



**Plumas County Strategic Plan for
Alcohol and Other Drug Prevention**

Using the Strategic Prevention Framework

June 2007



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Introduction

Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds are awarded to counties by the California Department of Alcohol and Other Drug Programs (ADP). Twenty percent of the State's SAPT Block Grant funds are dedicated to primary prevention. Primary Prevention is defined as *a strategy, or set of strategies, employing principles that have produced evidence of effectiveness in preventing community-level alcohol, tobacco or other drug problems among those not in need of treatment.* The Department of Alcohol and Drug Services administers the SAPT funds for alcohol and other drug prevention services in Plumas County.

Strategic Prevention Framework Five Steps

Under the directive of ADP, counties are required to use the Strategic Prevention Framework (SPF) for all SAPT funded primary prevention services. This planning process utilizes the following five steps:

Assessment: Identify areas of concern for community AOD problems, collect and analyze relevant data to define the local magnitude and locations of problems, identify target populations and environments, and assess resources. Rank AOD problems according to community need and health/safety criteria; share data and ranked concerns with stakeholders and community.

Capacity: Assess readiness, capacity and stakeholder/community resources to implement and sustain prevention initiatives. Engage and mobilize local resources (financial and organizations) to address assessed needs. Build capacity of coalition/stakeholder group to address needs. Build readiness, cultural competence and leadership among prevention partners.

Planning: Set priorities for action on AOD focus areas, Identify research based "best practice" strategies for use with target populations and/or high risk settings. Identify goals, objectives, and measurements (logic models, action plans, etc.).

Implementation: Carry out the plan(s) developed. As appropriate, issues RFP's/RFA's to carry out the work of the plan. Document the plan's process, activities and progress. Modify (and document) any changes to the plan.

Evaluation: Activate the evaluation plan. Collect, analyze and report evaluation data to determine processes and outcomes for programs, practices and strategies implemented. Review and share evaluation data with stakeholders/community. Use evaluation findings to refine and improve prevention services.

Strategic Prevention Framework Planning Process

Plumas County Alcohol and Drug Services contracted with the Plumas County Health Department to coordinate the SPF process. With the assistance of Danelle Campbell, a private consultant, Plumas County was facilitated through a three month process to create a comprehensive prevention plan for Alcohol and Other Drug Prevention Services in Plumas County. The SPF planning process was initiated in April 2006 and finalized in June 2006. The SPF planning process consisted of the following:

AOD Advisory Board Presentation of SPF process: The Plumas County Alcohol and Other Drug Advisory Board were provided an overview of the SPF process along with a question/answer session.

Community Presentation of SPF process: A presentation open to all community members allowed for the opportunity for community members to understand the SPF process, timeline and outcomes. In addition, community members nominated potential stakeholders to join the SPF workgroup.

Development of SPF Workgroup: Stakeholders from 14 critical sectors were nominated and asked to participate in the ongoing SPF workgroup process. Sectors represented included schools, youth, parents/families, seniors, medical/health, faith, civic organizations, merchant/business owners, government, media, law enforcement, human/social services, parks, and community based organizations.

Data Collection and Analysis: The SPF Workgroup conducted a comprehensive collection, review and analysis of local, state and national quantitative and qualitative data. Representatives from each sector provided valuable data sets, expertise and experience.

Prioritize Focus Areas: As a result of the data review and analysis, the SPF Workgroup identified and prioritized the areas of focus for prevention services over the next two years.

Identification of Contributing Factors, Indicators, Goals and Effective Strategies: The SPF Workgroup developed the contributing factors, indicators, goals, and effective strategies for addressing each of the identified focus areas. Research supported “best practices” were used to guide the development of the goals.

Development of Action Plan: The SPF Workgroup developed objectives, timelines and roles/responsibilities for identified goals/objectives.

Additional Community Input: The draft of the SPF plan was not only reviewed by the individuals from the sectors identified above, it was shared with numerous

other community members and groups. This provided the opportunity for additional input and feedback.

Finalize Strategic Prevention Plan: Development of the final plan was achieved after sufficient review and feedback had been obtained by the SPF Workgroup, stakeholders and community members. Plumas County AOD Prevention Services will assume oversight and responsibility of the SPF plan implementation and evaluation.

Community Presentation of Strategic Prevention Framework Plan: The finalized SPF plan for Plumas County was presented at a community wide meeting. Members of the SPF Workgroup contributed to the overview of the planning process.

Special acknowledgement and appreciation to the SPF Workgroup members. These individuals represented various critical community sectors, bringing their rich experiences, knowledge and history into the process. They volunteered several hours reviewing data, reviewing draft documents, assessing community strengths and barriers, identifying contributing factors/influences in the community and providing a voice for the unique needs of the community. Workgroup membership consisted of Mimi Hall, Bob Shipp, George Steffenson, Darryl Brown, Lynn Walters, Kest Porter, Gini Natalie, Dennis Thibeault, Carol Lee, Stephanie Barreno, Todd Johns, Joyce Scroggs, Joe McIntyre, Brandi McIntyre, Barbara Palmerton, Patty Miller, Marcy Kidder, Greg Hagwood, Chris DeHart, Nancy Rarick and Hank Eisenman, Vicky Tuck, and Janine

Vision

Will be developed by the AOD Prevention Coalition in 2007

Mission

Will be developed by the AOD Prevention Coalition in 2007

Guiding Principles

Will be developed by the AOD Prevention Coalition in 2007

Core Values

Will be developed by the AOD Prevention Coalition in 2007

Plumas County Profile

Plumas County is located in the Sierra Nevada of the U.S. state of California. The county gets its name from the Spanish words for the Feather River (*Río de las Plumas*), which flows through the county. The county seat is Quincy

According to 2006 U.S. Census Bureau data, there are 21,263 residents in Plumas County, or 8.2 people per square mile. Residents live in four small communities (Quincy, Portola, Greenville and Chester), a minimum of 30 miles apart. Driving time between communities is 45 minutes to 1 ½ hours on mountain roads and can be prolonged in the winter due to storms. The nearest service areas are each about a 1½ hour drive from the county seat of Quincy. This area has been designated as one of the fifteen “frontier counties” of California due to its small population, self-sufficient pioneer attitudes and geographical isolation.

The county population is 89% Caucasian, 7% Hispanic/Latino, 2.5% Native American and 1.5 % identified as members of other races. Although the county is ethnically less diverse than the state as a whole, the Latino population is growing and nearly doubled over the past 20 years. The school districts student Hispanic/Latino population is nearing 10%, with a higher concentration in Portola and a 3% district wide Native American student population, with most of these students living in Greenville. Plumas County’s per capita income of \$19,391 is 75% of the state’s average of \$26,368. Due to high rates of seasonal employment of residents, the 2006 unemployment rate averaged 9.5% compared to the state at 6.2%.

Approximately 13.1% of the county and 16.9% of its children live in poverty, and 40.7% live in low-income households. The 2004 PUSD Poverty Report indicates 41.89% of its children access the free or reduced lunch program. High rates of poverty, winter weather conditions, seasonal employment, limited public transportation, and elevated levels of drug and alcohol abuse often translate into insufficient or delayed access to health care, education and other services, and ultimately student and family isolation.

An increasing number of at-risk, low-income families with children and/or persons are classified under the McKinney-Vento definition of homelessness (multiple families residing within one household). Additional barriers to health services in Plumas County include the fact that approximately one in three children lack health insurance coverage and access to out-of-county medical services, including dental care. This fact often prevents early health, dental and mental health assessments and screenings for low-income children which also impacts school successes. There are over 300 students participating in the Special Populations Program of PUSD. According to the 2002 California Long Term Care County Databook, one in nine people in Plumas County are eligible for Medi-Cal benefits.

Juvenile violence and delinquency in Plumas County remains a challenging issue. Probation Department statistics reflect a 30% increase in juvenile petitions, reports and reviews between 1997 and 2002, and an additional 45% increase between 2004 and 2006. Local victimization data show similar increases in violence patterns, especially assaults and harassment incidents in local grammar, junior high and high schools.

According to the California Department of Justice during the period from 1996-2005 there were an average of 389 juvenile felony arrests and 1,045 juvenile misdemeanor arrests per year within Plumas County against juvenile offenders over the ten-year period. Juvenile violations with the greatest number of incidents included: liquor and drug abuse violations, incorrigible behavior, aggravated and other assaults, burglary and larceny-theft, sex offenses, driving under the influence and probation violations.

Plumas County's child abuse referral rate of 72.9 per 1,000 is 40% higher than the state rate of 51.7 per 1,000. Plumas County's rate of children in foster care (10.1 per 1,000) is 17% higher than the state's (8.6 per 1,000). Compared to the state, Plumas County has had a higher recurrence of maltreatment, both within 12 months of any substantiation and within 12 months of first substantiation. Since 2002, the number of homeless children and families continues to increase as housing costs rise and affordable rentals are difficult to sustain.

The problems of substance abuse and violence show that PUSD students have much higher rates of alcohol and substance use than the state. Table A shows the results of the California Healthy Kids Survey administered in the 2004-2005 school year in grades 7, 9, and 11. PUSD students fare worse than their statewide counterparts in every alcohol, tobacco, and other drug (ATOD) indicator listed. According to the National Survey on Drug Use and Health approximately 18.1% of rural 13 year-olds (the approximate age of 9th graders) drank alcohol in the last 30 days compared to 35.5% of Plumas County respondents in grade 9. In the past three years over 295 Plumas County youth have been arrested for drugs and alcohol averaging 98 per year. Between 1999 and 2001, our three-year rate (44.7 per 1,000) was almost five times the state's average (9.1 per 1,000).

<i>Alcohol, Tobacco and Other Drug Risk Behavior</i>	<i>Plumas</i>	<i>California Student Survey</i>
<i>Ever smoked tobacco?</i>	34.3%	17.6%
<i>Ever chew tobacco?</i>	13.3%	4.3%
<i>Ever drink alcohol?</i>	56%	41%
<i>Ever been very drunk or sick after drinking?</i>	35%	23%
<i>Ever smoke marijuana?</i>	33%	23.6%
<i>Ever been high from using drugs?</i>	30.6%	21.3%
<i>Smoke tobacco in the past 30 days?</i>	14.3%	3%
<i>Drink alcohol in the past 30 days?</i>	32%	24%
<i>Drink 5 drinks in a couple of hours in the past 30 days?</i>	17%	23.3%
<i>Been drunk or high on school property?</i>	16%	12.6%

Compiled by Mimi Hall from the 2005-2006 California Healthy Kids Survey Technical Report.

Between 2000 and 2002, Plumas County's average total retail liquor outlets per 100,000 (791.1) was four times higher than the state (191.6). In grade 7,

approximately 26% of the students thought it was fairly or very easy to obtain alcohol as compared to 84% (a three-fold increase) in grade 11. This statistic is more dramatic for marijuana. Students in grade 11 were over four times more likely to perceive that it was easy or fairly easy to obtain marijuana (80%) than students in grade 7 (15%). In addition 43% of the grade 11 respondents were offered illegal drugs on school property with over half of these students stating they were offered these drugs at least four times. The 2004 Community Indicators of Alcohol & Drug Abuse Risk Report shows juvenile arrests for drug and alcohol offenses from 1999-2001 at a rate of 44.1 per 1,000 verses the California rate of 9.1 per 1,000, placing Plumas County's statewide ranking at 58th, or the worst in the state.

Plumas County Alcohol and Drug Concerns Listed By Priority (determined on how often the issue surfaced throughout the assessment process)

1. Alcohol

Issues	Contributing Factors	Data Sources
<ul style="list-style-type: none"> • Beginning in middle school • Drinking alcohol at school (Middle School through High School) is perceived to be a daily occurrence • In HS, weekend and daily drinking is the norm, as well as binge drinking • Parent/adult family member alcohol use is perceived as frequent and the norm 	<ul style="list-style-type: none"> • Easy access through siblings, acquaintances and parents. • Only 11% of 9th graders and 10% of 11th graders surveyed reported it was fairly or very difficult to obtain alcohol • Nearly 60% of Plumas 11th graders have been very drunk or sick from alcohol, 53% have been high from using drugs, 36% had 5 or more drinks at one time in the past 30 days (binge drinking), almost 40% report driving after drinking, and 26% of respondents have been drunk or high on school property • Lack of uniform enforcement of the law – deputies have asked youth who are drinking to “keep it down”, “take it out to the woods” and do not consistently cite/arrest • Parents will fight their child’s citation for alcohol or tobacco use, giving the perception youth alcohol use is the norm • Increased awareness of the dangers of drinking and driving, but not that alcohol use itself is harmful. (Report of “safe” overnight campouts in order to drink, parents hosting parties for youth with alcohol as long as nobody drink and drives • School policy: school cases of alcohol use are not consistently referred to law enforcement, but are handled as an internal disciplinary problem • Staff turn a blind eye to alcohol use at school • Youth have been arrested with a blood alcohol content as high as .18 who seem functionally, presumable due to tolerance • Adult family members drink and offer alcohol to youth • Strong community norm that alcohol use by youth is expected • Popular culture and constant access to it through technology reinforces the norm of youth alcohol use 	<ul style="list-style-type: none"> • Teen Issues Advisory Board (TIAB) survey • Rotary Youth Leadership Camp applications from Chester high school students cited the 2 most critical problems facing youth at school are alcohol and drug use, especially during school hours. • Focus group data from 12 Quincy and Portola youth and in middle school and high school and 4 adults • California Health Kids Survey, 2004-2005 technical report • Plumas County Foster Care Placements • Qualitative data from law enforcement • Juvenile Justice Commission youth interviews • Plumas County demographic and economic data, US Census Bureau

2. Marijuana and Pharmaceuticals (tied as the #2 issue)

Issues	Contributing Factors	Data Sources
<ul style="list-style-type: none"> • Beginning in middle school • Use of pharmaceuticals during the school day on and off campus • Mixing of pharmaceuticals with alcohol, caffeine and other drugs • Prescription and over the counter drugs are both being used 	<ul style="list-style-type: none"> • Easy access for youth through siblings, acquaintances and parents • 39% of 9th graders and 34% of 11th graders participating in a statewide survey reported they had been offered illegal drugs on school property in the last 12 months. • Marijuana use goes hand in hand with alcohol use • School policy: school cases of alcohol and drug use are not consistently implemented across the district and vary depending on site and site administrator. • Kids know where to get marijuana, who to get from, and how much it costs • No childcare for teens • Parent problems (financial, substance abuse, marital) consume the family, leaving little adult support for kids. • Teen depression • Pressure on kids from multiple responsibilities, taking care of family when parents are not able • Community norm to “medicate” for any problem, beginning from early childhood, reinforcing the perception to use a substance in response to a condition • Easy access – OTC purchase or raid parents’ medicine cabinets • Seeing names of your neighbors, families and friends each week in the Sheriff’s blotter is disheartening and also makes it seem like alcohol and drug use and arrests are the norm. • Kids as young as middle school are telling peers that they smoke marijuana with parents and grandparents. 	<ul style="list-style-type: none"> • Focus group data from 12 Quincy and Portola youth and in middle school and high school and 4 adults • California Health Kids Survey, 2004-2005 technical report • Law enforcement/arrest data • Juvenile Justice Commission youth interviews • Plumas County demographic and economic data, US Census Bureau • Plumas County Foster Care Placements

3. Methamphetamines

Issues	Contributing Factors	Data Sources
<ul style="list-style-type: none"> • The impact of meth has been a community issue for 20 years and is not decreasing • Meth use is making its way into younger age groups (young adults and young women) and into schools 	<ul style="list-style-type: none"> • School policy: lack of uniform implementation and enforcement throughout the district. • Parent problems (financial, substance abuse, marital problems) consume the family, leaving little adult support for kids. • Some youth take drugs to stay thin • Kids know where to get it, who to get from, and how much it costs • Kids will take to stay up and be able to party longer • Seeing names of your neighbors, families and friends each week in the Sheriff's blotter is disheartening. There are multiple arrests each week in all communities for meth related crime. 	<ul style="list-style-type: none"> • Focus group data from 12 Quincy and Portola youth and in middle school and high school and 4 adults • California Health Kids Survey, 2004-2005 technical report • Plumas County Foster Care Placements • Qualitative data from law enforcement • Juvenile Justice Commission youth interviews • Plumas County demographic and economic data, US Census Bureau

4. Other Issues and Emerging Trends

Other Issues	Contributing Factors	Data Sources
<ul style="list-style-type: none"> • Cocaine, LSD, Ecstasy 	<ul style="list-style-type: none"> • Street cost of cocaine has dropped, perhaps due to the availability of methamphetamine • Those who use alcohol use and mix multiple drugs 	<ul style="list-style-type: none"> • CHP and Sheriffs Office recent cocaine related arrests • Juvenile Justice Commission youth interviews • Rotary Youth Leadership Camp applications from Chester high students

Contributing Factors Across All Issues

- No childcare or organized/supervised activities for teens – left on their own
- School policy: school cases of alcohol, tobacco or drug use are not consistently handled and/or referred to law enforcement
- Lack of caring relationships with adults - they don't care or listen. Lack of connection to school/community.
- Parent problems (financial, substance abuse, marital) consume the family, leaving little adult support for kids
- Norm of “medicating” that starts from birth up
- Youth start drinking very young.
- Alcohol is easy to get
- Drinking alcohol is seen as a “rite of passage”
- There is community wide acceptance of youth drinking alcohol
- Notion that prescribed drugs are OK to take
- Lack of opportunities for young people (leadership, advocacy, skill building)
- Teen depression
- Economy and lack of good income for families
- Break down of value system across environments – family/home, school, community
- Adults/parents are allowing youth to drink alcohol in their homes
- Early use of alcohol as the beginning of multiple substance abuse and family and community norms accepting it
- Not enough local data and appropriate coordinated efforts to address systemic problems
- Lack of community connectedness and caring relationships across and between age groups
- Sexual activity, violence and abuse in the mix with AOD use and availability to minors from adults
- Cycle of use and abuse – family structure, fetal alcohol syndrome
- Adults are unaware of the research about the impacts of alcohol of the brain
- Education is key – our schools lack resources to address the multifaceted issues that are barriers to learning. Students cannot learn if they are not physically and mentally able or present to learn.
- We need more opportunities to build skills in youth – more workshops, training, conferences
- State collected data show Plumas County women get prenatal care has as often as compared with the state – may be missing opportunities for referral, education, etc. on AOD use during pregnancy

Based on the findings of the needs assessment, as well as a review of the current prevention program inventory, the Plumas County SPF Workgroup identified and prioritized the following areas of focus for the primary prevention efforts for the next two years. It should be noted that the lack of significant resources and current capacity of the prevention services infrastructure and organization has limited the focus areas. The needs assessment and prioritization process identified additional significant areas for future consideration (as documented above).

Plumas County AOD Community Coalition Strategic Plan				
Priority Area One: Organizational Capacity for Prevention (the internal capacity of the organization and individuals responsible for the implementation, monitoring and sustainability of prevention services critical to the success of the strategic plan).				
Identified Problem: Limited organizational capacity for oversight and management of the Plumas County SPF process				
Contributing Factors:				
<ul style="list-style-type: none"> • Limited staffing/human resources • Limited funding • Limited local data and/or tracking systems • Limited collaboration across prevention service providers • Limited capacity for resource development 				
Goal: Increase organizational capacity to implement, monitor and sustain prevention efforts.				
Goal Narrative: Establish and strengthen collaboration among individuals, communities, private nonprofit agencies, schools, and, local governments to support the efforts of the Plumas County AOD community coalition to prevent and reduce substance abuse among youth. The objectives under this section are divided into four strategies, assessment, collaboration, capacity building and resource development. Plumas County AOD community coalition will implement the SPF 5 step evidence-based planning process for community planning and decision making. Plumas County Public Health will take a leadership role to ensure that the coalition is a formal arrangement for cooperation and collaboration between groups in Plumas County and is representative of multiple sectors. This focus area will build the capacity of the organization and its partners and sustain the AOD prevention efforts in the community.				
Strategies:				
<ul style="list-style-type: none"> • Assessment • Collaboration • Capacity Building • Resource Development 				
Objective:	Activity	Timeline:	Evaluation Measure	Sector Responsible
Create a 50% increase in coalition membership	1. Identify current level of involvement 2. Identify potential partners, including volunteers and youth	1. Sept. 2007 2. Sept. 2007 3. Sept. 2007	1. Sign in sheets 2. Develop outreach list for new members	Project lead, coalition members

	<ol style="list-style-type: none"> 3. Collect information about their programs, including contact information, populations served, program description, and prevention approach currently used. 4. Develop mission statement, by-laws, and governance structure. 5. Establish communication system for the prevention community (i.e. list serve, meeting schedule, coalition newsletter). 6. Administer annual survey to coalition members to assess coordination and cohesion and identify areas for improving coordination and cohesion of group. 	<ol style="list-style-type: none"> 4. Oct. 2007 5. Nov. 2007 6. June 2008 	<ol style="list-style-type: none"> 3. Resource summary of prevention services in the county. 4. Mission statement, by laws and structure developed and distributed. 5. Communication system developed 6. Survey developed, implemented and results shared. 	
Provide one training to coalition members on coalition development and sustainability	<ol style="list-style-type: none"> 1. Identify appropriate TA & training resource. 2. Provide training to coalition members. 	<ol style="list-style-type: none"> 1. Aug. 2007 2. Sept. 2007 	<ol style="list-style-type: none"> 1. Trainer identified 2. Training completed 2. Number of coalition members trained. 	Project lead, coalition members
Provide one presentation to local decision makers services providers, community partners and parents on current AOD issues in Plumas County.	<ol style="list-style-type: none"> 1. Identify target audience. 2. Develop presentation (based on SPF process). 3. Provide presentation. 	<ol style="list-style-type: none"> 1. Oct. 2007 2. Oct. 2007 3. Nov. 2007 	<ol style="list-style-type: none"> 1. List of target audience members 2. Presentation materials 3. Sign in sheet 	Project lead, coalition members
Provide monthly cross training/information sharing between coalition members & organizations	<ol style="list-style-type: none"> 1. Incorporate into monthly coalition meeting agendas. 2. Invite coalition partners/organizations to share about their services, impact of AOD, opportunities for collaboration. 	<ol style="list-style-type: none"> 1. Oct. 2007 2. Monthly 	<ol style="list-style-type: none"> 1. Meeting agendas 2. Meeting minutes 2. Presentations completed 	Project lead, coalition members/organizations
Provide one training	<ol style="list-style-type: none"> 1. Identify appropriate TA & training 	<ol style="list-style-type: none"> 1. Oct. 2007 	<ol style="list-style-type: none"> 1. Trainer identified 	Project lead, TA &

on Youth Development/Youth Adult Partnerships	<ul style="list-style-type: none"> resource. 2. Provide training to coalition members, other youth organizations, stakeholders. 	<ul style="list-style-type: none"> 2. Nov. 2007 	<ul style="list-style-type: none"> 2. Training completed 2. Number of youth/adults trained 2. Training materials 2. Sign in sheet 2. Training evaluations 	<ul style="list-style-type: none"> training provider, coalition members
Provide one training on Environmental Prevention	<ul style="list-style-type: none"> 1. Identify appropriate TA & training resource. 2. Provide training to coalition members, other youth organizations, stakeholders. 	<ul style="list-style-type: none"> 1. Nov. 2007 2. Jan. 2008 	<ul style="list-style-type: none"> 1. Trainer identified 2. Training completed 2. Number of people trained. 2. Training materials 2. Sign in sheet 2. Training evaluations 	<ul style="list-style-type: none"> Project lead, TA & training provider, coalition members
Provide young people with meaningful roles within the coalition	<ul style="list-style-type: none"> 1. Identify youth co-chair of coalition. 2. Identify youth sub-committee members. 	<ul style="list-style-type: none"> 1. Sept. 2007 2. Sept. 2007 	<ul style="list-style-type: none"> 1. Youth identified 2. Sub-committee created 	<ul style="list-style-type: none"> Project lead, youth groups, coalition members, school representatives
Implement annual data collection system.	<ul style="list-style-type: none"> 1. Identify current data needs. 2. Implement data collection process 	<ul style="list-style-type: none"> 1. March. 2008 2. June 2008 	<ul style="list-style-type: none"> 1. Needs identified 2. Data collected 	<ul style="list-style-type: none"> Project lead, coalition members
Generate 50% increase in AOD prevention funding	<ul style="list-style-type: none"> 1. Identify potential grant opportunities 2. Sign up for grant list serves and funding announcements. 3. Identify grant writers. 4. Identify coalition sub committee to review/contribute to grant writing. 5. Develop and submit grant proposals 	<ul style="list-style-type: none"> 1. As announced 2. Aug. 2007 3. Aug. 2007 4. Aug 2007 5. Based on grant due dates 	<ul style="list-style-type: none"> 1. Grant opportunities presented to coalition 2. Electronic notifications received 3. Writers identified 4. Sub-committee created 5. Proposals submitted 	<ul style="list-style-type: none"> Project lead, coalition members, partner organizations
Develop AOD prevention Logic Model	<ul style="list-style-type: none"> 1. Review strategies selected and define outcomes (short, intermediate and long term) 2. Review to ensure that each step enables the next step in a clear and logical sequence. 	<ul style="list-style-type: none"> 1. Dec. 2007 2. Dec. 2007 3. Dec. 2007 	<ul style="list-style-type: none"> 1. Model complete 2. Model complete 3. Model complete 	<ul style="list-style-type: none"> Project lead

	3. Complete logic model, and review to ensure that there are no gaps in the logic model.			
Develop AOD prevention evaluation plan	<ol style="list-style-type: none"> 1. Define methods of data collection and tools to be used. 2. Review outcomes, indicators, methods, tools, person responsible for collecting data, and timeframe. 3. Evaluation plan template selected and completed 	<ol style="list-style-type: none"> 1. March 2008 2. March 2008 3. March 2008 	<ol style="list-style-type: none"> 1. Methods and tools identified 2. Evaluation plan complete 3. Evaluation plan complete 	Project lead
Priority Area Two: Youth Access to Alcohol and Other Drugs (Alcohol problems such as underage drinking, drinking and driving, violence, safety problems, and health problems are linked to easy access/availability of alcohol).				
Identified Problem: Ease of youth access to alcohol from social and commercial settings				
Contributing Factors:				
<ul style="list-style-type: none"> • Ease of youth access to alcohol and other drugs through social sources/settings (parents, siblings, older buyer) • Ease of youth access to alcohol through commercial sources/settings (merchants, retailers) • Youth report early initiation of alcohol and tobacco use. • Limitations in consistent enforcement of alcohol/drug policies in schools/community. • Adults and youth view violations of underage drinking laws as acceptable. • Parents/adults provide alcohol and others drugs to youth in home/social settings. • Adults are unaware of new/existing research on the impacts of adolescent AOD use. 				
Goal: Reduce youth access to alcohol and other drugs.				
Goal Narrative: Plumas County AOD Community Coalition will reduce alcohol use among youth by addressing the points of access and availability of alcohol and creating a zero tolerance for hosting parties where alcohol is provided to minors. The objectives under this section are divided into three strategies, access and availability, norms, policy and enforcement. Plumas County AOD community coalition will implement the SPF 5 step evidence-based planning process for community planning and decision making.				
Strategies:				
<ul style="list-style-type: none"> • Access and Availability • Norms • Policy and Enforcement 				
Objective:	Activity	Timeline:	Evaluation Measure	Sector Responsible
Create a 20% decrease in youth	1. FNL youth provide merchant education and training to local	<ol style="list-style-type: none"> 1. Oct. 2008 2. Dec. 2008 	<ol style="list-style-type: none"> 1. Training delivered 2. Compliance checks 	Project lead, FNL advisors, FNL

<p>access to alcohol from commercial sources.</p>	<p>retailers. 2. FNL youth work with ABC and local law enforcement to conduct compliance checks of licensed alcohol retailers (after receiving merchant education). 3. Convene one meeting with law enforcement/judges to review and discuss the limitations to enforcement of policies/citations and associated penalties for providing alcohol to minors. 4. Coordinate one training provided by law enforcement informing/educating the coalition/community of the limitations (see #3 above). 5. Provide one environmental prevention training to stakeholders on the importance of environmental approaches to reducing underage drinking). 6. Provide one Responsible Beverage Service Training. 7. Provide retailers with counter advertising on youth purchase laws and local law enforcement intent to cite and prosecute.</p>	<p>3. Aug. 2008 4. Sept. 2008 5. Oct. 2008 6. June 2009 7. Oct. 2008</p>	<p>implemented 3. Meeting convened 4. Training completed 5. Training completed 6. Training delivered 7. Increased retailer awareness</p>	<p>officers/members, law enforcement/ABC, coalition members TA resources (i.e. CARS, CFNLP)</p>
<p>Create a 20% decrease in youth access to alcohol from social sources.</p>	<p>1. Research existing laws and social host ordinances holding individuals responsible for providing alcohol to underage youth. 2. Create a mechanism to notify law enforcement (i.e. tip line for both private citizens and merchants) about parties where underage drinking is</p>	<p>1. Oct. 2008 2. March 2009 3. June 2009 4. Aug. 2008 5. See #3, 4, 5, 6 above</p>		<p>Project lead, coalition members, FNL youth</p>

	<p>suspected, or suspiciously high sales of alcohol.</p> <p>3. Establish policies for local community events/fairgrounds to restrict alcohol sales to designated areas, train staff selling alcohol, limit hours of sale, limit volume per sale, warning signs posted, and making sure alcohol-free drinks are provided.</p> <p>4. Research model policies regarding effective school campus strategies to reduce access to and use of alcohol on or around campus (i.e. closed campus).</p> <p>5. See #3, 4, 5, 6 above.</p>			
<p>Priority Area Three: Norms and Awareness of Alcohol and Others Drugs (the unwritten rules concerning acceptable behavior in a given setting have the power to encourage or discourage high-risk drinking and other alcohol problems).</p>				
<p>Identified Problem: Community acceptance and norms of underage drinking increase the likelihood/amount of underage drinking and associated harm/risks</p>				
<p>Contributing Factors:</p> <ul style="list-style-type: none"> • Community norms accepting early use of alcohol and other drugs • Substance abuse is viewed as a “right of passage” • Perception of harm of substance use if of great concern to community members • Limited public education on and awareness of alcohol and other drug issues • Youth and adults report binge drinking or high risk drinking • Youth live and spend free time in areas with heavy alcohol promotion/availability 				
<p>Goal: Reduce community acceptance and norms of underage and binge drinking.</p>				
<p>Goal Narrative: Plumas County AOD community coalition will reduce the acceptance of underage and binge drinking, change adult attitude around supplying alcohol to underage drinking. The objectives under this section are divided into three strategies, access and availability, norms, policy and enforcement.</p>				
<p>Strategies:</p> <ul style="list-style-type: none"> • Access and Availability • Norms • Policy and Enforcement 				

Objective:	Activity	Timeline:	Evaluation Measure	Sector Responsible
Convene three workgroups (from the larger coalition) to focus on shifting norms/acceptance in the following areas: 1)youth access to alcohol 2)service and sale of alcohol 3)binge drinking among youth	1. Develop Social Marketing Campaign in support of all strategies to increase public education and awareness on alcohol and drug issues. 2. Expand Sober Grad night and/or Every 15 Minutes activities to ensure consistent message is delivered and sustained throughout the year. 3. Educate key opinion leaders (Rotary, BOS, City Council, School Board, youth, etc.) on policy level changes to prevent youth access. 4. Engage civic groups to organize their volunteer efforts in support of SPF (monitoring alcohol retailers and parking lots, forming a speakers bureau to educate and gain community support for SPF strategies.	1. Aug. 2008 2. Sept. 2008 3. Jan. 2008 4. March. 2008	1. Campaign developed 2. Expansion plan developed and implemented 3. Presentations delivered 4. Civic groups mobilized	Project lead, FNL, coalition members
Increase awareness of alcohol and other drug use and related harm.	Refer to priority areas one and two above.	See priority areas one and two	See priority areas one and two	See priority areas one and two
Priority Area Four: Leadership, Advocacy and Skill Building Opportunities for youth				
Identified Problem: Limited leadership, advocacy and skill building opportunities for young people.				
Contributing Factors: <ul style="list-style-type: none"> • Limited opportunities for youth involvement in leadership activities • Limited opportunities for youth advocacy • Limited skill building opportunities available • Lack of resources to support youth training/conferences • 				
Goal: Increase youth leadership, advocacy and skills				
Goal Narrative: Plumas County AOD community coalition will work with youth, schools and community partners to increase the				

leadership, advocacy and skill building opportunities for young people in Plumas County.				
Strategies: <ul style="list-style-type: none"> • Youth Development • Youth Leadership & Advocacy • Environmental Prevention 				
Objective:	Activity	Timeline:	Evaluation Measure	Sector Responsible
Increase active Friday Night Live Chapters	<ol style="list-style-type: none"> 1. Identify active/established FNL/CL Chapters and Advisors 2. Identify potential sites for expansion 3. Identify FNL/CL Chapter Advisors and youth leaders. 4. Complete necessary CFNLP forms/paperwork 	<ol style="list-style-type: none"> 1. Oct. 2007 2. Oct. 2007 3. Oct. 2007 4. Oct. 2007 	<ol style="list-style-type: none"> 1. Developed roster/list 2. Sites identified 3. Developed roster/list 4. Paperwork submitted 	Project lead, schools
Obtain Members In Good Standing Status for Friday Night Live & Club Live Programs.	<ol style="list-style-type: none"> 1. Review Members In Good Standing criteria. 2. Establish FNL County Coordinator. 3. Establish official FNL/CL Chapters & Chapter Advisors. 4. Submit necessary paperwork/reporting to CFNLP/CFNLC. 	<ol style="list-style-type: none"> 1. Aug. 2007 2. Aug. 2007 3. Aug. 2007 4. Sept. 2007 	<ol style="list-style-type: none"> 1. Criteria reviewed 2. County Coordinator identified and submitted to CFNLP. 3. Chapters established. 4. Paperwork submitted 	Project lead, school representatives,
Increase leadership, advocacy and skill building opportunities for youth	<ol style="list-style-type: none"> 1. Identify and/or provide opportunities for youth to: <ul style="list-style-type: none"> • Build skills • Develop their roles as leaders and advocates • Build relationships with peers and adults • Engage with and contribute to their schools and communities • Experience safe environments • Implement youth led ATOD prevention projects • Implement youth led 	<ol style="list-style-type: none"> 1. June 2008 	<ol style="list-style-type: none"> 1. Trainings, conferences, and workshops attended 2. Projects developed and implemented 	Project lead, schools, FNL Chapters, youth

	environmental prevention projects			
Engage FNL Chapters in environmental prevention projects	<ol style="list-style-type: none"> 1. FNL will receive training on environmental prevention 2. Chapters will identify their own projects (a list will be provided in support of the SPF plan) 3. Chapters will implement projects 4. Chapter members will have the opportunity to present their project/experience to coalition 	<ol style="list-style-type: none"> 1. Jan. 2008 2. Feb. 2008 3. Feb. – June 2008 4. June 2008 	<ol style="list-style-type: none"> 1. Training delivered 2. Projects identified 3. Projects implemented 4. Presentation delivered 	Project Lead, FNL Chapters

