

# County of San Diego

## Alcohol and Drug Services

### Strategic Prevention Plan

#### July 2007

(Update: January 30, 2008)

#### **Introduction**

The County of San Diego is pleased to present the County's Alcohol and Other Drug Strategic Prevention Plan to the State of California Department of Alcohol and Drug Programs. The plan covers the period from January 2005 through June 2010.

The Strategic Plan reflects the ongoing commitment of the County Board of Supervisors to ensure youth are protected and have opportunities to achieve success. This commitment is underwritten by the inclusion of Youth as one of the three Strategic Initiatives of the County's (overall) Strategic Plan. The plan also reflects the commitment of the public and private sector leadership within the County that has offered considerable time and resources to ensuring the prevention services provided by the County has broad support. A key aspect of the goals of the County's Alcohol and Other Drug Prevention service system is its linkage to the overall goals of the Health and Human Services Agency's Plan and the Strategic Initiatives of the County as a whole. A graphic representation of this linkage is shown on page four of this document.

#### **Overview**

In 1997, the County Board of Supervisors approved a new approach to address alcohol and other drug problems in the County of San Diego. This approach, "Moving the Delivery of Alcohol, Tobacco and Other Drug Prevention Services into the Twenty-First Century," became the new *County Alcohol and Other Drug Prevention Framework*. In considering an appropriate method to ensure the framework applied evidenced-based, effective, and efficient practices to prevention and had broad community acceptance, County Alcohol and Drug Services followed a logical process in the planning, development and implementation of this framework. This process included several steps, including:

1. Examining data that revealed the impact of alcohol and other drugs among the various sectors of the community (Assessment);
2. Identifying internal and external resources for advancing prevention in the communities (Capacity Building);
3. Identifying those prevention practices that would provide the most return on limited funding resources (Planning);
4. Developing a selection process to implement the prevention services (Implementation), and finally;
5. Designing and implementing a means to inform, measure, and evaluate the impact of the prevention system (Evaluation).

This process, which was essentially "intuitive" at the time, followed the process now recognized as the federal "Strategic Prevention Framework" model.

The County's prevention system has increased in both coordination and effectiveness since the original implementation of the County's Prevention Framework. This process of ongoing

improvement results from the collective experience of our network of prevention service providers. The developmental principle has been to continuously review lessons learned and adapt prevention strategies and tactics based on those lessons.

The various prevention service providers were originally an array of uncoordinated and unrelated regional programs, linked to their communities through local collaborations. Over the ten years of implementing the County's prevention framework, the providers and their local collaborations have purposely evolved into a cooperative, coordinated system working in teams (campaign workgroups) to advance countywide prevention initiatives at the local and county level. The integrated effort among these regional providers, aided by countywide supportive programs, creates a synergy that greatly improves the success of the various policy-focused prevention campaigns.

Currently, the County's system of prevention services offers every local community a "system of prevention services," the expertise of a regional provider that understands the characteristics and community, with the leverage of other providers with skills and resources that assists the local provider. The County-funded prevention service providers work together through various work groups that target major problems and offer community-level solutions. Most of the County prevention services are planned and implemented through these work groups that develop the targeted prevention campaigns.

**Demographic Information.** The County Strategic Plan reflects the unique cultural, geographic, and demographic situation of the County of San Diego and its innovative responses to the prevention of alcohol and drug-related problems. The County is bounded on the south by the Mexican state of Baja California; on the east by Imperial County; the North by Orange and Riverside Counties; and on the west by the Pacific Ocean. San Diego is also a very large, geographically diverse county, approximately 4,200 square miles includes urban beaches, deserts, mountains, cities, small towns, and rural farms and ranches. The County has a population of almost 3 million, the third most populated in the State. Ethnic diversity in the County is substantial, over 33% speak a language other than English at home. In the Mid City area of the City of San Diego alone there are dozens of languages other than English spoken in homes. Many families, especially in the south region of the County, are binational, with immediate family members living in Tijuana, Baja California. Approximately 26% of the County population are less than 18 years old.

**Demographic Factors Influencing Alcohol and Other Drug Problems.** The County's proximity to Baja California creates a special problem in addressing drinking among youth. The legal drinking age in Mexico is 18 years old. Many nightclubs in Tijuana have exploited this age of majority with intensive promotion strategies on both sides of the border. The easy accessibility of Tijuana to is especially attractive to the many undergraduate college students living in San Diego, with three major universities: UCSD (approximately 20,000), SDSU (34,500), and USD (4,960) and several smaller four-year universities and colleges. A local prevention program, the San Diego-Tijuana Border Project, a CSAP Model Program, has worked successfully to reduce the impact of problems caused by intoxicated youth returning from Tijuana in the early morning hours.

San Diego County is also one the premier vacation venues in the United States. Consequently, the hospitality industry in the County is highly regarded and is a key asset to the local economy. Summertime is the peak period for alcohol problems in the County. Many of the problems are centered in the beach areas, especially during the summer months. Several policy approaches have been attempted to address the beach-drinking problem. Only two beaches in San Diego still allow drinking, but even these have some restrictions. In addition to high-risk beach drinking during the summer, off-road vehicle activities in the County's desert areas are very popular during the winter months. These activities often include drinking parties that commonly include underage youth. These gatherings carry a special risk in that the areas where these gatherings occur are very large and access to medical emergency services is difficult.

In addition to the widespread alcohol-related problems that are typical of regions with high youth populations, San Diego County has an endemic methamphetamine problem that stretches back almost thirty years. In the late 1970's to mid 1980's, the East County region was the premier methamphetamine producing area of the State, perhaps the nation. The methamphetamine trade, including manufacturing, distribution, and sales was conducted primarily by white, middle class, motorcycle gang-affiliated groups. In the late 1980's a strategic law enforcement operation was able to break up the large-scale operations of these "biker gangs." Unfortunately, methamphetamine had become so entrenched in among the drug using population of San Diego County, that the demand for the drug remained very high and this demand was quickly met by new sources of suppliers. A primary source of methamphetamine supply is currently the illicit drug cartels of Northern Mexico. The impact of this new source of methamphetamine has dramatically increased the level of violence, including homicides among Latino youth caught up in the drug trade.

### **A Strategic Response to the County of San Diego's Alcohol and Other Drug Problems**

**Vision.** All communities in the County of San Diego embrace policies and practices that ensure that the availability of alcoholic beverages is properly restricted, that marketing practices that promote illicit drugs are prohibited, and that value abstinence from alcohol for underage youth and abstinence from illicit drugs for all ages.

**Mission.** The mission of the County of San Diego' alcohol and other drug prevention service system is to substantially reduce alcohol and other drug problems through advancement of public policies, business practices, and community values that promote the health, safety and overall quality of life of the citizens of San Diego County.

**Purpose and Philosophy.** The County of San Diego's Strategic Prevention Plan is to provide an implementation structure for the County's Prevention Framework, approved by the Board of Supervisors in 1997. The County's Prevention Framework recognize that alcohol, tobacco and other drug problems occur within a context of larger social and personal problems, including public and private policies, such as accessibility, availability, and attractiveness of alcohol and illicit drugs. Addressing these problems within these proper environmental contexts is a key strategy to prevent a range of negative consequences. Accordingly, the County's prevention services system uses broad community engagement and environmental prevention strategies as the primary means to reduce alcohol and other drug problems. Over the past ten years, the County has developed a regional-based, environmental prevention service system where contracted regional prevention service providers have engaged existing community coalitions or facilitated the development of new collaborations to address alcohol and other drug problems. In 2000, following "lessons learned" in working with community coalitions, key staffing qualifications and an integrated and comprehensive approach were developed to plan, develop and implement environmental strategies to reduce alcohol and other drug problems.

In addition to requesting the contracted service providers to engage communities, the Prevention Framework directs the County's prevention service system to address "the County's most critical alcohol and other drug problems." To identify these problems and formulate an overall approach, the County of San Diego and its prevention system partners, reviewed primary and archival data, then developed three key countywide alcohol and other drug prevention initiatives that address the most significant problems in our communities. These prevention initiatives were selected based on their public health and safety impact; that is, the key sources of information were data from the County Medical Examiner, emergency departments, California Highway Patrol and local law enforcement, business impact, and neighborhood quality of life. These data sources clearly indicated that three issues stood significantly higher than all other alcohol and drug problems:

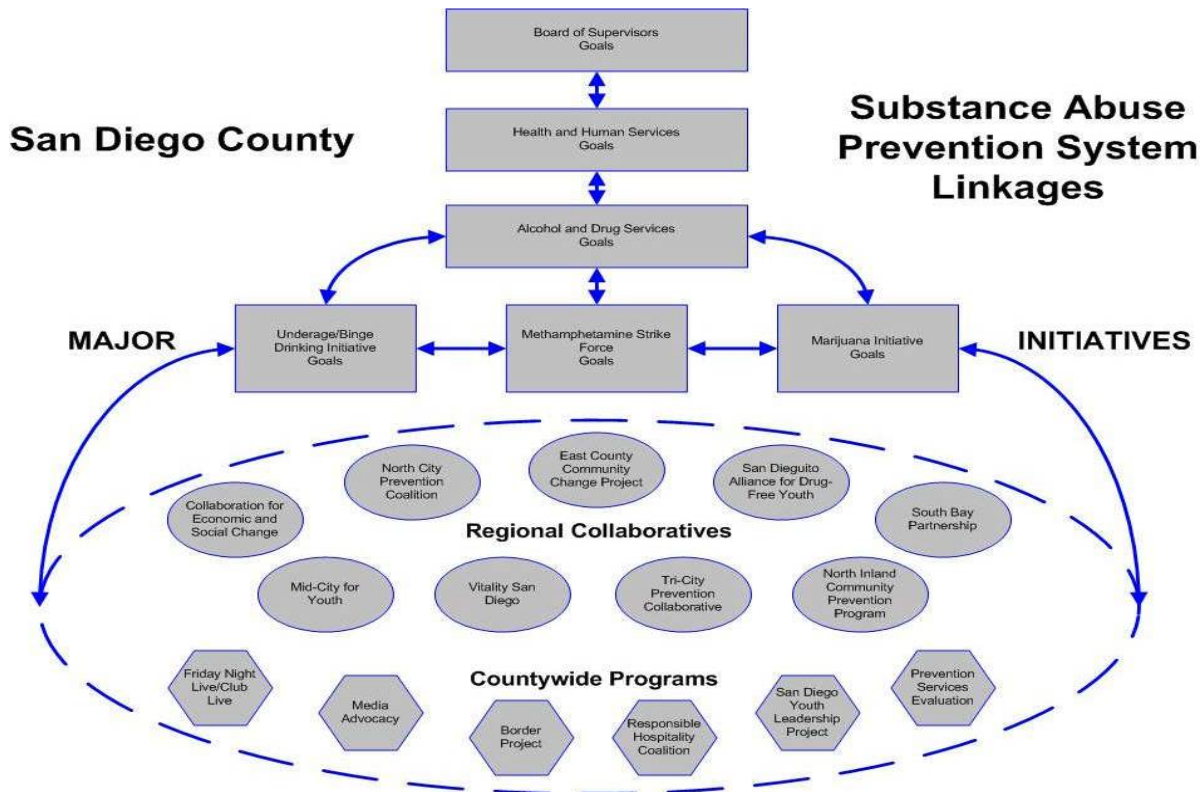
1. binge and underage drinking;

2. marijuana distribution, promotion, and use; and
3. methamphetamine manufacturing, distribution, sales and use.

While not completely, abandoning other alcohol and other drug issues, it was decided that in order to produce the greatest change, a focused effort on these three was the highest priority. In addition to the prevention system's focus on the three prevention initiatives, the service providers develop their work plans and strategies with a strong emphasis on three other general principles:

- Change through local government actions, business policies and/or practices that improve opportunities for family-friendly community development, including new or expanded park and recreation facilities, especially in neighborhoods with poor economic opportunities for residents;
- Change through local government actions, business policies and/or practices that improve local support and advocacy for community orientated policing, as measured by local policy and/or law enforcement procedure decisions; and
- Active participation by youth in prevention planning, development and implementation.

In January of 2005, these three initiatives, Binge and Underage Drinking, Marijuana, and Methamphetamine were formally implemented into the County's prevention services system. The three prevention initiatives frame the structure, development and focus of the County's alcohol and other drug prevention services system. A graphic representation of the County's alcohol and other drug prevention system is as follows:



**The County of San Diego's Strategic Approach to Prevention.**

The application of the Strategic Prevention Framework to overall planning and system development is invaluable to the formation of an effective prevention service system. However, the

actual structure of the prevention system itself and its guiding principles are key to actually advancing the prevention agenda. The following is a basic explanation of the County of San Diego's prevention service system structure:

1. Nine regional based prevention service contracts are arrayed in the six Health and Human Services Agency (HHSA) Regions of the County – with funding allocated to each region roughly based in youth population, with additional funding for those areas where the greatest need for prevention services has been determined.
2. Each of the regional contractors works with at least one multi-sector community collaboration to guide and implement the prevention strategies at a local level. In addition, each local collaboration both assists and is assisted by other regional collaborations and specialized countywide prevention support programs. Regional community collaborations generally consist of local residents, especially parents and youth, and leaders from the community, business groups, law enforcement, school, faith community, other health and social services systems, and prevention service providers.
3. All prevention services are coordinated and the service providers collaborate in the planning and implementation of campaigns addressing three countywide prevention initiatives. The various prevention campaigns emerging from these initiatives also integrate other system priorities, such as health, law enforcement, social services, educational needs, and general community “quality of life.”

As mentioned above, the three San Diego County Alcohol and Other Drug Prevention Initiatives are:

- Binge and Underage Drinking Prevention;
  - Methamphetamine Prevention; and
  - Marijuana Prevention (now known as (HARM –Health Advocates Rejecting Marijuana).
4. A unique feature of San Diego County's prevention service system is that all of the providers work together, inter-dependently to achieve the most effective outcomes. This synergy greatly increases the resource power of the initiative campaigns and allows all the providers to focus on a single community to advance a policy change, then systematically move to the next community until the new policy encompasses the entire county. The priority and sequence of community action occurs by deciding the level of “community readiness for change” among the various County local governments or communities.
  5. Regional prevention service providers receive strategic assistance, including leadership and/or other critical support in planning, developing, and implementing the countywide campaigns for the prevention initiative. These include countywide media advocacy, countywide responsible beverage services advocacy, system-wide coordination and leadership efforts (such as the Youth Access to Alcohol Policy Panel and the Methamphetamine Strike Force), and a web-based “Prevention Information and Resource Library” (PIRL), which provides essential interactive information for campaign planning and evaluation ([www.pirlsandigo.net](http://www.pirlsandigo.net)).
  6. Each prevention initiative incorporates five key strategies into a clear and focused prevention campaign action plan and logic model in order to achieve the policy and community condition change that reduces AOD problems. Below is a more detailed description of this five-strategy approach.

To ensure comprehensive and best practices, cultural appropriateness, and measurable, achievable results, the County of San Diego prevention services system employs an action model with five integrated strategies. This action model systematically advances public policy and business practice-based environmental change to reduce alcohol and other drug problems. The

action model provides a means to effectively move an environmental, policy-based prevention campaign, from early development through community acceptance (community norming).

These five strategies include:

- **Data collection and research,**
- **Community engagement,**
- **Policy development based on environmental or community condition change,**
- **Media advocacy, and**
- **Enforcement** (through police agencies, code enforcement or other regulatory agencies, neighborhood legal action, etc.)

### **Data Collection and Research**

The beginning development of a logic model requires thorough analysis of available data describing specific alcohol and other drug problems, community characteristics and readiness, local governmental structure, policies and attributes, and local financial, leadership, and staff expertise resources. The County's prevention system has relied heavily on locally originated data to guide its campaigns. Rather than simply collect all data available related to alcohol and drug problems, each initiative work group starts with a collection of data indicators to derive key issues, then moves to collect only the issues-selected data related to the campaign being developed. This process helps providers from being overwhelmed by too much information, especially information not pertinent to the issue at hand. The Prevention Information Resource Library ([www.pirlsandiego.net](http://www.pirlsandiego.net)), also provides a wide array of data resources some tools on how to use the data.

### **Community Engagement**

Over the past several years, reviews and analyses from researchers have shown that a key factor affecting success of a community-based coalition is a clear focus of effort. The County of San Diego's prevention service system has crafted its coalition development to ensure that each coalition member plays a key role in the specific prevention campaign currently being advanced. This often means that a community member may actively participate for many months or only a few days, depending on the role they play in a campaign. These "short-term" members are usually referred to as "strategic partners," members whose value is in moving a critical aspect of a campaign forward. These members are usually very busy but can be readily engaged when they know the specific, time-limited parameters of their campaign role. Other members provide the strong base of the coalition and are usually parent and youth community leaders, community service law enforcement officers, and other health and social services providers. The County-contracted prevention program staff members organize the coalitions, then provide guidance, training, and facilitate meetings and campaigns.

A special note on County-contracted prevention services staff qualifications. In 2000, after finding that community coalition development by itself couldn't seem to move much further than the "planning" stage, the County prevention staff and a group of prevention service providers formed a workgroup to discuss how to break out of the "planning" impasse. A document, "Advancing Environmental Prevention Among Community-Based Collaborations," was developed and issued to clarify the County's Prevention Framework and provide strategies for moving forward from the community planning stage to clear focused action.

Among the guidelines developed in the "Advancing Environmental Strategies" documents was the requirement that each regional prevention contractor have staff that meet minimum qualification in one or more of three areas of specialization. The staff needed to include an environmental prevention specialist (to visualize, plan and guide a prevention campaign based on policy objectives), a community engagement or organization specialist (to identify and engage key and strategic partners), and a media advocacy specialist (to develop and implement comprehensive

media plan). The three specialists would work as a team to guide the local collaboration's prevention campaigns.

This approach was key advancement in environmental prevention work – results were significant. Within two years several campaigns had concluded or were well underway with ordinances that reduced high-risk alcohol and drug environments and conditions.

Many of the staff for these positions came from outside the traditional alcohol and other drug field. Former journalists became the media specialists, former political campaign workers and legislative aides became community organizers, and environmental prevention specialists emerged from the public health and social work field. This diversity of skills and experienced helped to enrich the prevention perspective and campaign work.

### **Policy development**

The primary target for prevention within the County's prevention services system are the negative "impacts" of alcohol and other drugs – the death, injuries, loss of property, failure at work and school, and parental neglect are the key alcohol and drug problems where most people have concern. However, many researchers alcohol and other drug experts believe these problems are not caused by certain types of people, but rather, by temporary conditions (intoxication) in individuals within certain (high risk) settings. The condition of intoxication causes traffic crashes, assaults, poor judgement at the work place, neglect and abuse of children, and a range of injuries. Limiting a view of alcohol or other drug problems as only problems resulting from individual psychological or emotional problems, or personal or group deviant behavior fails to account to the widespread social acceptance of occasional intoxication (use of licit as well as illicit drugs). Because intoxication, even mild intoxication, is so commonplace, and can cause these negative effects, a broader, more eclectic view of alcohol and drug use is important.

Addiction is certainly a consideration in environmental prevention, but only that persons addicted to alcohol or other drugs are more likely to be intoxicated and intoxicated in more high risk settings. Consequently, environmental prevention advocates expanded and improved treatment and recovery resources for those who are addicted.

Further, the skill to see a policy solution to an alcohol or other drug problem requires a basic understanding of the public health model and social and organizational dynamics. For instance, much of alcohol policy has drifted away from the health and safety interest that placed alcoholic beverages under public agency control following the repeal of Prohibition. In recent years, the interest and greater control of alcohol beverage products, distribution, and sales appear to favor producers and distributors. Advancing alcohol policy that offers more control to local communities and restores the health and safety of our communities as a primary consideration is a reasonable goal of prevention.

Applying an environmental approach to problems with illicit drugs is not much different than alcohol problem prevention. The relationship between an illicit drug supplier and a user is facilitated by a kind of "third entity," that is, legitimate social, cultural and economic forces that benefit from both drug sellers and drug users without risk. These forces act as "catalysts" to bring the supplier and user together without being directly involved in either illicit drug "supply" or "demand." They are not at risk for arrest, addiction, injury or death, yet manage to derive significant profit from the reality of drug use. These catalysts are usually local entrepreneurs, pop music radio stations, recording artists, and small and large department stores. The products and ideas being promoted and merchandised by this third entity are everything from media promotions celebrating marijuana "holidays," drug paraphernalia, and pro-drug clothing and jewelry. It is through these exploiters of the drug scene, largely unaffected by the illegality and health risk of the end use of the products they market - and to whom they market their products, that drug-use "normalization" occurs.

Consequently, this normalization is the target of environmentally focused, public policy, and business practice illicit drug prevention.

### **Media Advocacy**

Much has been written on media advocacy and it is not necessary to go into detail here on how it is done. However, how media advocacy is arrayed over a prevention campaign in San Diego County does warrant some discussion. A prevention campaign essentially occurs in three major phases: a pre-policy development phase where community awareness of the problem and a call to action takes place; a policy phase, where there is a clear policy on the public agenda moving toward implementation; and finally; the community normalization phase where the policy become internalized by the community as the accepted and expected proper behavior of members of the community. Each of these phases has a specific approach to media advocacy and a media plan would develop each phase appropriately.

### **Enforcement**

Alcohol and other drug prevention, as a general practice, is a public health service. Consequently, the purpose of a link between alcohol and other drug prevention and various enforcement agencies is to further a public health agenda. This agenda ensures the prevention approaches link properly to cultural and ethnic communities, and can be recognized as protecting the health and safety of all citizens within the community.

Community expectations of law enforcement, that is, the particular way a given community views the proper role of police agencies to balance public safety, protection of property, and protection of individual rights varies significantly among communities. Certain minority ethnic or cultural communities have a general perception of law enforcement agencies very differently than that of primarily white upper and middle class communities. Similarly, a general perception of law enforcement may vary with the age of the individuals within a community.

County or city Code Enforcement Officers ultimately enforces many of the successful prevention policy efforts, especially local ordinances. Early contact and work with these officers helps to ensure proper enforcement of local ordinances advanced by the prevention providers and enacted by policy makers. Including the appropriate enforcement strategy and those that would do the enforcement, in the planning and implementation process helps to guarantee that the policies will be taken seriously and community normalization can occur.

Finally, in many communities, enforcement is an action undertaken by community members themselves. This can include boycotting or picketing at a particular problem retail store, isolating the business from local business associations, or simply writing letters of complaint.

Prevention service providers in the County of San Diego recognize these variations of perception and work to ensure that the application of enforcement strategies within a specific community is culturally appropriate and is recognized by the community as supportive of a public health agenda.

The following is the Strategic Prevention Plan for the County of San Diego.

# Strategic Prevention Plan

## **Assessment:**

The County's prevention service system uses data that reflects its philosophy to address the alcohol and other drug problems that have significant meaning to the citizens and communities of San Diego County. That is, the data collected is to measure progress and the achievement of meaningful outcomes that protect the health and safety of individuals and communities. Consequently, key data sources that provide indicators of health and safety impact of alcohol and other drugs are from the County Medical Examiner, emergency room discharges, Statewide Integrated Traffic Record System (SWITRS), local law enforcement, alcohol and other drug treatment, and other reliable sources. These indicators guide the selection of how success would be measured. In addition, surveys providing information on use patterns, such as the California Healthy Kids Survey, the California School Survey and the Center for Disease Control's Youth Risk Behavior Survey, and locally initiated surveys help to establish the link between use among selected age groups and the key data information collected.

As stated earlier, the County of San Diego's prevention system has included a special data resource and evaluation project, the Prevention Information Resource Library, available on-line at [www.pirlsandiego.net](http://www.pirlsandiego.net). This site provides a range of information sources and manages resource and reporting materials relevant to the three initiatives.

Because the County's prevention system uses environmental prevention as its primary strategy, information regarding consumption, especially consumption patterns across specific populations and geographic areas is critical. An important data source, the tax revenue from alcoholic beverage sales gathered by the State of California Board of Equalization, is not available. Information regarding sales of alcoholic beverages is valuable to researchers, direct service providers, and especially local governmental agencies that often assume a responsibility to determine the impact of over-concentration of retail sales outlets.

The following "Problem Statements" refer to each of the County's prevention initiative campaign efforts. The Problem Statements establish the prevention profile and help to determine a general direction of a targeted campaign. The Statements are presented in the exact way that they are listed on the CalOMS Prevention web site.

## **Problem Statements**

### **Binge and Underage Drinking Initiative**

1. Irresponsible Alcohol Marketing and Advertising. The alcoholic beverage industry, intentionally or unintentionally, encourage heavy youth consumption by employing marketing strategies. These include: 1) producing products that appeal to adolescent tastes, 2) defining them in a way to secure low taxation rates, 3) establishing a wide and multiple-level distribution strategy, and 4) creating youth-attractive images, concepts, and personalities to promote these products.
2. Lack of Controls on Alcohol Outlets. Lack of local controls on placement, manner of business, and oversight of alcohol outlets creates greater opportunities for youth access to alcohol. Lack or poorly enforced local controls also cause neighborhood blight, increased crime rates, and place all residents and other local businesses at high risk.
3. Binge and Underage Drinking by U.S. Youth in Mexico. Sophisticated marketing approaches, low cost and readily available alcoholic beverages in Mexico, a lower age of majority, poor regulatory controls, and draws large numbers of California youth to drink in Mexico. Excessive drinking by U.S youth in Mexico has led to multiple health and safety problems on both sides of the U.S. and Mexican border.

4. Lack of Responsible Alcoholic Beverage Sales and Services. Lack of knowledge of responsible alcohol sales and service by on-sale and off-sale licensed outlets provide access to alcohol by underage youth and intoxicated persons and create risk to themselves and others.
5. Social Access of Alcoholic Beverages to Underage Youth. Acquisition through friends and family is the most common method of accessing alcohol by youth. Most communities lack laws and regulations restricting such access or those that do, often find them poorly enforced.

### **Marijuana Prevention Initiative**

1. Marijuana is the most commonly used illicit drug in San Diego County. This use puts community safety at high risk and diminishing the quality of life. Problems include drugged driving; impaired academic and/or job performance; physiological and psychological problems; negatively impacted relationships; increased criminal activity; and other drug use.

### **Methamphetamine Prevention Initiative**

1. Community safety is at risk from the accessibility of methamphetamine and from methamphetamine-related activity (e.g., exposure to toxic chemicals in residences and in public places; neighborhood blight; increased criminal activity; chronic nuisance related behavior; and increased costs to business and public systems).
2. Methamphetamine distribution, sales and use are a persistent and endemic problem in San Diego County. Addressing this problem cannot be done effectively without the cooperation and collaboration of different public and private systems and agencies.
3. Community health problems resulting from accessibility of methamphetamine and methamphetamine-related activity (e.g., sale of methamphetamine, other drugs and related products, sale of drug paraphernalia, poorly regulated and high-risk entertainment venues, etc.)

### **Capacity Building**

For each of the Initiatives, there are independent, multi-sector, community groups that serve as non-county funded leadership committees that set priorities and offer a general direction for the various campaigns. The leadership committees also directly advise policy makers and political leaders concerning alcohol and other drug issues within the County and its various cities. These leadership groups are voluntary but have considerable influence within the County. The groups generally have a broader range of interests than prevention and examine issues using the full arc of a continuum of services and strategies addressing alcohol and other drug problems.

**Underage Drinking Initiative:** The Policy Panel on Youth Access to Alcohol, in existence since 1995, provides leadership and direction to the overall issue of reducing underage drinking and its impact on individuals, families and communities. This group consists of social services agency managers, local health care provider directors, law enforcement chiefs, and other leaders.

**Marijuana Prevention Initiative:** The Marijuana Policy Council, in existence since 2002, provides a forum for leaders concerned with the proliferation and normalization meet to discuss and coordinate strategies across a range of disciplines, including prevention services to reduce marijuana problems within San Diego County.

**Methamphetamine Prevention Initiative:** The County of San Diego Methamphetamine Strike Force, in existence since 1997, provides a forum for discussing overall issues regarding methamphetamine in San Diego County. The "Meth Strike Force," has four components to guide its planning efforts: Interdiction (Law Enforcement), Intervention (early identification and intervention of personal meth problems), Treatment, and Prevention. The Methamphetamine Prevention Initiative is the primary, but not the exclusive vehicle for prevention under the Methamphetamine Strike Force.

To effectively address the Problem Statements identified, the County's prevention system is organized into several workgroups that address those problems. Each of the workgroups plan, develop and implement campaigns that are designed to impact the problems. The workgroups include County-funded prevention providers as campaign leads and organizers. Further, as described in the overall County approach to prevention, these workgroups also include a range of members of the community and community sectors who will manage the campaigns, as well as time or task-limited "strategic partners" who will assist the workgroup as it progresses through various campaigns.

The following are the initiative workgroups.

### **Binge and Underage Drinking Initiative**

- Alcohol Marketing and Advertising Workgroup. This workgroup addresses the proliferation of inappropriate and widespread advertising of alcohol, especially the marketing of youth-oriented alcoholic beverages. This workgroup also addresses the alcoholic beverage industry's misuse and debasement of cultural symbols and holidays.
- Alcohol Outlet Policy Workgroup. This workgroup addresses the high concentration and business practices that create health-risks of retail alcohol outlets.
- Binational Policy Council (Border Project to Reduce Underage and Binge Drinking by US Youth in Mexico). A CSAP Model Program. This workgroup engages community leaders, public officials and other concerned citizens on both sides of the border. The workgroup facilitates dialog and recommends good public policy and business practices to improve the health and safety of youth visiting Tijuana, where the age of majority for alcohol consumption is 18.
- Responsible Beverage Sales and Service Workgroup. This workgroup encourages voluntary and mandatory, where appropriate, responsible beverage sales and services training by retail clerks, managers and owners in ABC licensed establishments.
- Social Access to Alcohol by Youth Campaign. This workgroup has been highly successful in advancing and attaining city and county "social host" ordinances.

### **Marijuana Prevention Initiative** (now known as HARM - Health Advocates Rejecting Marijuana)

- Policy Workgroup. This workgroup organizes, plans, develops and implements the prevention policy efforts for all five Marijuana Initiative campaigns: Medical Marijuana Dispensaries Policy campaign, Media Normalization campaign, Retailers Policy campaign, Smokeshop Policy campaign, and Special Events and Outdoor Venues campaign.
- Media Workgroup. This workgroup plans and implements the media activities for all five Marijuana Initiative campaigns – Dispensaries Policy campaign, Media Normalization campaign, Retailers Policy campaign, Smokeshop Policy campaign, and Special Events and Outdoor Venues campaign)

### **Methamphetamine Prevention Initiative**

- Neighborhood Safety Workgroup. This workgroup plans and conduct prevention activities to reduce the impact of methamphetamine-related problems in communities, includes efforts by Safe Streets Now (pressuring landlords to evict drug dealing tenants), neighborhood cleanup efforts
- Policy and Business Practices Workgroup. This workgroup addresses illicit drug-themed business enterprises, including the marketing of glass pipes for smoking methamphetamine, video games that glamorize or trivialize heavy drug use, and establishments, primarily bars, that lack adequate control over drug use and drug dealing.

## **Planning**

Each Workgroup of conducts one or more prevention campaigns using an environmental prevention action model developed in San Diego County.

The action model uses five coordinated strategies: research and coordination; policy development; community engagement; media advocacy; and enforcement. This model frames the logic model of each campaign and develops and drives the campaign work plan. Each of the Goals and Strategies described here are general in nature, actual campaign work plans contain extensive task level activities. In addition to the five-strategy approach described here, each workgroup has a “sixth” strategy (Objective) in their work plans that defines the planning and implementation activities of the workgroup.

All goals described below are targeted for July 1, 2010.

### **Goals and Objectives:**

#### **Binge and Underage Drinking Initiative – ALCOHOL MARKETING**

Goal 1: Alcohol marketing and advertising to high-risk populations is measurably reduced.

Goal 2: Restrictions alcohol marketing through products and placement to youth have been advanced and adopted.

Goal 3: Trends and recommendations on appropriate restrictions on industry promotional items are being regularly proposed and promoted by local governments, communities, and organizations.

##### Objective 1: Research & Data

- a. Establish and measure changes in key selected indicators.
- b. Collect data to support advocacy efforts

##### Objective 2: Community Engagement

- a. Conduct on-going community level education, training and coalition recruitment to address marketing products and placement of alcohol, and alcohol promotional items to high-risk populations.

##### Objective 3: Policy Development

- a. Develop recommendations to restrict and reduce alcohol marketing targeted to high risk priority populations (including youth, college students, cultural and ethnic groups, LGBT and others)
- b. Develop policies to restrict alcohol marketing and advertising that disrespect cultural and ethnic heritage.
- c. Monitor trends in marketing and recommend restrictions on new alcohol promotional items that increase public health and safety risks.

##### Objective 4: Media Advocacy

- a. Develop a comprehensive media plan
- b. Develop materials to build awareness and support for alcohol marketing and advertising practices.
- c. Generate media outputs to raise awareness of alcohol marketing problems and advance policy solutions.

##### Objective 5: Enforcement

- a. Establish an advertisement and marketing complaint response team.

#### **Binge and Underage Drinking Initiative – SOCIAL ACCESS**

Goal 1: Social Host ordinances have been passed in cities of Del Mar, Chula Vista and Carlsbad (remaining cities without a current Social Host Ordinance).

Goal 2: Social Host ordinances with barriers to enforcement or adjudication have been amended.

Goal 3: Social Host Ordinances are being actively enforced and adjudicated.

Goal 4: Community is aware of and supportive of Social Host Ordinances

##### Objective 1: Research and Data

- a. Establish and measure changes in key indicators to determine the effectiveness of social host ordinances.
- b. Collect process indicator data; develop monthly reports.

- c. Collect pre and post key indicator data.

**Objective 2: Community Engagement**

- a. Conduct ongoing community education, recruit key stakeholders willing to support social access issues or social host ordinances.
- b. Engage community partners in advocacy-related activities.

**Objective 3: Policy Development**

- a. Advance and support the adoption of a Social Host Ordinance in target cities (Carlsbad, Chula Vista, and Del Mar).

**Objective 4: Media Advocacy**

- a. Develop a comprehensive media plan.
- b. Develop materials to build awareness and support for ordinances and policies.
- c. Generate media outputs to raise awareness of problems and advance policy solutions.

**Objective 5: Enforcement**

- a. Work with enforcement agencies to support enforcement of underage drinking laws including social host laws.
- b. Support ongoing enforcement of underage drinking laws including social host laws.

**Binge and Underage Drinking Initiative – RESPONSIBLE BEVERAGE SALES & SERVICES**

Goal 1: Local ordinances requiring mandatory responsible beverage sales and services (RBSS) of on-sale licensees of alcoholic beverage have been advanced and adopted.

**Objective 1: Research and Data**

- a. Conduct assessments of on-sale business to establish level of risk. Collect a range of existing mandatory RBSS policies.
- b. Assessments to determine improvement in sales & service practice.

**Objective 2: Community Engagement**

- a. Organize community groups in opposition to poorly managed on-sale establishments. Commitments/training on letter writing, media relations and presenting to policy makers.
- b. Receive support from business community and other civic group(s).
- c. Receive support from city council

**Objective 3: Policy Development**

- a. Select/adopt mandatory RBSS policy following review of available policies.
- b. Present policy to policy makers. Review policy for effectiveness and appropriateness to community.

**Objective 4: Media Advocacy**

- a. Develop comprehensive media plan.
- b. Conduct strategic news-making describing problem and policy solution.
- c. Prepare and submit news stories and Opinion-Editorial pieces in local newspaper in support policy.

**Objective 5: Enforcement**

- a. Establish enforcement strategy.
- b. Support/encourage city to conduct enforcement operations.

**Binge and Underage Drinking Initiative – ALCOHOL OUTLET POLICIES**

Goal 1: Local ordinances and policies to give greater local control of the sales and services of alcoholic beverages have been advanced and adopted.

**Objective 1: Research and Data**

- a. Establish and measure changes in key indicators.
- b. Collect data to support advocacy efforts.
- c. Collect process indicator data; develop monthly reports.

**Objective 2: Community Engagement**

- a. Organize community groups in support of campaign policy objectives.
- b. Receive support from community members and civic groups.
- c. Receive support from city councils.

**Objective 3: Policy Development**

- a. Deemed Approved Ordinance (DAO). Develop a DAO model ordinance and work with city, county and law enforcement officials to promote a DAO ordinance.
- b. Conditional Use Permits. Work with city, county and enforcement officials to promote CUP Ordinances.
- c. Public Convenience and Necessity. Advocate for improved PCN policies and procedures in San Diego municipalities to include policies that include additional guidelines related to public health & safety and procedures that allow or greater community input
- d. Licensing. Continue to monitor trends in applications, conditions, policies and legislation regarding both individual locations and the overall alcohol industry and advocate for stricter regulation at the state and local level.

**Objective 4: Media Advocacy**

- a. Develop comprehensive media plan.
- b. Conduct strategic news-making describing problem and policy solution.
- c. Produce news stories and Opinion-Editorial pieces in local newspaper supporting policy.

**Objective 5: Enforcement**

- a. Establish enforcement strategy.
- b. Support/encourage city to conducts enforcement operations

**Marijuana Prevention Initiative**

**Goal 1: Smokeshop Policies Campaign.** Accessibility of marijuana and accessibility/availability of marijuana-related paraphernalia is measurably decreased.

**Objective 1: Research and Data**

- a. Research and collect data for the purpose of developing and/or enhancing local control of the placement and retail practices of smokeshops/head shops that sell merchandise that can be used as drug paraphernalia.

**Objective 2: Community Engagement**

- a. Engage strategic and community partners for the purpose of developing and/or enhancing local control of the placement and retail practices of smokeshops/head shops that sell merchandise that can be used as drug paraphernalia.

**Objective 3: Policy Development**

- a. Develop policies for the purpose of developing and/or enhancing local control of the placement and retail practices of smokeshops/head shops that sell merchandise that can be used as drug paraphernalia.

**Objective 4: Media Advocacy**

- a. Use media advocacy for the purpose of developing and/or enhancing local control of the placement and retail practices of smokeshops/head shops that sell merchandise that can be used as drug paraphernalia.

**Objective 5: Enforcement**

- a. Enforce the policies and codes governing the placement and retail practices of smokeshops/head shops that sell merchandise that can be used as drug paraphernalia.

**Goal 2: Retailers Policies Campaign.** Retail accessibility of marijuana and accessibility/ availability of marijuana-related paraphernalia is measurably decreased.

**Objective 1: Research and Data**

- a. Research and collect data for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of retail items (for example, clothing) that imply and encourage acceptance of normalization of marijuana use.

**Objective 2: Community Engagement**

- a. Engage strategic and community partners for the purpose of developing and/or advancing public policies and model business practices that restrict distribution.

**Objective 3: Policy Development**

- a. Develop policies for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of retail items (for example, clothing) that imply and encourage acceptance of normalization of marijuana use.

**Objective 4: Media Advocacy**

- a. Use media advocacy for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of retail items (for example, clothing) that imply and encourage acceptance of normalization of marijuana use.

**Objective 5: Enforcement**

- a. Enforce public policies and model business practices that restrict distribution and sales of retail items (for example, clothing) that imply and encourage acceptance of normalization of marijuana use.

**Goal 3: Special Events & Outdoor Venues Policies Campaign.** The retail accessibility of marijuana and accessibility/ availability of marijuana-related paraphernalia is measurably decreased.

**Objective 1: Research and Data**

- a. Research and collect data for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of products at special events and outdoor venues to smoke marijuana.

**Objective 2: Community Engagement**

- a. Engage strategic and community partners for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of products at special events and outdoor venues to smoke marijuana.

**Objective 3: Policy Development**

- a. Develop policies for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of products at special events and outdoor venues to smoke marijuana.

**Objective 4: Media Advocacy**

- a. Use media advocacy for the purpose of developing and/or advancing public policies and model business practices that restrict distribution and sales of products at special events and outdoor venues to smoke marijuana.

**Objective 5: Enforcement**

- a. Enforce public policies and model business practices that restrict distribution and sales of at special events and outdoor venues to smoke

**Goal 4: Media Normalization Campaign.** Media messages that encourage, normalize, or trivialize marijuana use has been eliminated, regulated and/or minimized.

**Objective 1: Research and Data**

- a. Research and collect data for the purpose of advancing public policies and model business practices that reduce media portrayal of marijuana use as acceptable and/or harmless.

**Objective 2: Community Engagement**

- a. Engage strategic and community partners for the purpose of advancing public policies and model business practices that reduce media portrayal of marijuana use as acceptable and/or harmless.

**Objective 3: Policy Development**

- a. Develop policies for the purpose of advancing public policies and model business practices that reduce media portrayal of marijuana use as acceptable and/or harmless.

**Objective 4: Media Advocacy**

- a. Use media advocacy for the purpose advancing public policies and model business practices that reduce media portrayal of marijuana use as acceptable and/or harmless.

**Objective 5: Enforcement**

- a. Enforce public policies and model business practices advancing public policies and model business practices that reduce media portrayal of marijuana use as acceptable and/or harmless.

**Methamphetamine Prevention Initiative:**

**Goal 1: Neighborhood Safety Improvement.** The prevalence of methamphetamine and related illicit drug activities in residential neighborhoods is measurably decreased.

**Objective 1: Research and Data**

- a. Identify and develop process & outcome indicators; establish baselines; Conduct stakeholder/community assessments.

**Objective 2: Community Engagement**

- a. Key community partners identified & contacted; presentations to community groups; Environmental Meth Prevention Clearinghouse research & development developed and implemented for the community.

**Objective 3: Policy Development**

- a. Review & assess existing policies (e.g., codes enforcement, housing related – owner occupied & rental); develop model policies.

**Objective 4: Media Advocacy**

- a. Develop media plan; train media spokespersons.

**Objective 5: Enforcement**

- a. Cooperation between enforcement & community (residents, bus. owners, apt managers) in targeted areas (Safe Streets Now, Crime-free Multi-housing, etc.).

**Goal 2: Policy & Business Practice Development.** The harms associated with meth use and/or meth-related activity among high-risk populations is measurably decreased through policy enactment and improved business practices.

**Objective 1: Research and Data**

- a. Process & outcome indicators identified; baselines established. Identify array of health risks associated with meth use and target population.
- b. Ongoing monitoring of data indicators; assess intermediate expected outcomes conducted.

**Objective 2: Community Engagement**

- a. Key community partners identified & contacted; presentations to community groups; Environmental Meth Prevention Clearinghouse research & development begun.

**Objective 3: Policy Development**

- a. Identify high-risk meth using environments by target populations.
- b. Develop a targeted community education campaign, that include model policies and business practices that reduce risk to identified populations.

**Objective 4: Media Advocacy**

- a. Develop media plan; train media spokespersons.
- b. Develop a media series on campaign – with focus on specific targeted populations.
- c. Develop and publish media stories in support of public policies and business practices.

**Objective 5: Enforcement**

- a. Work with Code Enforcement to review applicable business permits guidelines and health standards.
- b. Develop protocol with Code Enforcement, Fire Department, or other relevant agencies to ensure policies and practices are enforceable.

## **Implementation**

The County of San Diego employs primarily an environmental prevention service system. As discussed in the overview (above) the overall goal of the County's prevention system is to improve the quality of life in communities. Prevention campaigns in the County of San Diego work to change the community conditions that create alcohol and other drug problems. The specific goals are designed to reduce problems among youth. However, environmental prevention actually "targets" the adults and adult-run institutions that control the alcohol and other drug environment.

Environmental prevention targets the Universal populations of the IOM category. All persons within a community are impacted by alcohol or other drug problems, physically, economically, and/or socially.

The core prevention service providers, the regional prevention service providers, are located in the various communities of the County. This ensures that prevention campaigns are tailored to the specific characteristics of its community. A number of countywide providers help provide focused supportive prevention services. The service providers engage local community residents and sector leaders to determine the predominant alcohol and other drug problems affecting the quality of life in their communities. Effective solutions to these problems are discussed and implemented by local coalitions composed of community members that are assisted and supported by the contracted prevention services providers.

In addition to the regional prevention providers and the supportive countywide prevention services, the County also funds Friday Night Live/Club Live school-based services, operated by the County Office of Education, in a number of schools around the County. The Friday Night Live and Club Live programs work with the regional prevention programs to enhance youth participation in environmental prevention.

Beginning in Fiscal Year 2007-2008, the prevention system providers have been asked to more carefully determine their ability conduct environmental campaigns that will produce long term change in communities. Providers are reducing the broad range of policy work in order to concentrate on "community norming." This modified approach follows two and half years of intensive policy focused work, where the providers have managed to advance and see ultimately enacted, dozens of public policies and health and safety-oriented business practice. A review of "where we have been" indicates that although much progress has occurred in policy development, the community "normalization" work is lagging behind. A theme in the coming two years, is "smaller bites – more chewing." That is, reduce the number of new campaigns, and concentrate on more intensive strategies.

In addition to the "smaller bites" strategy, two of the initiatives are working on development of annual "report cards." The Methamphetamine Strike Force has developed an annual report card since the inception of the project and provides a long-term profile of methamphetamine use and its consequences. With help from the State funded technical assistance program, CARS, two of the initiatives that currently do not have annual report cards- the Marijuana and Underage Drinking Initiatives, hope to have report cards by the close of Fiscal Year 2007-08.

The specific tasks linked to the prevention campaigns are detailed in the campaign work plans. The work plans are designed to follow the same five strategies described in the "Planning" section above. The work plans outline specific tasks to be done in data collection and assessment, community engagement, policy development, media advocacy, and enforcement. The work groups use the same format in conducting work group meetings and reports submitted to the PIRL web site ([www.pirlsandiego.net](http://www.pirlsandiego.net)). This approach ensures the campaign stays on track and problems in implementation of the strategies are easily identified.

## **Evaluation**

The County of San Diego's prevention services system includes an evaluation component that also provides information, tracking and a reporting platform for the various prevention campaigns. The evaluation component is web-based, [www.pirlsandiego.net](http://www.pirlsandiego.net), and has evolved from an earlier version of a web-based evaluation system, the Quality of Life project. The agency responsible for this service is Telesis of California.

The following is the overall prevention system evaluation plan, developed in 2005 to track the activities and progress of the three County prevention initiatives:

### **Overview**

A comprehensive multi-year evaluation will be performed to provide the County of San Diego's Health and Human Services Agency (HHSA) Alcohol and Drug Services (ADS) division with an ongoing view of alcohol and drug-related community conditions, as well as the impact of services provided under the County's alcohol and other drug services prevention system. More specifically, a two-phased (i.e., process and outcome) cluster evaluation strategy will be implemented to assess the activities and outcomes associated with the County of San Diego's Methamphetamine, Marijuana, and Binge and Underage Drinking (BUDI) initiatives.

The process phase of the evaluation will begin in July 2005 and continue through June 2006. The outcome evaluation phase is scheduled to begin in July 2006 and will continue through 2010. Although the overall evaluation process contains two components, there will be overlap between the process and outcome evaluation phases. For instance, baseline outcome indicators will begin to be established during the process evaluation phase and several key process indicators will be tracked throughout the multi-year initiative.

### **Participatory Approach**

The evaluation approach is participatory and shall continue to include input from primary stakeholders (e.g., ADS personnel, prevention contractors, key strategic prevention partners) throughout the implementation process. Prior to developing the current evaluation plan, several strategies were employed to ensure the participatory nature of the evaluation. In addition to establishing and meeting with the Prevention Evaluation Team (PET), which convenes specifically to discuss and shape the evaluation process, other strategies that the evaluators used to elicit information from stakeholders in the evaluation design process included:

- interviewing 33 prevention contractors as part of our pre-evaluation needs assessment process to determine prevention contractors' data- and evaluation-related needs;
- participating in the BUDI logic model development process, Methamphetamine Prevention Strategic Planning meetings, and Marijuana Initiative Strategic Planning quarterly meetings;
- attendance at workgroup and initiative-related meetings;
- reviewing all contractor work plans, workgroup plans and initiative strategic plans to identify which objectives are expected to be accomplished within and across initiatives;
- developing a matrix of primary and secondary prevention contractor objectives (included in Attachment A); and
- working with ADS and the prevention contractors to identify process and outcome evaluation indicators.

### **Methodology**

*Evaluation Design.* A cluster evaluation design is best suited for and will be used to measure the activities and outcomes of the three prevention initiatives. Generally speaking, this type of

evaluation is defined as an innovative community-based evaluation strategy with a strong formative role. By design, this type of evaluation is flexible and continually adapts to changes as initiatives evolve. Ongoing participation, collaboration, learning, improvement and social change are the basic elements of the cluster evaluation design. Its overall aims are to strengthen projects or initiatives as they are implemented, and at the same time, provide information to meet the needs of funders, participating staff/volunteers, and other stakeholders. Cluster evaluations have proved to be one of the strategies most useful in assessing multiple “complex social projects that share broad goals for promoting social change, but that operate independently, in different contexts, with locally set priorities and strategies” (Chianca, Behrens, & Yang, 2004, “Cluster Evaluation: What have we learned in the past 15 years?” W.K. Kellogg Foundation, Evaluation Unit, p.3).

*Unit of Analysis.* The primary focus for the evaluation will be at the level of each prevention initiative or “cluster”. Rather than assessing each regional collaborative or prevention contractor’s unique objectives, the prevention system evaluation will assess the effects of each initiative/cluster as a whole.

*Evaluation Goals.* Two overarching goals have been established for the evaluation of the three initiatives. These are: (1) to document the implementation of the alcohol and drug prevention services system, including the history and activities carried out under each initiative, and (2) to determine the degree and type of outcomes evidenced as part of each initiative. A sub-goal of the evaluation is to obtain necessary process and outcome indicator data for the establishment of meaningful baselines and the identification of trends over time. Achieving these goals will provide a deeper understanding of the impact of the three prevention initiatives, including how the outcomes were achieved. Additionally, an indicator database will be in place and accessible to the County and prevention contractors through the online Prevention Information Resource Library (PIRL).

*Evaluation Research Questions.* Using a multi-method cluster evaluation design, the following process and outcome evaluation questions will be investigated and answered:

Process-related evaluation questions:

1. How have the initiatives evolved since their inception and how are they operating currently?
2. To what extent are strategic partners and the community involved in the initiatives?
3. What are the strengths and challenges within and across the initiatives?
4. What unexpected effects (positive or negative) are the initiatives producing?

Outcome-related evaluation questions:

1. Are the initiatives achieving their intended objectives/outcomes?
2. What is the nature and importance of the impacts that the initiatives are producing?
3. What is needed to sustain initiative outcomes?

*Data Collection Strategies and Sources.* Both quantitative and qualitative data will be collected from multiple sources to answer the evaluation research questions developed for the current study (see Table 1 below). A series of stakeholder interviews will be conducted with ADS personnel, prevention contractors, and strategic partners. Ongoing site visits and attendance at meetings and initiative-related events also will be used to inform the evaluation. Periodic reviews of monthly reports, risk assessment forms, and other existing literature/documents will take place to supplement the evaluation process. Also, a case study will be conducted in Poway to determine the effectiveness of the mandatory RBSS training ordinance -- the results of which may be generalized to other municipalities.

**Table 1. Data Collection Strategies and Sources**

| <b>Data Collection Strategy</b>    | <b>Data Source</b>  |
|------------------------------------|---|
| Stakeholder interviews             | Key ADS personnel   |
|                                    | BUDI Members (including members of the AOP, RBSS, & Social Access workgroups)   |
|                                    | Marijuana Initiative members  |
|                                    | Methamphetamine Initiative members (including members of the Meth Strike Force & Meth Prevention Planning Ad Hoc committee)   |
|                                    | Initiative Strategic Partners (e.g., youth, law enforcement, MADD)  |
| Site visits/evaluator observations | Community and media events, workgroup activities (e.g., Court Watch), City Council meetings and Administrative Hearings, initiative meetings, ad hoc committee meetings |
| Document review                    | Meeting minutes & handouts, work plans and strategic plans, monthly reports, risk assessment forms  |
| Case study                         | Pre-post assessment of the impact of the mandatory RBSS training ordinance in Poway (note: Santee was selected as a comparison municipality)                            |
| Indicator data monitoring          | Process and outcome data indicators will be tracked for each initiative and each objective (see Indicator Table in Attachment B)  |

*Process and outcome indicators.* A set of process and outcome indicators (see Attachment B) has been established to measure the effectiveness of each objective and each initiative/cluster independently. It should be noted that every attempt will be made to collect the full range of indicators established for each objective and initiative; however, it is possible that not all of the data will be timely, usable or made available to us. In the event that some data are not available, the number and extent of indicators that have been defined will still allow us to draw meaningful conclusions regarding the impacts of the prevention system.

*Additional evaluation activities.* In addition to the tasks described on Page 3 in Table 1, other evaluation-related activities will take place. A fundamental component of a cluster evaluation design is the provision of training and technical assistance (TA) to stakeholders. Contractor needs for training and TA were gathered through a needs assessment study carried out prior to developing the evaluation plan. In addition to requests for mapping services, developing surveys and risk assessment forms, and acquiring and interpreting data, it was determined that the Marijuana and Methamphetamine Initiatives need to formalize their logic models. As such, the facilitation of the logic model process for these two initiatives has been included in our evaluation timeline.

**Communicating Findings**

Pertinent findings from the evaluation will be shared with stakeholders at regular intervals to further enhance the work carried out as part of the County’s prevention services system. Communication strategies will include formal presentations and reports, as well as less formal conversations with ADS and the prevention contractors. The evaluators also will continue to participate in and provide periodic updates during regularly scheduled meetings (e.g., BUDI CCC; Marijuana and Methamphetamine Strategic Planning meetings; Quarterly Prevention Provider meetings; Meth Strike Force; Marijuana Policy and Media; and RBSS, AOP, and Social Access Workgroup meetings).

**Timelines**

Below are timelines for the initial 12 months and beyond:

| <b>2005</b>                              | <b>Activity</b>   |
|--|---|
| July – December                          | Observations of program implementation: periodic initiative and workgroup meeting attendance  |
| July – December                          | Observations of program implementation: site visits (community events, City Council meetings, media events, Administrative Hearings, etc.)  |
| July – December                          | Monitor process data indicators   |
| July – December                          | Base-lining and collection of outcome data indicators   |
| July – December                          | Training & technical assistance (TA)  |
| July – September                         | Perform Poway Case Study with RBSS workgroup  |
| August – October                         | Produce historical chronologies of the three initiatives  |
| August – September                       | Facilitate logic model development with Marijuana & Meth Initiatives  |
| September                                | 3 <sup>rd</sup> Quarter PET Meeting   |
| October - November                       | Design and test stakeholder interview protocol  |
| December                                 | 4 <sup>th</sup> Quarter PET Meeting   |
| December                                 | Review sample of contractor monthly reports   |
| <b>2006</b>                              | <b>Activity</b>   |
| January – June                           | Observations of program implementation: periodic initiative and workgroup meeting attendance  |
| January – June                           | Observations of program implementation: site visits (community events, City Council meetings, media events, Administrative Hearings, etc.)  |
| January – June                           | Monitor process data indicators   |
| January – June                           | Base-lining and collection of outcome data indicators   |
| January – June                           | Training & technical assistance (TA)  |
| January – February                       | Schedule and conduct stakeholder interviews   |
| March                                    | 1 <sup>st</sup> Quarter PET Meeting   |
| March                                    | Analyze stakeholder interview results   |
| April                                    | Perform analysis of process evaluation data   |
| May – June                               | Produce prevention evaluation report – Year 1   |
| June                                     | 2 <sup>nd</sup> Quarter PET Meeting – present Year 1 evaluation report  |
| <b>2006 – 2010*</b>                      | <b>Activity</b>   |
| <b>Years 2-5</b>                         | Continue attending meetings, site visits, PET meetings, monitoring relevant process data indicator, and preparing annual evaluation reports |
| <b>Year 2</b><br>(July 2006 – June 2007) | Monitor & record short-term outcomes of the three initiatives   |
| <b>Year 3</b><br>(July 2007 – June 2008) | Monitor & record intermediate outcomes of the three initiatives   |
| <b>Year 4</b><br>(July 2008 – June 2009) | Monitor & record long-term impact of the three initiatives  |
| <b>Year 5</b><br>(July 2009 – June 2010) | Monitor & record long-term sustainability of the three initiatives  |