

San Bernardino County

**Department of Behavioral Health
Alcohol and Drug Services Administration**



**Strategic Plan
for
Substance Abuse Prevention
2007-2010**

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Introduction

The Department of Behavioral Health Alcohol and Drug Services Administration (DBH-ADS) serves all communities within San Bernardino County and supports the Department's larger mission to provide individuals with issues of mental health and substance abuse to find solutions to challenges they face so that they may function within their families and community by providing effective, efficient, and culturally-based services. Alcohol and Drug Services Prevention Programs support this charge by working to prevent or reduce the harm of alcohol, tobacco, and other drugs throughout the county.

San Bernardino County is geographically the largest county in the contiguous United States (over 20,000 square miles) and is larger than the combined areas of New Jersey, Massachusetts, Delaware, and Rhode Island. The diverse landscape made up of urban centers, suburban cities, rural mountain and desert regions, and remote communities presents unusual challenges for meeting the needs of its nearly 2 million inhabitants. With that in mind, achieving the greatest efficiency with public dollars has been a key consideration in the development of this strategic framework. DBH-ADS wants to invest and partner with San Bernardino County communities to create a synergistic, sustainable, and comprehensive substance abuse prevention system.

In 2007, the Department of Behavioral Health Alcohol and Drug Services Administration will take a community level approach to substance abuse prevention by advocating for policy and system changes to reduce the problems of alcohol and other drugs across all San Bernardino County communities. Additional programming will be developed to address selected and indicated populations and to work in tandem with school-based services.

This countywide framework for prevention of alcohol, tobacco and other drug (ATOD) problems has been developed in support of a more responsive, science-based approach to alcohol, tobacco, and drug problem prevention and reduction across San Bernardino County communities. The framework for substance abuse prevention incorporates the concept of community partnerships. Partnership is the key to creating a viable, effective, and sustainable prevention system across all communities.

Background

The emerging view regarding how public agencies should respond to social problems is radically changing. Historically, government agencies have acted as the custodians of communities. They have been responsible for developing services, describing how the services should operate, and defining who should receive services. This approach was not always effective in meeting the actual needs of the community.

San Bernardino County's Alcohol and other Drug Prevention System recognized the need to be more responsive to our communities. In 2002, steps were taken to begin to build a

receptive, cohesive prevention system. Contract provider agencies were trained in building community driven, science-based services and encouraged to share prevention concepts, program ideas, and best practices. While the change was a step in the right direction, it still did not meet the full needs of the community. Prevention programs became adept at serving pockets of their communities but fell short in making wide spread, sustainable changes. Programs often only targeted individuals and families, providing information and education, while ignoring influential community norms, media influences, and environmental settings that allow unhealthy communities to flourish.

San Bernardino County sponsored AOD Prevention efforts have historically focused on educating individuals about the harms of alcohol, tobacco, and other drugs, with the belief that accurate information will lead people to make healthy choices. While individuals need and deserve accurate information, research suggests that prevention efforts aimed at educating *individuals* have limited success and require substantial resources. Success is further limited when the surrounding community environments are not addressed, especially when these environments often send mixed messages and contribute to people making unhealthy decisions.

More recently, CSAP has adopted and California State Alcohol and Drug Programs (ADP) has mandated the use of the Strategic Planning Framework-Five Step Planning, a model used to guide the development of prevention services. The model is designed to guide the development of comprehensive prevention system through working through complementary step-by-step planning. The model begins with assessment and moves to capacity building, planning, implementation, and concludes with an evaluation that is used to implement changes and improve service structure.

In order to fulfill the State ADP requirements while also addressing the needs of the county, DBH-ADS has embarked on a strategic planning process to develop a comprehensive 5-year plan. SAMHSA's Strategic Prevention Framework (SPF) was used as the foundation of the planning process.

ADS Prevention Services Vision, Mission, and Values

During a strategic planning meeting held on March 3, 2006 a total of 27 prevention providers and staff participated in a group process to update the Vision, Mission, and Values of the ADS Prevention System.

DBH-ADS Prevention Vision Statement:

- ❖ All residents, the public, and private sectors of the county are empowered to create healthy communities free from problems associated with alcohol and other drugs.

DBH-ADS Prevention Mission Statement

- ❖ The Department of Behavioral Health's Substance Abuse Prevention Services strives to prevent or reduce the harm of alcohol and other drugs on communities throughout San Bernardino County through community action, education, support, and collaboration.

DBH-ADS Prevention Values:

- ❖ Innovation
- ❖ Collaboration
- ❖ Sustainability
- ❖ Leadership

Step I. A Review of the Problem

Alcohol, tobacco, and other drug abuse can take a tremendous toll on individuals, families, schools, and communities. In order to get a sense of the impact substance abuse was having across the county, a team of county-level program developers, policy makers, administrators, and community-based organizations convened to evaluate the issues surrounding substance abuse. The data was collected and presented at strategic planning committees held every month from April 2005 through December 2005. Following is a summary of some of the data indicators collected for the County. A copy of the full assessment is available upon request.

Recent Alcohol and Other Drug Use by Youth

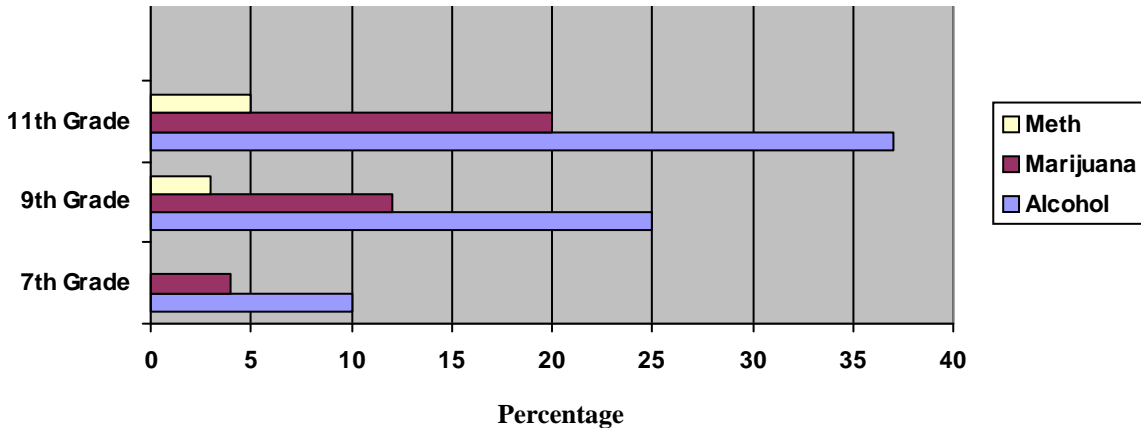
According to findings from the 2004 California Student Survey (CSS), alcohol is the most commonly used substance among youth in California. Prevalence data contained on the CSS details 37% of 11th grade students, 25% of 9th grade students, and 10% of 7th grade students reported using alcohol within the past 30 days.

Across the state, marijuana use by youth is reported as the second most frequently used substance. CSS reports 4% of 7th grade students, 12% of 9th grade students, and 20% of 11th grade students using marijuana within the past 30 days and 9%, 23%, and 39%, respectively, have used marijuana in their lifetime.

Although inhalants are listed as the 3rd most frequently used substance by youth across the state, regional factors, such as access and availability, indicate that methamphetamine is a greater concern for San Bernardino County. CSS data shows 3% of 9th grade and 8% of 11th grade students using methamphetamine in their lifetime. (Figure 1) However, county specific treatment data indicates that in calendar years 2004 and 2005 30% of persons aged 20 years and under identified methamphetamine as their primary drug of choice. CHKS data further supports the disproportionate use of meth by San Bernardino

County youth by reporting that 5% of 9th graders, 8% of 11th graders, and 20% of non-traditional school participants self reported using methamphetamine at least once in their lifetime with 2%, 3%, and 11% respectively reporting using four or more times in their lifetime.

Percent of California Students Reporting Using Substances in the Past 30 Days by Substance Type and Grade Level, Year 2004 (Figure 1)

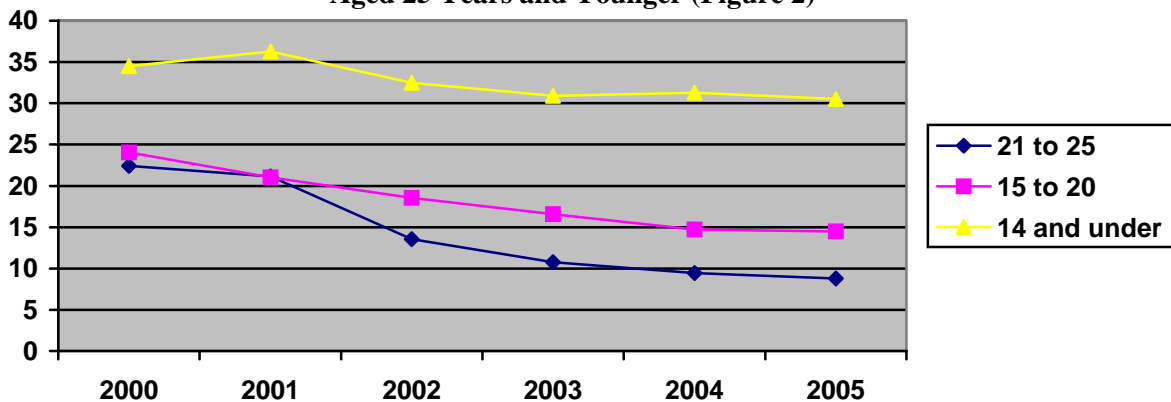


Source: California Student Survey, 2004

Trends in Youth Alcohol Use

From 2000 to 2005 the percentage of youth receiving substance abuse treatment services across San Bernardino County who reported alcohol as their primary substance of choice declined for each year surveyed. The treatment data results seem to indicate that youth alcohol abuse is on the decline, however, research indicates that a significant increase in alcohol use occurs between the ages of 18-25. (*Office of Applied Studies*). (Figure 2)

Percentage of Treatment Admissions Identifying Alcohol as Primary Substance of Use for Unique Clients Aged 25 Years and Younger (Figure 2)



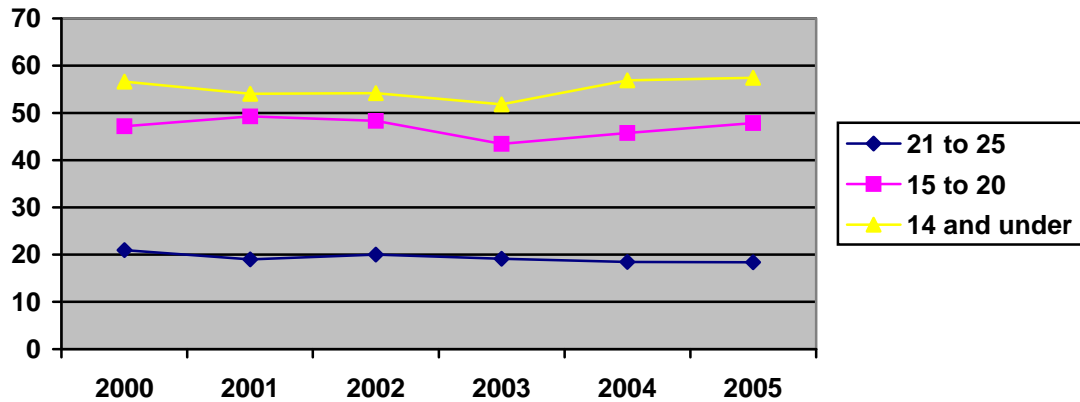
Source: County of San Bernardino Dept. of Behavioral Health Alcohol and Drug Services Administration

In addition, County specific data as reported by The California Healthy Kids Survey, indicates that 7% of 7th graders, 26% of 9th graders, 44% of 11th graders, and 60% of non-traditional school students report having consumed one full drink of alcohol four or more times. This contrasts with state profile figures (2005-2006 California Student Survey) indicating that 5.2% of 7th graders, 18.9% of 9th graders, and 40.7% of 11th graders across the state report having consumed one full drink of alcohol four or more times.

Trends in Youth Marijuana Use

Marijuana as a primary substance of choice accounts for approximately 54% of unique clients aged 20 and under who received substance abuse treatment services between 2000 and 2005. (Figure 3)

Percentage of Treatment Admissions Identifying Marijuana as Primary Substance of Use for Unique Clients Aged 25 Years and Younger (Figure 3)



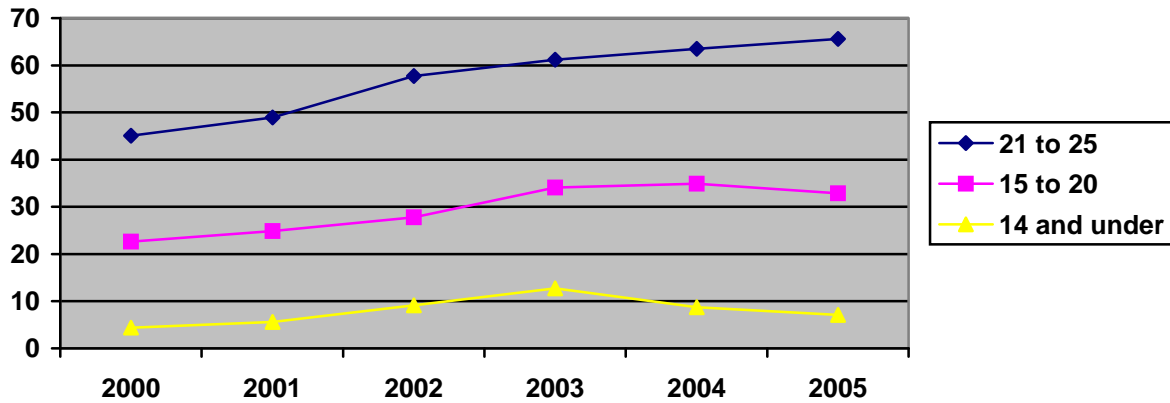
Source: County of San Bernardino Department of Behavioral Health Alcohol and Drug Services Administration

2005-2006 California Healthy Kids Survey data indicates that 2% of 7th graders, 13% of 9th graders, and 21% of 11th graders have used marijuana four or more times. In addition, 4%, 12% and 15% (respectively) reported using marijuana within the last 30 days.

Trends in Youth Methamphetamine Use

Figure 4 illustrates the alarming increase in amphetamine use that has occurred throughout San Bernardino County over the last five years. The percentage of clients aged 21-25 identifying methamphetamine as their primary substance of choice was 45% in 2000. By 2005, the percentage had increased to almost 66%.

**Persons Aged 25 and Under
Entering Treatment Who Report Meth
as Primary Substance of Choice (Figure 4)**



Source: Department of Behavioral Health Alcohol and Drug Services Administration- SIMON System

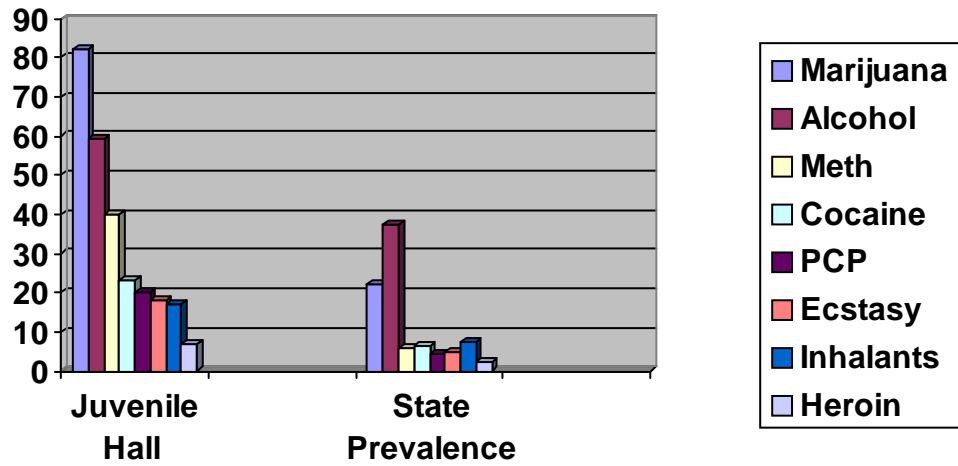
In addition, the trend illustrated in Table 1 indicates that in the last six years, the percentage of youth in treatment with meth problems has grown by 50 percent.

<u>Year</u>	<u>Number</u>	<u>Percent</u>	<u>Total</u>
2000	191	20.40	936
2001	274	22.87	1198
2002	288	25.76	1118
2003	370	32.03	1155
2004	429	30.97	1385
2005	416	30.21	1377

Alcohol, Tobacco, and Marijuana Use in Juvenile Hall Study

In 2002, the Early Learning Opportunities Adolescent Survey (ELO) was administered to 329 adolescents living in Juvenile Hall. Of the 329 adolescents that completed the survey, 82% were male. A portion of the survey focused around drug usage. Survey findings showed that 88% of the respondents indicated using at least one type of drug.

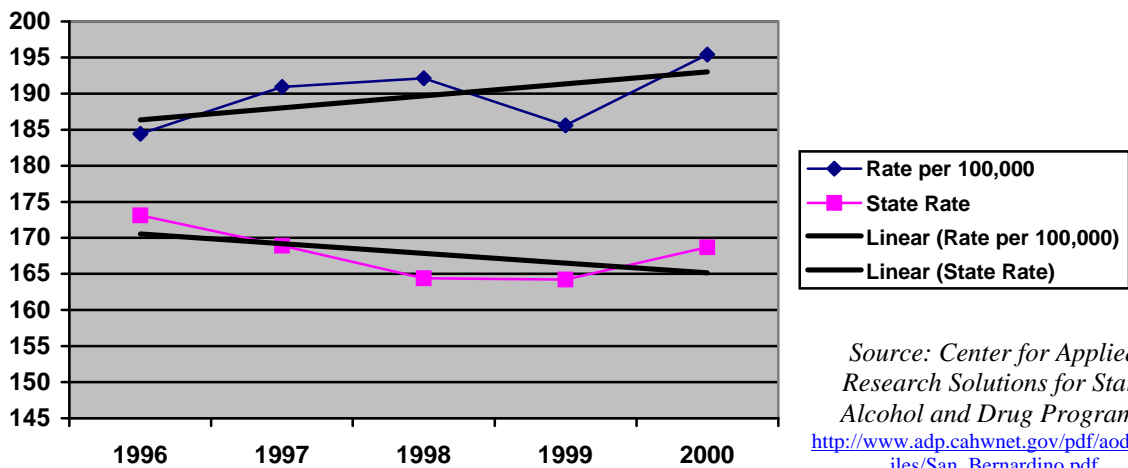
State Youth Alcohol and Drug Use Compared to Alcohol and Drug Use in Juvenile Hall According to the ELO Survey (Figure 5)



Drug and Alcohol Hospital Discharges

From 1996 to 2000 San Bernardino County has experienced a steady increase in the number of hospital discharges for alcohol and drug related causes. The county rate is well above the state rate, which is steadily decreasing. (Figure 6)
 Additionally, in 2003, hospitalization charges for drug and alcohol related hospitalizations of adolescents (ages 10-19 years) were \$6,621,202.

San Bernardino County Hospital Discharges for Alcohol & Drug Related Causes (Figure 6)



Source: Center for Applied Research Solutions for State Alcohol and Drug Programs
http://www.adp.cahwnet.gov/pdf/aod_profiles/San_Bernardino.pdf

Number of DUI Arrests and Alcohol-Involved Traffic Collisions

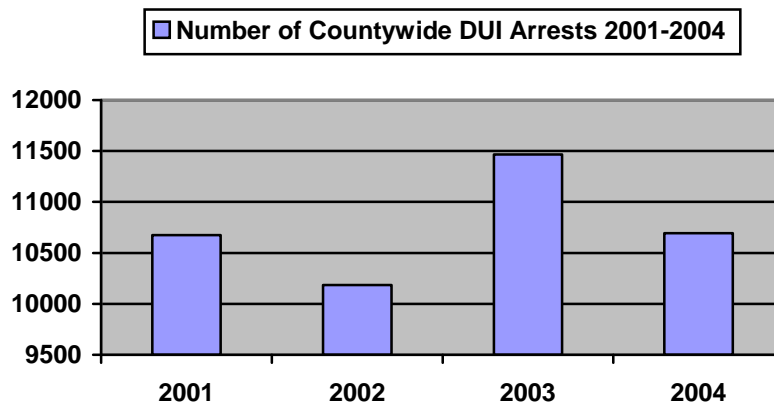
In 2005, Department of Alcoholic Beverage Control (ABC) published a document identifying cities throughout the state that represented a “moratorium” of alcohol outlets. ABC identified cities where the ratio of type 20 licenses (off-sale beer and wine package stores) exceeded one outlet for each 2,500 inhabitants. San Bernardino contains 11 such cities (Table 2).

2005 Moratorium Cities in San Bernardino County According to Region (Table 2)

West Valley	Desert/Mountain	Central Valley	East Valley
Chino	Barstow	Colton	None Identified
Montclair	Big Bear	Grand Terrace	
Ontario	Needles	San Bernardino	
	Victorville		
	Yucca Valley		

Source: Department of Alcoholic Beverage Control <http://www.abc.ca.gov/permits/Moratorium.pdf>

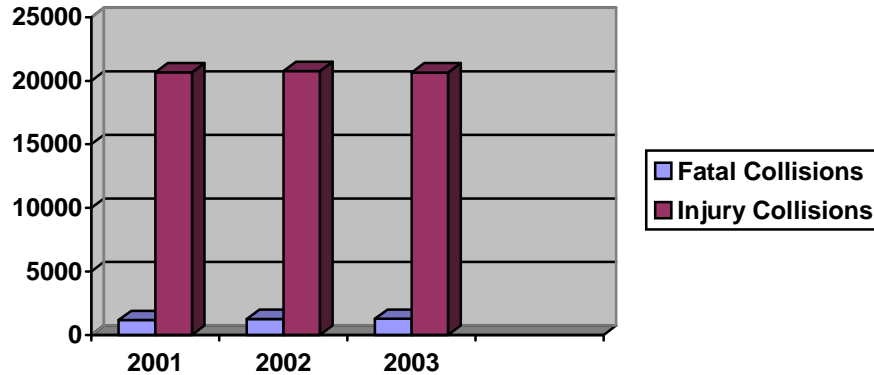
According to statistical information published by the Department of Motor Vehicles, over 10,000 drivers across San Bernardino County are arrested each year for Driving Under the Influence (DUI). (Figure 7)



Source: Department of Motor Vehicles 2006 Annual Report of the California DUI Management Information System

Additionally, the number of alcohol related collisions occurring in San Bernardino County which resulted in injury or death totals over 65,000 over a three year period. (Figure 8)

San Bernardino County Alcohol Related Collisions 2001-2003
(Figure 8)

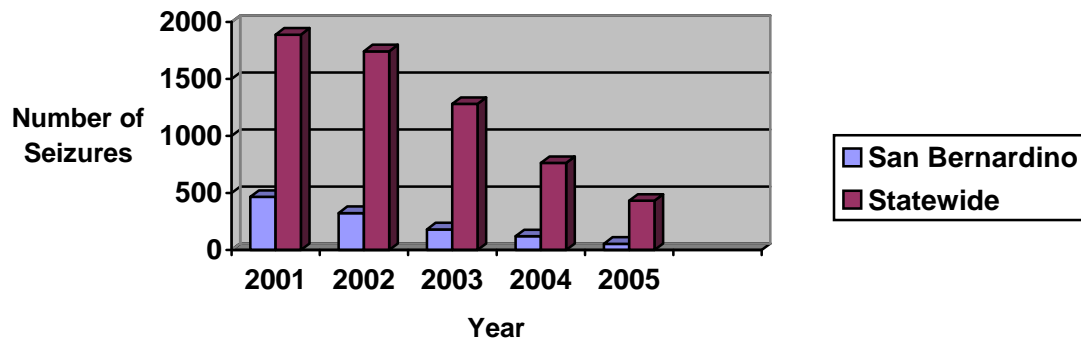


Source: Department of Motor Vehicles 2006 Annual Report of the California DUI Management Information System

Methamphetamine, Legal, and Judicial Data

Figure 9 illustrates the trend in San Bernardino County and State of California lab seizures over a five year period, as reported by the Drug Enforcement Administration (DEA). In 2001, 25% of statewide methamphetamine lab seizures occurred in San Bernardino County, placing San Bernardino as the highest ranking lab seizure county in the state and maintaining that rank for four consecutive years.

DEA Meth Lab Seizures 2001-2005 (Figure 9)



Source: Drug Enforcement Administration

In calendar year 2005, San Bernardino’s District Attorney’s office filed over 8,000 methamphetamine related cases.

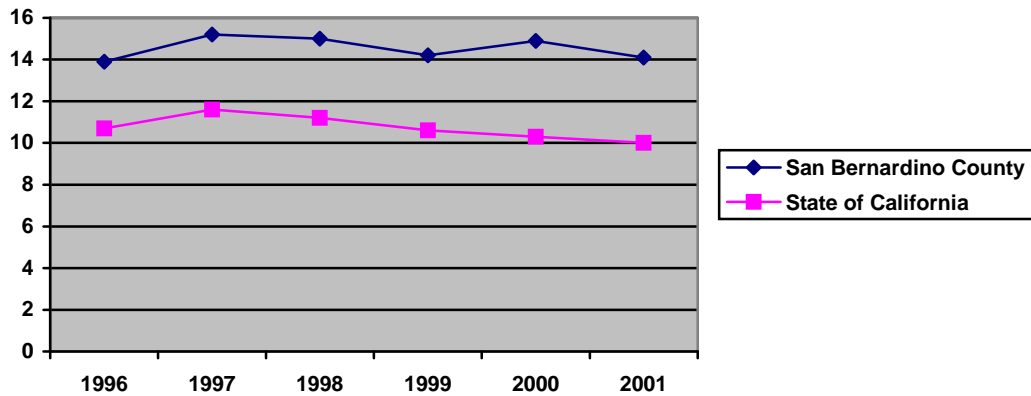
San Bernardino County Methamphetamine Related Charges- 2005 (Table 3)

Penal Code	Charge	Total Number
H&S 11377(a)	Possession of Methamphetamine	6,552
H&S 11378	Possession For Sale of Methamphetamine	1,353
H&S 11379	Transportation of Methamphetamine	233
Countywide Total:		8138

Source: San Bernardino County District Attorney’s Office

Additional, non methamphetamine specific data indicates San Bernardino County has a higher arrest rate for drug violations per 1,000 people than the state rate. Figure 9 demonstrates the consistently higher rate.

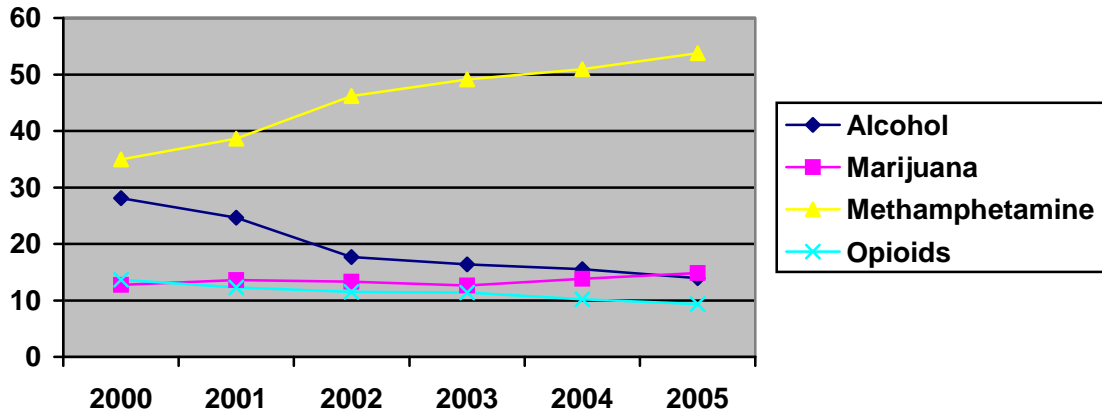
Adult Arrest Rate for Drug Violations per 1,000 Population (Figure 10)



Source: Center for Applied Research

An approximate 18% increase in unique clients identifying methamphetamine as their primary substance of choice when entering county contracted substance abuse treatment occurred over a five year period. Alcohol rates decreased, while marijuana and opioid use remained steady.

**Percent of Most Frequently Reported Substance of Choice
By Clients Entering Substance Abuse Treatment (Figure 11)**



Source: Department of Behavioral Health Alcohol and Drug Services Administration-SIMON data

San Bernardino County Approaches to Prevention Reviewed

From 2004 to 2007, DBH-ADS established contracts with 24 Community-based agencies to provide substance abuse prevention services across the County. Programs were funded throughout several cities in effort to ensure that services were available across all regions of the County. Although several agencies were funded across the county in attempt to ensure funding for every region, the allocations proved to be inadequate for establishing comprehensive, community-based prevention programs. In turn, four agencies terminated their contracts prior to the contract end date because they were unable to sustain operations. This resulted in uneven distribution of funds across County regions. Table 4 illustrates DBH-ADS County regions and cities located within those regions.

Region I East Valley/ San Bernardino Metro	Region II Desert/Mountain	Region III Central Valley	Region IV West Valley
San Bernardino	Barstow	Colton	Rancho Cucamonga
Redlands	Victorville	Grand Terrace	Montclair Upland
Loma Linda	Hesperia	Bloomington	Ontario Chino
Muscoy	Apple Valley	Rialto Fontana	
Highland	Phelan		
East Highland	Adelanto		
Bryn Mawr	Morongo Basin		
Rim-of-the-World	Yucca Valley		
Yucaipa	Joshua Tree		
	29 Palms		
	Needles		
	Trona		
	Big Bear		
	Crestline and Surrounding communities		

Additional evaluation of Prevention Strategies being utilized by Community-Based Agencies across the County indicated that the majority utilized the Information Dissemination Strategy more frequently than any other strategy (96%) with Education and Community-Based Process as the second and third most frequently utilized. In addition, most services provided were directed toward individuals and families. The most underutilized approach was the Environmental Strategy (8.3%) (see Table 5).

Number of Providers Reporting		
	24	100%
Strategy	Number of Providers	Percent of Providers
Information Dissemination	23	95.83
Education	22	91.67
Alternatives	15	62.50
Problem Identification and Referral	9	37.50
Community-Based Process	22	91.67
Environmental	2	8.33

Prevention Activities Data System

Table 5

Conclusions

After all data was collected and presented it was concluded by pointing out that there has been some positive signs indicating some declines in alcohol use among middle and high school students. However, the west end of the County has witnessed an increase in the number of youth driving under the influence. Methamphetamine remains a major concern both for youth and adults, as indicated by treatment data. Further analysis is needed in regards to potential problem drug and alcohol environments, specifically in rural areas and areas where there are over-concentrations of alcohol licensed businesses. Additional data indicates that marijuana use may have surpassed tobacco use by youth. Further evaluation will need to be conducted in order to gain realistic perceptions of community conditions as they relate to AOD risk environments.

Recommendations

The review of the data generated discussion concerning how to develop programming that focuses efforts around the three most problematic substances accessed and used across San Bernardino County, Methamphetamine, Alcohol, and Marijuana. The recommendations were that DBH-ADS 1) focus planning and strategies for prevention services around preventing use/delaying onset of use of these three substances, 2) utilize strategies that reach broad populations, and 3) include more environmental strategies to establish system changes and improve community conditions.

Step II. Building Capacity

Engagement of key stakeholders at the community level is critical to the success of implementing community-supported, sustainable prevention activities. In order to ensure that this critical piece is attended to, ADS has included key stakeholders in the development of the transformed prevention system from the beginning. Key stakeholders from the Department of Children's Services, Probation, Public Schools, Community, Community-Based Agencies, local universities, human service agencies, law enforcement, and youth were instrumental in assisting with data collection and needs assessment. Further input was provided through prioritizing problems, developing goals, and researching effective prevention programming. In addition, DBH-ADS staff visited San Diego County and provided feedback to stakeholders concerning the long term community outcomes that were achieved. After careful discussion, DBH-ADS decided to adopt an Environmental Model of prevention, while still supporting some individually targeted initiatives aimed at selected and indicated populations, such as foster youth, youth involved in juvenile justice, and children of substance abusers. In addition, ADS will target rural communities and unique/marginalized populations for more selective and indicated services.



The Strategic Prevention Framework and the prevention model developed by the Institute for Public Strategies (IPS) were utilized to develop a logic model to address each of the three problem statements. Figure 11 below illustrates IPS's prevention model, which combines the use of effective policies, enforcement, data and research, media advocacy, and community organizing to develop prevention campaigns. This model is also referred to as environmental prevention, with the purpose of addressing community-level factors that impact alcohol and other drug problems.

During this same period of time, DBH-ADS understood the need to educate and develop capacity for the current prevention services structure. During the FY 03-04 Request for Proposal Process, DBH-ADS had already incorporated much of the Five Step Planning process into the contract requirements but recognized that additional training was necessary to assist providers in achieving the level of sophistication needed to build a successful prevention force throughout all San Bernardino Communities. A series of trainings were launched and included:

- Creating and Utilizing Logic Models for Prevention Programming
- How to Conduct a Community Scan
- An Overview of the Institute of Medicine Model
- Five Step Planning: What it Means for Prevention Services
- Incorporating the IOM and FSP into an Environmental Prevention Model

- Taking Charge: Managing Community Risk Environments

In addition to more formal trainings, DBH-ADS also provided a series of short, 20 minute trainings to provide an overview of the “new” community focused direction that AOD prevention services is taking. Through these brief presentations additional support was gained from the Children’s Policy Council, Gangs and Drug Taskforce, and from all regions of the Community Action Network. Additional workshops are scheduled throughout the remainder of the year, along with regularly scheduled prevention work group meetings designed to develop expertise and solidify efforts.

DBH-ADS acknowledges that the learning curve for a paradigm shift can be extensive but will be better received and easier with additional training and support. Therefore, an additional list identifying areas of training has been developed and ADS will work to provide free training to our contract agencies and community partners. Trainings include but are not limited to: 1) Developing Grassroots Media, 2) Media Advocacy, 3) Building Effective Community Partnerships, and 4) Policy Development. Additional capacity will be built through attendance at monthly countywide work group meetings. These meetings will be set up to allow contract agencies and providers to discuss and share ideas, problem solve, and will allow a forum for training. The most notable step DBH-ADS has taken toward building capacity will be achieved by contracting with the Institute for Public Strategies (IPS). IPS is recognized as a leader in implementing environmental approaches to prevention across the state. County staff and key stakeholders alike will benefit from this partnership.

The shift from individually focused service structures to community focused prevention processes will require DBH-ADS to build a strong service foundation. It will also require building additional infrastructure at the county level. Therefore, DBH-ADS anticipates that much of the 1st years work will include building that infrastructure. Currently the DBH-ADS prevention team consists of 2 full-time employees, both of who are relatively new to AOD prevention services. As a strong point, DBH-ADS has strong partnerships with County Department of Public Health, Department of Behavioral Health Research and Evaluation team, and had the foresight to contract with a lead agency, IPS, in conducting environmental works.

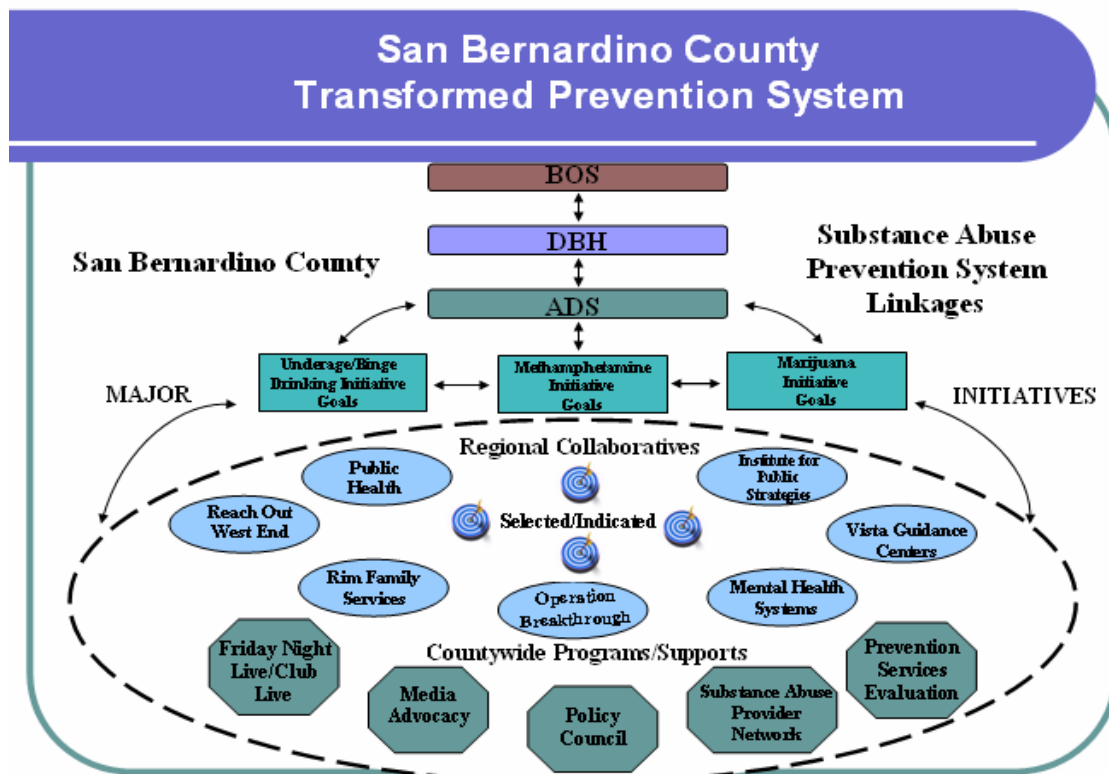
Being true to the Five Step Planning Process, ADS recognizes that needs frequently change. DBH-ADS is committed to being responsive to our stakeholders and our communities and will adapt to these changes as necessary.

Step III. Developing Plans

Framing the Problems- Developing Initiatives

With nearly 2 million residents in a diverse landscape made up of urban centers, suburban cities, rural mountain and desert regions, and remote communities, how does DBH-ADS design prevention services and resources in a strategic way to protect the most? This was the question posed to key stakeholders over several planning meetings. The answer was to frame prevention services in a way very similar to San Diego County by developing county wide initiatives around the three most problematic substances; alcohol, marijuana, and methamphetamine. Because of the geographic challenges of San Bernardino County, additional selected and indicated prevention services will be utilized to target higher risk populations and rural communities, allowing opportunity for the County to fill gaps through indicated and selected interventions.

Prevention services will meet the mission of the County Board of Supervisors, the Department of Behavioral Health, and the prevention specific mission by funding regional coalitions. These coalitions will perform environmental and policy work to address the high risk settings and contributing factors that surround problematic AOD use. Additional monies will be made available to target selected and indicated populations and rural communities. Additional monies will be pursued to assist in filling any gaps in services. Figure 12 below illustrates the transformed prevention service structure in San Bernardino County set for implementation July 1, 2007. All services will work to address the County problem statements.



Problem Statements

Based on the available countywide data, the following community **problem statements** were identified as priority during the strategic planning process:

1. As indicated by AOD treatment and CHKS data, a significant percentage of San Bernardino County youth are consuming alcohol. DHB-ADS and our stakeholders contend that no alcohol should be consumed by persons under 21 years of age. Therefore, too many San Bernardino County youth are drinking;
2. According to CHKS, as many as one in five youth is using marijuana. In San Bernardino County, 54% of persons aged 20 and under entering treatment identify marijuana as their primary drug of choice. Too many San Bernardino County youth are using marijuana;
3. Methamphetamine has proven to be problematic in San Bernardino County for the last 20 years. Furthermore, in the last six years, youth being admitted to treatment for methamphetamine addiction has increased by 50%. In rural County communities, as much as 95% of persons entering treatment identify their primary drug of choice as meth. Overall, too many San Bernardino County residents are using methamphetamine and other illicit drugs;
4. As indicated by Department of Children Services data, hospital admission data, and legal/judicial data, and regional geography that acts as a barrier to services, too many families and their children are experiencing negative physical, mental, and emotional health as a result of high substance use across the County.

To address the problems identified through county-level data and to meet the overall mission of DBH-ADS Prevention Services, DBH-ADS and community stakeholders adopted the following **four primary goals.** Each goal supports the countywide initiatives and the problems identified as having highest priority throughout the county.

1. The overall goal of the County Underage Drinking Initiative is the reduction of the problems associated with the accessibility, sales, and use of alcohol by youth;
2. The overall goal of the County Marijuana Initiative is the reduction of the problems associated with the accessibility and use of marijuana by youth and private and public perception of harm regarding marijuana;
3. The overall goal of the County Methamphetamine Initiative is the reduction of the problems associated with the manufacture, distribution, sales and use of methamphetamine and other illegal drugs. The primary focus for methamphetamine prevention services is to reduce the number of children exposed to methamphetamine and other manufactured illegal drugs and their precursor chemicals; and
4. The overall AOD Prevention goal is to reduce alcohol, marijuana, and other drug abuse among youth and, over time, among adults by addressing community

factors that increase risk and promoting community factors that minimize risk of substance abuse. In addition, selected or indicated populations will be targeted toward individuals and families that may need more intensive interventions.

While planning the transformation of prevention services across the County, DBH-ADS identified additional internal challenges that will need to be addressed in order to support the new prevention services structure. **Four** additional secondary **problem statements** related to infrastructure building were created.

1. Too many government, community, and business members do not understand prevention. Education and collaboration between community and government is lacking.
2. DBH-ADS does not have region and community specific data that allows us to implement appropriate and specific interventions at regional levels. In addition, there is no ongoing and systematic method for collecting and sharing prevention specific data and information.
3. DBH-ADS does not have adequate staff to manage a strategic, comprehensive, countywide prevention system.
4. DBH-ADS does not receive adequate funding to support the level of prevention services required for such a geographically large and diverse County.

Four additional **secondary process goals** were adopted to enhance the organization and administration of the service delivery system.

5. Build and strengthen collaboration and educate residents, community-based organizations, governmental agencies and the private sector to support coalition efforts to prevent and reduce substance abuse among youth;
6. Create and implement comprehensive data collection and analysis process that will assist in measuring additional outcomes not included in the CalOMS Prevention system. These measures will be used to refine and enhance the development of the system.
7. Increase oversight and county-level expertise of Prevention Services by hiring additional staff.
8. Increase funding by pursuing additional prevention funding.

County Supported Initiatives, Goals and Related Objectives

For each community goal a number of objectives were created by DBH-ADS staff with direction from stakeholders and the assistance of San Diego County staff to define, guide and support the direction of each initiative. During the Request for Proposal (RFP) process, community-based agencies interested in partnering with DBH-ADS to provide community-based substance abuse prevention services were required to identify which of the county initiatives they would support if awarded a contract. The goals and related objectives are as follows:

Underage Drinking Initiative

Problem Statement: As indicated by AOD treatment and CHKS data, a significant percentage of San Bernardino County youth are consuming alcohol. DHB-ADS and our stakeholders contend that no alcohol should be consumed by persons under 21 years of age. Therefore, too many San Bernardino County youth are drinking;

Goal: The overall goal of the County Underage Drinking Initiative is the reduction of the problems associated with the accessibility, sales, and use of alcohol by youth;

Objectives:

1.1 Enacted and/or expanded public policies that discourage private party hosts from making alcohol available to minors, as measured by enacted or expanded ordinances.

1.2 Enacted policies and/or increased enforcement of existing policies and practices requiring responsible beverage service and sales training by owners and staff of retail outlets selling alcoholic beverages, as measured by enacted ordinances and/or increased enforcement including citations, minor decoy operations, and other compliance activities.

1.3 Expansion of alcohol-free community events, public parks, and other recreational areas, as measured by enacted and/or expanded local ordinances and/or other policies.

1.4 Reduction in outdoor alcohol advertising within a specified distance, as defined by contract agency work plan, near schools and youth centers, as measured by local surveys.

Methamphetamine Initiative

Problem Statement: Methamphetamine has proven to be problematic in San Bernardino County for the last 20 years. Furthermore, in the last six years, youth being admitted to treatment for methamphetamine addiction has increased by 50%. In rural County communities, as much as 95% of persons entering treatment identify their primary drug of choice as meth. Overall, too many San Bernardino County residents are using methamphetamine and other illicit drugs;

Goal: The overall goal of the County Methamphetamine Initiative is the reduction of the problems associated with the manufacture, distribution, sales and use of

methamphetamine and other illegal drugs. The primary focus for methamphetamine prevention services is to reduce the number of children exposed to methamphetamine and other manufactured illegal drugs and their precursor chemicals; and

Objectives:

2.1 Increased restrictions in the availability and sale of illegal drug paraphernalia and illegal drug precursors in retail stores, as measured by local ordinances.

2.2 Improved lighting in public parks and playgrounds that increases public safety, as measured by public policy decisions or local surveys.

Marijuana Initiative

Problem Statement: According to CHKS, as many as one in five youth is using marijuana. In San Bernardino County, 54% of persons aged 20 and under entering treatment identify marijuana as their primary drug of choice. Too many San Bernardino County youth are using marijuana;

Goal: The overall goal of the County Marijuana Initiative is the reduction of the problems associated with the accessibility and use of marijuana by youth and private and public perception of harm regarding marijuana;

Objectives:

3.1 Business practice changes that reduce acceptance of marijuana use in media outlets and commercial businesses, as measured by media surveys and/or business policy statements.

3.2 Restrictions of location and business practices of outlets that sell products, materials, and instructions for the manufacture, distribution, sales, and/or use of illegal drugs, as measured by enacted ordinances and written business policies/practices.

All AOD Prevention Initiatives

Problem Statement: As indicated by Department of Children Services data, hospital admission data, and legal/judicial data, and regional geography that acts as a barrier to services, too many families and their children are experiencing negative physical, mental, and emotional health as a result of high substance use across the County.

Goal: The overall AOD Prevention goal is to reduce alcohol, marijuana, and other drug abuse among youth and, over time, among adults by addressing community factors that increase risk and promoting community factors that minimize risk of substance abuse. In addition, selected or indicated populations will be targeted toward individuals and families that may need more intensive interventions.

Objectives:

4.1 Improved opportunities for family-friendly community development, including new or expanded park and recreation facilities, especially in neighborhoods with poor economic opportunities for residents, as measured by local government actions, business policies and/or practices.

4.2 Improved local support and advocacy for community orientated policing, as measured by local policy and/or law enforcement procedure decisions.

Participation by youth in prevention planning, development and implementation, as measured by number of active youth members in formal collaborations.

Secondary Processes/Building Infrastructure

Problem Statement: Too many government, community, and business members do not understand prevention. Education and collaboration between community and government is lacking.

Goal: Build and strengthen collaboration and educate residents, community-based organizations, governmental agencies and the private sector to support coalition efforts to prevent and reduce substance abuse among youth;

Objectives:

5.1 Improve opportunities for prevention specific training and education, as measured by development and implementation of yearly training calendar and number of training and education sessions provided.

5.2 Improved opportunity for community residents, government agencies, community-based organizations, and private sector stakeholders to collaborate, as measured by number of active coalitions and work groups established.

5.3 Improve community awareness of local prevention coalition activities and efforts, as measured by number of media events/releases via local media venues.

Problem Statement: DBH-ADS does not have region and community specific data that allows us to implement appropriate and specific interventions at regional levels. In addition, there is no ongoing and systematic method for collecting and sharing prevention specific data and information.

Goal: Create and implement comprehensive data collection and analysis process that will assist in measuring additional outcomes not included in the CalOMS Prevention system. These measures will be used to refine and enhance the development of the system.

Objectives:

- 6.1 Improved support from internal DBH Research and Evaluation team, as measured by number of data collection activities provided.
- 6.2 Improve access to region and community specific prevention data as measured by creation of standardized data collection tools.
- 6.3 Improve overall method of data collection, as measured by implementation of quarterly provider reports and method for consolidation of data.
- 6.4 Improve DBH-ADS sharing of data as measured by semi-annual and annual outcomes meetings.

Problem Statements: DBH-ADS does not have adequate staff to manage a strategic, comprehensive, countywide prevention system.

Goal: Increase oversight and county-level expertise of Prevention Services.

Objectives:

- 7.1 Identify projected level of support needed to implement effective countywide prevention services as measured by internal evaluation.
- 7.2 Increase ability of DBH-ADS staff to carry out job duties as measured by hiring additional staff.
- 7.3 Increase expertise of DBH-ADS staff as measured by number of trainings, conferences, and technical assistance sessions.

Problem Statement: DBH-ADS does not receive adequate funding to support the level of prevention services required for such a geographically large and diverse County.

Goal: Increase funding by pursuing additional prevention funding.

Objectives:

Improve knowledge of additional funding opportunities as measured by number of data base and resource links identified.

Improve ability of staff to successfully write proposals as measured by number of trainings attended.

Improve ability to bring additional prevention monies to San Bernardino County as measured by number of applications/proposals submitted for additional funding.

Step IV. Implementation

Framing Services

With an overarching mission to create healthier communities, the first phase of the plan will work to build the expertise that will allow the County and its stakeholders to target universal populations. Recognizing that DBH-ADS is faced with limited resources and personnel, the first *three* problem statements and related goals have been selected to implement the first portion of the short term (3 year) strategic action plan for services. Year one will mainly work to 1) identify CBO's to work on specific objectives to help the meet the identified goals, 2) build additional capacity and expertise, 3) develop County work groups to assist in guiding and supporting the overall system, and 4) finally to begin to implement environmental strategies. Years two and three will work to “get to the nuts and bolts of it” through the regionalized community work that will ensue.

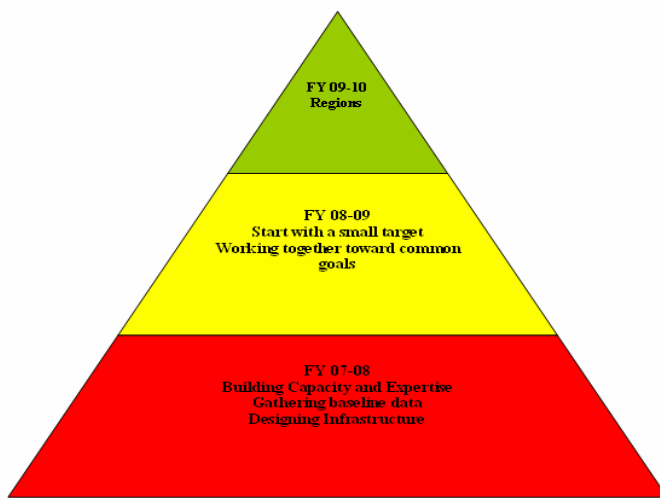


Figure 13 to the left illustrates how services will roll out. Each fiscal year will work to build a strong base to support the following years. Naturally, services will become more focused as expertise and know how evolve. Conceptually, the infrastructure building that takes place during the first year will act as the base or foundation for building the prevention services structure. In year two,

providers will work together, focusing on specific communities as a learning process. Year three will naturally transition into well established coalitions working regionally, as well as with the countywide system.

Where DBH is in the Process

In January 2007, a Request for Proposal was released by DBH-ADS requesting that community-based agencies address, promote, and support the County identified initiatives by applying to manage regional community coalitions. DBH-ADS received 14 proposals from community-based agencies interested in leading their local communities through change. A team of three independent evaluators read and scored proposals, a fiscal analyst reviewed budgets, and program staff, along with administration, chose 6 agencies across the county to provide services targeted at universal populations.

Embracing our geographic challenges, DBH-ADS ensured every region of the county would be served. Award and denial letters were provided to each applicant and beginning in Fiscal Year 07-08, local contract provider agencies were assigned and required to meet the specific county objectives. Additional requirements, such as completion of logic

models to assist in guiding the delivery of services were created by each provider and provided to DBH-ADS to be included as part of their contract.

In addition to community-based agencies, DBH-ADS entered in to an MOU agreement with the San Bernardino County Department of Public Health. DPH facilitates and is the technical assistance advisor for all San Bernardino County Friday Night Live and Club Live programs. Under this agreement, DPH will also work to support and move forward County AOD initiatives and objectives.

DBH-ADS worked to develop several County Implementation Plans geared toward meeting secondary problems statements and goals. The first year of services will center around building the appropriate infrastructure to support the new environmentally driven direction of prevention services. While the structure that works toward broad sweeping community change is being developed, additional work will be completed by DBH-ADS to target selected and universal populations. During the first 6 months of FY 07-08, a Requests for Proposal will be developed and released that specifically addresses problem statement 4,

“As indicated by Department of Children Services data, hospital admission data, legal/judicial data, and regional geography that acts as a barrier to services, too many families and their children are experiencing negative physical, mental, and emotional health as a result of high substance use across the County.”

DBH-ADS is planning to release the Request for Proposal in February 2008 requesting CBO’s work to provide culturally appropriate services that target selected and indicated populations and rural communities. Planning for the release of this proposal and has commenced.

As illustrated below by County Implementation plans, the overall success of a program is largely dependent on having the appropriate amount of support and resources. DBH-ADS will spend much of the 1st year working to meet objectives from each of the secondary process/infrastructure goals. Staff, with support from administration, will work to build appropriate internal support and infrastructure, as illustrated by County Internal Implementation Plans contained on pages 28 through 30.

#1-Problem Statement: As indicated by AOD treatment and CHKS data, a significant percentage of San Bernardino County youth are consuming alcohol. DHB-ADS and our stakeholders contend that no alcohol should be consumed by persons under 21 years of age. Therefore, too many San Bernardino County youth are drinking;
Corresponding Goal: The overall goal of the County Underage Drinking Initiative is the reduction of the problems associated with the accessibility, sales, and use of alcohol by youth;

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term June 07-July 08	Intermediate June 08-09	Long Term July 09-June 10	
1.1 Enacted and/or expanded public policies that discourage private party hosts from making alcohol available to minors, as measured by enacted or expanded ordinances.	<ul style="list-style-type: none"> - Data collection and research -Obtain information on Social Host Policy in San Bernardino County. -Educate staff, PV Network, community coalitions on Social Host Policy -Schedule workgroup meeting on Social Host Policy -TA provided on policy writing 	<p>DBH-R&E and PV Network</p> <p>DBH-ADS staff in collaboration with Provider Network</p> <p>DBH-ADS Staff in collaboration with PV Network</p>	<ul style="list-style-type: none"> -Analyze data -Schedule workgroup meeting on Social Host Policy -Provide information on Social Host policv. - Trainings scheduled -Educate and engage community on problems 	<ul style="list-style-type: none"> -Ongoing data collection and analysis -Receive feedback from workgroup on training and additional training needs -Establish Policy writing workgroup 	1.1 Enacted and/or expanded public policies that discourage private party hosts from making alcohol available to minors, as measured by enacted or expanded ordinances.	FY 2007-2010

	-Form Policy writing workgroup					
1.2 Enacted policies and/or increased enforcement of existing policies and practices requiring responsible beverage service and sales training by owners and staff of retail outlets selling alcoholic beverages, as measured by enacted ordinances and/or increased enforcement including citations, minor decoy operations, and other compliance activities.	<ul style="list-style-type: none"> - Data assessment and community scans -Youth involvement -Community Impact Forums -Training provided on RBSS. -Write and submit Policy mandating RBSS training to all outlets selling alcohol. 	<p>DBH R & E in collaboration with ADS PV staff and PV Network</p> <p>PV Network with collaboration with youth and community collaborations</p> <p>PV Network</p>	<ul style="list-style-type: none"> -Analyze data -Awareness campaign created to educate and engage community partners, coalitions, law enforcement on the extent of underage drinking and the need for mandatory RBSS trainings to servers. -Compliance activities and minor decoy operations in place -Schedule RBSS trainings -Schedule work group meetings 	<ul style="list-style-type: none"> - Data assessment and community scans -Youth involvement -Community Impact Forums -Training provided on RBSS. -Write and submit Policy mandating RBSS training to all outlets selling alcohol. 	<ul style="list-style-type: none"> -Outcomes evaluated to notate progress -Submit written policy to local government officials 	FY 2007-2010

<p>1.3 Expansion of alcohol-free community events, public parks, and other recreational areas, as measured by enacted and/or expanded local ordinances and/or other policies.</p>	<ul style="list-style-type: none"> -Educate and engage community -Engage and recruit youth -Approach and engage event organizers -Research policies and local ordinances regarding outdoor events -Educate event managers and city planners 	<p>PV Network with collaboration with youth and community collaborations</p> <p>PV Network</p>	<ul style="list-style-type: none"> ---Analyze data -Schedule workgroup meeting on Social Host Policy -Provide information on Social Host policv. - Trainings scheduled -Educate and engage community on problems 	<ul style="list-style-type: none"> -Ongoing data collection and analysis -Receive feedback from workgroup on training and additional training needs -Establish Policy writing workgroup 	<ul style="list-style-type: none"> -Data assessment and outcome evaluation -Written report on outcomes 	<p>FY 2007-2010</p>
<p>1.4 Reduction in outdoor alcohol advertising within a specified distance, as defined by contract agency work plan, near schools and youth centers, as measured by local surveys.</p>	<ul style="list-style-type: none"> -Community Scan -Review policies/ advertising guidelines regarding outdoor advertising by retail outlets -Educate and engage community -work groups 	<p>DBH R& E and ADS-PV staff in collaboration with</p> <p>PV Network with collaboration with youth and community collaborations</p> <p>PV Network</p>	<ul style="list-style-type: none"> -tools developed -data gathered and shared -additional stakeholders recruited -priority areas identified -business, local, county practice policies researched -agency responsible for 	<ul style="list-style-type: none"> -strategy developed -one training provided for stakeholders -media campaign ideas developed -advertising agency engaged business owners -ongoing evaluation 	<ul style="list-style-type: none"> process evaluation completed -additional strategies identified -advertising decreased in target area -community scan completed -additional target areas identified 	<p>FY2007-2010</p>

			advertising identified			
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#2-Problem Statement: Methamphetamine has proven to be problematic in San Bernardino County for the last 20 years. Furthermore, in the last six years, youth being admitted to treatment for methamphetamine addiction has increased by 50%. In rural County communities, as much as 95% of persons entering treatment identify their primary drug of choice as meth. Overall, too many San Bernardino County residents are using methamphetamine and other illicit drugs;;

Corresponding Goal: The overall goal of the County Methamphetamine Initiative is the reduction of the problems associated with the manufacture, distribution, sales and use of methamphetamine and other illegal drugs. The primary focus for methamphetamine prevention services is to reduce the number of children exposed to methamphetamine and other manufactured illegal drugs and their precursor chemicals.

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term FY 2007-2008	Intermediate FY 2008-2009	Long Term FY 2009-2010	
2.1 Increased restrictions in the availability and sale of illegal drug paraphernalia and illegal drug precursors in retail stores, as measured by local ordinances.	-Community Scans of Neighborhood retail outlets -Youth Engagement -Data collection and analysis of information -Written report of findings -create media campaign	-PV Network in collaboration with community coalitions -PV Network in collaboration with youth groups (FNL etc.) -DBH R & E and ADS staff in collaboration with Prevention Network -Provider Workgroup	- Conduct community scans of retail stores selling illegal drug paraphernalia -Engage youth in decoy operations and data collection -Research local ordinances regarding sales of illegal drug paraphernalia at retail outlets -Media advocacy Trng. scheduled	-Collect and analyze data and complete report -Ongoing recruitment, involvement and training of youth to assist in analysis and presentation of data -Feedback on training received and additional trainings needed	-Continued engagement of youth and community -Media campaign created	FY 07-09

<p>2.2 Improved lighting in public parks and playgrounds that increases public safety, as measured by public policy decisions or local surveys.</p>	<p>-Create surveys</p> <ul style="list-style-type: none"> --Engage community members -Create workgroup to focus on policy -Schedule trainings 	<p>-Ongoing data collection and analysis</p> <ul style="list-style-type: none"> - Engage community partners, law enforcement, PV Network and ADS- PV Staff in collaborative meetings -Obtain information on current internal and external business policies 	<p>-Data collection and analysis of surveys</p> <ul style="list-style-type: none"> -Awareness campaign on need for improved lighting presented to community -Workgroup meeting scheduled -Feedback on training 	<p>-Ongoing data collection and analysis</p> <ul style="list-style-type: none"> - Engage community partners, law enforcement, PV Network and ADS- PV Staff in collaborative meetings -Obtain information on current internal and external business policies 	<p>-Follow up survey to assess results</p> <ul style="list-style-type: none"> -Outcomes to be determined 	<p>FY 09-10</p>
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3-Problem Statement: According to CHKS, as many as one in five youth is using marijuana. In San Bernardino County, 54% of persons aged 20 and under entering treatment identify marijuana as their primary drug of choice. Too many San Bernardino County youth are using marijuana
Corresponding Goal: The overall goal of the County Marijuana Initiative is the reduction of the problems associated with the accessibility and use of marijuana by youth and private and public perception of harm regarding marijuana

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term July 2007-June 2008	Intermediate July 2007-June 2008	Long Term July 2007-June 2008	
3.1 Business practice changes that reduce acceptance of marijuana use in media outlets and commercial businesses, as measured by media surveys and/or business policy statements.	<ul style="list-style-type: none"> -Surveys created -Research current business policy laws and regulations -Research city regulations on retail business -Engage and educate business owners -Workgroup meetings -Analyze surveys provide written report 	PV Network DBH-ADS staff in collaboration with PV Network -DBH R&E and ADS-PV staff in collaboration with PV Network	<ul style="list-style-type: none"> -Surveys created and distributed -Work group meetings scheduled -Research and gather information on business policies 	<ul style="list-style-type: none"> -Analyze surveys -Written report on findings -Ongoing work group meetings -Educate and engage community members in open forum meetings -Educate business owners on findings of surveys 	Outcomes to be determined	FY 2007-2010

<p>3.2 Restrictions of location and business practices of outlets that sell products, materials, and instructions for the manufacture, distribution, sales, and/or use of illegal drugs, as measured by enacted ordinances and written business policies/practices.</p>	<ul style="list-style-type: none"> -Community scans -Data collection -Capacity building -Trainings scheduled -Workgroups created -Schedule meetings -Media campaign 	<p>DBH R & E in collaboration with PV Network</p> <p>DBH-ADS PV staff in conjunction with PV Network and community collaborations</p>	<ul style="list-style-type: none"> -Data collection tools created -Data collected and analyzed -Workgroup meetings held -Educate and engage community partners and youth 	<ul style="list-style-type: none"> -One training completed -Evaluation of training and need for ongoing trainings 	<ul style="list-style-type: none"> -Ongoing analysis of data collected -One media campaign created 	<p>FY 2007-2010</p>
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<p>4.2 Improved local support and advocacy for community orientated policing, as measured by local policy and/or law enforcement procedure decisions.</p>	<ul style="list-style-type: none"> -Surveys created -Data collection -Capacity building 	<p>DBH R & E in collaboration with PV Network PV Network</p>	<ul style="list-style-type: none"> -Data collection -Analyze data -Engage and educate local community members and law enforcement 	<ul style="list-style-type: none"> -Ongoing data collection and analysis used as a tool to evaluate progress -Engage and educate local community members and law enforcement 	<p>Outcomes to be determined</p>	<p>FY 2007-2010</p>
<p>4.3 Participation by youth in prevention planning, development and implementation, as measured by number of active youth members in formal collaborations.</p>	<ul style="list-style-type: none"> -Engage youth on data collection, assessment and presentation skills -Recruit and engage youth in community collaborations -Training schedule created -Evaluation tool created 	<p>PV Network</p>	<ul style="list-style-type: none"> -Trainings provided -Feedback received on trainings given -Data collection -Continued recruitment and capacity building 	<ul style="list-style-type: none"> -Ongoing data collection and analysis -Ongoing trainings as needed to youth -Planning phase begins with youth input 	<ul style="list-style-type: none"> -Ongoing assessment of progress to date provided by youth involved through evaluation surveys - One media campaign involving youth 	<p>FY 2007-2010</p>

#5 Problem Statement: Too many government, community, and business members do not understand prevention. Education and collaboration between community and government is lacking.

Corresponding Goal: Build and strengthen collaboration and educate residents, community-based organizations, governmental agencies and the private sector to support coalition efforts to prevent and reduce substance abuse among youth

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term July 07- Oct. 07	Intermediate Nov. 07- Feb. 08	Long Term March 08- June 08	
5.1 Improve opportunities for prevention specific training and education, as measured by development and implementation of yearly training calendar and number of training and education sessions provided.	<ul style="list-style-type: none"> - Identify training needs -Create Trainer List -Create Calendar -Schedule Trainings -Host or conduct trainings -Evaluate effectiveness of trainings 	DBH-ADS Prevention Staff	<ul style="list-style-type: none"> -Receive feedback from stakeholder concerning training needs -List of trainings created -Training Calendar created -Host two training/education events 	<ul style="list-style-type: none"> -Host three training/education events 	<ul style="list-style-type: none"> -Receive feedback from stakeholders concerning additional training needs 	FY 07-08
5.2 Improved opportunity for community residents, gov't agencies, community-based organizations, and	<ul style="list-style-type: none"> -Implement Quarterly Meetings -Create work groups 	DBH-ADS Staff	<ul style="list-style-type: none"> -One quarterly meeting held 	<ul style="list-style-type: none"> -Host two additional meetings -Establish work groups 	<ul style="list-style-type: none"> -Work group meeting schedule in place -One additional quarterly meeting 	FY 07-08

private sector stakeholders to collaborate, as measured by number of active coalitions and work groups established.						
<p>5.3 Improve community awareness of local prevention coalition activities and efforts, as measured by number of media events/releases via local media venues.</p>	<p>-Develop regional community coalitions -Schedule media advocacy trainings</p>	<p>Provider Network in collaboration with DBH-ADS PV Staff DBH-ADS Staff in collaboration with PV Network</p>	<p>-Contact community partners, law enforcement, other agencies and all community members to extend invitation to attend coalition meetings -Attend media advocacy training</p>	<p>-Continued education and recruitment of community members for Environmental Prevention Coalition -Receive feedback on trainings and concerns on additional training needs.</p>	Outcomes to be determined	FY 07-08

#6 Problem Statement: DBH-ADS does not have region and community specific data that allows us to implement appropriate and specific interventions at regional levels. In addition, there is no ongoing and systematic method for collecting and sharing prevention specific data and information.
Corresponding Goal: Create and implement comprehensive data collection and analysis process that will assist in measuring additional outcomes not included in the CalOMS Prevention system. These measures will be used to refine and enhance the development of the system.

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term July 2007-June 2008	Intermediate June 2007-June 2008	Long Term June 2007-July2008	
6.1 Improved support from internal DBH Research and Evaluation team, as measured by number of data collection activities provided.	-Create list of data needs/baseline data -Review quarterly outcomes -Create bi-annual/annual reports	DBH-R&E Analyst in collaboration with DBH-ADS Prevention Staff	-List of data needs created	-1 st and 2 nd quarter data reviewed -Biannual report created	-Annual evaluation completed -Data utilized to make course corrections	FY 07-08
6.2 Improve access to region and community specific prevention data as measured by creation of standardized data collection tools.	-Create standardized data collection tools	DBH-R&E Analyst in collaboration with DBH-ADS Prevention Staff	-Tools developed	-Tools shared at meetings	-Tools revised as needed	FY 07-08

<p>6.3 Improve overall method of data collection, as measured by implementation of quarterly provider reports and method for consolidation of data.</p>	<p>-Review current data collection procedures among ADS R&E and Provider network -Implement new data collection tool when/where needed for outcome evaluation purposes</p>	<p>DBH-R&E Analyst in collaboration PV Network</p>	<p>-Data collection process reviewed</p>	<p>-Assist PV Staff in development of an outcome based tool as needed</p>	<p>-Implementation of enhanced data collection procedures if needed</p>	<p>FY 07-08</p>
<p>6.4 Improve DBH-ADS sharing of data as measured by semi-annual and annual outcomes meetings.</p>	<p>-Provide annual/bi-annual outcomes -Develop R & E stakeholder relationship</p>	<p>DBH-R&E Analyst in collaboration with DBH-ADS Prevention Staff</p>	<p>-Analyst attends two meetings</p>	<p>-Analyst continues to attend meetings -Bi-annual report provided to stakeholders</p>	<p>-Continued participation in meeting by analyst -Annual report provided</p>	<p>FY 07-08</p>

#7-Problem Statement: DBH-ADS does not have adequate staff to manage a strategic, comprehensive, countywide prevention system.
Corresponding Goal: Increase oversight and county-level expertise of Prevention Services.

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term July 07-Oct. 07	Intermediate June 08-July 09	Long Term June 09-July 2010	
7.1 Identify projected level of support needed to implement effective countywide prevention services as measured by internal evaluation.	-internal evaluation conducted	DBH-ADS Analyst	-report to PM II	N/A	N/A	August-September 2007
7.2 Increase ability of DBH-ADS staff to carry out job duties as measured by hiring additional staff.	-obtain list of eligible candidates from HR -Conduct interviews -Extend Job offer -provide training and support	DBH-ADS Management DBH-ADS Pv. Staff and Management	-list obtained -interviews conducted -positions offered	-ongoing recruitment as needed	-ongoing recruitment as needed	FY 07-08
7.3 Increase expertise of DBH-ADS staff as						

measured by number of trainings, conferences, and technical assistance sessions.	-staff attends training, conferences and TA opportunities	DBH-ADS Pv Staff	# of trainings attended	-New staff will attend 2 trainings # of trainings attended	-new staff will attend one additional trng. # of trainings attended	FY 07-2010

#8-Problem Statement: DBH-ADS does not receive adequate funding to support the level of prevention services required for such a geographically large and diverse County.

Corresponding Goal: Increase funding by pursuing additional prevention funding.

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing
			Short Term July 07-June 08	Intermediate July 08-June 09	Long Term July 09-June 2010	
8.1 Improve knowledge of additional funding opportunities as measured	- create a list of grants, other funding sources	DBH-ADS Program Specialist in collaboration with PV Network	-list created of additional funding sources with due dates	-ongoing search to locate other funding sources with due dates and	-ongoing search to locate other funding sources with due dates and criteria to	

by number of data base and resource links identified	with due dates for application submission		and criteria to meet guidelines	criteria to meet guidelines	meet guidelines	FY 07-10
8.2 Improve ability of staff to successfully write proposals as measured by number of trainings attended.	-staff attends training, TA opportunities	DBH-ADS staff in collaboration with PV Network	-Attend training on Proposal writing	-Feedback on training received and additional trainings needed.	- Ongoing evaluation and feedback on trainings provided with input on further trainings needed	FY 07-10
8.3 Improve ability to bring additional prevention monies to San Bernardino County as measured by number of applications/proposals submitted for additional funding.	- Proposals written	DBH-ADS Program Specialist in collaboration with PV Network	-Submit proposals for additional funding-	-Ongoing submission of proposals for additional funding	- Ongoing submission of proposals for additional funding	FY 07-0

The County of San Bernardino Department of Behavioral Health Alcohol and Drug Services Administration (DBH-ADS) recently transitioned to a proactive prevention system designed to advance prevention services through funding lead agencies to employ strategies that address the environment in which alcohol, tobacco, and other drug use occurs. Rather than reacting to issues after they have already occurred, San Bernardino County DBH-ADS encourages the development and implementation of strategies designed to *prevent* community-level problems stemming from the misuse of alcohol and other drugs, and ultimately, increase overall community health and public safety.

San Bernardino County's shift in prevention services toward the implementation of environmental changes (e.g., reflected in new public, institutional and business policies; reduced access and availability of alcohol, tobacco, and other drugs; and healthier community norms) stems from the fact that environmental prevention strategies have been shown to be extremely effective in producing long-term and sustainable changes in communities. In addition to a primary focus on environmental changes, core elements of the recently adopted framework include high levels of collaboration, measurable goals and objectives, and formative evaluation methodologies designed to feed useful evaluative information back into the prevention system at regular intervals.

During FY 2007-08, a significant area of focus for DBH-ADS will be the development of an infrastructure necessary for effective implementation and meaningful evaluation of San Bernardino County's transformed prevention system. Central to this system are four primary goals with supporting objectives, which tie to the County's Underage Drinking Initiative, Marijuana Initiative, Methamphetamine Initiative, and Comprehensive County AOD Prevention Initiative (i.e., which was designed to further support and reinforce the goals of the three primary substance-focused Initiatives).

As part of the infrastructure development process, and in alignment with the County's secondary process goal aimed at establishing a data collection and analysis system for evaluating outcomes/impacts, an overarching evaluation strategy will be established for each of the initiatives. While each funded prevention partner is required to evaluate and submit findings to DBH-ADS relative to their own project-level outcomes, the County will devote resources towards the development and implementation of an evaluation methodology that will summarize project-level data and allow for reporting outcomes at the initiative-level.

An important strength of San Bernardino County is the DBH Research and Evaluation Unit, which assists the Behavioral Health Department through applied research and evaluation services. Beginning in FY 2007-08, DBH-ADS will have a designated staff person (Evaluator) devoted to evaluation of prevention services. This is the first time that ADS will have an internal evaluator able to assist with evaluation design and implementation, data analysis, and other related activities.

The Evaluator will work closely with all of the DBH-ADS funded prevention partners to refine existing evaluation plans, design data collection tools, assist with data analysis, and provide evaluation related training and technical assistance. The Evaluator also will be working with funded providers to encourage the collection of both process and outcome indicators for evaluation purposes. Process indicators provide documentation that projects were implemented as planned, including whether any challenges or obstacles were faced and, if so, how they were overcome. Outcome indicators are important for (1) providing evidence that intended goals and objectives were met, and (2) determining the amount of change that has occurred over time. Both process and outcome indicators are essential for meaningful evaluations of environmental

prevention systems. Once the prevention contractors are well on their way towards the collection of local-level baseline evaluation data, the Evaluator will begin monitoring progress achieved toward specified goals and objectives for each County Initiative – likely in the latter portion of FY 2007-08 and continuing on in FY 2008-09 and beyond.

San Bernardino County will employ evaluation methods most appropriate to each set of county- and project-level prevention goals and objectives. Wherever possible, evaluation strategies implemented will include pre-/post-assessments, through hard-copy, online or telephone survey data collection methodologies. Available trend data also will be used to measure changes in rates over time. Qualitative evaluative measures that will be used to supplement more quantitative data collection procedures include: key informant interviews, focus groups, DBH-ADS staff site visits/observations, and document reviews (e.g., Quarterly Provider Reports, brochures/publications, prevention campaign materials, media outputs, etc.)

Another important focus for the coming fiscal year will be working to help fill the need for additional local/regional data. Although significant amounts of data are available to inform needs at a higher level (e.g., countywide treatment admissions data, CHKS data, countywide hospital discharge data for alcohol/drug related hospitalizations, countywide drug arrest data, etc.), DBH-ADS recognized during their Strategic Planning Process that few data sets are currently in house that would assist in determining local/regional needs and evaluating the impact of local/regional prevention efforts. Two primary ways that the County will begin to fill gaps in data are: (1) making requests for data sets at local levels, and (2) assisting funded providers in gathering and analyzing data collected for evaluative purposes. Both of these tasks will be carried out with the assistance of the DBH-ADS Evaluator.

Worth noting is that for San Bernardino County DBH-ADS, evaluation will be an ongoing endeavor, with updates on findings occurring at quarterly, bi-annual, and yearly intervals. By the end of the third quarter of FY 2007-08, DBH-ADS will assess the implementation of services, make course corrections as needed, and will create FY 2008-09 work plans. The County also will continue to enter information into CalOMS in a timely manner with Catherine Smith, Substance Abuse Program Coordinator, serving as the California Department of Alcohol and Drug Programs' designated liaison for all CalOMS operations. Each contracted prevention provider will continue entering service activity information into CalOMS and submitting quarterly reports to DBH-ADS. Evaluation-related information entered into CalOMS by providers will be reviewed at regular intervals. Lastly, DBH-ADS will report pertinent information into the Evaluation Module within CalOMS on a semi-annual or annual basis.