

# **Santa Clara County Alcohol & Drug Abuse Prevention Services Strategic Plan**

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Prepared by: Stephen Betts, Division Director; Rogelio Balderas, Prevention Program Analyst; Connie Hayes, Senior Health Care Program Analyst; Soo Jung, Prevention Program Analyst.

Reviewed by: Robert Garner, Director  
Department of Alcohol & Drug Services

## **INTRODUCTION and COUNTY OVERVIEW**

Santa Clara County's Department of Alcohol and Drug Services (DADS) Prevention Division first engaged in a strategic planning process in 2002, when key stakeholders were convened over a period of several months. Stakeholders included department heads or designees from the District Attorney's Office, Probation Department, Public Defender's Office, Department of Mental Health, Department of Public Health, Department of Family and Children's Services, County Office of Education, Community-Based Organizations, youth and community representatives. Interested parties continued to meet on a regular basis for the next three years. A vision statement was developed: "Innovative Partnerships Strengthening Communities." The vision statement evolved out of the recognition that prevention of substance abuse-related problems spills over into other domains and is best tackled using a collaborative approach. It also recognized that traditional prevention activities were not necessarily effective. A careful review of research showed a growing body of evidence-based practices, which led to a shift in the department's funding of prevention activities, resulting in the Department issuing a Request For Proposals (RFP) that invited providers to submit proposal to replicate model programs.

In 2004 the Prevention Division set up a series of community meetings with key stakeholders representing a diverse cross section of the public sector to assess the alcohol and drug-related prevention needs in Santa Clara County. Problems related to the availability of alcohol, especially to minors were widely identified and supported by data. In 2002, 62% of high school students reported ever drinking alcohol, and 10.6% reported binge drinking. Stakeholders identified problems related to methamphetamine as a further concern. Methamphetamine was the primary substance of abuse identified by 47% of

individuals admitted into treatment in Santa Clara County in FY 2002-2003, making it the number one substance of abuse (followed by alcohol which was identified by 24% of clients and marijuana, which was identified by 11%).

Steve Purser of Prevention by Design has been a key support in providing technical assistance to DADS Prevention Services and in helping to guide the Strategic Planning process.

### **MOVING TARGET:**

The Prevention of alcohol and other drug (AOD) related problem is like shooting at a moving target. The alcohol industry continues to develop new marketing strategies, and drug trends change over time. As such, this strategic plan should be regarded as a living document that will evolve to address emerging needs and to adapt to the growing body of evidence-based prevention strategies. Many of the community driven initiatives currently undertaken by DADS Prevention Partnerships did not exist a couple of years ago. The targeted marketing of youth with sweet flavored drinks known as Alcopops is a perfect example. The hijacking of community cultural celebrations such as Cinco de Mayo is yet another.

New and relevant prevention research changes how communities tackle AOD related problems. DARE made perfect sense until the research questioned its validity. As the alcohol industry shifts to occupy the void left by successful community efforts so too must prevention strategies.

### **County Profile:**

Santa Clara County, California encompasses 1,312 square miles of land and is made up of fifteen cities, including San Jose, (population 976,000) as well as unincorporated areas. It has a large, diverse, primarily urban population of 1,682,585 (Census 2000), placing it among the fifty most populous counties in the country. It is worth noting that the population of Santa Clara County is greater than that of twelve states! Santa Clara County has a majority-minority population.

#### **Santa Clara County Population by Race/Ethnicity, Census 2000**

- 24% Hispanic
- 25.6% Asian
- 44% White
- 2.8% Black
- 7% American Indian or Alaska Native
- 3% Native Hawaiian and Other Pacific Islander, and
- 2.6% other/two or more races

Demographers indicate that Santa Clara County possesses one of the most diverse populations in the world. Nearly 600,000 (more than one-third) of the county's residents are foreign-born. In 2002, Santa Clara County had the highest three-year average

immigration rate of all counties (14.5 per 1,000 nearly twice the statewide average of 7.6) A September 2001 publication by the Santa Clara County Office of Human Relations concluded about the county's populace that, "No other 1.7 million people on earth live such fast-paced lives engendered by incessant innovation, consumerist frenzy, economic spurts and sputters, sharp social contradictions, among immigrants from every corner of the earth." Living in Santa Clara County is complicated by the high cost of living, scarce and expensive housing supply, inadequate child care, and sharply reduced levels of public transportation, to name just a few. Cuts to the County budget over the past five years have reduced many of the services provided by the County and contract providers.

About 34% of the County's population is under the age of 18. Projected growth in that population is anticipated to be greater than the statewide average over the next several years. This is likely to have an impact on prevention activities within the county. Growth is expected to continue to be strongest within the immigrant populations.

### **VISION: Innovative Partnerships Strengthening Communities**

The vision of DADS Prevention Division evolved out of a monthly meeting review process with its Prevention partners. The vision takes into consideration the recognition that Prevention Partnerships working together have a greater impact and strengthen communities. Coalitions bring together different sectors of the community to develop comprehensive solutions to unique community AOD problems. By their very make up coalitions think, act, and react in a comprehensive manner beyond the part of the problem they see individually.

A review of various data shows that alcohol, as in the rest of the country, is the primary substance abused by youth within Santa Clara County. California Healthy Kids Survey (CHKS) data for 2002 show that by 11<sup>th</sup> grade 62% have ever tried alcohol, 21.1% are engaging in binge drinking and 77.9% report a perception of "no difficulty" in obtaining alcohol. The pattern of under-age drinking and substance use in Santa Clara County suggests that there is a dichotomy with problems most evident both within more affluent communities and within less affluent communities. This appears to be the case because youth in more affluent communities have more disposable income, larger homes for parties, and parents, who are more willing to "turn a blind eye." In more impoverished areas the problems are more a result of the stressors that exist within those communities: low income, over-crowding, crime, gang-activity etc. One area, in Santa Clara County, where this dichotomy is more apparent is in the city of Gilroy. Overall data on the prevalence of substance use among youth show that youth in Gilroy use at much higher rates than the average for the County as a whole. According to 2002 Healthy Kids data, in Gilroy 50% of 11<sup>th</sup> grade girls and 48% of boys reported current alcohol use compared to an average of 36.3% for the County as a whole. This led to DADS focusing some of its resources on Gilroy to address problems related to under-age drinking. A series of stakeholder meetings were convened in 2003. Eventually two coalitions were established based on police districts. One is based in the more affluent western areas of Gilroy and the other in the less affluent eastern areas. To further support the activities in Gilroy, DADS took some space in Gilroy "One-Stop" Center, a community-based resource

center, so that a Prevention Analyst would be more available in support of the activities occurring in Gilroy and the South County.

Santa Clara County, as in communities throughout the country, is very concerned about underage drinking. Although methamphetamine use is on the rise among youth, alcohol continues to be the number one drug of choice for youth and creates more problems than all the other drugs combined. As such DADS primary focus is on reducing the incidence and prevalence of alcohol problems through community driven efforts. The focus is especially on reducing under-age drinking.

A further concern is the impact of alcohol and other substances on the developing fetus. Problems related to in utero exposure to substances are 100% preventable. National data suggest that one out of ten births is impacted by alcohol and/or drug use. Of the approximately 27,000 births in Santa Clara County in 2005, only 112 were reported as being positive for substances. This is far from a cause for rejoicing, but speaks rather to how little substance use screening is actually occurring. In contrast babies are routinely being tested for genetic disorders with extremely low incidences. According to data provided by the New Jersey FASD Task Force (2001), on any given day in the US, 10,657 babies are born:

- 1 baby will be born HIV Positive
  - 3 babies will be born with Muscular Dystrophy
  - 4 babies will be born with Spina Bifida
  - On any given day in the US 10 babies will be born with Down's Syndrome
- BUT
- 20 babies** will be born with Fetal Alcohol Syndrome (FAS)
  - 100 babies** will be born with Alcohol Related Neuro-Developmental Disorders (ARND).
- Santa Clara County has provided leadership in addressing this critical issue. An active local task force has played an important role in raising the concern of Fetal Alcohol Syndrome Disorders at the state level. DADS will be joining other County Departments in sponsoring a conference that on FASD in the fall of 2007.

### **DADS Prevention Principles:**

A key element in DADS decision to fund prevention projects is based on their ability to apply the following concepts:

1. **System Change:** A major DADS objective is to attain systems change by increasing the capacities and competencies of Santa Clara County communities and prevention practitioners to systematically plan, implement services and measure program outcomes.
2. **Community Prevention:** Prevention efforts will be designed to meet needs of identifiable communities based on local data. Community partners capable of executing the plan and sustaining the results are important to the success of community prevention initiatives. The Community Partnership is a cooperative agreement between key community stakeholders who have a vested interest in the

prevention service delivery system in that community. Funding recipients had to demonstrate that they had the ability to mobilize community partnerships that will ultimately help to build strong local prevention systems through the enactment and enforcement of policies, practices and activities that are locally and culturally appropriate to alcohol, drug and other related problems.

3. **Clear Purpose:** Clearly defined goals and objectives will be based on identified relevant data that is based upon a community needs assessment. The goals and objectives will be carefully defined to assure that community partners are operating on common principles and are committed to a unifying purpose.
4. **Evidence-based Actions:** Prevention will be based on established theory and/or practices that show strong probability of attaining the desired outcomes. Recipients may originate, replicate and/or adapt prevention approaches based on evidence that the program strategies and/or theories are applicable and measurably effective.
5. **Environmental/Public Policy:** Santa Clara County has been in the forefront in developing and implementing community prevention and/or environmental/public policy strategies. Prevention researchers, practitioners, and policy makers have long recognized the sustainable impact and cost effectiveness of community prevention emphasizing environmental/public policy approaches within a comprehensive system of prevention policies and services. Strategies will be developed to modify norms, conditions, and settings in the community that affect the availability, promotion, sale, use and adverse consequences (direct and second-hand) of alcohol, drugs and other related community problems.
6. **Cultural Proficiency:** Santa Clara County's demographic and geographic diversity of communities will allow for origination and/or replication of programs relevant to the focus area populations. To receive county funding all prevention contract providers were required to demonstrate cultural sensitivity. Additionally, the Prevention Division provides yearly cultural sensitivity trainings to all county and contract provider staff through DADS Learning Institute. Coalitions operating areas with high concentrations of monolingual speaking individuals have bilingual individuals to help in the engagement process and produced materials in two languages.
7. **Scientific Planning:** Scientific planning methods (hypothesize, test, measure) will be applied to determine short, intermediate and long-term program outcomes.
8. **Sustainable Results:** Priority was placed on sustaining evidence-based programming using planning tools and processes that will be integrated into the broader county prevention system. Emphasis was also placed on practices that can be sustained by the self-interest of the communities rather than providing singular activities or those dependent on external funding/assistance and/or monitoring/enforcement.

9. **Measure & Evaluate:** In order to show change, grant recipients were required to provide an evaluation of their process. DADS' staff is available to provide technical assistance.
10. **Continuous Improvement:** Grant recipients were directed to apply evaluation process and data outcome measurements to make evidence-based improvements.

## NEEDS and RESOURCE ASSESSMENT

### BACKGROUND:

For the past two years DADS has provided funding resources to partnerships and coalitions to help them develop evidence-based community prevention strategies, which include environmental/public policy strategies that address alcohol, drugs and other related community problems.

Through the implementation of these evidence-based community prevention strategies, DADS will enhance Santa Clara County's substance abuse prevention system to:

1. Increase the capacities and competencies of its communities and practitioners to systematically assess, plan, implement and measure outcomes of evidence-based prevention;
2. Fill identified gaps in prevention services as identified through the process of evidence-based planning and assessment, leading to the reduction in alcohol, drug and other related community problems;
3. Support collaboration by developing community partnerships that are actively involved in planning and implementing evidence-based prevention;
4. Improve coordination, leveraging, and redirection of funding streams and services at the local level;
5. Measure prevention effectiveness in reducing substance use by establishing baselines and targets within the focus community (is);
6. Build on and enhance cultural competency;
7. Use evaluation results to make improvements; and,
8. Emphasize sustainability beyond the funding period.

The programs, services and activities funded by DADS encourage and support the development of alcohol and drug related prevention at the community level through the development and support of community coalitions and partnerships. These coalitions and partnerships are defined as cooperative agreements between key community stakeholders who have a vested interest in the design and support of a full range of drug and alcohol and related problem prevention services in their community. The service providers were solicited from existing community partnerships interested in focusing their efforts on drug and alcohol prevention services or communities interested in developing a coalition or partnership for the purpose of creating such prevention services.

DADS' prevention direction is aligned with California's Department of Alcohol and Drug Programs' (ADP) strategic plan. As with ADP, DADS Prevention Division

functions under the principle that prevention fosters safe and healthy environments for individuals, families, and communities. We believe that the entire community needs to share responsibility for prevention. The community includes: a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and, e) faith-based communities. Prevention engages individuals, organizations, and groups at all levels of the prevention system (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, youths, etc.). Prevention also utilizes the full range of cultural and ethnic wealth within communities by employing ethnic and cultural experience and leadership within a community to reduce problematic availability (e.g. over saturation outlets in neighborhoods, easy access by minors), manufacturing, distribution, promotion, sales, and use of alcohol and other drugs.

### **Developmental Assets**

Developmental assets are the positive relationships, opportunities, values and skills that young people need to grow up competent, caring and responsible. The Search Institute is an organization that has extensively studied developmental assets. They have identified forty developmental assets as essential building blocks of healthy child and youth development. Research has shown that the more assets young people have, the more likely they are to thrive and less likely they are to be involved in negative behaviors and attitudes. Search Institute's research shows that youth need more than 30 of the 40 assets to thrive. The fewer developmental assets that a child has, the more likely that child is to engage in negative behaviors such as substance abuse, delinquency and violence. Project Cornerstone was established to promote the forty assets within Santa Clara County. With a strong focus on the cultural diversity of the County, Project Cornerstone added a forty-first asset: "Cultural Identity" to the forty developed by the Search Institute. In 1997 only 6% of Santa Clara County youth had 31-41 assets and on average they had only 18.2 assets. Since the inception of Project Cornerstone, local cities, school districts, County Departments, companies and non-profit organizations have adopted an assets approach to working with children and youth. A survey conducted in 2004 shows 8% of youth has 31-41 assets and the average number has increased to 18.8. DADS recognizes the value of the 41 assets and has been collaborating with Project Cornerstone to promote the assets approach. Many of DADS' activities strengthen assets in the lives of the children and youth served by the department.

Although not a requirement that funded projects use an asset-building approach, DADS strongly urges them to learn more about the 41 assets and to consider how their activities might enhance the assets of children and youth in their target community and complement their planned activities.

The methodology used to conduct DADS needs assessment consisted of convening key stakeholders for a series of community meetings and a review of local and statewide data, especially "Community Indicators of Alcohol and Drug Abuse Risk – Santa Clara County, The Californian Healthy Kids Survey (CHKS) and County Treatment and Discharge data.

The Massachusetts Youth Screening Instrument (MAYSI 2) was used to survey students in various settings within the county. Additional information is currently being gathered through a survey instrument developed by the Prevention Division. This survey will be administered in rural and agricultural sections of the county to garner better insight into the needs of specific populations such as the monolingual farm workers community. Additionally, survey data collected by contract prevention providers in affluent sections of the county was also analyzed and used to select appropriate strategies and direct program funding.

The **core questions** investigated during key informant focus groups and the review of the data focused primarily on the incidence and prevalence of AOD use and abuse by youth, its association with problems and the prevention and service needs.

**Key findings** include high rates of alcohol consumption and binge drinking (CHKS) among minors, especially among upper high school grades, drinking on campus (CHKS), at sporting events and house parties.

- 3% of 7<sup>th</sup> grade students reported binge drinking (five or more drinks on one or more occasions in the past 30 days)
- 7.9% of 9<sup>th</sup> grade students reported binge drinking
- 21.1% of 11<sup>th</sup> grade students reported binge drinking

Contributing factors included:

- Easy access in communities and especially in homes.
- Social/cultural norms tolerate underage alcohol consumption.
- Lack of adult awareness of the role and impact (e.g. effect on brain development/legal ramifications, etc.) of alcohol in the lives of youth.
- Children and youth lack knowledge, confidence and skills to reject alcohol.
- Children and youth have insufficient intervention and treatment options.

Prevention **gaps** associated with specific populations and geographic locations were identified during the needs and resource assessment. Specifically, Santa Clara County (AKA Silicon Valley) has population diversity unlike anywhere else in the country. There are a multitude of languages and cultures that have converged bringing with them many attributes and many challenges. As such the county Prevention funding has been redirected to bring together community constituencies to best address issues pertaining to specific populations in specific geographic areas or within specific cultural groups within the County.

## **COMMUNITY RESOURCES:**

In keeping with the Department's view that prevention activities are most impactful at the community level. The Department undertook a review of Community Resources. This review took into account that community-based resources come in many forms and can enhance protective factors. The assessment was designed to map resources and to help

identify gaps in resources in Santa Clara County. As part of the assessment, a Community Resource Manual was developed to assist those in need with support, education and advocacy. The Community Resource Manual is a comprehensive guide to locating services throughout the county such as, health care, drug & alcohol prevention, treatment and recovery services, housing resources, legal assistance, community & faith based organizations. It is also anticipated to be a valuable tool in assisting with future planning activities

## **CAPACITY BUILDING**

### **PROBLEM STATEMENT:**

- 1) High rates of alcohol are being consumed within Santa Clara County, especially amongst youth, resulting in a number of adverse consequences including: DUI arrest, school drop out, crime, violence, date rape, unplanned pregnancy, babies born with Fetal Alcohol Spectrum Disorders, injury and death.
- 2) Although methamphetamine use significantly trails alcohol use in the general population, 47% of individuals entering substance abuse treatment in Santa Clara County reported methamphetamine as their primary drug of choice.

The primary substance abused by youth in Santa Clara County is alcohol. By the time that students reach 11<sup>th</sup> grade 62% have tried alcohol, 36.3% have consumed alcohol within the past 30 days, and 21.1% have engaged in binge drinking. (Studies show that rates of substance use are significantly higher among school dropouts, those in non-traditional school and youth involved in the Juvenile Justice system).

Reducing the impact of alcohol on the community, especially amongst youth presents a number of challenges:

- The alcohol industry engages in aggressive marketing campaigns, which often have an appeal to youth (for example the creation of “alcopops,” colorful, fruit-flavored alcoholic drinks).
- 77.9% of 11<sup>th</sup> grade students report a perception of “no difficulty obtaining alcohol. (An informal survey of youth, who reported drinking, showed that about 64% obtained alcohol through a friend or relative)
- Cultural norms that support a drinking culture (A SAMHSA sponsored survey of 200 movies showed that 94% included alcohol and 17% of 1,000 popular songs included references to alcohol).
- Aggressive marketing and advertising practices convey the message that there is a substance to fix every ill: balding hair, obesity, sleeplessness, depression etc. Just take something and you’ll feel better.
- A lack of general awareness of the role and impact of alcohol on brain develop

and potential legal and other consequences

Research shows that the human brain continues to develop into the early twenties and the use of alcohol and other substances in adolescence can lead to impaired brain development, especially in the areas associated with higher functions such as planning, impulse control and judgment. The earlier that youth begins to use a substance, the more likely they are to develop dependence. An individual who uses alcohol before the age of fifteen is four times more likely to develop alcoholism than a peer, who delays drinking until twenty-one.

Studies show that there is a strong relationship between drug and alcohol abuse and other problems such as violence, juvenile delinquency, pregnancy, school drop out, etc. A body of important research that has been growing over the past few decades shows that prevention works in reducing problems in these related areas. Santa Clara Valley Health and Hospital System's Department of Alcohol & Drug Services (DADS) is committed to funding prevention activities that are effective in addressing Alcohol and Other Drugs (AOD) and other related areas.

Recent years have brought increasing challenges to the prevention of alcohol and drug-related community problems. Prevention programs strive to be more cost effective, to reach more people, and to have measurable outcomes. However, research and experience indicate that no matter how good programs are, their impact is undermined unless community norms and policies create an environment which complements and reinforces program goals. In an environmental prevention approach, the focus on solving AOD related problems shifts from trying to change individual behavior to changing conditions that contribute to these problems. In practical terms, this means placing reasonable limitations on the retail distribution of alcohol, on how alcoholic beverages are promoted, on the operation of alcohol outlets and on the management of events at which alcohol is sold. There are obvious advantages to relying on policy-based approaches. First, these approaches affect large numbers of people. For example, the national movement to raise the minimum drinking age to 21 has saved thousands of lives since the laws were changed. Second, many policy changes are relatively maintenance free, do not require ongoing expenditures, and free up prevention resources which can be applied to other aspects of the problem. Public policy approaches to addressing community health and safety problems that have been shown successful are: mandatory seatbelt, child restraint, and fire-retardant children's sleepwear regulations. Policy change does not necessarily mean a change in laws; community members may work with local merchants and authorities to establish voluntary policies.

#### CAPACITY BUILDING MODEL

DADS intends to build capacity by increasing the number of community-based coalitions. The goal is for coalitions to become self-sustaining over time. This is being achieved by using a tiered funding system. Coalitions receive 100% funding in the first year, 75% in the second year and 50% in the third year. As their funding from DADS decreases, coalitions are strongly encouraged to seek funding from other sources in order to continue to sustain themselves. This creates a self-perpetuating system. As money is freed up in the second and third years, it is used to fund a new round of coalitions, while

the existing coalitions sustain themselves with other resources. Up to this point, DADS has issued three RFPs for the funding of coalitions. Six coalitions were funded in the first round, two more in the next round and two more in the third round. This makes a total of ten coalitions currently receiving funding from DADS. Each coalition and its activities are described briefly below. Some additional County General funds were initially available to support the funding of coalitions, but this funding was eliminated in a series of cuts to County General fund expenditures as a part of the strategy to address a shortfall in the County's budget. This has reduced DADS' ability to fund new coalitions, so the expansion of the number of coalitions has been curtailed and will not be as great as initially envisioned. None-the-less, it is anticipated that the currently funded coalitions will become self-sustaining and six new coalitions will be funded in FY 2008-2009.

DADS recognizes that there are many other prevention efforts occurring within Santa Clara County, for example: Schools have Safe and Drug-Free Schools and Communities funding, and Project Cornerstone is working towards building assets in the community. Also there are other groups, such as cities, police departments, and County departments with a strong interest in reducing problems related to substance use. These are all resources that can be built upon to increase capacity. By pulling together a coalition of parties with an investment in prevention, and creating a Prevention Steering Committee, DADS hopes to increase the countywide focus on problems related to substance use and to better manage, coordinate and leverage resources. It is anticipated that subcommittees will be created that will focus on specific areas that are identified by the larger group.

## **PLANNING PROCESS**

### **COMMUNITY REVIEW PROCESS:**

In keeping with contemporary research findings and the direction of prevention processes at both the state and national level, DADS Prevention Division has designated a proportion of its funding stream to focus attention on utilizing community driven initiatives to reduce AOD problems.

As such, the Santa Clara County Board of Supervisors invited participants from key sectors in all Santa Clara County municipalities to participate in developing AOD prevention programs in their communities. Representatives of groups and organizations interested in joining and helping to develop community collaborative were invited to attend meetings throughout the county. A key premise that arose at these meetings was a shared understanding that strong local prevention systems become effective through the enactment and enforcement of policies, practices and programs that are locally and culturally appropriate.

The community was called on to bring these entities together to formulate cooperative agreements between key community stakeholders who had a vested interest in the design and support of a full range of AOD related prevention services. It was recommended that it might be most effective if several agencies in a community attend as the catalyst for

these constituencies. Meetings were held in each of five Santa Clara County Supervisory Districts.

### **Emphasis on Community Prevention**

Community Prevention includes the following steps:

- 1) Analyzing the factors that contribute to identified alcohol, drugs and related community problems;
- 2) Reviewing community policies, services and resource; and
- 3) Designing an overall community prevention strategy addressing alcohol, drugs and related community problems.

Specific strategies can include policy advocacy, environmental measures, targeted media campaigns and advocacy, community education programs (for both the overall community and targeted groups), and prevention services for groups at high risk of contributing to alcohol, drugs and related community problems.

### **INSTITUTE OF MEDICINE (IOM) PRIMARY CATEGORY:**

DADS prevention activities utilize all six primary prevention strategies identified by the Substance Abuse and Mental Health Service Administration (SAMHSA): Information Dissemination, Education, Alternatives, Problem identification and Referral, Community-Based Process, Environmental Prevention. These are used within the framework of the three IOM primary categories:

1. *Indicated* activities targeted to individuals in high-risk environments who are beginning to engage or experiment in substance abuse and other problem behavior.
2. *Selective* activities targeted to individuals or a subgroup of the population whose risk of developing a disorder either at present or over a lifetime, is significantly higher than average by virtue of their membership in a particular population segment.
3. *Universal* activities targeted to the general public or a whole population group that has not been identified on the bases of individual risk with messages and programs aimed at preventing or delaying the abuse of ATOD.

### **IMPLEMENTATION**

A number of DADS' prevention services are provided through departmental resources: Gateway, Health Realization, Training through the Learning Institute and Technical Assistance to community coalitions. Information Dissemination services and Friday Night Live coordination are provided by a community-based organization, selected by an RFP process. Community coalitions have been funded through an RFP process with funding awarded to community-based organizations, serving as the fiscal agent for the coalitions.

## **CURRENT PREVENTION ACTIVITIES**

**The following is a detailed listing of the projects, populations and community sectors currently being funded with DADS Prevention money for fiscal years 2005 thru 2008:**

The **current and future role** of the DADS will be as grant administrators, to monitor projects, provide oversight, technical assistance and support. DADS will also provide ongoing training through the Learning Institute to enhance grant recipients knowledge, skills and abilities. DADS also plans to establish a “coalition of coalitions” that will meet quarterly and serve as an incubator for community driven advocacy, policy initiatives and as a forum for status updates. Subcommittees will be formed to focus on key issues identified by the larger group. This “coalition of coalitions” will build on quarterly meetings that DADS has held with its coalitions and bring together other key stakeholders, including elected officials to form a County-wide steering committee that will review data, set priorities and provide direction for prevention activities within the county.

### **Prevention Division**

Prevention Division funds, monitors, and provides technical assistance to partnerships and collaborations for effective prevention programs in Santa Clara County. It sponsors workshops and conferences to build knowledge and skills; supports environmental strategies to strengthen communities and facilitates a Bullying Prevention Program, which is funded through a Safe and Drug-Free Schools and Communities grant.

The Learning Institute hosts relevant and research-based trainings and workshops to increase AOD knowledge, skills, and abilities to residents and human service providers. Learning Institute staff remain abreast of current research and best practices within the field, in order to identify leading experts and to respond to training needs identified by stakeholders.

### **Information Dissemination**

In the course of discussions with key stakeholders, it was apparent that many were acutely aware of the impact of problems related to substance abuse, but there was also a strong sense that the community at large is unaware of many of the problems associated with substance use. There was a strong consensus that DADS has a responsibility to ensure that the community has ready access to information related to substance use. DADS maintains its own website, where information and links are readily accessible. DADS also uses two other means for the dissemination of information. First it maintains a toll-free number (Gateway), which provides information to callers as well as serving problem identification and referral function. Second, DADS has a contract with a community-based organization, National Council on Alcoholism and Drug Dependence (NCADD) in the Silicon Valley to provide Information Dissemination services through a number of different means. They maintain an ATOD Clearinghouse, which provides

materials in a variety of languages throughout the community. These materials are available to members of the community as well as other community-based providers, who wish to make materials available at their offices. NCADD also maintains a video lending library, participates in health fairs, maintains a speaker's bureau, to respond to community needs, produces a newspaper "New Times" for addiction recovery and produces a bi-weekly public access TV program.

### **Friday Night Live**

DADS has a contract with NCADD to provide Friday Night Live (FNL) at selected local high schools the county. FNL provides youth leadership skills through forming chapters at the school and community centers.

### **Gateway**

Gateway serves the entire County population and is the Department of Alcohol & Drug Services' window to the public and first point of contact. Gateway's purpose is to determine those wanting information and education from those wanting treatment. Gateway performs an initial assessment to determine if behavior can be reversed through AOD education. Referrals are then made to a variety of prevention, education, and informational resources throughout the county. Gateway also coordinates and participates in community health fairs, conferences and provides AOD presentations throughout the community.

### **Health Realization**

Health Realization is an education program that addresses some of the underlying reasons for addictive behavior. It is a health-based program that shows people how they may access their own natural resiliency to avoid and or overcome addictive behavior, abusive behavior, anger, and other dysfunctional behavior. It also provides empowerment training to mobilize communities to address their own problems of drug activity, crime and violence. This model is also taught to human services professionals so they may work with their clients from this understanding as well. The program targets youth and adults in the criminal justice system; clients AOD programs, youth in schools, and public housing residents.

## **COMMUNITY COALITIONS**

Funding to community coalitions has been provided in two phases. Prevention staffs have been actively involved with the coalitions in order to support their progress. This has enabled us to identify training needs and provide technical assistance.

### **Project Planning**

Phase I was funded for nine months and designed to give grant recipients the opportunity to go through an evidence-based program planning and selection process prior to program

implementation. Grant recipients were monitored throughout this phase to ensure that adequate progress was made in meeting key milestones. Grant recipients were also required to attend trainings and organizational activities offered by DADS.

During Phase I, grant recipients conducted a thorough community needs and resource assessment that build upon the information and data gathered during the RFP submission process. The goals, objectives and outcomes were derived from what coalitions established as the priority issues and incorporated into a logic model that was used for project planning and evaluation. The funding recipients identify evidence-based community prevention strategies, which include environmental/public policy approaches that have a strong likelihood of achieving their prevention-related objectives and are appropriate to their focus community.

Evidence-based strategies are ones that have been shown through scientific study to produce consistently positive results. These are sustainable projects that must:

- Be founded upon clearly stated goals and objectives that are forged through a community needs assessment,
- Have measurable outcomes as depicted in a logic model, and
- Provide a clear plan for evaluation.

## **Phase II: Program Implementation – Years 2 and 3**

DADS awarded continuation funding to all grantees that met the Phase I grant requirements and met the following deliverables:

- 1) Implement the Prevention Plan
- 2) Develop a Logic Model and strategic plan with timelines and deliverables
- 3) Conduct local evaluation of results
- 4) Embed sustainable change
- 5) Quarterly data reports to DADS' evaluator

The funded projects were held to the following requirements and expectations. Program development, implementation, and evaluation requirements and activities included:

- 1) Establishment of an active Community Coalition that involves relevant agencies, organizations, businesses, and associations;
- 2) Involvement of the Community Coalition in determining the community that will be the focus of the project, conducting a community needs assessment and providing ongoing support throughout the project;
- 3) Development of a statement of need, scope of work, and project plan that addresses alcohol, drug and related community problems;
- 4) Identification and implementation of the strategies that will be used to achieve the desired outcomes;
- 5) Monitoring the project activities to ensure that partnership members (if applicable) are providing the designated services;
- 6) Compliance with all data collection and reporting requirements;

- 7) Collection, documentation, assessment, and reporting of project activity data including actual and intended system changes.

**Coalition for Alcohol & Drug Free Pregnancy - CADFP**

This Project proposes to develop a collaboration involving the medical community, local and statewide organizations, public and private, to create systemic change so that the vision of babies born alcohol and drug free becomes a reality. Policies, protocols, and laws need to be evaluated and changed to enable the medical community to do effective primary prevention work.

**Los Gatos/Saratoga Union HS District - SHIFT**

This initiative proposes to form a District-wide community coalition, based on proven practices and successful structure with committed membership. It has defined its focus and vision: to design, implement, and institutionalize lasting environmental change to keep youth safe, healthy and capable. Ultimately the institutionalization of these strategies is to reduce underage drinking via a shift of environmental norms.

**PIT Coalition**

The Prevention /Intervention/Treatment Strategy (PIT) formed a coalition collaborative under the governance of the Weed & Seed Steering committee, and built upon the community empowerment and assessment activities that it has already initiated. There is a particular emphasis on development of the Safe Havens as an environmental strategy for a local High School. It currently focuses on reducing alcohol availability in a high-crime area of San Jose with much gang activity. A further goal is to explore funding options to create a continuum of service that will bring intervention and treatment services into the community.

**Mayfair Alcohol & Drug Coalition**

The Mayfair Alcohol & Drug Coalition will empower and involve the Mayfair community to reduce alcohol, tobacco and other drug use problems. They have developed a social marketing campaign with images and messages developed by the community and have hosted a community-wide media Kick-off event. They plan to review and revise the Mayfair Improvement Initiative health survey, and develop a prevention plan in phase II.

**Gilroy West**

The Gilroy West Prevention Partnership is working on building a community coalition to develop evidence based environmental strategies. It has conducted an assessment of community needs and is focusing on issues pertaining to alcohol availability including retail density, responsible beverage service and binge drinking by youth. It will be taking on the Gilroy Social Host Ordinance.

**Gilroy East**

The Gilroy East Partnership was developed a youth empowerment model of AOD community prevention. It has done a community needs assessment and is focusing on youth leadership as a viable prevention strategy. Youth are trained to educate and involve

peers on issues pertaining to advocacy. This group was heavily vested in the State-wide Alcopops litigation media campaign against the State Board of Equalization.

#### **Morgan Hill/San Martin Prevention Partnership**

The Morgan Hill/San Martin Prevention Partnership has been building a community coalition to develop evidence-based environmental strategies to reduce the incidence and prevalence of AOD problems in the community. They have initiated action on enhancing and strengthening the Social Host Ordinance. This process has led to expanding the collaborative involving from key city departments, elected officials, School Board representatives, and business. The Partnership is currently expanding efforts to recruit youth at Sobrato High School.

#### **Stanford – Santa Clara County Methamphetamine Task Force**

The Stanford – Santa Clara County Methamphetamine Task Force is dedicated to addressing a constellation of destructive behavior associated with high-risk sexual behavior. Its goal is to reduce methamphetamine use in SCC, and ultimately the reduction of new HIV infections. It is conducting a multimedia public awareness campaign focusing on the community of men who have sex with men.

#### **Palo Alto Drug & Alcohol Collaborative**

Palo Alto Drug & Alcohol Collaborative was funded in a third round of funding. It has sponsored two student designed and led Town Hall meetings to address underage drinking in Palo Alto. The first event was attended exclusively by students, and served as a foundation for the second event to engage adults and parents in a similar format and dialogue with youth. The second event presented best-thinking priorities and perspectives from the first student-to-student Town Hall meeting. Both events were professionally facilitated and employed special remote devices allowing participants to weigh-in on important points of discussion. These events were conducted in support of a social norms strategy that is the cornerstone to the coalition's activities.

#### **The Coalition of New Immigrants**

The Coalition of New Immigrants is another coalition that was funded following the release of a third RFP. The coalition was formed in recognition that there is current new wave of immigrants into Santa Clara County primarily from Eastern Europe and Africa. These new groups do not have established roots in the community and frequently arrive as refugees with experiences of torture, victimization and other trauma. Without strong support networks, they are subject to isolation and vulnerable to turning to substance abuse. Like most immigrant groups, generational gaps are likely to grow as children become assimilated to American culture and drift away from their families' cultural traditions. The coalition will be developing strategies to reduce substance abuse related problems amongst new immigrants in these more vulnerable groups. Currently they are in an assessment phase and have been holding focus groups. Initial data suggest that substance abuse is a larger problem in these groups than had been anticipated and parents are especially concerned about their children being influenced by the drug culture.

## EVALUATION

DADS has had its own in-house data analysis and evaluation unit since 2000, which was created to develop departmental capacity to evaluate its treatment and prevention programs. DADS has been moving toward a data-driven model of treatment and prevention service performance evaluation. DADS' evaluation and research activities have three major goals:

- To evaluate DADS and its contract providers using outcomes-focused methodology
- To promote and undertake research that will lead to improvements in DADS services; and
- To support the learning organization atmosphere within DADS by developing and implementing systems for feedback to programs about their services and outcomes.

As noted, DADS contracts out the majority of its prevention services to local community-based organizations. A funding requirement is that these efforts develop an evaluation process for their projects. Due to the scope of their work and their different target populations each coalition is quite different from the other. Some are working on Social Norms while others are working on public availability, targeted marketing, alternative activities and information dissemination. As such the ideal **long-term** objectives of the coalitions are all quite different. Some seek to decrease substance-related problems by increasing community knowledge and awareness while others seek policy changes in schools, communities, or increased enhancement or enforcement of laws. However, all are working toward reducing the incidence and prevalence of AOD problems especially among youth.

Some of the objectives have already been reached through the adoption of Social Host ordinances in South Santa Clara County. Other projects are building increasing momentum and visibility while a couple of projects have struggled.

Each project is **responsible for evaluating** the effectiveness of their prevention effort. This was clearly delineated in the RFP as was the **timelines** for submitting evaluation data. Each project is expected to report progress on a quarterly basis and submit a comprehensive year-end report. Each project also has a DADS Program Analyst assigned to provide TA and assist with difficulties that may arise. This data will be used to assess project effectiveness and to determine future funding priorities.

### Goals:

The Goals of DADS contracted prevention efforts are to:

- Reduce the incidence and prevalence of alcohol and drug related problems in Communities throughout Santa Clara County
  - Reduce alcohol use among youth
  - Reduce binge drinking rates among youth and young adults
  - Reduce problems associated with methamphetamine use

The goal of the DADS Prevention Division is to:

- Support the design and implementation of community driven initiatives.

**Objectives:**

The objectives of DADS community driven initiatives are consistent and in alignment with the Santa Clara County Strategic Prevention Framework and vary according to the specific focus of each coalition.

**Specific objectives for the development of coalitions:**

- By July 1, 2008 develop the county –wide Prevention “coalition of coalitions” (steering committee)
- By December 31, 2008 six of eight existing, DADS-funded coalitions will be self-sustaining.
- By December 31, 2008, six new community coalitions will be funded to support activities in line with DADS’ Prevention Services strategic plan.

**Specific objectives for individual coalitions:**

Each coalition has developed its own logic model. DADS’ prevention staffs are currently working with coalitions to develop specific, measurable outcomes.

**Alcohol Objectives**

Reduce alcohol use among youth.

Reduce binge-drinking rates among youth and young adults.

**Measurement Indicators**

1. Increase public awareness of alcohol related problems.
2. Reduce alcohol and drug availability.

**Measurement Tools**

1. Disseminate information and provides alcohol and drug education to youth (i.e. I&R and Education through health fairs, classroom presentations, newspaper articles, conferences and trainings, media, and e-mail alerts).
2. Provide alternative alcohol and drug free activities to youth.
3. Public policy responses (i.e. increased taxation for alcoholic beverages, passage of social host ordinances, interagency collaboration and coalition building).

**Responsible Party**

Coalitions and Contract service providers funded by Santa Clara County.

**Methamphetamine Objectives**

Reduce problems associated with Methamphetamine use in Santa Clara County

Reduce the HIV infection due to Meth use

Increase awareness of problems associated with Meth use.

Law enforcement intervention in Meth production

**Measurement Indicators**

Reduction in Meth-related arrests

Reduction in drug treatment programs related to Meth use

Reduction in HIV/AIDS infection due to Meth use

Increase of public awareness of Meth-related problems

**Measurement Tools**

Focus group comprised of community members and current and former Meth users

Police Records

Medical Records (admissions to drug treatment programs)

Community education, media campaign, information dissemination, trainings

**Responsible Party**

Santa Clara County/Stanford Meth Task Force, NCADD, Gateway, Health Realization