

Riverside County Prevention Services Strategic Prevention Plan



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INDEX

Background and Mission.....	Page 3
Definition of Primary Prevention.....	Page 4
Five Step Process of the Strategic Prevention Framework (SPF).....	Page 4
Riverside County Data Gathering Methodologies.....	Page 5
Evaluation Process.....	Page 6
Program Monitoring.....	Page 7
State Alcohol and Drug Programs (ADP) Continuum of Services System.....	Page 7
Riverside County Department of Mental Health, State ADP and Federal SPF Re-Engineering	Page 8
Riverside County Strategic Prevention.....	Page 10
Contractor’s SPF Plan based on CalOMs Prevention.....	Page 22
County-Based NNA-Funded Services.....	Page 25
APPENDIX A-Prevention Principles.....	Page 28
APPENDIX B-Center For Substance Abuse Prevention (CSAP) Strategies.....	Page 29
APPENDIX C-Institute of Medicine Prevention Populations.....	Page 31
APPENDIX D-Alcohol and Other Drug Indicators.....	Page 33
APPENDIX E-Targeted Regions.....	Page 37

Background

In Riverside County it is the role of the Substance Abuse Program, a division of the Department of Mental Health (DOMH), to provide leadership, coordination, direct services and oversight of alcohol and other drug (AOD) prevention, treatment and recovery support services. Although required by the State Department of Alcohol and Drug Programs (ADP), the Strategic Prevention Framework (SPF) was considered a well-timed opportunity to integrate the paradigm shifts in three levels of AOD services: federal, state, and county.

- The Federal vision of the five-step SPF is that the SPF is a way to coordinate federal, state, and local resources to reach the national vision of “A Life in the Community for Everyone.”
- The State ADP’s Re-engineering of Prevention, Treatment and Recovery into an entire Comprehensive, Integrated Continuum of Services will bring Prevention into the vision of a person-centered circle of care that includes the circle of services with treatment and recovery services (known as the “Continuum of Services”).
- The County of Riverside DOMH’s implementation of “Welcoming” is to transform care by strengthening employee support, building respectful, inclusive relationships between our staff and departments and with the individuals and communities we serve.

Riverside County is impacted in countless ways and across all sectors by the health and social problems associated with AOD. The development and implementation of this Strategic Plan can help to ensure that prevention efforts continue to be thoughtfully addressed in a comprehensive and coordinated manner, utilizing multiple strategies, in multiple arenas and across diverse populations. In early 2005, the Riverside County DOMH, Substance Abuse Program began the formal development of the County’s SPF. The purpose of the planning process was to carefully and rationally develop a plan for the Riverside AOD primary prevention efforts that eliminate unnecessary duplication, coordinate services, stretch limited resources, and maximize prevention service system efficiency and positions Riverside for successful resource development within the department and with all its partners.

Mission:

It is the mission of the Riverside County DOMH Substance Abuse Program to provide a coordinated network of services to address problems resulting from substance abuse and addiction throughout Riverside County. Services provided through this network include prevention services, early intervention and referral, and direct treatment. Every effort will continually be made to make all services accessible to the residents of Riverside County.

How is Primary Prevention defined in the SPF?

Primary Prevention is defined as a strategy, or set of strategies, employing principles that have produced evidence of effectiveness in prevention of individual and community-level alcohol, tobacco, and other drug problems among those who do not need treatment.

Five Step Process of the Strategic Prevention Framework in Riverside County

In 2005, ADP contacted and notified the Substance Abuse Programs of all 58 counties in the State of California regarding the Federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) intent to introduce the use of the Strategic Prevention Framework (SPF).

The SPF is a five-step planning process that provides a systematic approach to evidenced-based, outcome-oriented prevention planning at the county level. Local counties were directed to submit their SPF documents for ADP approval by mid July, 2007. The timing of the SPF process was an extraordinary opportunity to build current strengths into a future Plan aligned with local innovations within the DOMH, state and federal priorities for alcohol and other drug prevention.

FIVE STEP PROCESS

THE STRATEGIC PREVENTION FRAMEWORK IN RIVERSIDE COUNTY

	Five Steps	Description	Riverside County Implementation
1.	Assessment	Profile population needs, resources, and readiness to address problems and gaps in service delivery.	<ul style="list-style-type: none"> ✓ Assessed countywide capacity ✓ Formed a Data Workgroup ✓ Held four Community Town Hall meetings ✓ Convened a countywide SPF group
2.	Capacity	Mobilize and/or build capacity to address need.	Providing ongoing education about the SPF process and new prevention protocol with communities, providers, coalitions, systems and individuals including Substance Abuse Administration.
3.	Planning	Develop a comprehensive strategic plan.	Comprehensive Plan organized using IOM Prevention Populations and Six CSAP Strategies
4.	Implementation	Implement evidence-based and effective programs and infrastructure activities.	<p>Implementing the CalOMS Prevention Logic Model: Problem title/statement, goal, objectives, indicators</p> <p>Goals and Objectives were developed for each Strategic Issue and separated into county-based services and services available for bid by contractors.</p>
5.	Evaluation	Monitor, evaluate, sustain and improve or replace programs that fail.	<ul style="list-style-type: none"> ✓ Collect data for evaluation of county prevention efforts ✓ Implement the new web-based California Outcome Measurement System (CalOMS) for Prevention ✓ Perform ongoing analysis of evaluation data for policy, ✓ Incorporate evaluation findings into program planning to ensure continuous quality improvement. ✓ Review the effectiveness and efficiency of Strategic Planning process.

Riverside Data Gathering Methodology

To develop a Plan that appropriately reflects and addresses the needs of the individuals and communities, as well as employs evidence-based strategies to achieve the goals and objectives that are outlined in the SPF, the Prevention Services Coordinator recruited prevention practitioners, university staff, interested community members and coalitions, and other key stakeholders to participate.

AOD Prevention Data Group

The SPF Planning process began in Riverside County in early 2005 with the formation of the Riverside County AOD Prevention Data Workgroup, which brought together the University of California Crime and Violence Prevention Center with local representatives from county schools, law enforcement, workforce development, and county research and development staff. The Data Group spent two years identifying data sources, obtaining measures of problems within Riverside County, and preparing the information in a form of a report which was used to inform the participants of the Town Hall meetings.

Town Hall Meetings

Participants of four (4) Town Hall meetings held across the County of Riverside (Corona, Murrieta, Hemet and Indio) reviewed and discussed the problems that the data revealed in each community. They also identified additional problems and reframed some of the problems to reflect issues of specific concern to residents of each community. They then prioritized the issues for each target population and their geographic area. Parents, youth, county staff, community-based agencies, law enforcement, school representatives, and other interested residents across Riverside County participated in this organized process to identifying strengths, concerns, and AOD prevention priorities. Between 40 and 125 persons attended each of the four Town Hall meetings.

SPF Countywide Planning Group

The SPF Countywide Planning Group was compiled from members of the Data Work Group members and community meeting participants (including a member of the County Advisory Committee on Substance Abuse Programs). This group met for six months, integrating the recommendations that had been made and the relationships between the identified problems, geographic locations, target populations, and prevention strategies. This information was then organized, as required, into Problem Statements, Goals, and objectives for each goal.

The result was the Riverside County Strategic Prevention Plan 2007–2012. Approval for this Plan was received from ADP in November, 2007.

The Objectives for the first four Goals were assigned to contractors at the conclusion of the Request for Proposal process. The remaining goals were assigned to County operated services, technical assistance contractors, and the Coalition to Reduce Underage Drinking (a new Contractor).

The following documents represent the actual content of the Plan as approved by ADP:

- The Riverside County Strategic Prevention Plan 2007-2012 (pages 11-21)
- Contractor's NNA Strategic Prevention Framework (pages 22- 24)
- County-Based NNA Funded Services (pages 25-26)

Evaluation Process

Program evaluation is essential in informing program design, monitoring program implementation and assessing the effectiveness in achieving the desired outcomes. Prevention Services will track the process data primarily through the CalOMS Prevention data collection and reporting process. Quantitative reports are expected from this data. Outcome data sources are different for each objective.

Sources that will be considered for evaluation purposes include:

- Survey data;
- Focus group data;
- Participant observations;
- Key informant interviews; and
- Document review data.

Program Monitoring

At program start-up, the Prevention Services Coordinator will meet with the grantees to set up their CalOMS Prevention data design and to develop program-specific evaluation plans as needed. All grantees will submit quarterly reports, which will include relevant quantitative and qualitative measures that document program progress toward meeting the contract objectives. The Prevention Services Coordinator and grantees will meet on a quarterly basis to assess progress and adherence to the program design, provide any technical assistance and make course corrections as necessary.

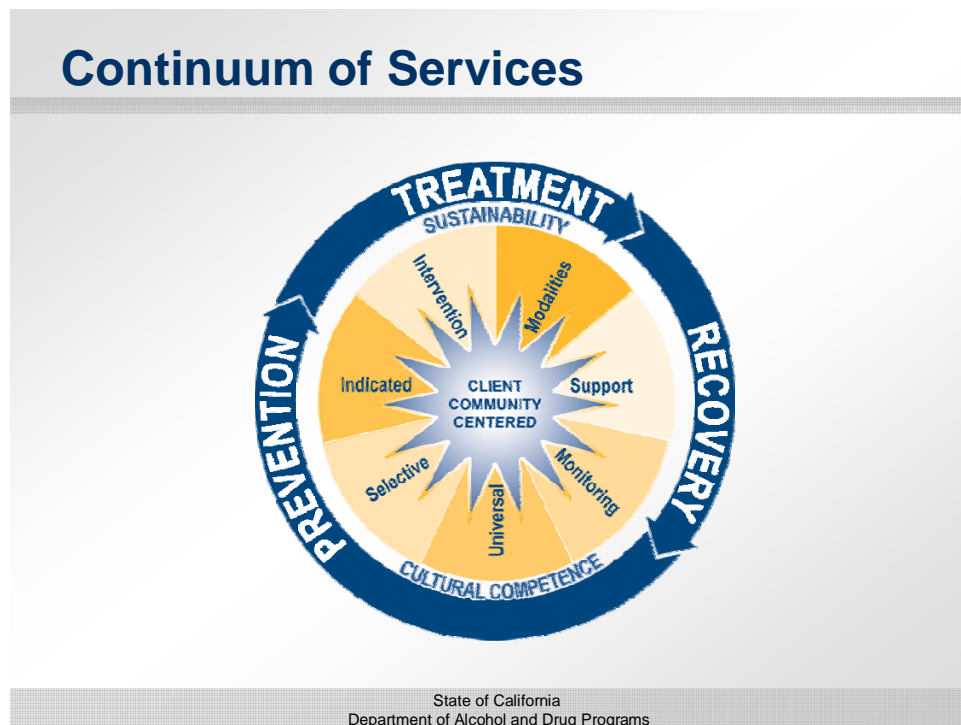
In addition to conducting program-specific evaluation activities, Prevention Services Coordinator will gather the volunteers from both the Data Workgroup and the SPF Countywide Planning Group as they continue to be interested stakeholders. They will meet annually to:

- Review project milestones;
- Evaluate program progress toward achieving the objectives;
- Determine which programmatic components to highlight; and
- Recommend course corrections as necessary.

ADP Continuum of Services System Re-Engineering Goals

The California ADP is re-engineering services to integrate Prevention into the entire Continuum of Services. State ADP is using a planning process that integrates people in different areas of AOD services into a two-phase planning group. A paradigm shift is occurring that is transforming the role of prevention services from what people think of last, to what people can begin to think of first.

- Develop a comprehensive, integrated, effective, and efficient AOD services system.
- Develop an organizational culture and infrastructure, including information systems that promote comprehensive, integrated, effective, and efficient AOD services.
- Develop and implement policies and resources that support system-wide effective outcomes.
- Insure linkages between AOD and other community systems and partners to promote effective outcomes for communities and individuals.
- Empower and prepare individuals and communities to prevent, reduce, or manage their AOD risks and recovery.
- Ensure that the AOD workforce is prepared to deliver effective services to support the prevention, treatment, and recovery needs of communities and individuals.



Good Timing for Three Paradigm Shifts: Riverside County DOMH, State ADP, and Federal SPF

Re-engineering within ADP will compliment the implementation of “Welcoming” within the Riverside County DOMH and the intent of the Mental Health Services Act.

Prevention Question	<u>Statewide ADP</u> FROM	<u>Statewide ADP</u> TO	<u>Riverside County</u> “Welcoming”
How does Prevention fit into the Substance Abuse Program services?	Prevention is separate from treatment and recovery services. AOD Prevention is separate from mental health prevention.	Continuum of Services Integrated services Co-located services	Consumer-driven planning Valuing each individual’s strengths. Valuing the contribution of Prevention to the continuum of care provided by DOMH and Substance Abuse Programs.
How is prevention planning involving the people its serves?	Prevention providers oriented and primarily youth-driven prevention services.	Informed communities working with Prevention providers and county to learn and prioritize prevention services	Involvement of the participants of every age and communities countywide in identifying strengths, needs, resources, and practical implementation plans.
Who is served by prevention services?	Universal population of youth in school and community settings	Comprehensive prevention based on Institute of Medicine definitions of prevention populations: Universal: entire population Selected: portion at some risk Indicated: individuals at high risk	Focus on respectful, culturally appropriate, and easily accessible services for every individual in every community whether they are at no risk, some risk or high risk personally or concerned about their family, neighbors or community.

Re-engineering within ADP will compliment the implementation of “Welcoming” within the Riverside County DOMH and the intent of the Mental Health Services Act.

(Continued)

Prevention Question	<u>Statewide ADP</u> FROM	<u>Statewide ADP</u> TO	<u>Riverside County</u> “Welcoming”
What strategies are used in prevention?	Alternatives and community-based Processes: two of six evidence-based prevention strategies identified by the Center for Substance Abuse Prevention.	Coordinated Prevention Strategies in multiple systems include all six strategies: <ul style="list-style-type: none"> ✓ Alternatives ✓ Information dissemination ✓ Education ✓ Community-based processes ✓ Environmental ✓ Problem Identification and Referral 	Selection of strategies is an informed, collaborative process that builds capacity within DOMH and Substance Abuse Programs and between the systems in ways that remove barriers for staff to provide the highest quality services for individuals and the community.
How do we track progress implementing evidence-based prevention services?	Prevention Activity Data (PADS) focused on contact data organized by strategy.	The newly implemented California Outcome Measurement System for Prevention (CalOMS Prevention) web-based, statewide data system will collect the National Outcome Measures identified by ADP that apply to Prevention, then report to the federal Substance Abuse Mental Health Services Administration (SAMHSA).	Integrate the data required by the state with the quantitative and qualitative data collected by the county to formulate an accurate picture of the impact of the services from the point of view of the “consumer” and the system.

Riverside County Strategic Prevention Plan
(County 33)
&
Contractor's NNA
Strategic Prevention Framework (SPF)

Riverside County Planning Report 2007-2012

County: 33 -- RIVERSIDE

Problem Statement: Seniors are involved in high risk AOD use. The nature of their use and their life situation has changed dramatically and can often result in social isolation so health related and quality of life consequences can occur and escalate undetected.

Goal: Increase access to prevention services by seniors in the mid-county region.

Objective: Provide community awareness meetings

330010 - La Vista Inc., Aware & Soar - Assigned

Objective: Participate in local health fairs

330010 - La Vista Inc., Aware & Soar - Assigned

Objective: Designing prevention materials that appeal to seniors and address high-risk alcohol and other drug use.

330010 - La Vista Inc., Aware & Soar - Assigned

Objective: Educate health care outreach workers (i.e. who may do home visits) on the signs and symptoms of high risk AOD use in order to link high risk individuals with appropriate prevention services. Indicated prevention is not within the scope of services funded in this RFP.

330010 - La Vista Inc., Aware & Soar - Assigned

Goal: Determine the accurate need for prevention services for seniors countywide.

Objective: Determine need by surveying communities, collecting relevant data, selecting existing or develop indicators, and analyzing data..

330010 - La Vista Inc., Aware & Soar - Assigned

Problem Statement: Easy access of AOD to minors and adolescents. Existing community norms support high risk use. Some degree of high density outlets and media exposure promotes these beliefs. Perception is that everyone uses AOD. Little perceived harm or risk by young people.

Goal: Decrease high risk AOD use and related behavior countywide.

Objective: Develop and implement a public awareness campaign around community perception of appropriate AOD use.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned
- 333304 - California Recovery Clinics - Assigned
- 336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Develop appropriate public policies and ordinances that reduce the availability of AOD to underage community members and for all community members in high-risk settings.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned
- 333304 - California Recovery Clinics - Assigned
- 336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Link and collaborate with service organizations and health promotion/ prevention providers to build prevention service capacity within the region.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned
- 333304 - California Recovery Clinics - Assigned
- 336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Link and collaborate with county prevention service providers.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned
- 333304 - California Recovery Clinics - Assigned
- 336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Goal: Reduce availability, change community norms that support high risk use, reduce the impact of media messages and increase the perception that high risk AOD use is not acceptable by minors. Promote the belief that there is harm and problems related to AOD use.

Objective: Determine the major sources of availability in particular communities. Design an intervention that will reduce the availability in the identified settings.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned
- 333304 - California Recovery Clinics - Assigned
- 336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Assess communities with high risk use, determine the factors that support that high risk use, and design an intervention that will change the community norm.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned
- 333304 - California Recovery Clinics - Assigned
- 336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Assess the impact of media messages that promote the belief that everyone uses and there is no harm and design a counter campaign that informs the community of accurate data.

- 330010 - La Vista Inc., Aware & Soar - Assigned
- 333312 - Perris Valley Recovery Programs, Inc. - Assigned

Problem Statement: Lack of coordinated AOD prevention efforts countywide between systems and providers who have overlapping and/or compatible missions, roles and responsibilities.

Goal: Develop and facilitate mutually beneficial meetings and conferences. Plan events and activities that promote multiple system involvement.

Objective: Discover all the entities that have as part of their mission, responsibility for reducing AOD use, reducing high risk behaviors among young people, and/or promoting healthy lifestyle.

- 330004 - Riverside County Department of Mental Health - Assigned
- 330020 - County of Riverside - Assigned
- 331612 - Riverside Recovery Drug Abuse Program - Assigned
- 333316 - Riverside County Substance Abuse Program - Assigned
- 333363 - Riverside County Substance Abuse Program - Assigned
- 330005 - Riverside County Substance Abuse Program - Assigned

Objective: Reinforce believing in the value of collaborating, promoting shared responsibility and, in the shared benefit of efficiency and effectiveness, reducing the replication of efforts related to youth primary prevention.

- 330004 - Riverside County Department of Mental Health - Assigned
- 330020 - County of Riverside - Assigned
- 331612 - Riverside Recovery Drug Abuse Program - Assigned
- 333316 - Riverside County Substance Abuse Program - Assigned
- 333363 - Riverside County Substance Abuse Program - Assigned
- 330005 - Riverside County Substance Abuse Program - Assigned

Objective: Link and collaborate with county prevention service providers.

- 330004 - Riverside County Department of Mental Health - Assigned
- 330020 - County of Riverside - Assigned

331612 - Riverside Recovery Drug Abuse Program - Assigned
333316 - Riverside County Substance Abuse Program - Assigned
333363 - Riverside County Substance Abuse Program - Assigned
330005 - Riverside County Substance Abuse Program - Assigned

Problem Statement: Need to increase awareness and education to community of the available prevention services and the efficacy of prevention to reduce ATOD problems.

Goal: Enhance county and provider capacity to provide community awareness and education about the availability and efficacy of prevention services countywide.

Objective: Identify partners with skills and interest in contributing to educational opportunities.

336102 - Redleaf Resources - Assigned
336103 - Jan Ryan - Assigned

Objective: Build capacity of Prevention Specialists to provide education and to work together with partners to coordinate prevention opportunities.

336102 - Redleaf Resources - Assigned
336103 - Jan Ryan - Assigned

Objective: Design a "Community Prevention Institute" to provide ongoing community awareness and education about evidence-based prevention practices.

336103 - Jan Ryan - Assigned

Objective: Integrate existing and new information dissemination products into other prevention strategies and practices to increase the effectiveness of this one-way communication strategy.

336103 - Jan Ryan - Assigned

Problem Statement: Communities do not take responsibility for the community norms that support high risk behavior.

Goal: Establish community ownership and management of the AOD problems.

Objective: Build capacity within the community to take responsibility for the community norms that support high risk behavior.

330004 - Riverside County Department of Mental Health - Assigned
330020 - County of Riverside - Assigned
331612 - Riverside Recovery Drug Abuse Program - Assigned
333316 - Riverside County Substance Abuse Program - Assigned

333363 - Riverside County Substance Abuse Program - Assigned
330005 - Riverside County Substance Abuse Program - Assigned
Objective: Provide communities with technical assistance in order to shift responsibility from the county alone to a shared responsibility for community AOD problems.

330004 - Riverside County Department of Mental Health - Assigned
330020 - County of Riverside - Assigned
331612 - Riverside Recovery Drug Abuse Program - Assigned
333316 - Riverside County Substance Abuse Program - Assigned
333363 - Riverside County Substance Abuse Program - Assigned
330005 - Riverside County Substance Abuse Program - Assigned

Problem Statement: Families lack a productive understanding of their role in the problem of AOD use and their role as an ally in solving AOD use problems.

Goal: Build the family's capacity to be a prevention ally and an active partner in AOD prevention within their own family and throughout the community by contributing to reducing community risk and promoting a healthy and safe community.

Objective: Hold community forums and town halls that educate families on their role in determining community norms and motivate them to build their own capacity.

330004 - Riverside County Department of Mental Health - Assigned
330020 - County of Riverside - Assigned
331612 - Riverside Recovery Drug Abuse Program - Assigned
333316 - Riverside County Substance Abuse Program - Assigned
333363 - Riverside County Substance Abuse Program - Assigned
330005 - Riverside County Substance Abuse Program - Assigned

Objective: Focus strength-based, empowering interventions on the family system, not just individuals, to motivate them to discover their role in managing positive outcomes.

330004 - Riverside County Department of Mental Health - Assigned
330020 - County of Riverside - Assigned
331612 - Riverside Recovery Drug Abuse Program - Assigned
333316 - Riverside County Substance Abuse Program - Assigned
333363 - Riverside County Substance Abuse Program - Assigned
330005 - Riverside County Substance Abuse Program - Assigned

Problem Statement: Currently and historically County and contractors who provide prevention services have had very little education or training in AOD Prevention. Also, most of the communities in Riverside County have similarly lacked training and understanding of AOD Prevention, how to plan, best practices, evaluation etc. We don't believe we can establish quality and comprehensive prevention services within Riverside County without making a major effort to increase the capacity of all AOD prevention providers as well as the communities and their leaders in our county.

Goal: Build assessment of training levels and progress to advanced training into basic procedures.

Objective: Include assessment of training levels as a basic part of orienting prevention providers; track their progress through training levels.

336102 - Redleaf Resources - Assigned

336103 - Jan Ryan - Assigned

Problem Statement: Historically primary prevention has consisted of universal population strategies. Individuals who participate in high risk use and associated behaviors would be referred to treatment even though they may not qualify for treatment services under NNA guidelines related to DSM IV criteria. They could be better served using prevention strategies provided by a trained prevention professional.

Goal: Engage other systems to share evidence-based practices that identify high risk behaviors so prevention and early intervention is possible.

Objective: Collaborate with willing partners to identify appropriate additions to existing strategies and/or to develop quick, efficient ways to identify high risk AOD use.

330004 - Riverside County Department of Mental Health - Assigned

330020 - County of Riverside - Assigned

331612 - Riverside Recovery Drug Abuse Program - Assigned

333316 - Riverside County Substance Abuse Program - Assigned

333363 - Riverside County Substance Abuse Program - Assigned

330005 - Riverside County Substance Abuse Program - Assigned

Objective: Educate leaders and providers in other systems about the value of sharing evidence-based prevention strategies that identify high risk behavior.

330004 - Riverside County Department of Mental Health - Assigned

330020 - County of Riverside - Assigned

331612 - Riverside Recovery Drug Abuse Program - Assigned

333316 - Riverside County Substance Abuse Program - Assigned

333363 - Riverside County Substance Abuse Program - Assigned

330005 - Riverside County Substance Abuse Program - Assigned

Goal: Enhance the collaboration between ADP Prevention Services and its key partner systems to expand the services and strategies focused on the selected and indicated prevention populations; these existing and new partners include schools, other departments and projects within the Riverside County Department of Mental Health, other county services, new providers and existing and new local, state, and national entities who are interested in promoting prevention.

Objective: Enhance and expand the Prevention Service partnerships to include youth development, involvement of parents, paraprofessionals, and existing and new job descriptions that come from re-engineering efforts in any system that supports prevention and early intervention.

336102 - Redleaf Resources - Assigned

336103 - Jan Ryan - Assigned

Objective: Expand the collaboration with SDFSC funded projects in school and community settings to include existing efforts to re-engineer services across the state of California within the Alcohol and Drug Programs (Continuum of Services System Re-engineering or COSSR) and within the county and state Departments of Mental Health work to implement prevention and early intervention in the Mental Health Services Act.

336102 - Redleaf Resources - Assigned

336103 - Jan Ryan - Assigned

Goal: Expand services to the indicated and selected populations using the brief intervention strategies and other evidence-based practices which are integrated into the Riverside County Brief Risk Reduction Intervention Model.

Objective: Re-engineer prevention to reflect a continuum of services by implementing the brief intervention-based prevention services that combine evidence-based strategies and practices designed to engage and motivate individuals to use their strengths and Prevention Specialist's staff support to reduce their risk.

330004 - Riverside County Department of Mental Health - Assigned

330020 - County of Riverside - Assigned

331612 - Riverside Recovery Drug Abuse Program - Assigned

333316 - Riverside County Substance Abuse Program - Assigned

333363 - Riverside County Substance Abuse Program - Assigned

330005 - Riverside County Substance Abuse Program - Assigned

Objective: Educate community and system partners about the availability and value of brief-intervention based services through information dissemination, education, and community-based processes provided to local and countywide groups.

330004 - Riverside County Department of Mental Health - Assigned
330020 - County of Riverside - Assigned
331612 - Riverside Recovery Drug Abuse Program - Assigned
333316 - Riverside County Substance Abuse Program - Assigned
333363 - Riverside County Substance Abuse Program - Assigned
330005 - Riverside County Substance Abuse Program - Assigned

Problem Statement: There is a lack of knowledge, understanding, skills, and expertise within county and provider staff to provide quality prevention services and practices.

Goal: Develop a quality, high functioning comprehensive prevention system.

Objective: Barter with other systems and counties who may have particular strengths or expertise who may be able to building the capacity of county staff and providers.

336103 - Jan Ryan - Assigned

Objective: Collaborate with current and new technical assistance providers to design and implement the Community Prevention Institute while building capacity within county staff and partners.

336103 - Jan Ryan - Assigned

Objective: Continue and increase, as needed, current technical assistance providers to implement the SPF.

336103 - Jan Ryan - Assigned

Objective: Continue to use existing state-funded technical assistance to bring no cost training opportunities into the county.

336103 - Jan Ryan - Assigned

Problem Statement: Lack of access to positive alternatives, lack of skill-building and leadership opportunities for youth, lack of leadership in organizing and sustaining youth primary prevention programs across systems.

Goal: Expand and maintain youth access to FNL programs by coordinating and collaborating with other prevention providers within the desert region.

Objective: Develop and implement new and support existing Friday Night Live (FNL) Clubs. Organize opportunities for youth to be involved in alternative (Alcohol, tobacco, and other drug-free) events and activities including positive youth development and leadership opportunities.

336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Develop and support a regional FNL Youth Council to promote youth development and to provide youth voice regional AOD prevention efforts.

336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Objective: Link and collaborate with county prevention service providers.

336101 - Coalition to Reduce Underage Drinking (CRUD) - Assigned

Goal: Expand youth access to FNL services coordinated by county staff countywide.

Objective: Provide coordination of FNL activities countywide with a centralized team of county-funded "FNL Coordinators" assigned to Chapters.

330040 - Friday Night Live - Assigned

CONTRACTOR’S SPF PLAN BASED ON CALOMS PREVENTION

CONTRACTOR’S STRATEGIC PREVENTION FRAMEWORK (SPF) PROBLEM 1/ GOAL 1

Goal #	Problem Title/Statement	Goal/Region	Objectives	Service Population	Primary IOM Category	Code/CSAP Strategy	Indicators
1	<p><u>SENIOR ACCESS TO PREVENTION SERVICES:</u> Given that the nature of high risk AOD use by seniors often takes place in isolation, health related or quality of life problems can occur and escalate undetected.</p>	<p>Goal 1: Increase access to prevention services by seniors in the <u>mid-county region</u>.</p>	<p>1.1 Provide community awareness meetings 1.2 Participate in local health fairs 1.3 Designing prevention materials that appeal to seniors and address high risk alcohol and other drug use. 1.4 Educate health care outreach workers (i.e. who may do home visits) on the signs and symptoms of high risk AOD use in order to link high risk individuals with appropriate prevention services. 1.5 Educate individuals, family members and concerned others in the signs and symptoms of high risk AOD use in order to link them with appropriate prevention services. 1.6 Link and collaborate with senior service organizations and health promotion prevention providers to build prevention service capacity within the region. 1.7 Link and collaborate with county prevention service providers.</p>	Seniors	<p>Universal</p> <p>Selected</p> <p>Universal</p>	<p>862: Information Dissemination</p> <p>861: Education</p> <p>864: Community-based Processes</p>	<p>Increase then number of persons served by race, gender, age and ethnicity</p> <p>Increase perception of disapproval</p> <p>Increase social connectedness</p>

CONTRACTOR'S STRATEGIC PREVENTION FRAMEWORK (SPF) PROBLEM 2/ GOAL 2

Goal #	Problem Title/ Statement	Goal/ Region	Objectives	Service Population	Primary IOM Category	Code/ CSAP Strategy	Indicators
2	<p><u>ENVIRONMENTAL PREVENTION COMPONENT:</u> Historically environmental strategies have not been a part of the county's prevention plan.</p>	<p><u>Goal 2:</u> Increase Abstinence from AOD use county-wide by targeting high risk settings and alcohol availability to minors.</p>	2.1 Develop and implement a public awareness campaign around community perception of appropriate AOD use.	All ages, community-wide	Universal	866: Environmental	Increase perception of disapproval
			2.2 Develop appropriate public policies and ordinances that reduce the availability of AOD to underage community members and for all community members in high risk settings.				
			2.3 Link and collaborate with service organizations and health promotion/ prevention providers to build prevention service capacity within the region.		Universal	864: Community-based Processes	Increase perceived risk of use
			2.4 Link and collaborate with county prevention service providers.				

CONTRACTOR'S STRATEGIC PREVENTION FRAMEWORK (SPF) PROBLEM 3/ GOAL 3

Goal #	Problem Title/Statement	Goal/Region	Objectives	Service Population	Primary IOM Category	Code/CSAP Strategy	Indicators
3	<u>PROBLEM TITLE:</u> <u>COORDINATION:</u> Youth Serving Primary Prevention Providers Demonstrate a lack of coordination and collaboration.	Increase youth access to FNL programs by coordinating and collaborating with other prevention providers within the <u>desert region.</u>	3.1 Develop and implement new and support existing Friday Night Live (FNL) Clubs. Organize opportunities for youth to be involved in alternative (Alcohol, tobacco, and other drug-free) events and activities including positive youth development and leadership opportunities.	School-age youth/ Desert	Universal	865: Alternatives	Increase in number of persons served by age, gender race and ethnicity
			3.2 Link and collaborate with school and youth oriented service organizations and health promotion prevention providers to build prevention service capacity within the region.		Universal	864: Community-based Processes	Increase perceived risk of use
			3.3 Link and collaborate with county prevention service providers.				

COUNTY-BASED NNA-FUNDED SERVICES

Goal #	Problem Title/ Statement	Problem Statement	Goal/ <u>Region</u>	Objectives	Service Population	Primary IOM Category	Code/ CSAP Strategy	Indicators
4	<u>ATOD USE ALTERNATIVES FOR YOUTH:</u>	Lack of opportunities to involve young people in alternative (ATOD-free) events and activities.	Increase youth access to FNL services <u>countywide</u> .	4.1 Provide coordination of FNL activities countywide with a centralized team of county-funded "FNL Coordinators" assigned to Chapters.	School-age youth	Universal	865: Alternatives	Increase in number of persons served by age, gender race and ethnicity
5	<u>FAMILIES</u>	Lack of availability of family-focused ATOD prevention services	Increase family access to prevention services <u>countywide</u> .	5.1 Use the family structure to attract family members into the BRRIM (Brief Risk Reduction Intervention Model) process provided by county clinic-based Prevention Specialists. 5.2 Collaborate with First Five to reach families with children 0-5 and link them with prevention services.	Families	Selected	Education	Increase in number of persons served by age, gender race and ethnicity

(Continued)

Goal #	Problem Title/ Statement	Problem Statement	Goal/ <u>Region</u>	Objectives	Service Population	Primary IOM Category	Code/ CSAP Strategy	Indicators
7	<u>COMMUNITY PREVENTION EDUCATION</u>	Need to increase awareness and education to community of the available prevention services and the efficacy of prevention to reduce ATOD problems.	Increase county and provider capacity to provide community awareness and education of the availability and efficacy of prevention services <u>countywide</u> .	7.1 Design a “Community Prevention Institute” to provide ongoing community awareness and education of prevention services and strategies. 7.2 Build capacity of Prevention Specialists to provide education and to work together with partners to coordinate prevention education opportunities. 7.3 Identify contracted providers and other partners with prevention expertise who are willing to contribute to and provide community-based educational opportunities. 7.4 Integrate existing and new information dissemination products into other prevention services to increase the effectiveness of this strategy.	All ages	Universal and Selected	Education Community-based Processes Information dissemination	Increase community knowledge of ATOD problems and availability of prevention services.
8	<u>TECHNICAL ASSISTANCE</u>	Current contracts provide technical assistance to county and providers/prevention partners.	Need to continue with technical assistance providers to strengthen infrastructure and build capacity among county staff and providers <u>countywide</u> .	8.1 Continue contracts with current technical assistance providers to implement the SPF. 8.2 Continue contracts with current technical assistance providers to design and implement the BRRIM process within county clinics. 8.3 Use existing state-funded technical assistance to bring no cost training opportunities into the county. 8.4 Collaborate with current and new technical assistance providers to design and implement the Community Prevention Institute while building capacity within county staff and partners.	All ages	Universal	Education	

APPENDICES

APPENDIX A

Prevention Principles from the ADP Strategic Plan Guide Prevention Efforts in California

1. PREVENTION FOSTERS SAFE AND HEALTHY ENVIRONMENTS FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.

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

2. THE ENTIRE COMMUNITY SHARES RESPONSIBILITY FOR PREVENTION.

All sectors, including youth, must challenge their ATOD standards, norms and values to continually improve the quality of life within the community.

“Community” includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and e) faith communities.

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

3. PREVENTION ENGAGES INDIVIDUALS, ORGANIZATIONS AND GROUPS AT ALL LEVELS OF THE PREVENTION SYSTEM.

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

4. PREVENTION UTILIZES THE FULL RANGE OF CULTURAL AND ETHNIC WEALTH WITHIN COMMUNITIES.

By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales and use of ATOD.

5. EFFECTIVE PREVENTION PROGRAMS ARE THOUGHTFULLY PLANNED AND DELIVERED.

To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention actions; evaluate measured results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

APPENDIX B

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) STRATEGIES

1. Information Dissemination

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and other drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Clearinghouse/information resource center(s);
- b. Resource directories;
- c. Media campaigns;
- d. Brochures;
- e. Radio/TV public service announcements;
- f. Speaking engagements;
- g. Health fairs/health promotion; and
- h. Information lines (telephone or internet “warm” lines).

2. Education

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Classroom and/or small group sessions (all ages);
- b. Parenting and family management classes;
- c. Peer leader/helper programs;
- d. Education programs for youth groups; and
- e. Children of substance abusers groups.

3. Alternatives

This strategy provides for the participation of the entire community or targeted populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco and other drugs and would, therefore, minimize or reduce the likelihood of participating in high-risk activities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Drug free dances and parties;
- b. Youth/adult leadership activities;
- c. Community drop-in centers; and
- d. Community service activities.

4. Problem Identification and Referral

This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Employee assistance programs;
- b. Student assistance programs; and
- c. Driving while under the influence/driving while intoxicated education programs.

5. Community-Based Process

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and other drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training;
- b. Systematic planning;
- c. Multi-agency coordination and collaboration;
- d. Accessing services and funding; and
- e. Community team-building.

6. Environmental

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those, which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include, but not be limited to, the following:

- a. Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- b. Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- c. Modifying alcohol and tobacco advertising practices; and
- d. Product pricing strategies.

APPENDIX C

INSTITUTE OF MEDICINE PREVENTION POPULATIONS

The County used the Institute of Medicine (IOM) classification when developing the comprehensive prevention plan. The County complies with the California State Department of Alcohol and Drug Programs (ADP) requirement to use the IOM classification.

1. Universal Prevention Population

A prevention strategy for Universal population addresses the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the use/abuse of alcohol and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is vulnerable for substance abuse and capable of benefiting from prevention programs. Characteristics of this type of prevention service may include the following:

- Delay or prevent onset of substance abuse
- Target the entire population
- All share the same general risk; individual risk is not assessed
- Participants not recruited
- Lower staff-to-audience ratios
- Require less audience time and effort
- Staff can be from many fields
- Lower per-person costs

2. Selective Prevention Population

A prevention strategy for the Selective population targets subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment – for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, family history, place of residence (such as high drug-use or low-income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup. Characteristics of this type of prevention service may include the following:

- Delay or prevent substance abuse
- Selective prevention targets the entire subgroup regardless of their individual risk
- The subgroup can be determined by a number of characteristics that significantly increase their risk of substance abuse
- Recipients are recruited to participate

- Programs address specific subgroup risk factors
- Programs run for longer periods of time and usually require more participant's time and effort than do universal programs
- Programs require skilled staff
- Costs of selective prevention programs are usually greater per person than those of Universal prevention programs

3. Indicated Prevention Population

Prevention strategies for the Indicated population are designed to prevent the onset of substance abuse in individuals of all ages who do not meet Diagnostic and Statistical Manual (DSM-IV) criteria for addiction, but who are demonstrating early signs that we know ultimately can lead to addiction. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals may be exhibiting substance abuse-like behavior, but at a sub-clinical level. Indicated prevention approaches are used for individuals who may or may not be using substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by family members, physicians, nurses, employers, friends, or the courts. Young people may be identified in a school setting where they might be referred by parents, teachers, school counselors, school nurses, coaches, youth workers, friends, or the juvenile justice system. In a majority of cases, indicated strategies would be the most appropriate strategies for youth already involved with the juvenile justice system. Any individual of any age may experience something negative associated with their AOD use that may result in immediate motivation to seek help, which would make them an excellent candidate for indicated prevention services. Characteristics of this type of prevention service may include the following:

- Targets individuals experiencing early signs of substance abuse and other related problem behaviors, but without a clinical diagnosis
- Stems the progression of substance abuse and related disorders
- Recipients are individually assessed and recruited into the program
- Risk factors and problem behaviors are specifically addressed by the program
- Programs can target multiple behaviors simultaneously
- Programs are extensive and intensive
- Programs require highly skilled staff
 - Indicated prevention strategies may generally be more expensive on a per-person basis than are universal and selected prevention

APPENDIX D

Alcohol and Other Drug Indicators

Problems associated with the misuse and abuse of alcohol and other drugs impact individuals, families, and communities throughout Riverside County. Substance abuse is one of eleven leading health indicators identified by the Federal Government, reflecting it as one of the top public health concerns in the United States. AOD-specific indicators come from multiple systems.

National Outcome Measures in Riverside County				
DOMAIN	ITEM	Riverside County		
		7th	9th	11th
School connectedness	High levels of connectedness with school	36	27	26
Student alcohol and marijuana use	30 day Substance Use, Tobacco	4	10	13
	30 day Alcohol	13	29	38
	30 day Marijuana	4	11	14
	Age of first use			
	Perception of a lot and some disapproval: alcohol	72	58	47
	Perception of a lot and some disapproval: marijuana	77	67	65
	Perceived risks/extreme/harmful alcohol use	73	65	66
	Perceived risks/extreme/harmful marijuana use	90	80	74
	Current (30 days) binge drinking	5	15	22
	Perceived very/fairly difficult to obtain alcohol	36	18	11
	Perceived very/fairly difficult to obtain marijuana	45	24	11

(Continued)

National Outcome Measures in Riverside County					
DOMAIN	ITEM	Riverside County			
		7th	9th	11th	
Education	2003 Recommended student expulsions for use or sale of alcohol and controlled substance	593			
Crime and Criminal Justice	alcohol related fatalities and injuries	DUI Fatality	Injury		
		1999	56	909	
		2000	67	1007	
		2001	76	926	
		2002	97	979	
		2003	95	1123	
		Drug-related crime			
	Alcohol and drug specific arrests rates per 10,000 for adults, ages 18-34	Felony drug arrests			
		1999			
		2000			
		2001			
		2002			
		2003			
Access/Service Capacity	Number of persons served by age, gender, race, ethnicity	Total	Male	Female	
		RC Residents in treatment	11826	66%	34%
		Drug of choice			
		Meth	68%		
		Alcohol	10%		
	Marijuana/other				
Use of evidence-based Practices	Total # of evidence-based practices				
		County ADP programs			
		Schools			

Youth AOD Use Impacts

Alcohol and other drug use among youth is an important indicator of health and social issues with implications for both current and future impact on the community. Most adults who abuse substances began use in adolescence. Substance use has direct consequences related to school performance, risky sexual activity, delinquent and criminal behavior, violence, and long-term health issues. In 1998, the State of California began administering the California Healthy Kids Survey (CHKS) to students in public schools. Most schools administer the CHKS every two years to 5th, 7th, 9th, and 11th grade students. The survey is a blend of questions from the California State Survey (CSS) and the Youth Risk Behavior Survey (YRBS). The questions

address a range of subjects including substance use (e.g., tobacco, alcohol, and illicit drugs). 22% of 11th graders report binge drinking within the past 30 days. The Riverside County average for any AOD use is 27% for grade 7, 52% for grade 9, and 67% for grade 11 which demonstrates the transition from middle to high schools is a critical age for prevention.

A separate study of the CHKS 2002 Report was prepared by West Ed; the focus was on high rate use of alcohol. This was reported to the Governor's Prevention Advisory Council and at the Fall 2006 ADP Conference. report focused on high risk consumption and consequences of alcohol and binge drinking.

High Risk Users Plus: (HRU +2 or more school-related consequences

4.5% 9th

8.6% 11th

Binge Drinkers Plus (BDP): (Binge Drinking Plus 2 or more problems)

4.4 % 9th (2.3% binged 3+ times)

10.7% 11th (6.4% binged 3+ times)

Overlap: HRU Plus, Binge Drinkers Plus

75% 9th (BDP) were also HRU Plus

60% 11th (BDP) were also HRU Plus

Result: Estimate is 6.1% of 9th graders and 13.1% of 11th graders are in need of early intervention services. This report recommends schools consider Student Assistance Programs as a way to identify and serve youth in need of early intervention.

AOD treatment and crime data indicate Driving under the Influence and treatment admissions are similar to other counties and Riverside County has fewer (17% in 2002) alcohol outlets per person. However, we have slightly higher rates in 2000 than the state average for AOD-related hospital discharges (17%), death (15%), and emergency response to child abuse (48%), expulsions (66%) and AIDS cases (10%).

In the Proposition 36 diversion program, 78% of clients cite methamphetamine as their drug of choice. Meth labs are fewer, yet meth remains a challenge for law enforcement as well as the Department of Social Services who know meth use is associated with child abuse and neglect; some estimate that 85% of parents in the Dependency Court have substance abuse problems.

Seniors AOD Use Impacts Currently, there is little data describing AOD use by Riverside County's aging population. According to the Substance Abuse and Mental Health Services Agency (SAMHSA), 17 percent of older adults (60 years and over) are engaged in alcohol and prescription drug misuse. (Source: SAMHSA TIP26; 1997 Heavy use—defined as consuming 2 drinks daily on average for at least 28 days in the month preceding the survey. The SAMHSA report notes that community prevalence rates for heavy alcohol use are from 3 to 25 percent and between 2 and 10 percent for alcohol abuse. Further, the report states that national studies show that 15 percent of men and 12 percent of women age 60 and above that are treated in primary care clinics drink in excess of recommended limits.

However, the incidence and prevalence rates among seniors remain difficult to measure. Often symptoms of AOD use are misidentified as natural symptoms of aging (e.g., inadequate balance, forgetfulness). Many seniors are not aware of the increased impact of alcohol on their changing metabolism. Senior substance abuse is more challenging to detect because seniors use may be

confined to private settings; many have incomes unaffected by substance problems; after retirement, they are not required to drug test for job applications; many no longer drive or drive very infrequently; and they are increasingly likely to participate in shrinking social circles which are disinclined to identify the problem. There is no systematic means of determining when alcohol and/or prescription drug misuse occurs.

Seniors are the most rapidly growing population. As the “baby boomers” begin to reach the age of 60 and older determining the extent of AOD use and related problems among this population are critical to the development of appropriate and adequate treatment capacity to respond to the need. Data gathering for the senior population proved challenging, due to social circumstances, lifestyle, and the absence of coordination among potential sources of information about AOD use or misuse. The senior population is more difficult to reach for standard surveys. Currently, there are no good methods for sharing pharmaceutical information between pharmacies. Thus, if a senior is obtaining prescriptions from multiple pharmacies, there is no efficient way to check for possible drug interactions. In addition, it would be extremely costly to collect and analyze data on concurrent use of prescription medications and alcohol.

The process of collecting and analyzing data for this first Strategic Prevention Framework has begun the task of reviewing data, but the small team of volunteers on the Data Workgroup had limits of time and in some cases access.

Strategic Prevention Framework Plan:

Based on the assessment of strengths, resources, available data to document the need, the following priority areas were identified. The table below indicates the eight priority areas addressed in the SPF. Each area includes a problem title/statement, goals/region, target population, Center for Substance Abuse Prevention (CSAP) Strategy, Institute of Medicine (IOM) Population, Objectives, and Indicators.

- Goals 1- 4: Objectives will be assigned to contractors at the conclusion of the Request for Proposal process in progress.
- Goals: 4-8: Objectives will be assigned to county-based staff

APPENDIX E

TARGETED REGIONS

Riverside County is divided into three regions: Desert or Eastern Region, Mid-County Region, and the Western Region. The breakdown of each region by zip code is as follows:

Western Region	Mid-County Region	Desert Region
Zip Codes	Zip Codes	Zip Codes
91752	92220	92201
92324	92223	92203
92501	92230	92210
92503	92282	92211
92504	92320	92225
92505	92373	92234
92506	92399	92236
92507	92530	92239
92508	92532	92240
92509	92536	92241
92518	92539	92253
92548	92543	92254
92551	92544	92260
92553	92545	92262
92555	92549	92264
92557	92561	92270
92567	92562	92274
92570	92563	92276
92571	92582	
92585	92583	
92586	92584	
92587	92590	
92860	92591	
92879	92592	
92880	92595	
92881	92596	
92882		
92883		