



**County of Orange  
Health Care Agency**

**Alcohol and Other Drug Prevention Services**

**STRATEGIC PLAN**

July 2007

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## I. INTRODUCTION AND COUNTY OVERVIEW

### ***Prevention Works***

Over the past century, public health achievements have included the control of infectious diseases through vaccination and the decline in deaths from coronary heart disease and lung cancer. These achievements clearly demonstrate the preventive benefit of modifying identified risk factors. In addition, science has documented the *cost effectiveness* of prevention, as well as the development of *prevention wisdom*: use proven strategies, driven by what we know works, for whom and when, for the right amount of time—or dosage—and we can expect good results.

During the past two decades, the field of alcohol and other drug (AOD) prevention has experienced a rapid learning curve. Created by the adoption of a comprehensive public health perspective and a systems approach to AOD problems, the practice of AOD prevention has now evolved into a science-based discipline that focuses on identified risk and protective factors and best practices derived from model programs with proven effectiveness.

### ***Building on the Strengths of Two County Programs***

Orange County is currently organizing its prevention resources to align science and the outcomes of data-driven strategic planning. This document is a strategic plan that reflects the total prevention resources from the County of Orange Health Care Agency, representing both the Alcohol and Drug Education and Prevention Team (ADEPT) and Alcohol and Drug Abuse Services (ADAS) Prevention Team. These are two separate efforts under the large umbrella of the Health Care Agency, now working together under one strategic plan that builds on the complementary expertise of each program.

### **ADEPT**

ADEPT is the lead county-level agency for the prevention of alcohol and other drug-related problems in Orange County. ADEPT provides leadership in countywide AOD prevention programming through the development of strategic goals and objectives and by developing and administering contracts with community and school-based prevention programs. ADEPT supports all AOD prevention efforts with research, information dissemination, technical assistance, education, training and evaluation services.

The ADEPT approach to AOD prevention is grounded in the public health model that encompasses a broad spectrum of AOD problems arising through interactions between the host (e.g., community, family, individual), AOD agents (e.g., alcohol, meth, marijuana), and various environmental factors (e.g., existing laws, norms, enforcement). The mission of ADEPT is to reduce both the incidence and impact of a wide range of problems related to AOD use. ADEPT's prevention programming is guided by the theoretical framework of risk and protective factors associated with AOD problems that has emerged from an ever-expanding body of prevention research. In simple terms, the twofold premise of risk and protective factor-focused prevention is:

- 1) to prevent an AOD problem, we need to identify factors that increase the risk of that problem developing, and then find ways to reduce the risk, and
- 2) at the same time, we must also identify factors which buffer individuals from the AOD risk factors present in their environments and then find ways to increase the protection.

The Institute of Medicine (IOM) model classifies prevention services into three categories: *Universal*, targeting prevention efforts on very broad-based populations; *Selective*, focusing more on defined sub-groups at some risk and *Indicated*, targeting specific individuals already identified at-risk.

ADEPT programming primarily employs Universal and Selective strategies. Universal prevention strategies are aimed at changing environmental risk conditions—identified through research—which can give rise to and sustain AOD problems across all population groups. For example, responsible beverage service (RBS) programs are a prevention strategy that seeks to change individual drinking behavior by changing identified risk conditions at a bar, such as over-serving or serving alcoholic beverages to minors. When alcohol servers receive RBS training, this strategy benefits all persons who may patronize that bar.

ADEPT also provides prevention services to selected sub-groups of individuals identified on the basis of their membership in a group that has a greater-than-average risk for developing AOD problems. Examples of such selective interventions are found in various ADEPT programs that seek to build and strengthen protective factors among students enrolled in non-traditional or continuation schools or youth living in high crime neighborhoods.

While ADEPT prevention emphasizes a community-based environmental approach, the very complexity of AOD problems often requires the coordinated application of multiple strategies to address various dimensions of AOD problems. Orange County also supports the use of individual-oriented strategies, such as information dissemination, presentations and training to develop AOD prevention knowledge and skills. Such methods play an important role in AOD problem prevention, as part of a comprehensive approach that uses multiple strategies to accomplish its planned goals and objectives.

### **ADAS Prevention Team**

In 2006, the County of Orange Health Care Agency, Alcohol & Drug Abuse Services (ADAS), created a Prevention Team to provide alcohol and other drug prevention services to high-risk populations in the community. The ADAS Prevention Team's staff is primarily made up of professional clinicians who specialize in working with selective and indicated (beginning AOD abuse) populations as outlined by the IOM model. These high-risk groups may include: students within non-traditional settings (i.e. ACCESS and continuation schools, non-public schools, etc.), children of alcohol/drug using or recovering parents, homeless families (within shelters), foster-care youth, wards of the court, and probation and incarcerated youth.

The Prevention Team is available to train those who work with high-risk populations to recognize the signs and symptoms of AOD abuse and to provide early intervention techniques. This could include training teachers, parents and caregivers, youth organizations/group staff, probation officers, mental health professionals, and social workers. The Prevention Team provides an essential link to treatment services as required. The Prevention Team is also helping to build prevention capacity by working with schools and community groups that work with high-risk youth and adults to begin their own prevention programs by co-facilitating AOD prevention curriculum.

Working together, ADEPT and the ADAS Prevention Team share a common mission and vision.

**Our Vision**

*Communities, families, and individuals working together to create an Orange County that is free of alcohol and other drug-related problems.*

**Our Mission**

*Provide leadership, funding and technical support to community groups, agencies, organizations and institutions to prevent alcohol and other drug-related problems in Orange County.*

## II. SPF STEP 1 – NEEDS AND RESOURCE ASSESSMENT

### ***Orange County Demographics***

Orange County is home to more than three million residents, who live in 34 cities and unincorporated areas. The last few years have seen much change as unincorporated areas have become parts of incorporated cities. In fact, Orange County is the second most densely populated county, ranked right after San Francisco among California counties. The average household size, at 3.0 persons per household, is slightly higher than the statewide average of 2.87.

Today, a decade after going through bankruptcy proceedings, Orange County continues to focus on financial integrity, performance and results. Supervisor Chris Norby, 2007 Chairman of the Board of Supervisors, has supported the idea of quality of life as part of annual goals for the County government.

The trend toward greater ethnic diversity in Orange County continues. As of 2004, no single ethnic group comprised more than 50% of the total population. Orange County's three major ethnic groups are White (47%), Hispanic/Latino (33%) and Asian or Pacific Islander (15%). Several community issues are pressing. The lack of affordable housing, congested freeways and a high average commute time to work all strain the quality of life for many residents.

In terms of general health status, Orange County has a track record of impressive prevention achievements. For example, we've achieved Healthy People 2010 goals for prenatal care and rank well above the statewide average in most health status indicators, including overall mortality rates, incidence of AIDS, tuberculosis and sexually transmitted diseases, births to adolescents, and initiation of breastfeeding.

### ***Specific Alcohol and Other Drug Issues***

During the strategic plan update process, ADEPT assembled available local, state and national data, and over the years has invested in several unique and revealing data collection efforts of their own (e.g., surveys and other strategic data gathering initiatives). These multiple data sources were analyzed both internally and with a smaller group of key stakeholders to identify common themes, as well as implications for prevention priorities. Below are some of the highlights from this data analysis.

#### **Local Data: Household Survey**

In 2002, ADEPT conducted a telephone survey of 3,104 Orange County adults aged 18 and older, based on a random sampling of households throughout Orange County. This first-ever local survey provided insight into adult ATOD consumption patterns. Highlights of findings include the following:

- When compared to results of similar surveys at national and state levels, Orange County residents tend to have comparable or much lower rates of ATOD use. For example, the prevalence of alcohol use in OC is comparable to national and state rates, while only 37% of Orange County adults report any lifetime use of illicit drugs, compared to a national rate of 46%. Similarly, current cigarette smoking in OC is much lower (15%) compared to the prevalence of tobacco use at state (23%) and national (26%) levels.

- A notable exception, however, is the higher prevalence of OC adults' use of methamphetamine, at 8% lifetime use compared to national rates of 4%.
- Younger individuals have more drinks per drinking occasion — the average number of drinks per occasion was 4.1 among residents aged 18-24 years and declines with age to 1.7 among those aged 55 and older.
- One-third of Orange County's past-30 day drinkers (33%) reported at least one binge-drinking episode in the past month.
- The frequent binge drinker profile differs significantly from the profile of past 30-day drinkers and Orange County's population at large.
  - ✓ Almost nine out of ten frequent binge drinkers are males (88%)
  - ✓ Half of all frequent binge drinkers are aged 18-34, double the incidence in the population at large
  - ✓ Almost two-thirds of frequent binge drinkers are single and 38% of them have never married — double the incidence in the population at large.
- One of four Orange County adults reported having driven a motor vehicle within two hours of drinking at least once during the past year. Drinking and driving is reported across all age groups, but is more prevalent among males and Whites.

#### **Local Data: California Healthy Kids Survey**

The overall prevalence of AOD use among Orange County youth, as measured by the California Healthy Kids Survey (CHKS) in 2005-06, is generally comparable to statewide rates. While adolescent use prevalence rates for major substances of abuse have declined in recent years across national, state, and local levels, some persistent Orange County patterns of use deserve attention:

**Alcohol** is by far the most frequently used substance among Orange County adolescents; by the 11<sup>th</sup> grade, a majority of students report some use and more than one-third are current users of alcohol.

**Marijuana** is the most widely used illicit drug; lifetime experimentation with marijuana actually exceeds the rate for cigarettes, while current use prevalence is virtually the same for both of these substances.

**Inhalants** are next in popularity to marijuana; because of their ready availability, their use may even exceed marijuana in 7<sup>th</sup> grade; however, use of inhalants tends to decline with age.

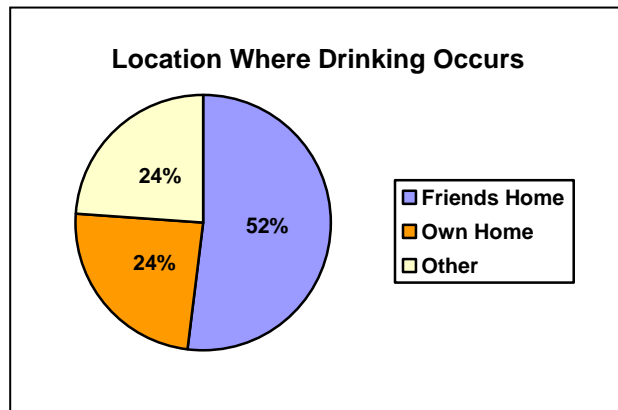
#### **Local Data: Youth Access to Alcohol Study (YAAS)**

In the spring of 2006, ADEPT conducted a survey among 1,925 Orange County youth ages 16 to 20 regarding access to alcohol. This study noted a number of significant findings with direct implications for prevention policy. Some of the important highlights included:

- Nearly two-thirds (62%) of Orange County youth surveyed reported that they had used alcohol at least once in the six months prior to the survey. Of those youth who have used

alcohol, 46% drink frequently, defined as those who consume alcohol once a month or more, and just over half (54%) drink less than once a month.

- Only one quarter (26%) of the youth surveyed consider consuming alcohol several times a week as high-risk behavior. Most youth consider using alcohol once a month to be “harmless” or “mainly harmless.”
- Of the youth who use alcohol, only one-third (34%) reported that their parents strictly forbid them to drink any alcohol before they are 21.
- Young people most often consume alcohol at a private home, either at a friend's home (52%) or at their own home (24%).
- More than eight out of 10 youth (81%) surveyed reported that it was “very easy” or “fairly easy” to obtain alcohol.
- Adults 21 years and older are the single most common source of alcohol for minors, outpacing all commercial sources.
- When asked where minors could most easily purchase alcohol, one-third (34%) of underage drinkers cited liquor stores.

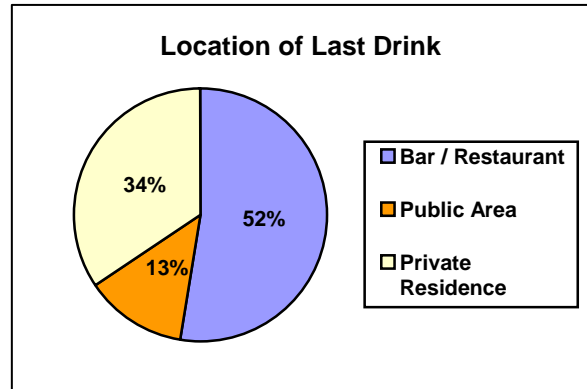


### **Local Data: Circumstances of Last Drink (COLD) Survey**

COLD surveys are conducted with convicted drinking drivers in DUI classes to pinpoint information about the circumstances of their last drink immediately prior to their arrest.

- According to the COLD Survey, the most common cities of last drink were Huntington Beach, Anaheim, Newport Beach, Santa Ana, and Costa Mesa. This information corresponds with 2004 California Department of Motor Vehicle data indicating that the top cities where DUI arrests occurred in Orange County were Huntington Beach, Costa Mesa, Santa Ana, Anaheim, and Garden Grove.
- Cities with a higher density of alcohol retail establishments (the number of establishments per 10,000 adult residents) were more likely to be reported as a city of last drink, suggesting that the density of alcohol establishments in a city is a significant community-level risk factor for alcohol-impaired driving.
- Only 59% of individuals were arrested for DUI in the same city in which they had last been drinking prior to arrest, indicating that four out of 10 intoxicated drivers may travel some distance before being arrested for DUI.

- Over half (52%) of the individuals arrested for DUI had their last drink in a bar, restaurant, or other establishment licensed to sell alcohol for on-site consumption, while 34% had their last drink in a private residence, and 13% had their last drink in a public or other setting.
- Nearly half (47%) of individuals arrested for DUI had been at their place of last drink for more than two hours before being arrested, and had consumed an average of 4-6 drinks during that time.



- Of the 1,690 respondents who reported having their last drink in a public establishment before their DUI arrest, 60% (n = 1,009) identified the name of the establishment.

### **Local Data: Police Activity related to Alcohol and Other Drugs**

The ASIPS/GIS (Alcohol/drug Sensitive Information Planning System in a Geographic Information System format) program is a planning information system that combines local law enforcement data with community action to significantly reduce or eliminate community AOD problems. The Orange County ASIPS project is a county-community partnership that is currently operating in Fullerton, Newport Beach and Garden Grove. ASIPS allows planners and prevention advocates to focus on reducing the risk of specific locations identified by police AOD-related calls for service and arrests.

### ***State and National Comparisons***

A 2004 profile of county-level indicators of alcohol and drug abuse risk prepared for the California Department of Alcohol and Drug Programs shows that Orange County risk levels are generally lower than both the statewide average and the rates for a cluster of comparable urban counties.

Although the use rate for most substances of abuse is generally lower among Orange County adults than statewide or national comparisons, there are notable exceptions. One such exception is the higher prevalence of Orange County adults' *lifetime* use of methamphetamines: 8% of adults report having ever used methamphetamines in their lifetime, compared to 4% nationwide. The current use rate of 0.8%, although numerically small, is nonetheless much higher than the national rate of 0.1%. The public health impact of this comparatively high rate of methamphetamine use is reflected in the fact that, in 2005, 42% of clients treated in county-operated substance abuse clinics identified methamphetamine as their primary drug of choice.

Although this county profile paints a relatively favorable picture, Orange County is not immune to AOD problems. The County comprises a diverse range of communities with distinctive social, cultural and economic interests, each of which experiences AOD problems in unique ways that are more, or less, visible. For example, the prevalence rate of current (past 30 days) alcohol use among 11<sup>th</sup> grade students ranges from 29% to 49% across the county's 28 school districts and the use rates for all substances are significantly higher among youth enrolled in non-traditional schools. And just within the past year there have been increasing reports from schools of the

widespread use of over-the-counter drugs, particularly cough medicines with Dextromethorphan (DXM), resulting in a number of overdose episodes and at least one death on a school campus.

These shifts in AOD patterns also affect community systems. Methamphetamine problems disproportionately affect the various components of the criminal justice system, including the county-managed system of treatment services provided under Proposition 36. Geographic regions are also affected. The beach cities, with their high concentration of alcohol outlets, are at greater risk for alcohol-involved vehicle crashes and injuries as well as other community health and safety problems that are known to be alcohol related. These problems are described in the problem statement below.

Following extensive reviews and analyses of quantitative and qualitative data pointing to current alcohol and other drug use trends and corresponding problems experienced among youth and adult residents of Orange County, a series of specific problem statements were developed. Each of the problem statements and corresponding prevention strategies are outlined and discussed in the section that follows.

### ***Key Problems and Related Strategies Identified through the Assessment Update***

#### **Problem Statement 1: The Adolescent Experience Entails Many Risk Factors for AOD Use**

Research shows that lack of connectedness to family, school, and community is associated with higher levels of alcohol and drug use in youth. Results from the CHKS show a steady decline in students' connectedness to school, from 52% in grade 7 to 39% in grade 11. Overall, the data reveal a need to develop protective factors related to the home, school and community environments.

Findings from ADEPT's YAAS 2006 survey indicate that 34% of youth consider using alcohol once a month harmless. These and other data (CHKS) indicate a general lack of knowledge regarding the full range of potential harm involved in underage use of AOD.

ADEPT's Youth Creating Change project found that 70% of 11th grade students believed that most of their grade-level peers drink alcohol, whereas the actual prevalence rate was only 24%. The misperception of peer's AOD use ("everybody does it") increases the likelihood of use.

The ease with which youth obtain alcohol from their older friends, siblings, parents, and even strangers is facilitated by a normative attitude that minimizes the harm of providing alcohol to minors. Moreover, youth who drink frequently are more likely to underestimate the dangers of underage drinking, suggesting that youth might be willing to consume alcohol, in part, because they do not believe it to be significantly harmful.

#### **Analysis of these findings suggests the following strategies to increase family, school and community connectedness:**

- Promote and support a countywide education campaign to inform parents and young adults about the direct health and safety consequences of underage drinking
- Promote service learning experiences
- Provide opportunities for meaningful participation in school and community settings
- Support Peer to Peer Mentoring
- Promote media literacy
- Develop social norm campaigns

- Provide training on protective and risk factors to parents
- Provide training to children of recovering parents

**Problem Statement 2: Underage drinking is the leading cause of death for young people under the age of 21.**

Of the 5,000 youth who die each year as a result of underage drinking, 1,900 die in motor vehicle crashes, 1,600 in alcohol-related homicides, 300 in suicides, and 1,600 from alcohol-related injuries including falls, burns, and drowning, according to the National Institute on Alcohol Abuse and Alcoholism. Even youth who escape the fatal consequences of underage drinking face serious long-term health risks. Research indicates that underage drinking is a leading contributor to date rape, adult alcoholism, and may have long-lasting effects on the developing brain.

The YAAS found that 81% of respondents reported it was easy for them to obtain alcohol, most often from older friends or relatives. The willingness of adults to provide alcohol to youth facilitates underage drinking and increases the level of harm resulting from such behavior.

Findings from the YAAS also suggest that private residences, either a friend's home (52%) or their own home (24%) are by far the most common location where underage drinking occurs. Conditions at social environments that promote underage and other high-risk drinking increase the incidence of community alcohol problems. Few Orange County communities currently have social host liability or cost recovery ordinances in place, contributing to a lack of accountability. In particular, response and recovery ordinances in Orange County cities could hold social hosts and landowners civilly responsible for the costs of law enforcement, fire, or other emergency response services associated with multiple responses to the scene of an underage drinking party or other gathering, whether or not the hosts or landowners knew about the party.

Retail sales of alcohol to minors contribute to underage drinking and related community problems. When asked where minors could most easily purchase alcohol, 34% of underage youth responding to the YAAS cited liquor stores.

**Analysis of these findings suggests the following strategies to reduce underage drinking and access to alcohol through social and retail routes:**

- Strengthen legal consequences for providing alcohol to minors
- Conduct social norm/marketing campaigns targeting older adults who may provide to underage youth
- Conduct responsible beverage sales and service training
- Promote/conduct Shoulder Tap operations
- Promote/conduct decoy operations, where minors, working in cooperation with law enforcement, attempt to purchase and test the stores' compliance with youth alcohol laws
- Conduct media campaigns on consequences of selling to minors

**Problem Statement 3: Adult High-Risk Drinking Contributes to Health Problems and Other Threats to Community Safety**

Numerous studies have shown that people's drinking behavior is influenced by their perceptions of what is "normal" or typical in a particular environment. Norms that promote high-risk drinking, such as those associated with college spring break settings, often result in widespread harm to both individuals and communities.

ADEPT prevention providers have documented the relationship between the incidence of problems at alcohol outlets and community events and the presence of risk factors. Alcohol industry sponsorship at beach sporting events or July 4<sup>th</sup> celebrations contribute to alcohol-fueled public disorder as documented by alcohol-service risk assessments. Conditions that promote high-risk drinking increase the incidence of community alcohol problems.

Studies indicate that as many as 24 to 31 percent of all patients treated in emergency departments have positive results when screened for alcohol problems. Lack of alcohol screening capabilities increases the risk of alcohol-impaired driving and other community alcohol problems.

**Analysis of these findings suggests the following strategies to reduce adult high-risk drinking:**

- Institute college policies limiting alcohol promotion, availability or high-risk drinking
- Manage retail availability around campus communities or communities frequented by college students
- Promote alcohol management with campus community groups such as GAMMA, a student group interested in promoting responsible alcohol use among fraternities
- Institute policies for alcohol outlets that limit alcohol promotion, availability or high-risk drinking
- Assist local government in its role of managing alcohol settings for use and sales
- Educate policy makers and the public about the local harms associated with excessive alcohol use (i.e., through sharing local-level data)
- Research model strategies being implemented in other cities
- Research options for screening and intervention

**Problem Statement 4: Limited Knowledge of Consequences, Low-visibility DUI Enforcement and Irresponsible Serving Practices Contribute to Alcohol-Impaired Driving**

The COLD survey indicates that 52% of DUI offenders had their last drink in an on-sale alcohol outlet. Serving alcohol to already intoxicated persons is a major contributor to the problem of alcohol-impaired driving. For example, “happy hour” promotions at bars are likely to foster higher incidence of alcohol-impaired driving.

The ADEPT campaign to reduce alcohol-impaired driving in Costa Mesa gathered specific information on the legal, social, and economic costs associated with impaired driving. Lack of community-wide awareness of such costs serves to perpetuate a climate of indifference or tolerance toward alcohol impaired driving.

The COLD survey indicates that 75% of respondents believed it was “not at all” or “not very” likely that they would get arrested for DUI when leaving their place of last drink. The estimated low probability of a DUI arrest encourages intoxicated persons to drive while impaired, placing themselves and others at risk.

One clear risk condition pertains to *alcohol outlet availability*, and refers to either the population-based density of outlets in a community or the concentration of outlets within a particular community area. Another dimension of risk involves *alcohol service availability*, and refers to the policies and practices of serving alcohol within the immediate environment or setting where drinking occurs.

**Analysis of these various findings suggests the following strategies to reduce alcohol-impaired driving:**

- Conduct responsible beverage service (RBS) training
- Promote requirements for RBS training
- Conduct comprehensive education campaigns to lower the “normative threshold” for impairment and to increase the perceived risk of arrest
- Increase high visibility law enforcement activities
- Conduct social norms campaigns
- Reduce community risk factors such as density /overconcentration of alcohol outlets

**Problem Statement 5: Use of Illicit and/or Misuse of Licit Drugs by Adults and Youth Contributes to Community Health and Safety Problems.**

ADEPT’s household survey of OC adults reported a lifetime prevalence of meth use that is nearly double the rate for the U.S. adult population (7.8% to 4.3%). Also, meth has now supplanted alcohol as the primary drug of choice among admissions to county-operated substance abuse treatment clinics. The comparatively high level of meth use in OC is associated with a broad range of individual, family and community problems.

CHKS findings show that marijuana is the most widely used illicit drug among OC youth, with lifetime experimentation verging on being statistically normative by the 11th grade. Early initiation of marijuana use is associated with frequent truancy, school dropout, delinquency and other substance use related problems. Alcohol was shown to be the most used drug among those surveyed.

The ASIPS project has identified several community risk environments that are related to the incidence of drug-related police incidents in those communities.

Licit drugs often are “diverted” from their intended use. Because of their ready availability, inhalants, over-the-counter medications, and prescription drugs are often used by primary and middle school youth to get high. Lack of knowledge about the highly toxic properties of inhalants contributes to experimentation by youth with potentially serious consequences.

Historically, in past and current workplans, ADEPT resources have been more geared to addressing alcohol as the data suggests alcohol-related problems are far and away the biggest contributor to community health and safety problems. Therefore, in this Strategic Plan, Goal #5 is an important area, but one where the County needs to begin with further assessment, exploration of appropriate strategies, and building local capacity for effective responses to these emerging issues.

**Analysis of these various findings suggests the following strategies to reduce illicit drug use:**

- Compile data on multiple system impacts of meth use, including crime, HIV, child welfare and treatment
- Convene partners from multiple disciplines to work collaboratively
- Craft campaigns that use media to address the findings
- Collect data on multiple system impacts of marijuana use, including crime, medical, education and treatment
- Form local AOD policy work groups to review data
- Identify owners/operators of risk environments

- Plan evidence-based interventions to change risk conditions
- Educate doctors and other medical professionals about scope and nature of prescription abuse problems
- Develop partnerships between law enforcement and medical professionals

### ***Prevention Resource Inventory***

Strategic planning for the future requires an inventory of prevention resources and programs in place. The County of Orange Health Care Agency currently funds a variety of prevention services. Science, as well as common sense, suggests that a comprehensive array of coordinated strategies, nested in ways that support common goals, is important. Recognizing no single prevention strategy will be sufficient, the County of Orange Health Care Agency has developed an array of prevention services, provided both by County staff and through contracts with community and school-based institutions and organizations. These resources fall into the categories described below:

**School-Based.** Prevention programs at both school and college levels include: a countywide Poster Contest for Youth, Orange County Friday Night Live Partnership, Campus-Community Alcohol Management Project, High-Risk Drinking Prevention Projects in two community college districts, Coordinated School Health Training for teachers at high-risk schools (i.e., to use research based AOD prevention curriculum), and year-round Red Ribbon activities. Youth Connect, a project of the Peer Assistance Leadership Program, is school-based that is also a peer-based strategy. These programs employ a range of strategies, but share a common focus on students from elementary, middle, high school, community college and university levels. These prevention services take place at both public and private school sites. Also included is a focus on reaching students in nontraditional school settings such as continuation, probation and access schools.

**Data and Evaluation.** Good prevention practice must be based on good information. As discussed, ADEPT relies heavily on both local sources of data and information (e.g., Household Survey of Adult ATOD Use, Circumstances of Last Drink (COLD) Survey data, Youth Access to Alcohol Study (YAAS) and Alcohol Sensitive Information Planning System (ASIPS) crime-related data) to inform both the planning and implementation of AOD prevention services.

**Community-Based Strategies.** The County contracts with community-based non-profit agencies to provide a range of regionally-based services driven by local needs; this includes working with the faith community, a partnership with the Methamphetamine Task Force and implementing strategies to reduce environmental risk of AOD problems in key settings and locations. Select services also focus on women, families and youth in high-risk environments.

**Information Dissemination and Referral.** Since ADEPT's inception in 1988, information dissemination and education have been continuous services provided to schools, organizations and individuals countywide. These services include participation at health fairs, community events and a video/pamphlet lending library. The County provides information to high-risk populations about AOD problems at homeless shelters, medical institutions, health fairs, and community events.

Ultimately, as part of the Strategic Planning Framework continuous improvement process, other prevention stakeholder resources and interests can be identified in ways that contribute to an even more comprehensive whole.

### III. SPF STEP 2 – CAPACITY BUILDING

As mentioned in the prior section, ADEPT and ADAS work with a variety of community stakeholders, in both indirect ways through community education, convening and supporting community coalitions, and direct ways by contracting for prevention services. This community engagement and capacity building began many years ago when ADEPT acknowledged that prevention needs were far greater than available resources could ever match.

In the last decade ADEPT contracts for community/regional prevention services that have created a number of community coalitions and task forces in many Orange County communities. These partners may be specific to a particular issue or population, such as the Faith coalition effort, or the higher education projects focused on the student community.

On the other hand, many of these coalitions are broad-based within a specific geographic area. One example is the City of Fullerton, where law enforcement, prevention, education, parent groups and others are working together as part of a comprehensive and coordinated prevention strategy to reduce identified risk factors.

ADEPT's role is multi-faceted with these groups, and includes the following functions:

- Convening leaders and stakeholders;
- Contracting and funding for coalition building;
- Collecting important data that guides the prevention system;
- Offering training and technical assistance to community stakeholders, coalitions and service providers; and
- Securing additional resources such as State Incentive Grant funding to leverage existing campus prevention efforts.

An asset in terms of capacity building is that Orange County has a clear, articulated theoretical approach that is grounded in five cornerstone principles of AOD prevention programming. Orange County's AOD Prevention Strategic Plan will continue to be governed by this conceptual framework (see table on next page).

<b>Public Health Orientation to AOD Prevention</b>				
AOD problems arise from the <i>interaction</i> of the <u>agent</u> (alcohol, other drugs), <u>host</u> (individual/population group), and <u>environment</u> (setting or context, social institutions, community systems, laws & norms)				
<b>Key Components of Systems Approach to AOD Prevention Programming</b>				
<b>Risk and Protective Factors as a theoretical framework</b>	<b>Environmental Strategies and Risk Management</b>	<b>Community as context for problem identification and prevention outcomes</b>	<b>Principles of Positive Youth Development/ Resiliency</b>	<b>CSAP's Strategic Planning Framework (SPF)</b>
<p>Research demonstrates that exposure to risk factors across all domains of life experience is cumulative and is predictive of AOD problem development.</p> <p>Research-identified protective factors can buffer the effects of risk-factor exposure.</p>	<p>Employ strategies to manage environments of AOD use and availability and change identified conditions of risk that give rise to and sustain AOD problems.</p> <p>Effective strategies can affect many persons over extended periods of time.</p> <p>Seeks to sustain change through policy development.</p>	<p>Designates community as the population unit or context in which AOD problems are most effectively addressed.</p> <p>Places the locus of ownership and responsibility for developing effective solutions to AOD problems at the community level.</p> <p>Provides a process for mobilizing and empowering communities.</p>	<p>Values young people as important resources and fully enfranchised members of the community.</p> <p>Provides opportunities for young people to experience meaningful involvement and participation in all phases of planning and implementation of prevention services.</p> <p>Provides support necessary to assist youth in developing their capabilities and skills.</p>	<p>Assessment – Profile population needs, resources, and readiness to address problems and gaps in service delivery.</p> <p>Capacity – Mobilize and/or build capacity to address need.</p> <p>Planning – Develop a comprehensive strategic plan.</p> <p>Implementation – Implement evidence-based programs and infrastructure activities.</p> <p>Evaluation – Monitor, evaluate, sustain and improve or replace those strategies deemed ineffective.</p>

## **Two-tiered Approach to AOD Prevention Capacity Building**

Orange County is also committed to a policy of building countywide capacity for AOD prevention that is being implemented on two levels:

1. General, broad-brush capacity-building activities that include:

- Providing AOD information resources (e.g., pamphlets, fact sheets, videos) for use by a broad range of community organizations and individuals
- Giving informational presentations on various AOD topics to schools and community groups
- Providing technical assistance (TA) and trainings to assist the County's prevention providers in achieving their contracted performance outcomes

2. Specific outcome-focused capacity building initiatives undertaken by ADEPT Health Educators that include:

- Developing organization-specific objectives relative to building capacity for AOD prevention, which is achieved through TA provided in ongoing collaborations with several community-based coalitions and service organizations
- Providing training and TA to strengthen AOD prevention services within the Orange County school system
- Providing training and TA to strengthen the AOD prevention services of the entire system, consisting of contract providers, ADEPT and ADAS staff and other Orange County HCA Public Health and Behavioral Health programs

Orange County remains committed to adequate resourcing of prevention efforts. Orange County will continue to maximize effective use of block grants, and will seek partnerships with allies, such as local police departments, in seeking to obtain grants for AOD enforcement. ADEPT will continue to share information about grant opportunities, and will directly apply for grant funds when appropriate to expand the existing resource base. ADEPT is continuing to bolster its own data collection and evaluation capacity, and will share these resources to help others develop effective grant applications.

#### **IV. SPF STEP 3 – PLANNING PROCESS**

Working within the framework of a science-based approach, ADEPT has used strategic planning to ensure that AOD prevention resources are aligned with community priorities, evidence-based strategies and the mission of the County's Health Care Agency. ADEPT has used an outcome-driven practice in conducting its programs and in contracting with community and school-based prevention providers. This history is now in line with the direction of the California Department of Alcohol and Drug Programs (ADP), which requires all California counties to use the Strategic Planning Framework (SPF) in the development of goals, objectives, action plans and evaluation.

The SPF uses a five-step process to plan and organize prevention resources in all California counties. The SPF begins with assessment and capacity building, followed by the development of a strategic plan that spells out goals, objectives and priorities. The fourth step is implementation, using evidenced based strategies, and the fifth and final step is evaluation and monitoring. Of the five steps, a comprehensive plan lies at the center of an ongoing, continuously improving prevention system. This Strategic Plan itself is aligned with the five step framework of the SPF.







AOD prevention is a valuable but not unlimited resource. A good strategic plan maximizes these important resources by ensuring coordination, reducing duplication, and focusing prevention resources on priorities. This is especially important in Orange County, which has a strong interest in maximizing the use of all public resources.

In 2003, as part of the evolution and growth of the ADEPT program, a strategic planning process was begun and a first Strategic Plan for AOD prevention in Orange County developed. The intent of the plan was to provide structure and vision for the many great alcohol and other drug prevention programs. This strategic plan updates the 2003 Strategic Plan, and incorporates new resources, current data, trends, and research into a planning framework to use for the next five years. Several prior documents continue to provide important background, including: ATOD Use Prevalence Survey of Orange County Adults 2002, Orange County California Healthy Kids Survey (CHKS) 2005-06, Circumstances of Last Drink (COLD) Surveys 2002, 2006, and Youth Access to Alcohol Study (YAAS) 2006.

In May of 2006, the decision was made to conduct a survey of key stakeholders in AOD prevention to help identify existing resources, and to obtain concerns and input on priorities for the County's Strategic Plan. Planners recognized the need to look beyond County resources and to engage other stakeholders so that as planning continued, the buy-in of these varied interests could be secured. A total of 43 respondents from prevention and treatment agencies, service programs and community coalitions in Orange County took part in the survey.

Among respondents, education stakeholders were the largest participant group at 43%, followed by prevention (19%), faith community (12%), law enforcement (7%) and treatment at 5%. Along with a review of data, these survey results helped the County team update the 2003 Strategic Plan.

In addition to gathering information about respondents' current efforts, use of data and training needs, the survey asked respondents to prioritize areas of concern for prevention resource allocations. Their priorities reflected both issue areas and strategy preferences. The following table displays these priorities:

Top Priority Areas		Number of Responses	Response Ratio
Youth using alcohol		28	67%
Asset development and protective factors		20	48%
Factors in the community which contribute to misuse of alcohol and other drugs		19	45%
Change norms regarding AOD		15	36%
Youth using illegal drugs		14	33%
Adults using methamphetamine and other illegal drugs		13	31%

Worth noting is that the County of Orange Health Care Agency strategic prevention plan belongs to all stakeholders, not just the County, and represents a shared plan and direction. The County recognizes that planning is a process and the 2007 Strategic Plan will continue to be reviewed and refined as circumstances dictate. Developed under the leadership of Marilyn Pritchard, ADEPT Program Manager, key steps in the planning and strategic plan development process are outlined in the table below.

**County of Orange AOD Strategic Planning Process “At a Glance”**

Survey Stakeholders	Update Strategic Plan	Obtain Input to Draft Strategic Plan	Revise Strategic Plan and Share Findings
Survey the OC prevention community to solicit input on perceived AOD problems, priorities, strategies and needs.	Work with ADEPT and ADAS managers and other staff to review existing and emerging problem data, and community survey results to develop a preliminary plan.	Review draft Strategic Plan with small group of stakeholders and County staff to identify areas that may need revision. Also identify needed capacity building steps for system & partners as a whole.	Revise and update Strategic Plan. Work with planning group to present and report findings. Develop a regular reporting process to reach organizations, agencies and government officials.

**Orange County Strategic Goals and Objectives**

The following five goals and related objectives represent a balanced, comprehensive approach to using prevention resources in a way that relies on data, and on the County’s strengths and expertise with evidence-based approaches.

**GOAL #1: Increase Youth Resilience to Alcohol and Other Drug (AOD) Use**

<b>Countywide Objectives</b>
Increase youth connectedness in family, school and community environments
Increase youth perception of risk/harm associated with AOD use
Increase youth opportunities for meaningful participation in the home, school and community environments
Increase protective factors among at-risk youth

**GOAL #2: Reduce Underage Drinking**

<b>Countywide Objectives</b>
Reduce youth access to alcohol through friends, family and other adults
Reduce youth access to alcohol in on-sale and off-sale retail settings
Increase accurate perceptions of peer alcohol use
Reduce the percentage of youth initiating alcohol use before age 13

**GOAL #3: Reduce Adult High-Risk Drinking and Related Problems**

<b>Countywide Objectives</b>
Reduce high-risk drinking within the college-age population
Reduce conditions that promote high-risk drinking in retail settings and community events
Reduce conditions that promote high-risk drinking in social settings
Increase alcohol screening in health care and other community settings

**GOAL #4: Decrease Alcohol and Drug Impaired Driving**

<b>Countywide Objectives</b>
Increase responsible management and serving practices in retail settings
Increase community awareness of the legal, social and economic costs of alcohol- and drug-impaired driving
Increase the perceived risk of being arrested for AOD-impaired driving
Increase community awareness of DUI enforcement activities

**GOAL #5: Decrease the Use of Illicit and/or Misuse of Licit Drugs by Adults and Youth**

<b>Countywide Objectives</b>
Increase screening and prevention services for youth at risk for marijuana, methamphetamine and other illicit drug use
Increase screening and prevention services for adults at risk for methamphetamine and other illicit drug use
Reduce factors in the community that put youth and adults at risk for methamphetamine and other illicit drug use
Develop and promote comprehensive campaigns and training to address emerging drug problems (e.g., prescription drug abuse, inhalants, methamphetamine)

## V. SPF STEP 4 – IMPLEMENTATION

The County of Orange Health Care Agency has established five principle goals that will be accomplished during a five-year time period. Each of the goals includes several objectives designed to facilitate the achievement of all five goals and to benchmark progress over time. The County's Implementation Plan builds on the combined competencies, skills and resources held by: 1) ADEPT staff; 2) ADAS Prevention staff, and 3) Prevention contractors who provide both school-based and community-based prevention services. Each of these entities maintains their own detailed Work Plans, which specify activities and benchmarks at the task level. The countywide Implementation Plan contained on the following pages serves as a comprehensive overview of information listed in the ADEPT, ADAS Prevention Team, and Prevention Contractors' individual Work Plans.

The five goal areas represent a continuum of universal, selective and indicated prevention services, and cover a comprehensive array of specific strategies. Given the limited available prevention resources and the size and diversity of Orange County, these efforts are focused on specific target communities (e.g. neighborhoods or municipalities) or target population groups (e.g., youth in juvenile detention facilities). The column indicating the number of target communities or groups impacted by the prevention services is a cumulative projection of the number of target communities or groups expected to be impacted during Year 1, Year 3, and Year 5 of the implementation period.

County-level strategic plans required by the State as of July 2007 are expected to be updated annually. Orange County will use the 2007-08 Fiscal Year to improve the specificity of their Implementation Plan in several ways:

- Add more clarity to service definitions and identified target figures on the impact of local services
- Developing internal evaluation and data management systems to better link the ADEPT, ADAS Prevention Team, and Contractor Work Plans with the Countywide Implementation Plan.

In compliance with the State's expectations, these updates will occur on at least an annual basis.

## Orange County Prevention Services Implementation Plan

<b>Problem Statement:</b> <i>The Adolescent Experience Entails Many Risk Factors for AOD Use</i>							
<b>GOAL #1:</b> <i>Increase Youth resilience to Alcohol and Other Drug (AOD) Use</i>							
Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
1.1 Increase youth connectedness in family, school and/or community environments	Increased levels of family, school and/or community connectedness	<ul style="list-style-type: none"> <li>▪ School and community-based PAL-Youth Connect and FNL</li> <li>▪ School/City Partnerships</li> <li>▪ Community events/mobilization</li> <li>▪ School Health Councils</li> <li>▪ Red Ribbon Campaign</li> <li>▪ AOD prevention lessons</li> <li>▪ Parenting presentations</li> </ul>	OCDE (C) ADEPT ADAS	5	19	30	<ul style="list-style-type: none"> <li>▪ FNL and other pre/post surveys</li> <li>▪ Tracking logs of events, campaigns and presentations</li> </ul>
1.2 Increase youth opportunities for meaningful participation in the home, school and community environments	Increased opportunities for meaningful participation	<ul style="list-style-type: none"> <li>▪ School and community-based PAL-Youth Connect and FNL</li> <li>▪ School/City Partnerships</li> <li>▪ Community events/mobilization</li> <li>▪ School Health Councils</li> <li>▪ Red Ribbon Campaign</li> <li>▪ AOD prevention lessons</li> <li>▪ Parenting presentations</li> </ul>	OCDE (C) ADEPT ADAS	N/A	20	28	<ul style="list-style-type: none"> <li>▪ FNL and other pre/post surveys</li> <li>▪ Tracking logs of events, campaigns and presentations</li> </ul>

<b>Problem Statement:</b> <i>The Adolescent Experience Entails Many Risk Factors for AOD Use</i>							
<b>GOAL #1:</b> <i>Increase Youth resilience to Alcohol and Other Drug (AOD) Use</i>							
Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
1.3 Increase youth perception of risk/harm associated with AOD use	Increased levels of perceived risk/harm associated with AOD use	<ul style="list-style-type: none"> <li>▪ Poster Contest</li> <li>▪ Media Literacy Training/Education</li> <li>▪ Community Health Fairs</li> <li>▪ Agency Training</li> <li>▪ Red Ribbon Campaign</li> <li>▪ AOD Curriculum (traditional and non-traditional schools)</li> <li>▪ AOD Education for teachers</li> <li>▪ Community Events/Mobilization</li> <li>▪ AOD Presentations to school and community groups</li> <li>▪ Parenting presentation</li> </ul>	CA Hispanic Commission on Alcohol and Drug Abuse (C) OCDE (C)	15	31	47	<ul style="list-style-type: none"> <li>▪ Pre/post surveys measuring the impact of trainings</li> <li>▪ Tracking logs of health fairs, campaigns, community events and presentations</li> </ul>
		•					•
1.4 Increase protective factors among at-risk youth	Increased levels of protective factors among at-risk youth	<ul style="list-style-type: none"> <li>• School and community-based PAL – Youth Connect and FNL</li> <li>• Life Skills Education</li> <li>• AOD Curriculum</li> <li>• AOD presentations to parents in recovery</li> <li>• Parenting Presentations</li> <li>• PAL – Youth Connect</li> <li>• Protective factors campaigns</li> </ul>	OCDE (C) CSP Faith in Youth (C) Mariposa (C) ADAS ADEPT	14	28	42	<ul style="list-style-type: none"> <li>• Pre/post surveys assessing levels of protective factors</li> <li>• Tracking logs of presentations and campaigns</li> </ul>

<b>Problem Statement:</b> Underage drinking is the leading cause of death for young people under the age of 21.							
<b>GOAL #2:</b> <i>Reduce Underage Drinking</i>							
Objective	Expected Outcome	Approach/Method	Responsible Party ( <b>ADEPT/ ADAS/ Contractor</b> )	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
2.1 Reduce youth access to alcohol through friends, family and other adults	Decreased rates of social access through friends, family and other adults	<ul style="list-style-type: none"> <li>• University alcohol prevention task forces</li> <li>• Social marketing campaigns</li> <li>• Underage Drinking Task Forces</li> <li>• YAAS presentations</li> <li>• Community Events /mobilization</li> <li>• Community and media education</li> </ul>	CSP North (C) CSP Central (C) ADEPT CAN South (C) State Incentive Grant (CCAMP) (C)	5	9	12	<ul style="list-style-type: none"> <li>• YAAS and/or additional pre/post surveys assessing means of obtaining alcohol</li> <li>• Tracking logs of campaigns, presentations and community events</li> <li>• Media output tracking logs</li> </ul>
2.2 Reduce youth access to alcohol in on-sale and off-sale retail settings	Decreased rates of youth access to alcohol in on-sale and off-sale retail settings	<ul style="list-style-type: none"> <li>• Commercial Availability – Compliance Checks</li> <li>• YAAS presentations</li> <li>• ASIPS data applications-Merchant education</li> <li>• Collaboration with law enforcement agencies</li> <li>• Community task forces</li> </ul>	CAN South (C ) CSP North (C) State Incentive Grant (CCAMP) (C) ADEPT	3	6	8	<ul style="list-style-type: none"> <li>• Results/outcome of compliance checks</li> <li>• Documentation of YAAS presentations</li> <li>• Merchant education efforts and frequency of collaborative efforts with law enforcement agencies</li> </ul>

**Problem Statement:** Underage drinking is the leading cause of death for young people under the age of 21.

**GOAL #2:** *Reduce Underage Drinking*

Objective	Expected Outcome	Approach/Method	Responsible Party ( <b>ADEPT/ ADAS/ Contractor</b> )	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
2.3 Increase accurate perceptions of peer AOD use	Increased accurate perceptions of peer AOD use	<ul style="list-style-type: none"> <li>• Social norms campaigns</li> <li>• PAL – Youth Connect</li> </ul>	OCDE (C) ADAS ADEPT	3	6	9	<ul style="list-style-type: none"> <li>• Pre/post surveys measuring perceptions of peer AOD use</li> <li>• CHKS data</li> <li>• Tracking logs and/or other process measures documenting social norms campaigns and other interventions</li> </ul>
2.4 Reduce the percentage of youth initiating alcohol use before age 13	Fewer youth reporting any lifetime use of alcohol in grade 7	<ul style="list-style-type: none"> <li>• School interventions</li> <li>• Faith-based initiatives</li> </ul>	OCDE (C) CSP Faith in Youth (C) ADAS ADEPT	N/A	20	28	<ul style="list-style-type: none"> <li>• CHKS data</li> </ul>

<b>Problem Statement: Adult High- Risk Drinking Contributes to Health Problems and Other Threats to Community Safety</b>							
<b>GOAL #3: Reduce Adult High-Risk Drinking and Related Problems</b>							
Objective	Expected Outcome	Approach/Method	Responsible Party ( <b>ADEPT/ADAS</b> /Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
3.1 Reduce high-risk drinking within the college-age population	Positive (alcohol use) norms exist in college and community environments	<ul style="list-style-type: none"> <li>• Social norms campaigns</li> <li>• UMADD chapters</li> <li>• e-CHUG assessments</li> <li>• AOD prevention curriculum infusion</li> </ul>	SIG (CCAMP) (C) Community Colleges (C) ADEPT	2	5	7	<ul style="list-style-type: none"> <li>• Pre/post surveys assessing alcohol related norms</li> <li>• Tracking logs of campaigns</li> </ul>
3.2 Reduce conditions that promote high-risk drinking in retail settings and community events	Fewer conditions that promote high-risk drinking in retail settings and community events	<ul style="list-style-type: none"> <li>• Community event planning committees</li> <li>• ASIPS data applications</li> <li>• Merchant education, training, and public awareness through media</li> </ul>	CSP Central (C) SIG (CCAMP) (C) CLEW (C ) ADEPT	2	3	4	<ul style="list-style-type: none"> <li>• Documentation of increased restrictions at community events</li> <li>• Tracking logs of merchant education efforts</li> <li>• Media output tracking logs</li> </ul>

<b>Problem Statement: Adult High- Risk Drinking Contributes to Health Problems and Other Threats to Community Safety</b>							
<b>GOAL #3: Reduce Adult High-Risk Drinking and Related Problems</b>							
Objective	Expected Outcome	Approach/Method	Responsible Party ( <b>ADEPT/ADAS</b> /Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
3.3 Reduce conditions that promote high-risk drinking in social settings	Fewer conditions that promote high-risk drinking in social environments	<ul style="list-style-type: none"> <li>• Training to On/Off campus housing managers</li> <li>• Community mobilization</li> <li>• ASIPS data applications</li> </ul>	SIG (CCAMP) (C ) ADEPT	3	3	3	<ul style="list-style-type: none"> <li>• Pre/post surveys conducted with campus housing managers</li> <li>• ASIPS data (change over time)</li> <li>• Tracking logs of trainings and community mobilization efforts</li> </ul>
3.4 Increase alcohol screening in health care and other community sites	Increased availability of alcohol screening in medical and other community sites	<ul style="list-style-type: none"> <li>• Promote screening protocols</li> <li>• Outreach to high-risk populations</li> </ul>	CAN South (C ) CSP North (C) ADAS	17	23	29	<ul style="list-style-type: none"> <li>• Documentation of alcohol screening becoming available (by site)</li> <li>• Results of alcohol screenings</li> <li>• Tracking logs of outreach efforts targeting high-risk populations</li> </ul>

<b>Problem Statement:</b> <i>Limited Knowledge of Consequences, Visible DUI Enforcement and Responsible Serving Practices Contribute to Alcohol Impaired Driving</i>							
<b>GOAL #4:</b> <i>Decrease Alcohol-Impaired Driving</i>							
Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
4.1 Increase responsible management and serving practices in retail settings	Increased use of responsible management and serving practices in retail settings	<ul style="list-style-type: none"> <li>• Merchant education and training</li> <li>• Partnerships with law enforcement agencies</li> </ul>	ADEPT SIG (CCAMP) (C)	8	10	12	<ul style="list-style-type: none"> <li>• Pre/post surveys completed with merchants attending responsible retail management and serving education and/or training</li> <li>• Number of new partnerships established with law enforcement agencies</li> </ul>

<b>Problem Statement:</b> <i>Limited Knowledge of Consequences, Visible DUI Enforcement and Responsible Serving Practices Contribute to Alcohol Impaired Driving</i>							
<b>GOAL #4:</b> <i>Decrease Alcohol-Impaired Driving</i>							
Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
4.2 Increase community awareness of the legal, social and economic costs of alcohol- and drug-impaired driving.	Increased community awareness of the legal, social and economic costs of alcohol- and drug-impaired driving.	<ul style="list-style-type: none"> <li>• DUI awareness campaigns</li> <li>• ASIPS data applications</li> </ul>	CAN South (C ) CSP Central (C) CSP North (C) CLEW (C ) ADEPT	5	8	12	<ul style="list-style-type: none"> <li>• Community level surveys documenting awareness of impaired driving in targeted regions</li> <li>• ASIPS data</li> <li>• Tracking logs of DUI awareness campaigns</li> </ul>
4.3 Increase community awareness of DUI enforcement activities	Increased community awareness of DUI enforcement activities	<ul style="list-style-type: none"> <li>• Publicizing enforcement activities</li> <li>• Media campaigns</li> <li>• Media advocacy</li> </ul>	TBD	N/A			<ul style="list-style-type: none"> <li>• Local surveys</li> <li>• Tracking of media outputs</li> </ul>

<b>Problem Statement:</b> <i>Limited Knowledge of Consequences, Visible DUI Enforcement and Responsible Serving Practices Contribute to Alcohol Impaired Driving</i>							
<b>GOAL #4:</b> <i>Decrease Alcohol-Impaired Driving</i>							
Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
4.4 Increase the perceived risk of being arrested for AOD-impaired driving	Increased levels of perceived risk of being arrested for AOD-impaired driving	<ul style="list-style-type: none"> <li>• DUI awareness campaigns</li> <li>• Partnerships with law enforcement agencies</li> <li>• Community task forces</li> <li>• Media campaigns</li> </ul>	CAN South (C) CSP Central (C) CSP North (C) ADEPT	3	6	9	<ul style="list-style-type: none"> <li>• Community level surveys documenting perceived risk of arrest for impaired driving</li> <li>• Tracking logs documenting DUI awareness campaigns</li> <li>• Evidence of partnering with law enforcement</li> <li>• Media output tracking</li> </ul>

**Problem Statement:** *Use of Illicit and/or Misuse of Licit Drugs by Adults and Youth Contributes to Community Health and Safety Problems*

**GOAL #5:** *Decrease the Use of Illicit and/or Misuse of Licit Drugs by Adults and Youth*

Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
5.1 Increase screening and prevention services for youth at risk for marijuana, methamphetamine and other illicit drug use and/or misuse of licit drugs	Increased availability of screening and prevention services for youth at risk for marijuana, methamphetamine and other illicit drug use and/or misuse of licit drugs	<ul style="list-style-type: none"> <li>• Community awareness and education</li> <li>• Promote screening protocols</li> <li>• Outreach to high-risk populations</li> </ul>	ADAS	1	2	4	<ul style="list-style-type: none"> <li>• Documentation of increased availability of screening and prevention services for at-risk youth</li> <li>• Results of screening protocols</li> <li>• Tracking logs of community awareness/ education and outreach efforts targeting at-risk youth populations</li> </ul>
5.2 Increase screening and prevention services for adults at-risk for methamphetamine and other illicit drug use and/or misuse of licit drugs	Increased availability of screening and prevention services for adults at-risk for methamphetamine and other illicit drug use and/or misuse of licit drugs	<ul style="list-style-type: none"> <li>• Community awareness and education</li> <li>• Promote screening protocols</li> <li>• Outreach to high-risk populations</li> </ul>	CAN South (C) CSP North (C) ADEPT ADAS	2	4	6	<ul style="list-style-type: none"> <li>• Documentation of increased availability of screening and prevention services for at-risk adults</li> <li>• Results of screening protocols</li> <li>• Tracking logs of community awareness/ education and outreach efforts targeting at-risk adult populations</li> </ul>

**Problem Statement:** *Use of Illicit and/or Misuse of Licit Drugs by Adults and Youth Contributes to Community Health and Safety Problems*

**GOAL #5:** *Decrease the Use of Illicit and/or Misuse of Licit Drugs by Adults and Youth*

Objective	Expected Outcome	Approach/Method	Responsible Party (ADEPT/ADAS/ Contractor)	Number of target communities or groups impacted			Measurement Tool
				Year 1	Year 3	Year 5	
5.3 Reduce factors in the community that put youth and adults at-risk for methamphetamine and other illicit drug use and/or misuse of licit drugs	Reduction of factors in the community that put youth and adults at-risk for methamphetamine and other illicit drug use and/or misuse of licit drugs	<ul style="list-style-type: none"> <li>• Apartment manager training</li> <li>• Agency capacity building</li> <li>• OC Meth Task Force</li> <li>• ASIPS data applications</li> </ul>	CSP Central (C ) ADEPT ADAS	7	12	15	<ul style="list-style-type: none"> <li>• Pre/post surveys of apartment manager trainings</li> <li>• Tracking logs of trainings and agency capacity building activities</li> <li>• ASIPS data</li> </ul>
5.4 Develop and promote comprehensive campaigns and training to address emerging drug problems (e.g., prescription drug abuse, misuse of other licit drugs, inhalants, methamphetamine, etc.)	Comprehensive campaigns and training to address emerging drug problems have taken place	<ul style="list-style-type: none"> <li>• Parent, adult and youth leader trainings</li> <li>• Resource Library</li> <li>• Video presentations</li> <li>• Information/resource packets</li> <li>• Community and school based prevention coalitions</li> </ul>	ADEPT CSP Central (C )	6	11	14	<ul style="list-style-type: none"> <li>• Tracking logs of the number of leader trainings, presentations, and campaigns</li> <li>• Tracking logs of the number of video presentations and information/resource packets distributed</li> </ul>

## VI. SPF STEP 5 – EVALUATION

The County of Orange Health Care Agency's evaluation strategy is comprised of specific measures and activities for prevention initiatives currently being carried out by the ADEPT Health Education Team, the ADAS Prevention Team and contracted prevention providers. Evaluation methodologies depend on the prevention strategies implemented, and are customized to measure outcomes associated with each implemented activity. Each funded prevention provider, as well as the ADEPT Health Education Team and ADAS Prevention Team are required to develop an annual Action Plan, including activities to be conducted, identified responsible party/parties, a timeline, and corresponding tracking measures for each planned activity. Quarterly reports also are required (i.e., documenting progress and results achieved relative to each Action Plan). All of the prevention activities carried out are linked to the five countywide goals and are consistently reported on in CalOMS.

Currently, a number of providers' evaluation strategies include the use of project-specific pre-/post-surveys to assess changes in attitudes, knowledge and behaviors among targeted populations. Additional evaluative data sources include information gleaned from: focus groups, activity logs, meeting agendas and minutes, copies of developed materials (e.g., posters, flyers, resource guides, brochures, handouts, campaign plans, etc.), qualitative progress reports prepared by project staff, media outputs and needs assessments. Other data sets used to inform evaluation efforts include California Healthy Kids Survey data, YAAS data, COLD Survey data, and information contained in the ASIPS/GIS program. The majority of funded providers contract evaluation services with an external evaluator, however, a few providers design and implement their own evaluation plans. The Health Education Team and ADAS Prevention Team conduct evaluation activities through their own staff. ADEPT Program Evaluation Specialists (PES), along with the in-house research analyst, review each contract provider's evaluation plan and provide ongoing technical assistance.

The planned evaluation strategy for the next five-years involves developing an evaluation infrastructure that is both more cohesive and more outcome/impact based. Although significant amounts of evaluative data exist currently, the County intends to continue to strengthen its ability to measure the impact of staff and provider efforts through several processes.

First, data collection tools that are more standardized will be developed and implemented. Currently, ADEPT, the ADAS Prevention Team, and funded providers are documenting their activities and evaluating their efforts; however, each is using independent measures (e.g., surveys, logs, or other tracking measures) to assess progress. Over time, it will be useful to have a series of evaluation tools (e.g., pre-/post-surveys, interview protocols, focus group questions, etc.) that can be shared and used by those implementing similar initiatives. More importantly, when the data are analyzed, findings can be summarized relative to the *overall* impact of initiatives designed to achieve similar outcomes.

Second, greater emphasis will be placed on the measurement of change over time and the impact of implemented prevention strategies. Currently, many of the evaluative measures in place are more process-oriented (e.g., counting the number of meeting attendees/participants or frequency of presentations delivered; providing evidence that a particular prevention campaign was, in fact, developed and implemented; descriptions of the types activities or services that were carried out – when, by whom, where, and so forth). The County plans to provide technical assistance and training to members of the Health Education Team, ADAS Prevention Team, and to their funded

providers so that, over time, the evaluation component shifts from a process-orientation to more of an impact-orientation.

Third, the County will begin to incorporate a formative evaluation philosophy such that evaluation data are collected at multiple points during the fiscal year to allow staff greater ability to utilize interim findings to shape the implementation of projects and initiatives. The formative evaluation orientation also will contribute to continuous improvement and identification of needs (e.g., additional staff, professional development or training, etc.), and shall be useful for guiding resource allocation.

As stated, ADEPT, ADAS Prevention Team and all of the prevention providers already are required to develop evaluative measures and report on them in CalOMS. As part of the strategic planning process, however, it became clear that the County intends to take several steps that will not only allow them to make greater use of data to shape prevention planning, but also assist them in documenting effective prevention activities. ADEPT staff, ADAS Prevention Team and prevention providers are familiar with the SPF process, including the evaluation component. Work sessions were held with staff from the Health Education Team and ADAS Prevention Team to develop the SPF Step 4 Implementation Plan, and to inform the SPF Step 5 Evaluation component. During FY07-08, additional work sessions and technical assistance will be provided to assist in the design and implementation of evaluation plans for both the health educators and ADAS Prevention staff.

The County of Orange Health Care Agency will continue to enter information into CalOMS in a diligent and timely manner with ADEPT serving as the CA Department of Alcohol and Drug Programs' designated liaison for all CalOMS operations within the county. Each contracted prevention provider will continue entering service activity information into CalOMS and submitting quarterly reports to ADEPT. Evaluation-related information entered by providers, the Health Education Team and ADAS Prevention Team will be reviewed at regular intervals. On a semi-annual or annual basis, ADEPT will report evaluation information into the Evaluation Module within CalOMS.