

**Nevada County Department of Behavioral Health, Alcohol and Drug Prevention  
Program  
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**Strategic Plan for Alcohol and Other Drug Prevention**

**2007-2012**

Nevada County Board of Supervisors

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**Acknowledgements**

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Gratitude is also extended to the members of Strategic Planning Committee, who rolled up their sleeves and dove into the writing, implementation and editing of this strategic planning process.

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**Vision**

Nevada County will collectively share in the responsibility of creating an environment where all families are safe, healthy, productive citizens that live free from AOD problems.

**Mission**

Reduce AOD use and problems among youth and adults by providing leadership and coordination to engage and support environmental change.

**Introduction**

This 2006-2012 Nevada County Alcohol and Drug Program Department (NCAOD) Strategic Prevention Plan is consistent with the federal Substance Abuse and Mental Health Service Administration (SAMHSA) Strategic Prevention Framework (SPF) .

Steps 1-5 (as represented in the circular diagram on the right):

1. Assess prevention needs
2. Build prevention capacity
3. Develop a strategic plan
4. Implement effective prevention programs
5. Evaluate efforts for outcomes

Sustainability and Cultural Competence are principles of operation



### **County Profile**

Nevada is a rural northeastern California county, divided into two distinct service regions by the crest of the Sierra Nevada Mountain Range. The total county population is 95,700 (Center for Economic Development, 2004). The portion of the population that is living in unincorporated areas is 68%. There are nine small rural communities that are demographically isolated from one another such as North San Juan, Camptonville, Smartsville, Rough and Ready, Chicago Park, Penn Valley, etc. The western portion of the county sits at 2,100-5,000 feet elevation in the foothills of the Sierra Nevada Mountain Range and the eastern portion of the county lies at 6,000-8,500 feet elevation in the midst of the Sierra Nevada Mountains.

The majority of the county's population lives in the western portion of the county, distributed between two incorporated population centers and outlying rural communities. While 80,700 residents live in the county's western region, only 15,030 of them live in the two main population centers of Nevada City and Grass Valley. The remaining 65,670 residents of the western county population live in outlying, rural areas. Residents of outlying communities must travel up to 30 minutes to reach town, which can be difficult for a variety of reasons, including lack of a personal vehicle, absence of public transportation, and dark, narrow mountain roads which causes challenges for inexperienced drivers.

The eastern region of our county includes the town of Truckee and its' outlying areas, with a population of approximately 15,000. It is a resort community, serving the attractions of the Lake Tahoe Basin and the city of Reno, Nevada. Truckee is the fastest growing area of the county, with a high percentage of monolingual Latino workers who staff the resorts and provide a significant amount of the labor in the booming construction industry. The town of Truckee is located approximately 60 miles east of the county seat, on the other side of the crest of the Sierra Nevada Mountains. Due to its geographic location, this area has been historically under served. Because travel between the eastern and western regions of the county requires going over Donner Pass at 7,200 feet elevation, it is often hazardous and sometimes impossible during the winter season, due to snow storms and icy conditions.

Nevada County is also economically diverse, including families with very handsome incomes versus those who have meager financial means. The average wage per job in Nevada County is \$28,309 (US Department of Commerce, Bureau of Economic Analysis, 2001) that is \$12,000 below the state average. Sub areas of gated or upper-end residential villages to low-income apartments and subsidized housing evidence the extremes. The county also has a significant amount of people living in desolate areas with primitive housing arrangements. Unemployment is on the rise in the county up from 1,700 unemployed in 2001 to 2,200 in 2002 (Center for Economic Development, 2004). Approximately 16,887 minors fall between the ages of 5-17 years of age, as indicated by the Department of Finance. This constitutes approximately 18% of the total population. When we look at the quality of life indicators in the county, the US Census Bureau estimates that approximately 10% of the population lives in poverty.

Currently, Nevada County Behavioral Health – Alcohol and Drug Programs (NCAOD) is the primary service for developing and implementing prevention strategies, approaches and programs to reduce AOD problems in Nevada County. NCAOD works collectively with partners to provide prevention, from peri-natal to senior services. NCAOD funds one other provider, Community

Recovery Resources (CORR) for alcohol and drug prevention services. In addition, NCAOD Prevention (NCAODP) manages subcontracts for California Friday Night Live Partnership Mentoring Grant and Friday Night Live Methamphetamine Prevention Project. Both grants are funded through the California Department of Alcohol and Drug Programs (ADP).

In order to optimize effectiveness of prevention services and to leverage relatively limited resources, a five year strategic plan has been developed. The prevention planning process was guided by the following functional principles such as:

- Incorporating current principles of effective prevention programming, and promoting the use of evidence-based practice throughout Nevada County;
- Evidence-based strategy inclusion, aligning prevention services with problem areas identified through analysis;
- Community-based strategies; building capacity in the community to support and leverage effective prevention, and will facilitate, support, and encourage collaborative use of Nevada County's diverse community resources to strengthen prevention;
- Comprehensive projects, coordinating diverse environmental and direct services strategies to meet the identified needs of the community; and
- Considering a social justice philosophy that shared the burden of AOD related problems with those that profit from the sale and trade of AOD, not just that that suffer such as youth and families.

This strategic plan addresses each of these principles and represents an initial platform that will be revisited and updated annually to reflect new data, information of effective prevention programming, and evaluative results.

### **Guiding Principles for Prevention**

Prevention policies and services adhere to the following:

1. Protect children from the dangers of AOD problems
2. Prevention fosters safe and healthy environments for individuals, families and communities
3. To create safe and healthy environments, prevention must reduce adverse problematic alcohol, and other drug (AOD) availability manufacture, distribution, promotion, sales and use
4. Prevention engages individuals, organizations and groups at all levels of the prevention system, including those who work directly, as well as indirectly in the system who share a common goal of AOD prevention (i.e., medical professionals, hospitals, teachers, employers, religious organizations, youth, etc.).
5. Effective prevention programs are thoughtfully planned and delivered.
6. To create a successful prevention program, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use problem prevention actions; evaluate measured results to improve prevention outcomes; and use a competent proficient and properly trained workforce.
7. Facilitate coordination of programs, services and resources to address alcohol and drug related problems with surrounding counties, whenever appropriate.
8. Evaluate the impact of programs, policies and projects.

(California Department of Alcohol and Drug Programs, Prevention Strategic Plan, October 2002)

## Step 1-Needs and Resource Assessment

### 1. Methodology

County staff collected archival data from many sources including law enforcement, existing grants, and reviewed the CARS Community Indicator Report for trends. The Prevention Coordinator presented goals and objectives for this Strategic Plan to the Coalition for a Drug-Free Nevada County and secured their support and interest. Our Substance Abuse Advisory Board (SAAB) was also presented with the Strategic Plan, of which they supported and gave a verbal commitment to assist with an environmental approach to meeting the goals and objectives of the plan. Recent informal discussions occurred with county youth, most of whom are FNL members, about the AOD issues that they see. In the Spring of 2007, AOD usage data was reviewed by county staff at the Nevada County Park Avenue Alternative Site (with 5 alternative high schools). The Substance Abuse Advisory Board assessed Methamphetamine data and posted on their County Website Page (<http://mynevadacounty.com/saab/index.cfm?highlight=Substance%20Abuse%20Advisory%20Board>). The County Administrator and the CORR Director, our prevention provider, reviewed the assessment data and problem statements and assessed how CORR could help meet the goals and objectives. CORR was open to having some restructure in how they deliver services and are motivated to have an outcome based programs.

### 2. Core Questions

A county-wide needs assessment was conducted to determine the AOD prevention priorities regarding alcohol use. For the purposes of the current assessment, data were collected to answer the following questions:

- What is the nature and extent of drug use in the county?
- What specific age groups and communities are impacted the most?
- What drugs are we seeing increased use rates for?
- What are the harmful consequences of drug use in our county?
- What specific age groups and communities are impacted the most?
- Which drugs are having the greatest impact?
- What are the community risk and protective factors associated with these issues?
- What are the existing prevention efforts? What is the most critical gap in prevention services?
- What evidence-based prevention approaches are needed to address this gap?

### 3. Data Sets

Information from the following archival sources was collected and reviewed:

- SAMSHA Drug Free Communities Grant, 2006
- SIG Grant, 2004
- *2005 California Healthy Kids Survey*
- *United Way of Nevada County's Community Needs Assessment, 1999-2001*
- *Community Indicators of Alcohol and Drug Abuse Risk, Nevada County 2004*, prepared by the Center for Applied Research Solutions (CARS), Inc.
- First 5 Nevada County's *KidsCAP* assessment and *State of the Children* report, Nevada County, 2006.

- Two other more specific treatment program oriented sources of data have been garnered from surveys prepared by *Community Recovery Resources* (the dominant alcohol and drug treatment agency in Nevada County) and *Nevada County Behavioral Health Department, 2005*.
- *RAYN Survey (Raising Awareness of Youth Needs), 2005*.
- *County Web site, Substance Advisory Board link (Meth Data), 2007*

The data from these sources provided the statistical baseline foundation that supports the coalition's decision to move forward on AOD concerns, and supports the development of the problem statements, goals, objectives infused into our strategic plan.

#### 4. Limitations

Lack of community-based data such as information from forums, Key Informant Interviews (KII's), and focus groups would be a strength to future assessment efforts. Also, from the current data marijuana busts appear to be underrepresented from current knowledge. Current research from the AOD field has demonstrated that arrest data and treatment data are a reflection of county resources and don't reflect the true problem of addiction but usage and county services available to respond. Current AOD data has been difficult to compile because this element of assessment planning is not something our county has participated in. Staff will continue to update the data sources as information becomes available and the logic model campaigns are underway. Updates will include requesting and receiving data from our local hospitals, and accessing more local recent statistics. Currently one of the goals of the SAAB is to devise a comprehensive data collection system that can be universally used.

#### 5. County Data

The County of Nevada has four grants in our prevention system, including two from The California Friday Night Live (FNL) Partnership and one from SAMHSA that are currently uncoordinated in terms of goals and objectives. County staff and partners have not been trained in environmental prevention or SPF, the focus of this strategic plan, and new staff hires are underway.

#### Problem Statement

Nevada County's current alcohol and drug (AOD) prevention system design is limited to support the Strategic Prevention Framework and Environmental Strategies.

#### 6. Alcohol Data

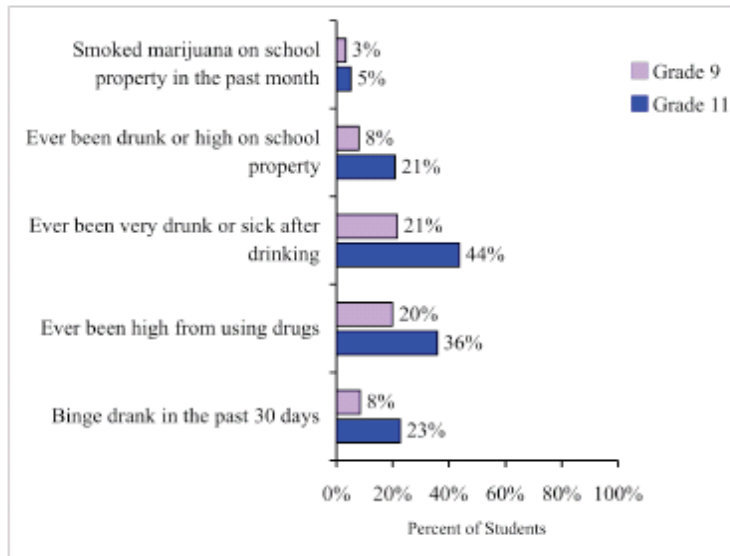
Recent studies show that alcohol use among rural youth has increased in the last twenty years, and now matches or exceeds that of their urban counterparts. This is specifically true for binge drinking. An analysis of the "Monitoring the Future" data set showed that rural students had higher rates than urban youth for binge drinking at all intervals (*American Journal of Public Health*, May 1997, Volume 87: 760-764). Additionally, in a recent report for Rural Healthy People 2010, entitled Substance Abuse: Trends in Rural Areas by Linnae Hutchison and Craig Blake, it was found that "rural youths are particularly at risk for developing substance abuse disorders when compared to urban youths". In an article in the local newspaper *The Union* entitled "Surveys: Kids; Substance Use Tops States" published on November 30, 2001, it is reported that Nevada County's seventh, ninth, and eleventh graders report using alcohol and all types of drugs at significantly higher rates than young people throughout California (CHKS, 2004). These surveys show that Nevada County youth begin using drugs and alcohol at an earlier age compared to other California youth, and that their rate of use increases dramatically by ninth grade.

The number of ninth (9<sup>th</sup>) graders who indicated that they had used alcohol in the past 30 days was 9% higher than the statewide average, and the number of 11<sup>th</sup> graders was 5% higher than the statewide average (CHKS, 2004). When asked if they had engaged in binge drinking, (defined as drinking 5 drinks in a couple of hours), 33% of ninth grade students in the western region school district said they had, compared to 13% nationally, and 48% of eleventh graders said they had engaged in binge drinking compared to 26% nationally.

Below is the current data from the CHKS, Fall 2005 and Spring 2006 surveys which demonstrates a continued trend toward binge drinking. Especially telling is the question “have you ever been drunk or sick after drinking?” In western Nevada county 21% of 9<sup>th</sup> graders say “yes”, and 44% of the 11<sup>th</sup> graders say they “have been drunk or sick”. Data from Truckee reflects an alarming 56% of the 11<sup>th</sup> graders who say they have been drunk or sick after drinking.

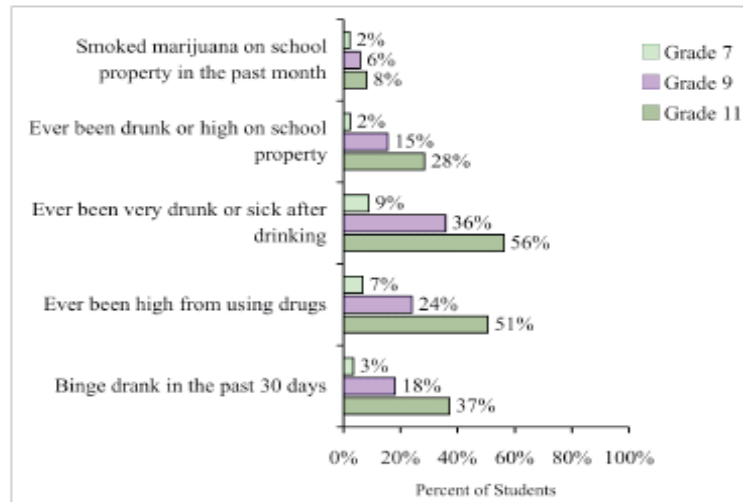
**Nevada Joint Union High - Fall 2005**

**Chart 4. Percent of Students Who Participated in High Risk Behaviors Associated with Alcohol, Tobacco, or Other Drugs**



Tahoe Truckee Unified - Spring 2006

**Chart 4. Percent of Students Who Participated in High Risk Behaviors Associated with Alcohol, Tobacco, or Other Drugs**



Age of Onset of Any Drug Use

According to the Nevada County Community Needs Assessment, 52.7% of youth first use illegal drugs (includes alcohol) before age 15. Twenty-seven per cent (27%) first use between the ages of 15-17. This evidence is supported by the CORR survey of youth enrolled in their treatment programs from June 2004-January 2006. This survey shows that 22% of first use occurs between the ages of 5-10, 46% between ages 11-13, and 30% between ages 14-16.

Statistics from the County Teen Clinic provide alarming indication of drug and alcohol use among adolescents in our community that are consistent with those derived from the Healthy Kids Surveys conducted in the schools. In a random chart review of confidential assessment forms completed by clients under the age of 18, 25% of them reported drug use in the past 30 days and 47% reported alcohol use in the past 30 days. In a separate analysis done of 14 year old clients, 25% reported drug use in the past 30 days, and 44% reported alcohol use in the past 30 days.

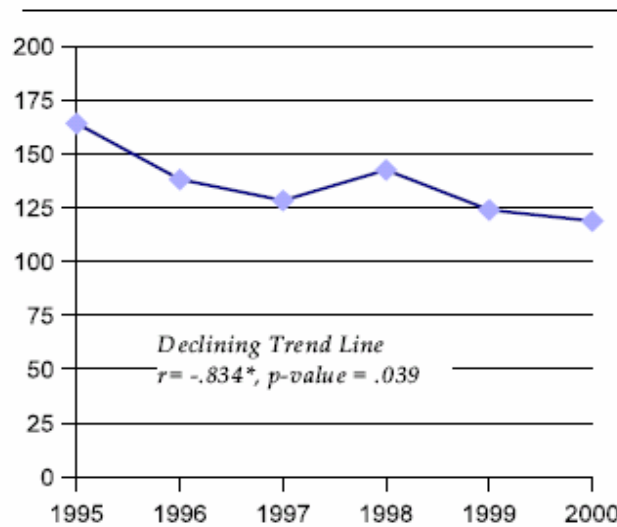
The following chart represents total alcohol-involved injuries and fatalities among drivers in Nevada County over six years. The rate has stayed fairly consistent over the years, even with population growth. Updated data is needed to give a clearer picture of the current trends. Overall for a rural county, Nevada is above average for Alcohol-related motor vehicle fatal and injury accidents at a rate of 128 per 1,000 drivers which is higher than the state average of 98 per 1,000.

**Table 1.9.1  
Alcohol-Involved Motor Vehicle Fatal and Injury Accidents and  
Rate per 100,000 Licensed Drivers**

|                  | 1995   | 1996   | 1997   | 1998   | 1999   | 2000   |
|------------------|--------|--------|--------|--------|--------|--------|
| Total Accidents  | 106    | 96     | 91     | 103    | 91     | 89     |
| Licensed Drivers | 64,600 | 69,500 | 70,900 | 72,300 | 73,462 | 74,887 |
| Rate per 100,000 | 164.1  | 138.1  | 128.3  | 142.5  | 123.9  | 118.8  |

**Exhibit 1.9  
Alcohol-Involved Accident Rate  
per 100,000 Licensed Drivers**

| Table 1.9.2<br>1998-2000 Comparisons<br>Three Year Average Rates |       |
|--|-------|
| Nevada   | 128.4 |
| California   | 98.1  |
| County Cluster<br>Rural "G"                                      | 158.8 |
| Statewide Ranking  | 32nd  |



(CARS Community Indicator Report, 2004)

Statistics from the California Office of Traffic Safety (OTS) indicate that Nevada County young people live in a culture where alcohol use and abuse is prevalent. Nevada County has an extremely high rate of alcohol related fatal and injury collisions. The OTS rankings from the year 2001 indicate that Nevada County ranks 10<sup>th</sup> in the State for HBD (had been drinking), Driver collisions 21-34 years of age, and 29<sup>th</sup> among drivers under the age of 21. Moreover, collision statistics from the California Highway Patrol (CHP) indicate that the number of collisions involving an HBD driver ages 16-21 has increased steadily in the past four years. Between the years 2001-2003, there was a 22% increase in collisions involving young HBD drivers. Another study showed that non-metropolitan 12th graders are more likely to report using alcohol while "driving around" than are metropolitan 12th graders, a situation that greatly increases the risks from alcohol consumption, especially when combined with high speeds on often poorly lit and poorly marked country roads.

When reviewing OTS data on alcohol injuries in Nevada County, (see chart below) this information further strengthens our recommendation that DUI's need to be reduced. The current data needs to be updated, but it is a good baseline for the current assessment.

**TABLE 5D PERSONS KILLED AND INJURED IN ALCOHOL INVOLVED COLLISIONS BY COUNTY 1997 - 2001**

| COUNTY | Y E A R |         |        |         |        |         |        |         |        |         |
|--------|---------|---------|--------|---------|--------|---------|--------|---------|--------|---------|
|        | 1997    |         | 1998   |         | 1999   |         | 2000   |         | 2001   |         |
|        | Killed  | Injured | Killed | Injured | Killed | Injured | Killed | Injured | Killed | Injured |
| Nevada | 9       | 125     | 3      | 159     | 7      | 136     | 3      | 138     | 4      | 155     |

(OTS, 2005)

DUI arrests reveal a break down on age categories for driving intoxicated. The largest population exists between the ages of 40-49, followed by 30-39. This is an area that needs further exploration, to see if the trend continues. This could be a link to the belief system or norm that our county holds, that drinking in public in excess is an acceptable practice (See below chart from SWITRS).

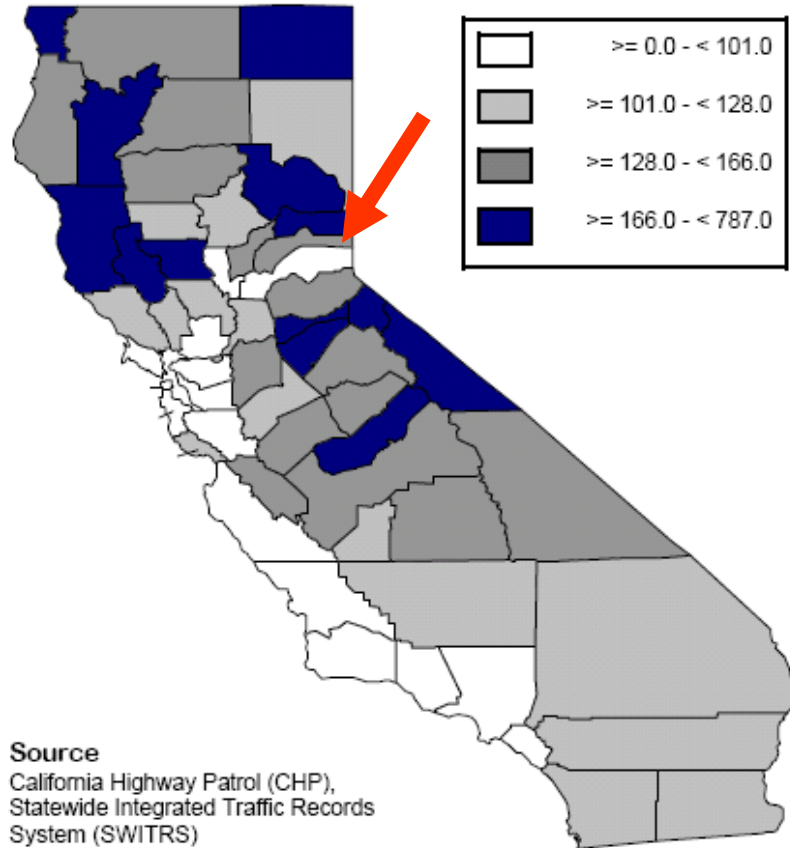
**ADULT ARRESTS REPORTED  
2005 AGE BY SPECIFIC OFFENSE  
NEVADA COUNTY**

| Offense           | Total | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25-29 | 30-39 | 40-49 | 50-59 | 60+ |
|-------------------|-------|----|----|----|----|----|----|----|-------|-------|-------|-------|-----|
| Drive U/Influence | 636   | 15 | 21 | 16 | 27 | 33 | 22 | 23 | 105   | 126   | 134   | 85    | 29  |

(CHP/SWITRS [http://stats.doj.ca.gov/cjsc\\_stats/prof05/29/19.htm](http://stats.doj.ca.gov/cjsc_stats/prof05/29/19.htm), 2007)

Many of the residents of Nevada County perceive binge drinking as a serious problem. In the last year the community has had a string of alcohol and drug related events that have brought a rude awareness of the problem that exists in our community. As the presiding Juvenile Court Judge, Honorable Judge Bryan stated in 1998, “The number of delinquency cases in the county has more than doubled in the last 10 years while the number of students in Nevada County has only grown by 26%.” The Coalition for a Drug-Free Nevada County has conducted a comprehensive community assessment of the community’s substance abuse problems and corresponding needs. This includes specific data and information identifying the youth drug problems in our community.

**Alcohol-Involved Motor Vehicle Accidents per 1,000 Drivers**  
*Community Domain*



Though the trend shows a decline, it is clear that Nevada has many people on the roads under the influence of alcohol compared to all counties. This may be explained because the county has little to no public transportation especially in the evening hours, and much of the population lives in unincorporated areas. DUI is an issue that needs to be addressed, because one person on the road under the influence impacts a larger number of persons. (Note: the data shown here needs to be updated to reflect the current year trends). Adult Arrests for DUI in Nevada County on the average is 2% higher at 10.9 per 1,000 people than the State average of 8.4 per 1,000.

Perception of Disapproval of Use by Parents

Based on the data available, one can make a strong inference that the perception of disapproval of use by parents is low. According to CORR, 80% of the youth enrolled in programs report a family history of substance abuse. In terms of youth access alcohol and drugs, 36% report they obtain alcohol in their homes, while 29% report obtaining marijuana at home. From the United Way Community Assessment, 35.7% of Nevada County residents use alcohol or drugs *daily*. While this does not suggest that over a third of the population abuses alcohol/drugs, a strong case can be made that the acceptance of use is pervasive, creating a permissive environment. Coupled with the age of first onset data (13 and under), and where youth have access to alcohol and drugs, usage in the home and generalized isolation are

primary factors in youth substance usage. Anecdotally, many parents report that they would rather their kids use alcohol/drugs in their home versus outside the home.

Problem Statements

- 1) Binge drinking among youth in Nevada county is alarming and results in major health and safety problems.
- 2) DUI rates in Nevada county are higher than the California average and costs in terms of lives lost and injuries.

**7. Marijuana Data**

Nevada County reported 4,190 marijuana plants seized. (Note: This number is believed to be relatively low to the actual growing that happens in the county). This may be due to the lack of law enforcement funding provided to the county to initiate the drug seizures. (Campaign Against Marijuana Planting Statistics, 2006).

From the California Healthy Kids Survey Data for years 2005-2006 below, both alcohol and marijuana use in the last 30 days increases according to the grade.

*Any Current AOD Use, Past 30 Days*

|                                      | Grade 7 | % | Grade 9 | % | Grade 11 | % | Non Tradition | % |
|--------------------------------------|---------|---|---------|---|----------|---|---------------|---|
| None                                 | 90      |   | 73      |   | 60       |   | 14            |   |
| Any AOD Use                          | 10      |   | 27      |   | 40       |   | 86            |   |
| Alcohol (at least one drink)         | 9       |   | 24      |   | 37       |   | 71            |   |
| Marijuana                            | 4       |   | 11      |   | 19       |   | 69            |   |
| Inhalants                            | 1       |   | 3       |   | 2        |   | 12            |   |
| Cocaine                              | na      |   | 1       |   | 2        |   | 15            |   |
| Methamphetamines or any amphetamines | na      |   | 1       |   | 2        |   | 14            |   |
| LSD or other psychedelics            | na      |   | 2       |   | 3        |   | 16            |   |

Question HS A.41, 43-47/MS A.35, 37-38: During the past 30 days, on how many days did you use...?  
na=not asked of middle school students

**During the past 30 days, on how many days did you use?**

|                         | 7 <sup>th</sup> | 9 <sup>th</sup> | 11 <sup>th</sup> | Non Tradition | % |
|-------------------------|-----------------|-----------------|------------------|---------------|---|
| <b>Marijuana</b>        |                 |                 |                  |               |   |
| None                    | 96              | 89              | 81               | 31            |   |
| 1 or 2 days             | 2               | 4               | 7                | 9             |   |
| 3 to 9 days             | 2               | 3               | 4                | 15            |   |
| 10 to 19 days           | 1               | 2               | 4                | 8             |   |
| 20 or more days (daily) | 0               | 2               | 4                | 37            |   |

Question HS A.41, 43/MS A.35, 37: During the past 30 days, on how many days did you use...?

When studying marijuana usage among youth, there is very significant increase the number of youth using at the Alternative High School sites. Sixty-nine per cent (69%) say they have used in the past 30 days. These numbers are not exaggerated. As the prevention coordinator I have been involved in implementing drug awareness curriculums to these students. Many of the students have been transferred from the traditional high schools for various behavioral issues, truancy, lack of credits, etc.

California Arrests Data, California Department of Justice, 2005

Total misdemeanor adult arrest for Marijuana = 337 a 30% increase from 2005 data.  
 Narcotics for Juvenile felony arrest = 28 in 2005, a 35% increase from 2004 data.

**ADULT ARRESTS REPORTED  
 2005 AGE BY SPECIFIC OFFENSE  
 NEVADA COUNTY)**

| OFFENSE                 | TOTAL      | 18       | 19       | 20       | 21       | 22       | 23       | 24       | 25-29     | 30-39     | 40-49     | 50-59     | 60+      |
|-------------------------|------------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|----------|
| <b>Narcotics</b>        | <b>37</b>  | <b>1</b> | <b>4</b> | <b>1</b> | <b>2</b> | <b>5</b> | <b>1</b> | <b>3</b> | <b>4</b>  | <b>10</b> | <b>5</b>  | <b>1</b>  | <b>0</b> |
| <b>Marijuana</b>        | <b>25</b>  | <b>2</b> | <b>2</b> | <b>2</b> | <b>1</b> | <b>0</b> | <b>3</b> | <b>3</b> | <b>3</b>  | <b>5</b>  | <b>1</b>  | <b>2</b>  |          |
| <b>Danger<br/>Drugs</b> | <b>142</b> | <b>1</b> | <b>7</b> | <b>2</b> | <b>9</b> | <b>3</b> | <b>6</b> | <b>9</b> | <b>18</b> | <b>32</b> | <b>41</b> | <b>14</b> | <b>0</b> |

(DOJ, 2005)

Adult arrests show an interesting trend with narcotics ages 30-39 (highest 10). A similar trend exists for marijuana for the same age (highest 5). Elevated numbers for danger drugs exist for ages 40-49. For marijuana this is the least amount of arrests compared to all drugs. The age span of marijuana compared to the other drugs is fairly even across the board. This shows that there is a definite culture around the acceptance of this drug.

Problem Statement

Data on marijuana problems and the extent/perception of the issue is not clearly defined.

**8. Methamphetamine Data**

The Nevada County Proposition 36 program includes drug offender participants mandated by the courts to attend drug treatment for a certain period of time. This is a program developed by the state to give treatment instead of incarceration to drug offenders. Almost 30% of individuals participating in the program began their drug use between the ages of 15 and 17. Approximately 14% of participants began their drug use at the age of 13-14, and 10% of participants began their drug use between the ages of 18 and 20. Regardless of what was their original drug of choice, 62% of participants, list their current drug of choice as Methamphetamine.

Finally, in Nevada County’s Adult Drug Court, 81% of participants are in the program, at least in part, due to Methamphetamine use. Approximately 85% of this group has been using Meth for at least five years. In April 2005, the Nevada County Grand Jury proclaimed that the manufacture and use of methamphetamine had risen to epidemic proportions in this county. This declaration had come after increasing notoriety of arrests, and community tragedies including a beloved young husband and father was killed in a head-on collision while he operated his UPS route. The other driver was in a meth-induced psychosis, and the increasing burden on local law enforcement and courts had reached critical mass. The District Attorney reported that over 70% of his caseload was drug-related, and 85% of the inmates at the Wayne Brown Correctional Facility were incarcerated based on convictions for drug-related offenses.

Nevada County Sheriff Royal estimates that 70-80% of incarcerations stem from crimes related to substance abuse, including burglaries, homicides, domestic violence and drug busts. Yet, our resources to address this problem are dwindling. In 2004, the Sheriff’s department lost \$500,000 in funding due to the state budget crisis.

**Meth Arrest by Violation Code**

| Description                              | 2002 | 2003 | 2004 | 2005 | 2006 |
|--|------|------|------|------|------|
| Possession of paraphernalia              | 167  | 221  | 222  | 237  | 253  |
| Maintaining a residence for sale of meth | 8    | 4    | 13   | 5    | 4    |
| Possession of meth                       | 203  | 263  | 263  | 326  | 281  |
| Possession of meth for sale              | 49   | 68   | 66   | 52   | 46   |
| Transportation of meth for sale          | 46   | 0    | 0    | 0    | 0    |
| Under the influence of meth              | 130  | 145  | 239  | 292  | 331  |
| Registered as convicted narcotics user   | 0    | 1    | 0    | 1    | 2    |
| Possession of syringe                    | 84   | 91   | 87   | 68   | 56   |
| Total                                    | 687  | 793  | 890  | 981  |      |

(Nevada County Sheriff, 2006)

Nevada County Drug Crime Statistics,  
Nevada Sheriff’s Department

|   | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|------|------|------|------|------|
| Meth Lab Seizures   | 4    | 15   | 11   | 9    | 0    |
| Combined Felony and Misdemeanor Drug Offenses (possession, selling, etc.) by adults and juveniles | 309  | 468  | 642  | 750  | 309  |
| Number of persons under the influence of a controlled substance at time of incarceration          | n/a  | 81   | 128  | 154  | 55   |

Due largely to the efforts of the Nevada County Sheriff and the Drug Enforcement Squad, no large production facilities of meth have been found in Nevada County for a number of years. Large labs are reported concentrated in the Central Valley counties. The Nevada County Sheriff has closed and arrested operators of small “box” labs that produce small amounts of meth, which are often operated by users for their own addiction with small sales to support their illness. The California Healthy Kids Survey demonstrates meth use among youth in 11<sup>th</sup> grade and it is significantly higher at the Non Tradition site at 14%.

*Any Current AOD Use, Past 30 Days*

|                                      | Grade 7 | % | Grade 9 | % | Grade 11 | % | Non Tradition | % |
|--------------------------------------|---------|---|---------|---|----------|---|---------------|---|
| None                                 | 90      |   | 73      |   | 60       |   | 14            |   |
| Any AOD Use                          | 10      |   | 27      |   | 40       |   | 86            |   |
| Alcohol (at least one drink)         | 9       |   | 24      |   | 37       |   | 71            |   |
| Marijuana                            | 4       |   | 11      |   | 19       |   | 69            |   |
| Inhalants                            | 1       |   | 3       |   | 2        |   | 12            |   |
| Cocaine                              | na      |   | 1       |   | 2        |   | 15            |   |
| Methamphetamines or any amphetamines | na      |   | 1       |   | 2        |   | 14            |   |
| LSD or other psychedelics            | na      |   | 2       |   | 3        |   | 16            |   |

Question HS A.41, 43-47/MS A.35, 37-38: During the past 30 days, on how many days did you use...?  
na=not asked of middle school students

Problem Statement

Meth manufacture and associated paraphernalia in the county is a concern that needs further exploration and coordination.

AOD Prevention Services

Nevada County has an impressive number of prevention, suppression and early intervention programs that attempt to reach at-risk youth at numerous agency settings and at various developmental stages in their life (see chart below). Although the vast array of services seems impressive for a rural community, finite revenue to operate such services leaves many of these prevention programs short of their target and level of services to have an impact upon the clients they serve. There are many young people that never receive services due to not being detected as high-risk, or family members not being aware of their alcohol and other drug use.

| Agency/Program Site                      | Prevention Program                                   | Center for Substance Abuse Prevention Strategy | Target Population |
|--|--|--|-------------------|
| Countywide                               |  |  |                   |
| California Highway Patrol                | Every15 Minutes                                      | Education                                      | Youth 14-18       |
|  | DARE   | Education                                      | Youth 6-12        |
| Community Recovery Resources (CORR)      | Making Sensible Choices                              | Education                                      | 11-18yrs          |
|  | Parent Project                                       | Education                                      | 11-17yrs.         |
|  | Loving Solutions                                     | Education                                      | 5-10yrs           |
|  | Anger Management                                     | Education                                      | 11-18yrs.         |
| Probation                                | Drug Court   |  |                   |
|  | Parent Project                                       | Education                                      |                   |
| Friday Night Live Partnership (FNL)      | Friday Night Live                                    | Alternatives                                   | Youth 14- 25      |
|  | Friday Night Live Mentoring Alternatives Youth 12-18 |  |                   |
|  | Club Live  | Alternatives                                   | Youth 10-13       |
| Youth United                             | 40-Assets  | Community- Based                               | Youth 11-18       |
| Big Brothers Big Sisters                 | Mentoring  | Alternatives                                   | All               |
| First 5                                  | Parent Project                                       | Education                                      | All               |
| Friendship Club                          | Mentoring  | Alternatives                                   | 11-18yr.(Girls)   |
| Youth Can Do                             | Service Projects                                     | Community-Based                                | 10-18yrs.         |
|  |  |  |                   |
| <b>Schools</b>                           |  |  |                   |
| Nevada Joint Union High School District: | Toward No Drugs                                      | Education                                      | 14-18yrs.         |
|  | Teens on Target                                      | Education                                      | 14-18yrs.         |
|  | Y.O.U.T.H Coalition                                  | Advocacy                                       | 14-18 yrs.        |
|  | Peer Educators                                       | Education                                      | 11-18yrs.         |
|  | Link Leaders   | Alternatives                                   | 14-18 yrs.        |
|  | 40-Assets  | Alternatives                                   | 14-18yrs.         |
|  | PALS   | Alternatives                                   |                   |
| Union Hill                               | Life Skills  | Education                                      | 6-13 yrs.         |
|  | Club Live  | Alternatives                                   | 11-13yrs.         |
|  | Anti-Bullying  | Education                                      | 5-13yrs.          |
| Seven Hills                              | Peer Educators                                       | Education                                      | 11-14yrs.         |
| Ready Springs                            | Life Skills  | Education                                      | 6-13yrs.          |
|  | Club Live  | Alternatives                                   | 11-13yrs.         |
| Magnolia                                 | Anti-Bullying  | Education                                      | 11-13yrs.         |
|  | 40-Assests   | Alternatives                                   | 11-13yrs          |
| Lyman Gilmore                            | Project Alert  | Education                                      | 11-13yrs.         |
|  | Baby Think it Over                                   | Education                                      | 11-13yrs          |
|  | Friendship Club                                      | Community-Based                                | 11-13yrs.         |
|  | Club Live  | Alternatives                                   | 11-13yrs.         |
| Deer Creek Elementary                    | PALS   | Alternatives                                   | 7-10 yrs.         |

## **Step 2- Capacity Building**

### County Capacity

Our county capacity is strong in youth advocacy that will transition into environmental strategies. Also, given our four grants that we have, Nevada's AOD resources are strong for a small county. This provides an opportunity to strengthen and enhance our current prevention system.

### Community Capacity

Nevada County has three public high schools, seven alternative or charter high schools, and a junior college campus. Nevada County Friday Night Live (FNL) has been in existence for twenty-two years and has an established network of administrators, teachers, advisors, and youth volunteers on campuses as well as on six middle school campuses. Through FNL, Club Live, and FNL Mentoring activities, this network has a proven track record for successful recruitment of high school youth to participate in community programs.

Nonprofit participation is a strength that will enable us to address AOD prevention among youth. Over the past two years numerous community groups, local organizations, and local government agencies have developed and organized efforts to stem the tide of the negative effects that alcohol and other drug problems has had upon our community. However, while well intentioned, the efforts are fragmented and have lacked sustainability. Thus, the individual impact of these efforts has been relatively minor. The formation of the Coalition for a Drug-Free Nevada County has never been more timely. With the ability to access meaningful data (e.g. California Healthy Kids Survey), and the prospect of federal funding to fuel its initial efforts, there is a renewed energy, and a new hope among Coalition members. While some of the root causes and risk factors of substance abuse among youth has been gleaned during this initial assessment, the prospect of truly un-hinging the causes of chemical dependency seem within our reach. Also giving rise to hope is the active and enthusiastic participation of leaders who hold positions of influence within the community. Each of the 12 sectors counts persons of influence, in addition to motivated and interested citizens, as vital members of their group. With over 70 people as current members of the Coalition, there is a willingness to roll up sleeves and take action.

The Substance Abuse Advisory Board, (SAAB) has three subcommittees that were formed to study and make recommendations on education, treatment and enforcement. The Enforcement Committee consists of four members. Each member represents an important discipline of the Justice System as it relates to controlled substances. The member representatives are: Judge John Darlington (Courts); Michael Ferguson (District Attorney); Ron Smith (Nevada County Sheriff) and Richard Wilcox (Asst. Public Defender). The Education subcommittee consists of Philip Lester (Community Member), Karen DiPillo (High School Teacher) and Dena Valin (Ex. Director Big Brothers & Big Sisters). The Treatment subcommittee is Cheryl Montague (Director Public Nursing), Bill Schultz (Treatment Counselor), Joyce Peterman (Director, Manzanita House). Bob Gillaspie (Program Manager for AOD) acts as the Board Chair and Nate Beason is the Board of Supervisor.

As a Board of Supervisors-established and appointed Advisory Board, the SAAB is tasked with reviewing and evaluating the county's substance abuse needs, services, facilities, special problems; and advising the Board of Supervisors and the County Executive Officer as to any aspect of the issue of substance abuse in Nevada County. The SAAB consists of county staff members from the Behavioral Health Department, courts, and law enforcement; citizens from the community with backgrounds in education, senior programs, and substance abuse programs and services; and someone who has been a consumer of these programs.

Current Community Partnerships

- Big Brothers, Big Sisters
- Campus life faith-based groups,
- Center of the Arts
- Coalition for a Drug-Free Nevada County
- Community Recovery Resources (CORR)
- Davis Medical Group.
- Domestic Violence and Sexual Assault Coalition
- Families First Commission
- Families First Nevada County Children
- Family Connections Collaborative
- Friendship Club, Grass Valley
- Gilmore After School Program (GASP)
- Grass Valley and Nevada City Parks and Recreation District
- *KVMR/Star94.1/ KNCO* local radio stations.
- Manzanita Family Center
- Mercy Medical Hospital
- *N.C.T.V.(Local broadcasting station)*
- Nevada County Behavioral Health
- Nevada County Community Health Department
- Nevada County Friday Night Live (FNL) Partnership
- Nevada County Superintendent of Schools
- Nevada Foster Youth Services,
- Nevada Joint Union High School
- PAL Program, Nevada City School District
- Parent Task Force
- Pleasant Ridge School District
- Pleasant Valley School District
- Probation Department
- School Resource Officers
- Sierra Nevada Children Services,
- Substance Abuse Advisory Board (SAAB)
- Teen Center Advisory Board
- *The Union*, Newspaper
- Truckee Police Department
- Union Hill School District
- United Way
- YEP (Youth Educator Program)
- Youth camps
- Youth Can Do

Truckee Partnerships

- Boys and Girls Club
- Mountain Prevention Coalition
- Nevada and Placer County Health Departments
- Placer County Sheriff Department

- Tahoe Truckee Service Learning Partnership
- Tahoe Women's Services
- Tahoe/Truckee Unified School District
- Truckee Police Department
- Wellspring Counseling

Community organizations are carefully selected to ensure that non-traditional groups are represented. Many of the current community partnerships have been ongoing for years, many linked through other grant projects, and mutual target goals for the community.

Nevada County FNL Partnership has worked closely and collaboratively with the schools since it was founded in 1984. Over the years we have built prevention chapters in many of the middle and high schools. This includes an alternative education site that serves pregnant teens and teen parents. The mission of Nevada County FNL is to “build partnerships for positive youth development by engaging young people as active leaders and resources in their communities,” and promote healthy lifestyles. Nevada County FNL has also had an active Youth Council for over 10 years. The current Youth Council consists of eight high school youth ages 15-18. Youth represent different high schools and geographical areas in the county. Once a month the young people meet and work on environmental issues they would like to improve in their community. In 2006 the group has focused on implementing positive alternative activities in the community and providing educational awareness around the dangers of alcohol consumption and the devastating consequences that can occur. The Youth Council designed a workshop for a statewide teen leadership conference, “TeenWork.” The focus of the workshop was to educate fellow young people about alcohol advertisements and how they target youth to become consumers. It was designed to promote advocacy around reducing media targeting youth, and to draw awareness to all the innocent victims that have lost their lives due to excessive alcohol consumption and irresponsible drinking. Another project that took place at the local level was the implementation of Casey’s Pledge (Reducing Alcohol and Its Problems on Campus and In the Community) at Bear River High School, prior to the Senior Prom and Senior Graduation. The Probation Department works in collaboration with the schools, focusing on truancy and behavioral issues. The Center for the Arts will continue to provide facilities for the use of current and future youth events and projects. The Center is very interested in pursuing programs that meet the needs of our youth.

### **Step 3- Planning Process**

The development of a comprehensive AOD Strategic Plan must be based on a strong understanding of the social, theoretical and regulatory issues appropriate to the communities being served. Because alcohol and other drug problems permeate the entire community environment, solutions to these issues must be addressed within the broader social contexts. Health, education, family and other social services, law enforcement, and community groups must be involved in determining and implementing potential solutions. Broad-based, multi-tiered responses and approaches need to be considered in the development and refinement of the plan. Recommended strategies include a mix of environmental and individual interventions consistent with research findings concerning their effectiveness in reducing specific AOD problems within specified at-risk populations.

The plan is consistent with guidelines and reporting requirements for the federal Substance Abuse Prevention and Treatment (SAPT) block grant funds, and for requirements to report prevention activities to the ADP. Pursuant to federal guidelines, NCAOD, our local coalition, is required to provide data that complies with the National Outcome Measures (NOM’s) developed by SAMHSA for monitoring outcome status.

Problem #1:

County Capacity is limited due to Nevada County’s current alcohol and drug (AOD) prevention system design and results in reduced infrastructure for the Strategic Prevention Framework (SPF) and Environmental Strategies.

| GOAL<br>(or Aim)   | OBJECTIVES   | RESOURCES   | STRATEGIES<br>(What methods will we use?)   | EXPECTED OUTCOMES<br>(What do we think will happen as a result of our efforts?)  |  |  | INDICATORS/<br>TOOLS<br>(Specifically, how will we know what happened?)  |
|--|--|---|---|--|--|--|--|
|  |  |   |   | SHORT TERM   | INTER-MEDIATE  | LONG TERM  |  |
| Increase coordination of AOD providers who are engaged in county prevention work | 1. Hire 2 FNL staff for Meth and Mentoring Grant to oversee recruitment high school and college youth etc. by 8/15/07.   | Prevention Coordinator (PC) Manager; Human Resources Department, FNL staff, Coalition Members Youth   | Job announcement flyer and job description, word of mouth and email; post on countywide website | Increase capacity for work scope due to staff hours and full-time equivalent (FTE).  | Increase prevention resource                         | No Gaps in Services or grant deliverables stronger prevention system               | Staff understanding of prevention; employee reviews (review forms and list of job description duties for Environmental Prevention) |
|  | 2. Oversee and coordinate at least one (1) basic prevention training, including prevention terminology, of county staff, partners, FNL /CL Advisors, and youth by 9/1/07 | PC, Environmental prevention (EP) and Strategic Prevention Framework training, Center for Applied Research Solutions, (CARS); Other county host, PowerPoint and materials | Interactive training with discussions, readings/issue briefings                                 | Basic skill gain of staff, coalition members and providers/partners in EP; change in readiness to engage in prevention work. | Increase opportunity for skill transfer to community | Appropriate staff for EP; ability to successfully do work and train other partners | Training feedback from evaluations; staff performance; advancement of goals  |

|  |  |   |   |   |  |   |   |
|--|--|---|---|---|--|---|---|
|  | 3. Plan and coordinate one (1) Staff and provider/coalition training, on SPF Environmental Prevention, Community Organizing, Media Advocacy, Law Enforcement, Policy, and Applied Data and Research by 9/30/07 | CARS/CPI  | Presentations with community-based training on SPF, Case Studies with small county examples   | Introductory skills in EP gained by partners and staff                          | Increased capacity of partners to do work                    | Increased readiness of partners for policy and other change             | (Readiness for prevention and Coalition capacity (Surveys, evaluations)   |
|  | 4. Strengthen youth component by providing two (2) trainings for providers and staff on how to work with youth and integrate developmental assets by 11/30/07.   | PC, Friday Night Live, Youth Leadership (FNL) Institute (YLI)                                       | Design training to address topics such as Youth as Equal Partners, Youth Advocacy, Developmental Assets that are EP compatible (cultural competency: youth subculture, empowerment, adult relationships, service to others, etc.) | Increase in skills to work effectively with youth                               | Increased value for youth advocacy                           | Youth as equal partners and advocates                                   | Youth participation (California Friday Night Live Partnership Youth Development Outcomes Assessment or build a similar tool using tool) |
|  | 5. By 8/30/07, integrate Meth prevention into county system via one (1) FNL grant  | Prevention Coordinator, Administrator, County CEO, Executives; PowerPoint presentation and handouts | Create and implement an overview presentation to Board of Supervisors (BOS) of this and other AOD prevention projects   | Increased awareness of AOD issues among BOS, strategic plan and projects funded | Support/interest for Environmental Strategies and prevention | Support for future policy change  | Verbal understanding of Supervisors, Documents in minutes   |
|  | 6. By 8/30/07, plan and designate funds to join at least one (1) prevention organization (CPC, Cal Council etc.) and attend related conferences/events by those groups and Alcohol Policy 14.                  | Prevention Coordinator (PC)   | Gain needed prevention resources and skills; network with other preventionists in the State and Nation  | Information gain from workshops, forums and networking with colleagues          | Transfer of information to providers                         | Current evidenced-based practices integrated into county as appropriate | Prevention learnings (conference and meeting evaluations)   |

|  |   |  |  |   |  |   |  |
|--|---|--|--|---|--|---|--|
|  | <p>7. By 7/30/07 sign up for alerts from at least two (2) organizations such as Community Anti Drug Coalitions of America (CADCA) legislative alerts, list-serve on Marijuana and other AOD email information such as Marin Institute and Institute for Public Strategies announcements</p> | <p>PC, staff, computer and Internet access, staff time</p> | <p>Sign-up for prevention email list-serves; share resource with other staff and Coalition</p> | <p>Increased resources and information to County staff and partners</p>                                   | <p>Increased awareness of other AOD issues, data, media etc.</p> | <p>Opportunities for expansion of AOD work via grant funds, etc.</p>                                  | <p>Increase in staff performance in prevention with information gained (track issues)</p>                |
|  | <p>8. By 10/15/07, attend one (1) regional networking with other counties</p>   | <p>PC, staff, local county host, CARS/CPI</p>              | <p>Resource and strategy sharing on AOD prevention</p>   | <p>Gain information on problems and regional activities/strategies and other nearby small county work</p> | <p>leveraged resources</p>                                       | <p>Opportunity for regional strategies with law enforcement and data sharing; grant opportunities</p> | <p>Staff skill increase in prevention (skill inventory and TA need form; list of like county issues)</p> |
|  | <p>9. By 7/1/08, Increase AOD evaluation to address county outcomes by designing one (1) an evaluation plan</p>   | <p>PC, CARS/CPI, evaluator</p>                             | <p>Training and TA on Evaluation from CARS, CalOMS, grants, YLI assistance</p>                 | <p>Knowledge on evaluation and measurement</p>  | <p>Appropriate AOD tools, measures, indicators identified</p>    | <p>Design and implementation of evaluation plan</p>   | <p>Measurement of indicators at midpoints, final evaluation</p>  |

Problem #2

Binge drinking among youth in Nevada County is alarming and results in major health and safety problems.

| GOAL<br>(or Aim)   | OBJECTIVES   | RESOURCE<br>S   | STRATEGIES<br>(What methods<br>will we use?)   | EXPECTED OUTCOMES<br>(What do we think will happen as a result of our efforts?)   |   |   | MEASUREMEN<br>T<br>INDICATORS/<br>TOOLS<br>(Specifically, how<br>will we know<br>what happened?)            |
|--|--|---|--|---|---|---|---|
|  |  |   |  | SHORT TERM  | INTER-<br>MEDIATE   | LONG<br>TERM  |   |
| Reduce alcohol-related problems including binge drinking associated with social access to alcohol outdoors and indoors | 1) By 8/30/07 modify the scope of work funded by SAMSHA to focus on binge drinking and social access using environmental strategies  | Prevention Coordinator<br>SAMHSA funded Coalition for a drug-free Nevada County; SAMHSA Public Health Advisors model ordinance on Social Host | Conference call with Coalition staff, County staff to discuss EP; funder; establish social host liability draft and final ordinance in city and/or county          | Increase coordination of county system; Increased community awareness about laws pertaining to adult provision of alcohol | Leveraging Resources; appropriate use of prevention dollars for community change                  | Decreased rates of underage alcohol use; lower youth access       | Youth alcohol use in past 30 days; binge drinking (CHKS); one-on-one interviews with youth (interview form) |
|  | 2) By 12/30/07 Provide one (1) policy research and data, training to staff and providers.<br><br>Provide policy support and at least ten (10) TA units (defined as one hour each including preparation, TA and follow-up) on social host options to hold adults responsible for alcohol provisions/parties in homes. Trg and TA ongoing as needed until 6/30/12. | Prevention coordinator, CARS  | Update local data with one (5-10) one-on-one interviews on drinking locations/access to alcohol; Access policies on Social Host or Summary of Effective ordinances | Policy matrix; study model policy with options; training agenda and handouts TA needs identified                          | Transfer of skills via training and TA; documentation of events with agendas and summaries/notes. | Increased readiness of providers to engage in alcohol policy work | Staff skill increase (surveys and evaluations using job descriptions)                                       |

|  |   |  |   |  |   |  |  |
|--|---|--|---|--|---|--|--|
|  | 3) By 2/15/09 and on-going, Provide at least five (5) information updates for County support to Board of Supervisors for policy change.   | PC, staff  | Prepare summaries, fact sheets and issue briefings as needed  | Increased awareness and understanding of EP among elected/appointed officials  | Policy support for change   | Advocates for AOD prevention and supporters  | Minutes from meetings/video documentation if available   |
|  | 4) By 10/30/07 Increase adult awareness of the nature and extent of youth alcohol use and associated risks by planning and implementing one (1) year-long binge drinking media campaign of monthly input. Continue campaign until 2012 as needed. | PC, Partners   | Media Advocacy Training and TA; Use of Media Advocacy (Landscape Media); timeline with events including up to 5 press events, at least 3 opinion pieces, at least 12 letters to editor, at least 1 radio talk show, at least 1 TV show coverage, and at least 1 editorial board meeting | Increased community dialogue on issue of teen drinking; media input and output | Journalist understanding of issue; community information on the problem and solution                | Decreased numbers of teen parties where alcohol is served  | Measure of policy goals in media, measurement of media output aired/published (checklist for evaluation criteria based on press release content)         |
|  | 5) By 11/30/07 and until 6/30/12 work with law enforcement to access current data and address data and policy needs for addressing underage binge drinking.   | PC/Partners, law enforcement officials and staff; TA from CARS/CPI | Meetings, trainings on enforcement strategies such as shoulder tap operations, decoy operations and grants from Alcoholic Beverage Control (ABC)  | Support and interest for policy goals and projects                             | Established protocols at local police departments for party dispersal; support for policy ordinance | Decreased police calls for service for large teen parties<br><br>Decreased youth alcohol-related problems<br><br>Decreased numbers of "minors in possession" citations | Youth binge-drinking in past 30 days (CHKS)<br><br>Youth drinking and driving (CHKS)<br><br>Youth DUI Arrests (CDOJ)<br><br>Liquor law violations (CDOJ) |
|  | 6) By 6/30/12 support one (1) policy proposal to an elected governing body that addresses youth social access to alcohol  | PC, staff,Partners   | A large base of community organizing, developing a case for public policy; elected body agenda; presentation, etc.  | Introduction of ordinance; city attorney review; community support             | Passage of law and implementation of policy; enforcement/cost recovery by local police              | Lower calls for service for parties and reported reductions in youth drinking  | Binge drinking (CHKS; one-on-one surveys with youth).  |

Problem #3

DUI among adults poses a health and safety concern related to the community according to current data.

| GOAL<br>(or Aim)                         | OBJECTIVES<br>(What do we have to help meet our goal?)   | RESOURCES                                    | STRATEGIES<br>(What methods will we use?)  | EXPECTED OUTCOMES/OBJECTIVES<br>(What do we think will happen as a result of our efforts?)                           |  |   | MEASUREMENT INDICATORS/<br>TOOLS<br>(Specifically, how will we know what happened?)   |
|--|--|--|--|--|--|---|---|
|  |  |  |  | SHORT TERM   | INTER-MEDIATE  | LONG TERM   |   |
| Reduce DUI among adults in the community | 1) By 10/30/07 update current data on DUI with at least three (3) sources.   | PC, SWITRS, CHP, local Sheriff and/or Police | Email requests to CHP, SWITRS; review data on-line and download, review; Key Informant Interview (KII) with local police to further define problem | Increased clarity on problem and solution; update strategic plan   | Gain data access, information, support and interest in Environmental Prevention; collaboration | Law Enforcement as partners; ability to track data  | Traffic injuries and deaths from DUI, sobriety checkpoint data/arrest data; readiness of law enforcement to engage in environmental prevention (SWITRS reports, interview tool) |
|  | 2) By 10/30/07, increase data sets on DUI by launch a system to design one (1) survey tool and collect Place of Last Drink Data (POLD)                 | PC, CORR, analyst and or evaluator           | Integrating instrument and procedure into existing DUI school intake process; input data and run analysis  | Survey tool, Place of last drink information on location, data on event/bar, etc. Blood Alcohol Concentration levels | Survey data from attendees, charts and graphs and location information                         | Track DUI's and dangerous practices such as over pouring, etc. from bars or other locations; Reduced problems | Injuries/fatalities/ BAC levels from Law Enforcement  |
|  | 3) By 2/15/08 support a partner launch of a campaign to address DUI and Responsible Beverage Services and Sales (RBSS) issues until 6/30/12 or beyond. | PC, CORR, analyst and or evaluator           | Review Model RBSS policy for integration; partners would propose policy and generate community support from group presentations; media             | Policy matrix and sample model policy<br><br>DUI baseline definition   | Community Mobilization around DUI issues; partner engagement in environmental prevention       | Mandatory training for on-sale and off-sale outlets; special events, etc.                                     | Place of last drink BAC from POLD   |

|  |   |                                      |   |  |  |                                       |               |
|--|---|--------------------------------------|---|--|--|---------------------------------------|---------------|
|  | 4) By July 1, 2012, reduce alcohol-related accidents/fatalities from baseline (TBA) by 10%. | PC, Coalition, CORR<br>Coalition, PC | RBSS Policy<br>Sobriety Checkpoints<br>Media advocacy |  | DUI percentage to be reduced; project implementation on strategies | Reduction in accidents and fatalities | Same as above |
|--|---|--------------------------------------|---|--|--|---------------------------------------|---------------|

Problem #4

Data on marijuana and the extent/perception of the issue is not clearly defined.

| GOAL<br>(or Aim)   | OBJECTIVES<br>(What do we have to help meet our goal?)   | RESOURCES                    | STRATEGIES<br>(What methods will we use?)  | EXPECTED OUTCOMES/OBJECTIVES<br>(What do we think will happen as a result of our efforts?) |                             |  | MEASUREMENT INDICATORS/<br>TOOLS<br>(Specifically, how will we know what happened?) |
|--|--|------------------------------|--|--|-----------------------------|--|---|
|  |  |                              |  | SHORT TERM   | INTER-MEDIATE               | LONG TERM  |   |
| Increase definition of marijuana problem in community using current local data | 1) By July 30, 2008, conduct a Community Readiness Assessment of Marijuana Capacity                      | PC, Readiness Tool           | Media search of the issue and how it is viewed in the public; readiness to assess community stance | Information gained   | Clear focus for future work | Addressing difficult issue for drug control and policy | Number on readiness scale (readiness tool)  |
|  | 2) By August 30, 2008 request needed law enforcement, data on marijuana plants, arrests, citations, etc. | PC, Law Enforcement partners | Request data in writing; meeting with law enforcement officials                                    | Statistics on problem; law enforcement views   | Summary of the problem      | Strategy to address marijuana                          | Meeting notes and future strategic direction  |
|  | 3) By June 30, 2012 monitor community readiness on Marijuana and develop future goals, if appropriate.   | PC, others TBA               | Monitoring of issue in media; integrate in future strategic plan                                   | Monitoring of issue  | Continued tracking          | Clear position and direction on marijuana              | Strategy  |

Problem # 5

Meth manufacture, associated paraphernalia in the county is a concern that needs further exploration and coordination.

| GOAL<br>(or Aim)   | OBJECTIVES  | RESOURCES  | STRATEGIES<br>(What methods<br>will we use?)  | EXPECTED OUTCOMES/OBJECTIVES<br>(What do we think will happen as a result of our<br>efforts?) |   |   | MEASUREMENT<br>INDICATORS/<br>TOOL<br>(Specifically, how<br>will we know what<br>happened?)  |
|--|---|--|---|---|---|---|--|
|  |   | (What do we<br>have to help<br>meet our<br>goal?)          |   | SHORT<br>TERM   | INTER-<br>MEDIA<br>TE   | LONG<br>TERM  |  |
| Reduce meth and associated product availability using Environmental Strategies | 1) Create one (1) draft Report Card of compiled information by 12/30/07 and update and release as necessary at least yearly until 6/30/12 | PC; law enforcement; Meth grant from FNL                   | Working in collaboration with the Nevada County FNL Meth Grant staff and youth, collect updated data            | List of indicators; increased law enforcement relationships                                   | Strategies will begin to emerge that can be supported with data, and media advocacy work will begin | Ability to track data; Decrease in amount of meth users and possibly meth labs          | Review of drafts; law enforcement participation; grant progress (sample report card tool from San Diego Meth Strike Force)   |
|  | 2) Design and implement one (1) meth forum with media and data in 1/30/09   | PC, law enforcement partners, CARS, FNL grant; Coalition   | Create agenda, Request speakers from law enforcement and create a list, youth, treatment presentation as needed | Community understanding of issue; policy solutions and plans for sustainability of meth work  | Community support for meth policy goals; understanding by elected officials                         | Support for policy change among elected officials                                       | Votes to support proposed ordinances and/or regulations (meeting voting records)   |
|  | 3) Support the drafting and proposing of one (1) future meth policy by 2012 as appropriate  | PC, FNL staff and participants, Coalition, law enforcement | Research for a model meth ordinance and/or regulation; draft policy   | Support for and proposal of Meth ordinance by Meth project leaders                            | Document versions with several changes and enhancement as needed                                    | Final policy to be proposed; Greater understanding of policy components by participants | Assess draft policy and progress towards final product; adult relationships, youth value, personal power, community connectedness (reflect on previous versions; assess youth development aspects from California Friday Night Live Partnership Youth Development Outcomes Assessment) |

#### **Step 4- Implementation**

Prevention services selected were chosen based on the evidenced-based practices in the Communities Mobilizing for Change on Alcohol or CMCA project. The CMCA model has been used in other California counties recently as part of the State Incentive Grant (SIG) project. This SAMSHA model program will provide a template for staff and partners to adopt appropriate relevant components such as public policy, working with law enforcement, media advocacy and community organizing. Because our work will focus on youth access to alcohol and other issues such as methamphetamine, the CMCA project and its survey and evaluation tools are ideal for integration into Nevada County.

With an emphasis on community mobilization, our prevention strategies and campaigns will be provided to Universal populations or the entire community. This will enable Nevada county to provide the best cost ratio of services per population. Knowing that public policy benefits all persons and is long lasting, this approach is the best use of public dollars.

Cultural competency of staff and partners will be addressed as services are delivered to our ethnic populations such as the Latino community as well as sensitivity to low-income residents, who will benefit from our social justice philosophy of creating a balance between those who suffer and profit from AOD availability. Consideration will be taken to address the novelty of the youth culture with adult participants. Materials and prevention services will be appropriately designed and delivered to respond to the growing Latino community in the county. This may include translation of materials and presentations at the community forums. Using the 40 Developmental Assets and the talent and skills of FNL, staff will ensure that youth are correctly understood among other staff, volunteers and community members.

Based on the success of the CMCA Model, the prevention strategies in environmental management that we have identified are expected to have a similar successful impact in our county. Given that we will use a combination of approaches ranging from media to policy, the net result of these will produce several outcomes that shall lead to long-term impact. Furthermore, policy measures have produced good outcomes in other counties, thus we expect similar results. Strategies such as youth development, media advocacy, public forums, use of data on report cards, etc.) have been utilized by other counties and tested in research to be effective for long-term impact. Feasibility to accomplish objectives appears realistic among staff, especially with resources from CARS, FNL partnership with YLI and resources gained at conferences and events.

Given our current staff structure, the feasibility of accomplishing our goals and objectives are possible, given the support available from CARS/CPI. A sustainability plan will be developed in our second year by 6/30/09 and will address what projects need to be kept in addition to funding and resources. A request to CARS will be made for assistance to address the plan and discuss grants and need for on-going resources, etc.

To address tasks needed to accomplish the scope of work, the prevention coordinator will support staff and campaign participants to create an action plan with timelines to accomplish the goals and objectives (meth forum, media campaigns, etc.). Per the action plan, tasks will be included as an update this strategic plan as needed, to address timelines and campaign plans and also reported on CalOMS. We believe that the timeframe of five years is adequate to support environmental prevention.

According to our logic model, measures will be taken using the tools noted in parenthesis. Measures will be taken at several intervals by our evaluator including short-term (1 year), intermediate (2.5 years) and long-term (4.5 years).

Appropriate methodology and measures as designated on our logic models will be included in short-term and intermediate implementation. As the work is conducted, appropriate steps will be taken to ensure that the strategies and tasks are occurring in an effective manner. Those tools and/or strategies that are ineffective will be ceased and reassessed for integration.

### **Step 5- Evaluation**

Until staff can contract with an evaluator, we will self-conduct “in-house” evaluation procedures as needed per our logic model measures. To address our evaluation design, an evaluation plan will be developed with our evaluator and CARS by 7/30/08 to support this strategic plan. To accomplish this goal, the evaluator will be retained by October 30, 2007 for outside expertise. By having an evaluation plan, we expect to see increases in our county and community capacity, reductions in youth access to alcohol and further identification of other drug issues such as methamphetamine and marijuana.

Per the evaluation of the FNL Meth Project, we hope to see evidence to clarify the issue of prescription drug problems and address them in our future strategic plan starting in 2013.

Objectives were chosen based on needs and a realistic timeframe for staff and partners who will be introduced to new strategies and methods. Given current county resources, we see this as an accomplishable goal.

Our evaluator will design adequate data collection procedures, timelines with staff and partners and a data warehouse to store information in one location. To address data analysis, the evaluator will review measures listed in our logic model and suggest analysis as appropriate. Reporting methods will include process information uploads to CalOMS. The SAAB must also submit an annual report to the Board of Supervisors on substance abuse in Nevada County, including recommendations for addressing it, and the adequacy of existing approaches. Our evaluator and staff will assist SAAB with that process.

Data will be fed back into each of the components of the SPF as needed to seek ongoing quality improvements as well as build our county data infrastructure. Ongoing public meetings will be held to disseminate evaluation results to partners and the public at large. Media outreach will be included in the release of our impact results.

## **Nevada County Department of Behavioral Health, Alcohol and Drug Prevention Program Strategic Plan for Alcohol and Other Drug Prevention 2007-2012 Evaluation Plan**

The monitoring and evaluation plan for the Nevada County AOD Strategic Plan (NCSP) encompasses 4 critical domains:

1. A formative evaluation process that examines infrastructure,
2. Output tracking through a process that counts and monitors the AOD prevention activities,
3. A summative evaluation that examines effectiveness of the program, and
4. Impact evaluation processes that identify larger social system impacts and opportunities for systemic change.

Each of these components is discussed briefly below.

**Formative Evaluation.** Any collaborative endeavor requires that multiple complex components work together seamlessly. Formative evaluation examines such infrastructure issues as how well does the program function, how can the process be more efficient and effective? In the terms of Michael Quinn Patton (1997), formative evaluations are “improvement-oriented evaluations” (p. 68). As the Nevada County AOD Prevention Program conducts prevention activities with targeted populations relative to the strategic plan goals, formative evaluation of population-related areas includes such questions as: What prevention strategies are working? What is not working? What have we learned about the process? Are there any unintended results from the prevention efforts? How do participants in the prevention activities feel about the programs? What do the participants like and dislike? Is the proposed set of prevention addressing the particular goals of the plan?

Information technology (IT) systems’ recording and tracking data is another area for such formative evaluation questions as: Are data being recorded and interpreted in consistent ways by the program? Do data reports reflect the experience of agency staff? Are data missing or incorrect? Why? Are there surprising results? Why?

Communication between and among staff are crucial for effective formative evaluations. “How are we doing?” and “What can we do to improve?” will be examined on a regular basis, with practice being informed by dialogue. The intent is that early experiences result in program improvements through a strong feedback loop and that improvements themselves become incorporated into the ongoing formative evaluation process.

**Output evaluation.** It is important to examine on a regular basis “how much” is accomplished. The NCSP has five goals designed to prevent AOD use and abuse by specific populations. Output evaluations count and compare actual numbers served with these and other program goals. Monthly, quarterly, semi-annual, and annual data reports provide the means to quantify and examine who was served, what kinds of referrals for services were made, what services were accessed, and from which prevention were rendered. Are the measured outputs consistent with expected outputs? Why or why not?

**Summative Evaluation.** While output evaluations focus on quantity, summative evaluations focus on effectiveness. The summative evaluation provides data to determine the value of the program, its merit, and whether or not it should continue. The summative evaluation of the NCSP programs will assess such factors as what outcomes have been achieved for residents of Nevada County through the prevention activities?

**Impact Evaluation.** In addition to the impact NCSP activities will have on county residents, the Nevada County Department of Behavioral Health, Alcohol and Drug Prevention Program will initiate the dialogue to explore larger social system impacts and opportunities for systemic change. Community partners will be invited to begin to assess what benefits the NCSP activities bring to the county. For example, what is the societal impact of facilitating affordable, needed health services with timely access? What is the cost of doing nothing?

**Evaluation Plan Activities**

The aforementioned data can be collected through the following primary activities:

- An annual skill inventory of all partner agency staff working with the NCSP
- Recording attendance and all meeting minutes of groups related to the NCSP
- An annual survey of representatives of targeted age groups as to the efficacy of NCSP activities
- Conduct of a participant evaluation at the conclusion of every training within the NCSP
- Hold annual focus groups with representatives of targeted age groups as to the efficacy of NCSP activities
- Conduct annual key informant interviews with public policy makers as to impact of NCSP activities

Below are recorded the goals of the NCSP followed by suggestions for evaluation activities in each of the four domains:

**Nevada County Alcohol and Drug Prevention strategic Plan 2007-2012**

**Problem #1**

County Capacity is limited due to Nevada County’s current alcohol and drug (AOD) prevention system design and results in reduced infrastructure for the Strategic Prevention Framework (SPF) and Environmental Strategies.

| GOALS<br>(or Aim)  | OBJECTIVES  | RESOURCES   | STRATEGIES<br>(What methods will we use?)   | EXPECTED OUTCOMES  |                              |   |
|--|---|---|---|--|------------------------------|---|
|  |   |   |   | SHORT TERM   | INTERMEDIATE                 | LONG TERM   |
| Increase Coordination of AOD providers who are engaged in county prevention work | 1. Hire 2 FNL staff for Meth and Mentoring Grant to oversee recruitment high school and college youth etc. by 8/15/07 | Prevention Coordinator (PC) Manager; Human Resources Department, FNL Staff, Coalition Members Youth | Job announcement flyer and job description, word of mouth and email, post on countywide website | Increase capacity for work scope due to staff hours and full-time equivalent (FTE) | Increase prevention resource | No Gaps Services grant deliverable stronger prevention system |

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|  | <p>2. Oversee and coordinate at least on (1) basic prevention training, including prevention terminology of county staff, partners, FNL /CL Advisors, and youth by 9/1/07</p> | <p>PC, Environmental Prevention (EP) and Strategic Prevention Framework training, Center for Applied Research Solutions, (CARS); Other county host, PowerPoint and materials</p> | <p>Interactive training with discussions, readings/issue briefings</p> | <p>Basic skill gain of staff, coalition members and providers/partners in EP; change in readiness to engage in prevention work.</p> | <p>Increase opportunity for skill transfer to community</p> | <p>Appropriately staff for EP ability to successfully do work and train other partners</p> |
|--|---|--|--|---|---|--|

Nevada County Alcohol and Drug Prevention strategic Plan 2007-2012

|  |   |   |   |   |  |  |  |
|--|---|---|---|---|--|--|--|
|  | <p>3. Plan and coordinate one (1) Staff and provider/coalition training on SPF Environmental Prevention, Community Organizing, Media Advocacy, Law Enforcement, Policy and Applied Data and Research by 9/30/07</p> | <p>CARS/CPI</p>   | <p>Presentations with community-based training on SPF, Case Studies with small county examples</p>  | <p>Introductory skills in EP gained by partners and staff</p> | <p>Increased capacity of partners to do work</p> | <p>Increased readiness of partners for policy and other change</p> | <p>Readiness for prevention and Coalition capacity (Surveys, evaluations)</p>  |
|  | <p>4. Strengthen youth component by providing two (2) trainings for providers and staff on how to work with youth and integrate developmental assets by 11/20/07</p>  | <p>PC, Friday Night Live Youth Leadership (FNL) institute (YLI)</p> | <p>Design training to address topics such as Youth as Equal Partners, Youth Advocacy, Developmental Assets that are EP compatible (cultural competency youth subculture, empowerment,</p> | <p>Increase in skills to work effectively youth</p>           | <p>Increased value for youth advocacy</p>        | <p>Youth as equal partners and advocates</p>                       | <p>Youth participation (California Friday Night Live Partnership Youth Development Outcomes Assessment or build a similar tool using tool)</p> |

|  |   |   |   |   |  |   |   |
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|  |   |   | adult relationships, service to others, etc.)   |   |  |   |   |
|  | 5. By 8/30/07 integrate Meth prevention into county system via one (1) FNL grant  | Prevention Coordinator, Administrator, County CEO, Executives; PowerPoint presentation and handouts | Create and implement an overview presentation to Board of Supervisors (BOS) of this and other AOD prevention projects | Increased awareness of AOD issues among BOS, strategic plan and projects funded | Support/interest for Environmental Strategies and prevention | Support for future policy change  | Verbal understanding of Supervisors, Documents in minutes   |
|  | 6. By 8/30/07 plan and designate funds to join at least one (1) prevention organization (CPC, Cal Council etc.) and attend related conferences/events by those groups and Alcohol Policy 14 | Prevention Coordinator (PC)   | Gain needed prevention resources and skills; network with other preventionists in the State and nation                | Information gain from workshops, forums and networking with colleagues          | Transfer of information to providers                         | Current evidenced based practices integrated into county as appropriate | Prevention learning's (conferences and meeting evaluations) |

Nevada County Alcohol and Drug Prevention strategic Plan 2007-2012

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|--|--|---|---|--|--|---|--|
|  | 7. By 7/30/07 sign up for alerts from at least two (2) organizations such as Community Anti Drug Coalitions of America (CADCA) legislative alerts, list-serve on Marijuana and other AOD email information such as Marin Institute and Institute for Public Strategies | PC, staff, computer and Internet access, staff time | Sign-up for prevention email list-serves; share resource with other staff and Coalition | Increased resources and information to County staff and partners | Increased awareness of other AOD issues, data media etc. | Opportunities for expansion of AOD work via grant funds, etc. | Increase in staff performance in prevention with information gained (track issues) |
|--|--|---|---|--|--|---|--|

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|  | announcements   |  |   |  |  |  |   |
|  | 8. By 10/15/07 attend one (1) regional networking with other counties                                   | PC, staff, local county host, CARS/CPI | Resource and strategy sharing on AOD prevention                         | Gain information on problems and regional activities/strategies and other nearby small county work | Leveraged resources                                    | Opportunity for regional strategies with law enforcement and data sharing; grant opportunities | Staff shall increase in prevention (skill inventory and TA need form, list of like county issues) |
|  | By 7/1/08 increase AOD evaluation to address county outcomes by designing one (1) an evaluation process | PC, CARS/CPI evaluator                 | Training and TA on Evaluation form CARS, CAIOMS, grants, ULI assistance | Knowledge on evaluation and measurement  | Appropriate AOD tools, measures, indicators identified | Design and implementation of evaluation plan   | Measurement of indicators at midpoints, final evaluation  |

**Formative**

Design and administer a survey and skill inventory among staff from the partner agencies involved in the NCSP to determine their understanding of evidence based prevention and the particular purposes of NCSP activities. Use results to design any needed in-service training.

**Output**

Document number of participants in all training events and coalition meetings

**Summative**

Design and administer surveys of key stakeholders within partner agencies to determine readiness for prevention activities and coalition capacity.

**Impact**

Through key informant interviews and focus groups with public policy makers, assess the sense of change that the NCSP activities may be making within the community.

Problem #2 Binge drinking among youth in Nevada County is alarming and results in major health and safety problems

| GOALS<br>(or Aim)  | OBJECTIVES  | RESOURCES   | STRATEGIES<br>(What methods will we use?)   | EXPECTED OUTCOMES   |  |   |
|--|---|---|---|---|--|---|
|  |   |   |   | SHORT TERM  | INTERMEDIATE   | LONG TERM   |
| Reduce alcohol related problems including binge drinking associated with social access to alcohol outdoors and indoors | 1. By 8/30/07 modify the scope of work funded by SAMSHA to focus on binge drinking and social access using environmental strategies   | Prevention Coordinator<br>SAMSHA Public Health Advisors<br>model ordinance on Social Host | Conference call with Coalition staff, County staff to discuss EP; funder; establish social host liability draft and final ordinance in city and/or county       | Increase coordination of county system; Increased community awareness about laws pertaining to adult provision of alcohol | Leveraging Resources; appropriate use of prevention dollars for community change                 | Decreased rates of underage alcohol use; lower youth access     |
|  | 2. By 12/30/07 provide one (1) policy research and data, training to staff and providers.<br><br>Provide policy support and at least ten (10) TA units (defined as one hour each including preparation, TA and follow-up) on social host options to hold adults responsible for alcohol provisions/parties in homes. Trg and TA ongoing as needed until 6/30/12 | Prevention coordinator, CARS  | Upon local data with on (5-10) one-on-one interviews on drinking locations/access to alcohol, Access policies on Social Host of Summary of Effective ordinances | Policy matrix study policy with options; training agenda and handouts TA needs identified                                 | Transfer of skills via training and TA; documentation of events with agendas and summaries/notes | Increased readiness providers engage in alcohol prevention work |

|   |           |  |   |                           |   |  |
|---|-----------|--|---|---------------------------|---|--|
| 3. By 2./15/09 and on-going, provide at least five (5) information updates for County support to Board of Supervisors for policy change | PC, staff | Prepare summaries, fact sheets and issue briefings as needed | Increased awareness and understanding of EP among elected/appointed officials | Policy support for change | Advocates for AOD prevention and supporters | Minutes from meetings/video documentation if available |
|---|-----------|--|---|---------------------------|---|--|

|   |   |  |   |  |   |   |
|---|---|--|---|--|---|---|
| <p>4. By 10/30/07 Increase adult awareness of the nature and extent of youth alcohol use and associated risks by planning and implementing one (1) year-long binge drinking media campaign of monthly input. Continue campaign until 2012 as needed</p> | <p>PC, Partners</p>   | <p>Media Advocacy Training and TA, Use of Media Advocacy (Landscape Media); timeline with events including up to 5 press events, at least 3 opinion pieces, at least 12 letters to editor, at least 1 radio talk show, at least 1 TV show coverage, and at least 1 editorial board meeting</p> | <p>Increased community dialogue on issue of teen drinking; media input and output</p> | <p>Journalist understanding of issue; community information on the problem and solution</p>                | <p>Decreased numbers of teen parties where alcohol is served</p>  | <p>Measure of policy goals in media, measurement of media output aired/published (checklist for evaluation criteria based on press release content)</p>               |
| <p>5. By 11/30/07 and until 6/30/12 work with law enforcement to access current data and address data policy needs for addressing underage binge drinking</p>   | <p>PC/Partners, law enforcement officials and staff; TA from CARS/CPI</p> | <p>Meetings, trainings on enforcement strategies such as shoulder tap operations, decoy operations and grants from Alcoholic Beverage Control (ABC)</p>  | <p>Support and interest for policy goals and projects</p>                             | <p>Established protocols at local police departments for party dispersal; support for policy ordinance</p> | <p>Decreased policy calls for service for large teen parties.<br/><br/>Decreased youth alcohol-related problems<br/><br/>Decreased numbers of minors in possession citations.</p> | <p>Youth binge drinking in past 30 days (CHKS)<br/><br/>Youth drinking and driving (CHKS)<br/><br/>Youth DUI Arrests (CDOJ)<br/><br/>Liquor law violations (CDOJ)</p> |
| <p>6. By 6/30/12 support one (1) policy proposal to an elected governing body that addresses youth social access to alcohol</p>   | <p>PC, staff, partners</p>  | <p>A large base of community organizing, developing a case for public policy; elected body agenda; presentation, etc.</p>  | <p>Introduction of ordinance; city attorney review, community support</p>             | <p>Passage of law and implements of policy; enforcement/cost recovery by local police</p>                  | <p>Lower calls for service for parties and reported reductions in youth drinking</p>  | <p>Binge drinking (CHKS, one-on-one surveys with youth)</p>   |

**Formative**

Include within skill inventory assessment questions to determine understanding by partner agency staff of binge drinking prevention issues.

**Output**

Record attendance and minutes from meetings among partner agency staff pertaining to binge drinking prevention activities.

**Summative**

Collect data from relevant state and county law enforcement agencies on binge drinking statistics among targeted age groups.

Conduct focus groups with representatives of target age groups on effectiveness of binge drinking prevention activities.

**Impact**

Conduct media search to ascertain community sense of whether binge drinking prevention activities are having any visible effect.

**Problem #3 DUI among adults poses a health and safety concern related to community according to current data**

| GOALS<br>(or Aim)                        | OBJECTIVES<br>(What do we have to help meet our goal)  | RESOURCES                                    | STRATEGIES<br>(What methods will we use?)  | EXPECTED OUTCOMES/OBJECTIVES   |   |  |
|--|--|--|--|--|---|--|
|  |  |  |  | SHORT TERM   | INTERMEDIATE  | LONG TERM  |
| Reduce DUI among adults in the community | 1. By 10/30/07 update current data on DUI with at least three (3) sources  | PC, SWITRS, CHP, local Sheriff and/or Police | Email requests to CHP, SWITRS; review data on-line and download, review; Key Informant Interview (K11) with local police to further define problem | Increased clarity on problem and solution; update strategic plan   | Gain data access, support and interest in Environmental Prevention; collaboration | Law Enforcement at partner ability to data   |
|  | 2. By 10/30/07, increase data sets on DUI by launch a system to design on (1) survey tool and collect. Place of last drink data (POLD) | PC, CORR, analyst and/or evaluator           | Integrating instrument and procedure into existing DUI school intake process; input data and run analysis  | Survey tool, place of last drink information on location, data on event/bar, etc. Blood Alcohol concentration levels | Survey data from attendees, charts and graphs and location information            | Track DUI and dangerous practices as over pouring from bars other locations. Reduced problems. |

|  |   |                                   |   |  |  |  |
|--|---|-----------------------------------|---|--|--|--|
|  | 3. By 2/15/08 support a partner launch of a campaign to address DUI and Responsible Beverage Services and Sales (RBSS) issues until 6/30/12 or beyond | PC, CORR analyst and/or evaluator | Review Model RBSS policy for integration; partners would propose policy and generate community support from group presentation; media | Policy matrix and sample model policy<br><br>DUI baseline definition | Community Mobilization around DUI issues; partner engagement in environmental prevention | Mandatory training for on-sale and off-sale outlets; special events, etc |
|  | 4. By 7/1/12 reduce alcohol-related accidents/fatalities from baseline (TBA) by 10%   | PC , Coalition, CORR              | RBSS Policy Sobriety Checkpoints Media advocacy   |  | DUI percentage to be reduced; project implementation on strategies                       | Reduction accidents fatalities   |

**Formative**

Plan change suggestion: change goal #3 from *reducing DUI among adults in the community* to *organizing prevention activities among key stakeholder agencies in the community to reduce DUI*. Then a formative evaluation can be conducted on the process.

**Output**

If the plan is changed, then output can be measured by recording data on participation in the planning and conduct of activities

**Summative**

Record data from state and county law enforcement agencies on DUI related arrests, injuries and fatalities.

**Impact**

Use key informant surveys and focus groups to record sense of whether prevention activities regarding DUI are working.

**Problem #4 Data on marijuana and the extent/perception of the issue is not clearly defined**

| GOALS<br>(or Aim) | OBJECTIVES<br>(What do we have to | RESOURCES | STRATEGIES<br>(What methods | EXPECTED OUTCOMES/OBJECTIVES |              |      |
|-------------------|-----------------------------------|-----------|-----------------------------|------------------------------|--------------|------|
|                   |                                   |           |                             | SHORT                        | INTERMEDIATE | LONG |

|  | help meet our goal)   |                              | will we use?)  | TERM   |                             |   |
|--|---|------------------------------|--|--|-----------------------------|---|
| Increase definition of marijuana problem in community using current local data | 1. By 7/30/08 conduct a Community Readiness Assessment of Marijuana Capacity                    | PC Readiness Tool            | Media search of the issue and how it is viewed in the public; readiness to assess community stance | Information gained                           | Clear focus for future work | Addressing difficult issues for drug control and policy |
|  | 2. By 8/30/08 request needed law enforcement, data on marijuana plants, arrests citations, etc. | PC, Law Enforcement partners | Request data in writing; meeting with law enforcement officials                                    | Statistics on problem; law enforcement views | Summary of the problem      | Strategy to address marijuana                           |
|  | 3. By 6/10/12 monitor community readiness on Marijuana and develop future goals if appropriate  | PC others TBA                | Monitoring of issue in media; integrate in future strategic plan                                   | Monitoring of Issue                          | Continued tracking          | Clear position and direction on marijuana               |

**Formative**

Include within skill inventory assessment of understanding by partner agency staff of marijuana prevention issues.

**Output**

Record attendance and minutes at meetings relative to planning prevention activities around marijuana use.

**Summative**

Record data from state and county law enforcement agencies on marijuana use arrests.

**Impact**

Use key informant surveys and focus groups to record sense of whether prevention activities for marijuana use are working.

Problem #5 Meth manufacture, associated paraphernalia in the county is a concern that needs further exploration and coordination

| GOALS<br>(or Aim)  | OBJECTIVES<br>(What do we have to help meet our goal)   | RESOURCES   | STRATEGIES<br>(What methods will we use?)  | EXPECTED OUTCOMES/OBJECTIVES   |  |   |
|--|---|---|--|--|--|---|
|  |   |   |  | SHORT TERM   | INTERMEDIATE   | LONG TERM   |
| Reduce meth and associated product availability using Environmental Strategies | 1. Create one (1) draft Report Card of compiled information by 12/30/07 and update and release as necessary at least yearly until 6/30/12 | PC; law enforcement; Meth grant from FNL                  | Working in collaboration with the Nevada County FNL Meth Grant staff and youth collect updated data            | List of indicators; increased law enforcement relationships                                  | Strategies will begin to emerge that can be supported with data and media advocacy work will begin | Ability to track data<br>Decrease amount of meth users possibly in labs                   |
|  | 2. Design and implement on (1) meth forum with media data in 1/30/09  | PC, Law Enforcement partners, CARS, FNL, grant; Coalition | Create agenda, Request speakers from law enforcement and create a list, youth treatment presentation as needed | Community understanding of issue; policy solutions and plans for sustainability of meth work | Community support for meth policy goals; understanding by elected officials                        | Support for policy change among elected officials   |
|  | 3. Support the drafting and proposing of one (1) future meth policy by 2012 as appropriate  | PC FNL staff and participants, Coalition, Law Enforcement | Research for model meth ordinance and /or regulation; draft policy   | Support for and proposal of Meth ordinance by Meth project leaders                           | Document versions with several changes and enhancements as needed                                  | Final policy to be proposed<br>Greater understanding of policy components by participants |

**Formative**

Include within skill inventory assessment of understanding by partner agency staff of meth use prevention issues.

**Output**

Record attendance and minutes at meetings relative to planning prevention activities around public policy initiatives around meth use.

**Summative**

Record any public policy initiatives which result from meth use prevention activities

## Impact

Use key informant surveys and focus groups to record sense of whether prevention activities for meth use are working.

The aforementioned data can be collected through the following primary activities:

- An annual skill inventory of all partner agency staff working with the NCSP
- Recording attendance and all meeting minutes of groups related to the NCSP
- An annual survey of representatives of targeted age groups as to the efficacy of NCSP activities
- Conduct of a participant evaluation at the conclusion of every training within the NCSP
- Hold annual focus groups with representatives of targeted age groups as to the efficacy of NCSP activities
- Conduct annual key informant interviews with public policy makers as to impact of NCSP activities