk adult consumption of alcohol at community events by 50%.

Activity 1: Collect data about high-risk adult drinking's contribution to threats to individual health and safety.

Activity 2: Collect data on the impact of high-risk adult drinking on communities.

Activity 3: Conduct media campaign about how high risk adult drinking contributes to sexual assaults, property damage, violence and other injuries.

Objective 2: By July 1, 2010, increase policies throughout Lake County addressing special events reducing high-risk consumption and consequences by 30%.

Activity 1: Develop and implement a comprehensive Responsible Beverage Service Program specific for community events.

Activity 2: Coordinate with cities' and county planning departments to identify and track event permit applications.

Activity 3: Identify a list of potential event organizers and offer outreach and RBS training for their servers.

Activity 4: Seek adoption of city and county policies regarding alcohol sale and service at community events.

Activity 5: Reduce public intoxication, DUI arrests and alcohol-involved injuries and fatalities.

Priority Area V: Reduction of Methamphetamine Use and Related Problems.

- Goal I: Increase community awareness of Methamphetamine availability and harms related to use in Lake County.

Objective 1: By July 1, 2010, increase school-based education about Methamphetamine by 50%.

Activity 1: Provide LCOE administration and staff training and support about evidence-based CFNLP Methamphetamine curriculum.

Activity 2: Provide technical assistance to develop a speakers' bureau to raise awareness of the impacts of Meth use to groups and communities.

Activity 3: Collaborate with CFNLP in implementation of the Methamphetamine Initiative Project Grant in schools.

Objective 2: By July 1, 2007, conduct countywide social marketing campaign to raise community awareness by 90% about Methamphetamine's impact on crime, violence, poor health, neighborhood deterioration and county systems.

Activity 1: Organize and facilitate community forums to discuss the risks and impacts associated with Meth use.

Activity 2: Increase neighbor and landlord awareness of signs of Meth use, manufacturing and distribution.

Activity 3: Increase neighborhood-level organization and responsiveness with law enforcement where Meth is known to be used, made or sold.

Activity 4: Create active neighborhood watch groups to protect children.

Activity 5: Advocate for increased treatment options for youth and adults seeking or mandated to get help.

Objective 3: By July 1, 2010, reduce Youth Access to retail drug paraphernalia and materials associated with Meth use by 50%.

Activity 1: Conduct baseline retail outlet paraphernalia surveys.

Activity 2: Provide merchant education pertaining to laws prohibiting sale of paraphernalia.

Activity 3: Increase enforcement of existing laws governing sales of drug paraphernalia connected with Methamphetamine use in retail outlets.

Priority Area VI: Increase Participation and Collaboration of Community Agencies and Organizations in Preventing AOD-Related Problems.

- Goal I: Increase coordination and communication among prevention providers.

Objective 1: By July 1, 2010, increase AODS staff knowledge of community prevention providers and resources by 90%.

Activity 1: Identify current individuals/agencies involved in AOD prevention.

Activity 2: Collect information about their programs to be distributed to AODS staff and clients.

Activity 3: Facilitate training and coordinate cross-training opportunities.

Activity 4: Build on existing prevention programs' collaboration to create an interactive resource and referral system/tool such as a website to track meetings, programs and shared resources.

Objective 2: By July 1, 2010, increase diversity of individuals and groups actively involved in AOD prevention, problem identification and referral by 50%.

Activity 1: Identify potential prevention partners (e.g. policymakers, tribal councils, school administrators, teachers, parents, healthcare providers, businesses, consumers, faith based groups, social service agencies, and organizations who work with the marginalized and underserved such as the aging, dually diagnosed and immigrant populations).

Activity 2: Conduct outreach to build linkages and provide technical assistance to new prevention partners with a focus on the underserved populations.

Activity 3: Continue to serve as a mentoring agency to new partners.

- Goal II: Increase capacity of schools to promote healthy development of youth and to prevent problems associated with AOD use.

Objective 1: By July 1, 2010, increase coordination and cohesiveness of prevention and early intervention strategies among entities involved within the school system by 50%.

Activity 1: Provide parenting classes to include developmental approaches to addressing youth AOD challenges.

Activity 2: Serve as a broker to provide in-service trainings to school site staffs about AOD issues and most recent science-based information.

Activity 3: Expand Friday Night Live Chapters within all school districts.

Activity 4: Collaborate with Lake County Office of Education Safe Schools/Healthy Students, Healthy Start Collaborative and Student Programs and Services in prevention, early identification, resource and referrals and intervention services.

Activity 5: Collaborate with juvenile hall, juvenile court, probation and community court schools through the Juvenile Justice Delinquency Prevention Commission to support students' success in transitioning within the juvenile justice system.

Conclusion

The Strategic Prevention Framework (SPF) Planning Process proved to be a productive process that reinforced the prevention community's understanding of needs and resources related to AOD problems in Lake County. The yearlong planning process resulted in development of a comprehensive and community-based alcohol and other drug-related framework to guide program planning and service delivery for the next few years.

The infrastructure created by the SPF will lead to effective and sustainable reductions in AOD problems. The SPF provides a significant shift in prevention planning by requiring counties to develop specific countywide goals and objectives based on findings from the assessment process thereby implementing them in prevention programs that provide primary prevention activities.

The Lake County Mental Health Department, Division of Alcohol and Other Drug Services Prevention Program wishes to acknowledge the contributions of the wide range of community partners who participated in the strategic planning process. The Strategic Plan will guide primary prevention efforts that coordinate services, stretch limited resources and implement appropriate and efficient prevention strategies for the next three years.