



SANTA CRUZ COUNTY ALCOHOL AND DRUG PROGRAM



**Strategic Plan for Alcohol and
Other Drug Prevention
2007-2012**

Santa Cruz
County
Police
Department

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I Introduction and County Overview

Development of the Strategic Planning Process

Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds are awarded to counties by the California Department of Alcohol and Drug Programs (CADP) to plan, implement, and evaluate activities to prevent and treat substance abuse. Twenty percent (20%) of the State's SAPT Block Grant funds must be spent on primary prevention. The Alcohol and Drug Program (ADP) of the Santa Cruz County Health Services Agency administers SAPT funds for alcohol and other drug (AOD) primary prevention services in Santa Cruz County.

In May 2004, a new policy was developed by the Substance Abuse and Mental Health Services (SAMHSA) and Center for Substance Abuse Prevention (CSAP) requiring SAPT block grant-funded primary prevention services to complete a Strategic Plan utilizing the Strategic Prevention Framework (SPF). The SPF consists of five planning steps (assessment, capacity building, planning, implementation, and evaluation) designed to provide a systematic approach to evidence-based, outcome-oriented, prevention planning.

To implement the SPF in Santa Cruz County, ADP convened a one year community planning process in March of 2006 that involved all County prevention providers, along with representatives from major interagency groups and key prevention constituencies. The purpose of this collaborative process was to establish a common understanding of local AOD-related problems, identify areas of highest priority, establish criteria selecting for prevention strategies and services, and to develop a comprehensive and community-based alcohol and other drug-related prevention framework to guide program planning and service delivery.

Vision, Mission, and Guiding Principles

The vision of the ADP is to prevent or reduce alcohol and other drug use among youth and adults by providing an array of age-appropriate, culturally competent and research-based services coordinated with existing prevention efforts in the community. Services focus on reducing the factors that place individuals, families and communities at risk for alcohol and drug abuse and on strengthening the resilience and protective factors that help prevent it. The mission of the ADP is to provide leadership within a collaborative framework to empower individuals, families and groups within the community to engage in effective, sustainable prevention strategies across multiple domains. The ADP facilitates shared planning, resource allocation, community engagement, and outcome-based evaluation of prevention efforts.

Alcohol and other drug problems result from factors operating at the individual, family and community levels. To be effective, prevention programs must

- Enhance resiliency/protective factors and move toward reversing or reducing known risk factors

- Target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and emerging drugs
- Include skills development to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency, in conjunction with reinforcement of attitudes/norms against drug use
- Include interactive methods
- Be long-term, providing sustained efforts
- Be family-focused, while recognizing the role of the community and its norms
- Include media campaigns and policy change initiatives
- Be age-specific, developmentally appropriate, and culturally competent

The ADP supports Together for Youth / Unidos Para Nuestros Jovenes (TFYUPNJ), a prevention collaborative under the umbrella of the United Way of Santa Cruz County. The prevention partners of TFYUPNJ, including the organizations sub-contracted by ADP to provide prevention services, are actively engaged in highly effective and comprehensive prevention activities in the community. The TFYUPNJ comprehensive prevention model is structured around the seven essential components adapted from the *Communities That Care* model. These include:

- Increasing Knowledge and Raising Awareness
- Building Skills and Competencies of Individuals and Families
- Increasing Involvement in Alcohol and Drug-Free Healthy Alternatives
- Increasing Access Through Early Identification and Intervention Services and Referrals
- Changing Social Policies
- Enforcing Regulations, Ordinances and Laws
- Increasing the Community's Ability and Commitment to Respond to Alcohol And Drug Problems

County Profile

Santa Cruz County is located on California's central coast, its 440 square miles bounded by the Monterey Bay and the Santa Cruz Mountains. The northern half of the county is largely suburban, its economy based on tourism and a large commuter population employed in the high-tech industries of the Silicon Valley on the far side of the Santa Cruz Mountains. The southern half of the county is predominantly agricultural and is centered around the city of Watsonville, a regional hub for farming and related commerce.

Population. The county has an estimated population of 262,612. The ethnic composition of the community is rapidly shifting: from 1997 to 2005 the Latino population increased by 33%, while the overall population increased only 6%.

Santa Cruz County Demographics (California Dept. of Finance, 2004)

	Population	Percent of Total Population
Caucasian	166,285	63.3%
Hispanic	76,994	29.3%
Asian/Pac. Island	9,584	3.6%
African American	2,276	0.9%
American Indian	1,796	0.7%
Multiple	5,677	2.2%
TOTAL	262,612	100.0%

Almost one third of Hispanic residents speak English “not well” or “not at all” (31%). This is more common among adults (37%) than children (15%). Many are recent immigrants, and these families often struggle with differential rates of acculturation between parents and children, undermining the protective factors of a traditional family structure.

Communities. Santa Cruz County has two urban centers: the city of Watsonville and its surrounding agricultural community of South County; and the city of Santa Cruz and the nearby unincorporated area of Live Oak. The suburban mid-county includes the regions of Aptos, Soquel and the city of Capitola, while to the north are the rural mountain communities of Felton, Ben Lomond, Boulder Creek and Scotts Valley. Each community presents unique demographic, economic, and cultural characteristics that are significant to shaping effective prevention messages and programs. Among the shared strengths are an informed and politically active citizenry; numerous community-based organizations with an advanced level of networking and collaboration; strong cultural pride and traditions; and a wealth of natural recreation opportunities.

Economy. From 1997 to 2006, the County’s median family income has greatly increased and continues to be higher than the nation or state median family income. The U.S. Department of Housing and Urban Development’s calculations of median family income for Santa Cruz County for FY 2006 grew by 36.1% from FY 1997. In 1997, the median family income was \$55,200 and increased to \$ 75,300 in 2004, but dropped slightly to \$75,100 in 2006. Wealth is not evenly distributed across the county, however, and some areas are considerably more impacted by unemployment and poverty.

Projected Median Household Income (ESRI, 2006)

	Median Household Income	Percent of County Average
Aptos (95003)	\$83,379	111.0%
Ben Lomond (95005)	\$79,472	105.8%
Boulder Creek (95006)	\$83,376	111.0%
Capitola (95010)	\$55,689	74.2%
Felton (95018)	\$80,004	106.5%
Santa Cruz (95060)	\$67,576	90.0%
Santa Cruz/Live Oak (95062)	\$56,619	75.4%
Scotts Valley (95066)	\$87,249	116.2%
Soquel (95073)	\$71,477	95.2%
Watsonville (95076)	\$52,866	70.4%

Agriculture and tourism have long been key employment industries in Santa Cruz County. The total production value of agricultural crops in 2005 was \$418 million, with over half of this amount coming from berry crops. Tourism results in over \$570 million in travel spending locally, with transient occupancy tax revenues of close to \$8 million per year.

The county's unemployment rate has remained consistently higher than the state and national averages, with the area around Watsonville more than double this. The combination of high unemployment and poverty led the U. S. Department of Agriculture to designate the city of Watsonville a Federal Rural Enterprise Community in January 1994. The State of California designated the city a State Enterprise Zone in May 1997.

Affordable housing is of considerable concern in Santa Cruz County, which has consistently ranked among the ten least affordable housing markets in the United States, both for homeowners and renters (*California Housing Affordability Index*, California Association of Realtors, 2006). Only 18% of families earning the median income can afford to buy a home, while a worker earning the minimum wage would have to work 145 hours per week in order to afford a two-bedroom unit at the area's fair market rent (*Out Of Reach, 2006-Most Expensive Jurisdictions*, National Low Income Housing Coalition, 2006.). Nearly half (42%) of households report spending more than half of their take-home pay on housing costs, while 21% of all households — and 57% of Latino households — pay more than three quarters of their income on housing (*Community Assessment Project, 2006 Applied Survey Research, Inc.*).

Factors Related to ATOD Prevention and Treatment. Over the past decade the need for improved adolescent treatment has moved to the forefront of local policy discussions in Santa Cruz County. This has been the result of several factors: high profile adolescent deaths from heroin, alcohol and other drugs; reliable survey results that reveal a rate of local teen substance abuse that is more than double the national rate; a grand jury investigation into teen alcohol and other drug access and use that emphasized perceived

justice system leniency toward teen marijuana use; and the response by local professionals to emerging research into the need for effective adolescent drug treatment.

In spite of this support for prevention and treatment among policy leaders, there remains widespread community acceptance of adult and youth substance use, especially marijuana. Santa Cruz City made national news when members of the City Council supervised a medical marijuana distribution on the steps of City Hall. More recently, a citizen-led initiative in November of 2006 declared marijuana offenses the lowest priority for police.

The perception of community norms in favor of marijuana use is very strong. In a professionally designed random telephone survey conducted annually since 1995 by the United Way, 79.5% of adults responded that they think the community finds recreational marijuana use to be “Acceptable” or “Somewhat acceptable” (*Community Assessment Project*, 2005). Reasons given for this perceived community acceptance include: this is a liberal/tolerant community; many people use it themselves; marijuana is inherently acceptable and no different from alcohol use; it is important for medical use; and the history of counter-culture in Santa Cruz.

Other community factors relevant to prevention planning include the presence of the University of California, which contributes exerts economic and cultural influence. Slightly more than one-quarter of Santa Cruz city residents are U.C. students (15,000 out of the total 57,000), contributing to a lively, youth-oriented culture. The impact of tourism is also felt county-wide, with a summertime surge of tens of thousands of families and individuals coming from the greater Bay Area and parts of the Central Valley. While vital to the area’s economic health, this massive influx taxes public safety personnel, as well as local roads and other infrastructure. Tourism has also fueled a high rate of alcohol availability. With over 630 retail alcohol outlets, Santa Cruz County has a per capita rate that is 29% higher than the state average. These also tend to be higher risk outlets: on-sale entertainment venues, small convenience stores, and stand-alone bars.

II Needs and Resource Assessment

Needs Assessment Methodology

Santa Cruz County has a notable history of data-driven planning and evaluation of prevention outcomes. This has included school-based surveys, which have been implemented county-wide since 1992. It also includes the Community Assessment Project (CAP), an ambitious collaborative project sponsored by a consortium of public and private health, education, human service, and civic organizations convened by the United Way of Santa Cruz County. The CAP model, now implemented for its twelfth year, provides a comprehensive view of the quality of life in Santa Cruz County. It is based on credible primary data and secondary data that are gathered for a series of indicators in six areas: Economy, Education, Health, Public Safety, the Natural Environment, and the Social Environment. Alcohol, tobacco and other drug issues have been key indicators from the inception of the project, and the CAP has been an important tool in raising community awareness of and commitment to prevention efforts. The CAP, one of the originators of community report cards twelve years ago, continues to be recognized for its community involvement, sustainability, and methodology.

Description of Core Data Sets

State / National Data Sources:

- California Department of Alcoholic Beverage Control, 2006.
- State of California, Department of Finance, *E-1: City/County Population Estimates with Annual Percent Change, 2006*.
- California Department of Alcohol and Drug Programs, Office of Applied Research and Analysis, 2007.
- California Health Interview Survey, 2007.
- Santa Cruz California Healthy Kids Survey, 2004.
- California State Survey, 2004.
- California Department of Alcohol and Drug Programs, *Community Indicators of Alcohol and Drug Abuse Risk Santa Cruz County, 2004*.

Local Data Sources:

- Santa Cruz County HSA Alcohol and Drug Program.
Data for all clients who receive treatment or case management services from providers funded by Santa Cruz County are entered into the County's Drug and Alcohol System (DAS) by contracted service providers and County staff. Data is

collected and entered into DAS at admission to a treatment or case management program, and for each service (e.g., bed day, outpatient counseling visit) provided. All data is based on the client's self-report. Data provided is for all clients who received treatment or case management service during February 2007. In order to achieve a sample of unique clients, if a client had more than one program admission or service during the month, the last admission or service received during the month was used. A total of 1,461 unique persons received services during the month of February 2007.

- RAMA Survey.

In the spring of 2006, a survey was conducted with 49 RAMA participants. The Responsible Alcohol Merchant Awards (RAMA) is designed to honor businesses that have demonstrated a commitment to combating the problem of underage drinking in Santa Cruz County. Youth were trained to conduct these surveys. Youth went in pairs of two to alcohol sales establishments that participate in RAMA in order to conduct these surveys. The RAMA survey consisted of two parts. The purpose of the first part of the survey was to gather information on policies held by alcohol merchants in Santa Cruz County regarding alcohol sales, specifically related to minors. In the second part, the interviewers noted their observations regarding the layout of the store, the ease of access to alcohol, the number of alcohol advertisements, and more.

- Media Tracking.

Between 2005 and June 2007, Project CURB staff tracked alcohol-related articles in the local media by looking daily at the Santa Cruz Sentinel and Register Pajaronian, two local newspapers, and pulling any article related to alcohol. These newspaper pieces were broken down by type, including article, brief, editorial, letter to the editor, and advertisement/ photograph/ other. These newspaper pieces were then coded for content. Codes consist of: 1) general alcohol; 2) alcohol policy; 3) alcohol-related injury; 4) alcohol-related disruption; 5) prevention; 6) social activity; 7) underage drinking; 8) law enforcement; 9) high risk consumption; 10) other alcohol-related; 11) smoking; and 12) other substances. The alcohol-related disruption code could include other substances, and the alcohol-related injury code could include substance-related deaths. From 2005 through June of 2007, a total of 418 articles were tracked.

- CURB Youth Survey.

The *Youth Survey* was a self-administered survey conducted with over 400 youth ages 16 to 20. This survey collects detailed information about youth attitudes, behaviors and opinions regarding binge drinking and related factors. The survey instrument and protocol received approval from ASR's Institutional Review Board (IRB).

Forty-seven Youth Survey Coordinators (YSC) between the ages of 16 and 20 were hired to recruit youth of the same age to complete the self-administered survey. Project CURB paid each YSC an incentive of \$10 per completed survey. YSCs were diverse and represented local public high schools, private high

schools, alternative schools, Cabrillo College, University of California, Santa Cruz (UCSC), and youth not attending school. All YSCs had to have a parent or themselves (if over 18 years old) sign a consent form to participate in the project. The YSCs all attended a training, which covered the following protocols: rules of conduct for distribution and collection of the survey; guidelines on where and when the survey can be distributed; verbal introduction of the survey to other youth; and establishment of consent. All survey respondents were asked to sign an informed consent form before receiving the survey.

- CURB Adult Community Survey.

ASR conducted a telephone survey, in both English and Spanish, with 400 randomly selected Santa Cruz County residents. This survey collects detailed information about adult attitudes, behaviors and opinions regarding binge drinking and related factors. Telephone contacts were attempted with a random sample of residents 21 years or older.

ASR is 95% confident that the opinions of the overall survey respondents do not differ from those of the general population of Santa Cruz County by more than +/- 5%. This “margin of error” is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in Santa Cruz County if every resident were polled. Parents of children between the age of 16 and 20 comprised 19% of respondents.

- One-on-One Interviews.

Community members and Project CURB collaborative members conducted *One-on-One Interviews* with 161 community stakeholders and key informants. These interviews provided considerable detail regarding perceptions of youth alcohol use, binge drinking, and policies intended to address alcohol-related problems. The CMCA outlined process was followed, and Project CURB staff, along with the National CMCA trainers and the Youth Leadership Institute, trained 38 interviewers. This training included opportunities to practice conducting interviews in addition to a comprehensive training manual. Guiding questions were provided to the interviewers. However, interviewers were encouraged to allow the interviews to take a natural course in order to attain a more qualitative source of information.

The interview respondents were identified by Together For Youth's (TFY) Executive Committee and Collaborative members. The Collaborative focused on five community sectors: Health, Religious Institutions, Public, Community Groups and Education. A list of agencies, organizations and individuals was generated through Executive Committee and Together For Youth meetings. Interviewers then signed up to interview the respondents.

- California Safer Schools Study, University of California, Santa Cruz.

The University of California, Santa Cruz (UCSC) was one of the schools that participated in the 2003, 2004 and 2005 California Safer Universities Study. These studies were conducted by a team of researchers from the Prevention Research Center (PRC), part of the Pacific Institute for Research and Evaluation

(PIRE). The main purpose of the research was to gather data on alcohol and other drug use on college campuses in the University of California and California State University systems.

Each year UCSC provides PRC with a randomly selected list of undergraduate students who are at least 18 years old. In 2003, the list included 2,000 students; in 2004, the list contained 1,000 students; and in 2005, the list included 1,000 students. The way the survey was administered varied each year. The 2003 study used both an Internet survey and paper survey to collect data from 887 respondents aged 18 and older. In comparison, the 2004 and 2005 studies used only an Internet survey to gather responses from 429 students in 2004, and 452 students in 2005. Respondents both years were given a check for \$10 that they could cash whether or not they completed a survey.

- **Santa Cruz County Community Assessment Project (CAP) Telephone Survey.**
Over the past 12 years, a consortium of public/private agencies and organizations in Santa Cruz County, California, have sponsored the annual Community Assessment Project to measure quality of life. A primary purpose of CAP is to encourage collaborative community action to positively impact community goals. For the first 10 years, Applied Survey Research conducted an annual telephone survey, in both English and Spanish, with over 700 randomly selected county residents. The survey will now be conducted every other year. The intent of the survey is to measure the opinions, attitudes, desires, and needs of a demographically representative sample of the County's residents. Respondents are asked open-ended questions as well as questions that present confined options. In 1995, the CAP showed alarming rates of teen alcohol and drug use, much higher than in the state of California. The CAP data acted as a catalyst in bringing together a coalition of 110 agencies and individuals to develop seven strategies including new laws, public education, a grand jury report, youth leadership training, referral and home visiting programs, new teen centers and treatment services, and a public policy panel on youth access to alcohol. The coalition is now known as Together for Youth/Unidos Para Nuestros Jovenes (TFY/UPNJ). TFY/UPNJ is the umbrella collaborative for Project CURB

Summary of Key Findings and Problem Statements

The Strategic Plan Work Group reviewed data to identify key findings related to prevention in four priority areas: Alcohol, Methamphetamine and Marijuana Use; Community Norms and Awareness of Alcohol and Other Drug Issues; Community Empowerment and Environmental Change; and Prevention System Capacity. The Work Group then developed problem statements in each priority area based on these findings. Full description and statistical data for these findings can be found in the report, *Santa Cruz County Strategic Prevention Plan: Work Group Data Assessment, 2007* which is attached as an appendix to this plan.

Priority Area 1: Alcohol, Methamphetamine and Marijuana Use

Summary of Key Findings on Youth Access to Alcohol. Santa Cruz County has an unusually high number of retail alcohol outlets. Many merchants report policies and procedures that limit sales to youth or people suspected of providing alcohol to youth, although some merchants continue to be cited by law enforcement for illegal sales to minors. The majority of youth report that they obtain alcohol from adults they know over the age of 21, while a quarter report shoulder-tapping strangers to buy alcohol for them. A large majority of youth and adults feel that alcohol is easy for youth to acquire, should they want to.

Summary of Key Findings on Binge Drinking. Santa Cruz County youth have consistently reported higher rates of alcohol use than their counterparts state-wide. Binge drinking in the past 30 days was reported by 47% of youth, 59% of university students, and 17% of adults. Rates in certain communities were considerably higher, and surveys suggest that the rate among university students has been rapidly increasing over the past four years. A large majority of adults and youth report being concerned about youth binge drinking, and although only 8% personally believe that it is acceptable, 46% of residents feel that the community is accepting of youth binge drinking.

Summary of Key Findings on Methamphetamine and Marijuana Use. There has been a sharp increase in methamphetamine admissions in Santa Cruz County, with a 281% increase between 1996 and 2005. Methamphetamine was listed as the primary drug of choice by 25% of personal receiving services from the County Alcohol and Drug Program in 2007. While use among 11th grade students has been lower than the state average, methamphetamine use among 9th grade students has been markedly higher than state comparison rates. Marijuana use by middle school and high school students in Santa Cruz County has consistently exceeded state and national rates, both for lifetime and 30-day use.

Problem Statement: High-risk alcohol use, including underage drinking, methamphetamine and marijuana use, cause numerous public health and public safety problems in Santa Cruz County.

Priority Area 2: Norms and Awareness of Alcohol and Other Drug Issues

Summary of Key Findings on Binge Drinking Attitudes and Beliefs. Many Santa Cruz County adults and the majority of youth are not aware of the definition binge drinking, overestimating the number of drinks needed to produce serious intoxication. Local youth report much lower perception of harm from frequent alcohol use than statewide comparison data. Youth who report binge drinking in the past year also report far lower perception of harm from alcohol use. The most common attitude among youth is “occasionally getting drunk is okay as long as it doesn’t interfere with academics, work or other responsibilities.” The majority of adults believe that policies and law should target the means of youth alcohol access rather than increase punishments for youth caught drinking.

Summary of Key Findings on Marijuana Attitudes and Beliefs. There is a widespread belief that the community tolerates marijuana use: most adult residents report the

perception that others in the community are more accepting of marijuana use than they are themselves. Santa Cruz County youth consistently report significantly lower perception of harmfulness of frequent marijuana use than youth statewide.

Problem Statement: Social acceptance of alcohol and marijuana perpetuate norms that enable use and create a lack of awareness of individual and community harm.

Priority Area 3: Community Empowerment / Environmental Change

Summary of Key Findings. In some jurisdictions and on some topics the community has taken effective steps toward changing the environment in which ATOD-related problems occur. In Santa Cruz City a “Party Ordinance” has been shown effective in decreasing large, out-of-control parties in personal homes where minors have ready access to alcohol and where high risk use leads to a variety of problems. Yet some adult residents report being concerned by alcohol or drug use but unable to identify strategies to address the issue.

Alcohol sponsorship of athletic events and non-profit fundraising events is common throughout Santa Cruz County. Local alcohol advertising promotes excessive drinking with bar crawls, happy hours and contests. One third of off-sale alcohol retailers are not in compliance with California’s Lee Law (BPC 25612.5).

Problem Statement: Community members do not advocate for policy development and enforcement due to: a low perception of harm, lack of awareness of social and health consequences, alcohol industry influence and a lack of understanding of environmental prevention strategies.

Priority Area 4: Prevention System Capacity

Summary of Key Findings: Coordination of prevention services is limited by shrinking funding, lack of time, resources and opportunities to engage with multiple prevention providers. In the past, the development, review and monitoring of prevention provider contracts was not adequately coordinated within the ADP prevention division.

Problem Statement: Lack of coordination of prevention services and resources creates gaps in effective delivery of services.

Matrix of Current Services for Prevention

Members of the Strategic Plan Work Group gathered data from their home institutions, collaborators and community resource specialists to compile information regarding all prevention services currently available in Santa Cruz County. The resulting document, *Santa Cruz County Prevention Resource Matrix, 2007* is attached as an appendix to this plan. Services were identified by the implementing agency or organization, the geographic region of the county where they were provided, their corresponding level of prevention (Universal, Indicative, or Selective, cf. Institute of Medicine, 1994, CSAP, 1997); type of CSAP-identified strategy used (Alternatives, Community-Based Process, Education, Information Dissemination, Problem Identification and Referral); age group served, and availability of Spanish-speaking direct service staff.

A total of 104 distinct programs were identified, with 85 providing Universal Prevention, 4 Indicated Prevention, and 41 Selective Prevention. Thirty-two of the program provided service county-wide, 29 served Watsonville, 21 served Santa Cruz city, and the remaining 22 served local areas throughout the county. The majority provided multiple types of strategies, and 74 offered Spanish-language services.

An assessment was also conducted of the services provided by the ADP prevention service contractors in order to assess significant gaps in service. The following table includes the results from this assessment.

County Prevention Service Contract Providers

<i>Geographic Area</i>	<i>Age</i>	<i>Target Population</i>	<i>Setting</i>	<i>IOM Level of Prevention</i>	<i>CSAP Strategy</i>	<i>Model Programs</i>	<i>Evaluation Methods</i>
North County – 10 programs	0-5 – No programs	Elementary Youth – 3 programs	School – 12 programs	Selective – 16 programs	Info. Dissem. All	Curriculum – 6 programs	Survey – 2 programs
Mid County – 3 programs	6-10 – 5 programs	Middle School Youth – 9 programs Female – 2 Male – 1 All – 6	Community Based – 9 programs	Indicative – No Programs	Education – 13 programs	Skills Streaming Second Step	Self Report – 1 program
South County – 9 programs	11-13 – 9 programs	High School Youth – 8 programs Female – 2 Male – 0 All – 6	Groups – 1 program	Universal – 4 programs	Environmental – 2 programs	CMCA EP. Strategies	Pre-Post - 9 programs
Countywide – 3 programs	14-17 – 15 programs	Young Adult – No programs			Alternative – No Programs		Focus Groups – 3 programs
	18 + Families – 4 programs	Adult – 1 program			Community Based – 1		Key Informant Interviews – 3 programs
		Families – 6 programs			Problem ID/Referral – 6 programs		Skills Assessment – 4 programs
		Latinos – 5 programs					School-Based – 5 programs

Additional Data Needs

In the course of evaluating existing data, the Strategic Plan Work Group identified areas where additional data needs to be collected in order to evaluate progress towards meeting commonly held ATOD prevention goals and objectives. The list of information gaps and new data sources to develop includes the following items:

- Youth methamphetamine use is currently available. Data regarding rates of adult methamphetamine use would be useful as an indicator.
- Data is not currently available regarding age at first use of marijuana.
- To more fully address asset-based prevention and early intervention services, a way of tracking asset-based prevention and early intervention services and age-appropriate evidence-based strategies is needed.
- Data regarding perceptions of risk of alcohol and marijuana use are available for youth. This data is needed for adults and families.
- A way to track youth participation in available supports and referrals is needed.
- Data regarding perceptions of harm/ risk of marijuana are available. Data is needed regarding other drugs.
- A survey of youth and adults is needed to assess awareness among youth and adults about the influence of media promotion on alcohol and other drugs on the behavior and use of young people. Additionally, a method of tracking alcohol commercials, local media, and community events is needed.
- Data on community perceptions and acceptance of alcohol use and marijuana use is available. This data is needed for the target groups: LGBTQ community, business / merchants, Latino families, parents, and youth adult providers.
- The presence and level of alcohol advertising, sponsorship, and sales at major community events should be tracked.
- Tracking of alcohol-related calls for services and tracking of current alcohol-related ordinances and law violations is currently being done in the City of Santa Cruz. This data is needed from the other jurisdictions in Santa Cruz County.
- A tracking system is needed for additional resources for enforcement of existing policies and laws related to nuisance issues.
- A method is needed for tracking additional evidence-based substance prevention practices available to CBHS contractors and others

III Capacity Building

Current Capacity for Prevention

The County Alcohol and Drug Program has maintained an on-going focus on capacity-building for ATOD prevention in Santa Cruz County. One of the primary venues for this has been its close integration with the Together For Youth / Unidos Para Nuestros Jovenes collaborative (TFY/UPNJ). TFY/UPNJ was established in 1996 in response to local survey data that documented extremely high rates of alcohol and other drug use among high school students. The partnership was formed through the leadership of the County Alcohol and Drug Program, the United Way of Santa Cruz County, and the County Office of Education. The process included outreach to all regions and sectors using the risk and protective factors model of *Communities That Care* (Hawkins, Catalano and Chappell, 1993). Cultural competency was built into the model from the beginning, with targeted outreach to organizations serving the Latino community and trainings in culturally based ATOD prevention.

TFY/UPNJ remains a key resource for community engagement, data-driven planning, youth involvement, interagency networking and resource development for ATOD prevention in Santa Cruz County. The collaborative meets monthly, alternating between a nine-member Executive Committee, responsible for oversight of grant-funded projects, and the full “Community Roundtable” that includes cross-training, networking, project updates and outside presenters. Subcommittees meet at least monthly to plan for specific programs. Current membership includes over 200 representatives from organizations throughout Santa Cruz County, including non-profit social service agencies, youth groups and school clubs, healthcare providers, law enforcement, recreation departments, media representatives, elected officials, education, cultural and ethnic and faith groups, drug prevention and treatment agencies, the courts, parents, and concerned community members.

Support for the initiative has come from private foundations as well as federal funding through the Drug-Free Communities Support Program of the Office of Juvenile Justice and Delinquency Prevention. The County Alcohol and Drug Program has incorporated the work of the partnership within its annual service plan, and the County Office of Education has facilitated the formal link with school-based prevention and early intervention programs. The United Way provides staffing and integration with other social service collaborative efforts.

Annual planning includes an assessment of risk and protective factors in the community, a review of existing efforts and resources, and the development of objectives and strategies within each of the seven essential components. Successful activities have included the following:

Policy Panel On Youth Access to Alcohol. Over fifty of the most influential leaders in the community came together to learn about the extent of alcohol-related problems facing local youth, and to develop policy recommendations to reduce underage access to alcohol. Data collection included public testimony from youth, parents, and community

professionals, as well as interviews conducted by Panel members at local high schools. The resulting document included 26 recommendations in the areas of community, schools, law enforcement and criminal justice, land use and zoning, and merchant practices.

Youth Development. TFY/UPNJ is committed to involving youth in meaningful roles within the collaborative, and promoting youth development practices countywide. Youth-run programs affiliated with TFY/UPNJ include the Youthtopia radio show, the Local Down Low web site and the Santa Cruz County Youth Council. In addition, TFY/UPNJ launched the Youth Development Alliance, a consortium of youth-serving agencies that conduct assessment, policy development and staff training to increase their effectiveness in building assets for young people.

Santa Cruz County Youth Survey. TFY/UPNJ coordinates a biennial school-based survey of local students that uses the *California Healthy Kids Survey* (CHKS) developed by California Department of Education. The results are compiled countywide, and TFY/UPNJ publishes the results, conducts press conferences, and delivers presentations to parent groups, civic organizations, elected officials, and youth groups.

Responsible Alcohol Merchant Award. TFY/UPNJ initiated this awards program to recognize local on-sale and off-sale alcohol merchants who maintain policies and employee training that are effective in limiting underage alcohol access. Award winners are featured in local newspapers and are recruited to provide advice and support to other merchants in the community.

Policy Advocacy. TFY/UPNJ has played a highly visible role in the community regarding issues related to alcohol and other drug use. The partnership has educated members and the community regarding new or pending legislation, and has successfully advocated with local elected officials for two teen centers, a residential youth treatment facility, a shoulder-tap ordinance in the city of Santa Cruz, and a homeless youth facility.

Another critical component of local capacity has been the CURB program (Community United to Reduce Binging), a State Incentive Grant-funded community mobilization effort to reduce binge drinking in Santa Cruz County. The resources of this project have provided numerous trainings, community events, media campaign materials, as well as in-depth data collection and analysis. Key elements of the program will be incorporated into on-going prevention activities when funding ends.

Participation in the Strategic Planning Process

The year-long process of the Strategic Plan Work Group contributed to a significantly improved level of local capacity to mount and sustain effective prevention activities in Santa Cruz County. This represented the first time that County prevention service contract providers were brought together and involved in the process of assessment and planning. It was an opportunity to develop common language and expectations, and to build a shared understanding of the logic model underlying prevention efforts that are spread across many different agencies and community sectors. The training and technical assistance from Prevention By Design and the Center for Applied Research Solutions

advanced the capacity of the Work Group to adapt and utilize the Strategic Planning Framework.

The strategic planning process was shared with the broader community through Work Group members. Regular updates regarding the planning process were made to the Executive Committee of TFY/UPNJ, as well as the County Alcohol and Drug Commission, the Reclaiming Futures Collaborative, the Santa Cruz Neighbors Association, the Santa Cruz County Criminal Justice Council, as well as various other staff and interagency team meetings. Input was sought and received from direct service providers, program administrators, youth, young adults, law enforcement and other community members.

The process brought local prevention planning in line with state and federal models and expectations, and the plan developed by the Work Group will guide the process of developing and monitoring County prevention contracts in the future. During the first year the Strategic Plan Work Group will continue to meet to review quarterly progress reports from providers. These reports will then be presented to the Alcohol and Drug Abuse Commission, which will be responsible for transfer of key information to the County Board of Supervisors and the broader community. Reports at TFY/UPNY Round Table meetings will engage other agencies and organizations in collective oversight of prevention planning and services.

Training and Technical Assistance

ADP and TFY/UPNJ have produced a number of trainings to advance the level of awareness, skill, and expertise among prevention practitioners, youth and other community members. Recent trainings include the following:

- *Environmental Policy Training: Using Data to Identify Effective Strategies.* Four trainings, February 9, 22, 23, & 12, 2007. Trainer: Michael Sparks.
- *Environmental Policy Training: Successful Strategies in Nevada.* December 8, 2006. Trainer: Pacific Institute for Research and Evaluation.
- *Environmental Prevention Training.* October 19, 2006. Trainer: Youth Leadership Institute
- *Responsible Beverage Service and Sales Training.* Eight Trainings in 2006. Trainer: California Alcohol Beverage Control.
- *CURB Youth Survey Training.* Three trainings in 2005-6. Trainer: Applied Survey Research.
- *Responsible Alcohol Merchant Award Youth Training.* Five Trainings in 2005-6. Trainer: Santa Cruz County Friday Night Live Partnership
- *Decoy Operations Trainings.* Five trainings in 2005-7. Trainers: California Alcohol Beverage Control, Santa Cruz Police Department
- *Drug Abuse Recognition Training.* Trainer: Iris Consulting Services

- *Methamphetamine Trainings*. Six trainings in 2006-7. Trainers: County Alcohol and Drug Program, Dominican Hospital, Youth Leadership Institute, Santa Cruz County Friday Night Live Partnership, Janus Recovery Services, Inc.

It is expected that new community members will come forward over time to participate in prevention efforts, and that ordinary County and agency staff turnover will present an need for basic introductory trainings in effective, evidence-based prevention technologies. Other training topics for the strategic plan will include: cultural competency for prevention programs and staff; strength-based assessment and motivational interviewing; sustainability and resource development; environmental prevention strategies; methamphetamine use prevention; community organizing for prevention.

IV Planning Process

Committee Structure and Plan Development

In March of 2006, the Santa Cruz County ADP convened a Strategic Plan Work Group in order to complete the Five Step Strategic Planning Framework adopted by the California Department of Alcohol and Drug Programs. Members were chosen to include senior management representation from the five local providers under existing contract for SAPT-funded prevention services. These include: the Santa Cruz County Office of Education; Pajaro Valley Prevention and Student Assistance, Inc.; Santa Cruz Community Counseling Center, Inc.; the Santa Cruz City School District; and the United Way of Santa Cruz County. Additional representation was recruited from the Executive Committee of the Together For Youth / Unidos Para Nuestros Jovenes Community Collaborative; and from the Santa Cruz County Alcohol and Drug Abuse Commission. Other Work Group members included a U.C.S.C. student representative and ADP staff responsible for coordinating the Santa Cruz County Friday Night Live Partnership.

The following is a list of Strategic Planning Work Group members. An asterisk denotes committee members who also serve on the Together For Youth Executive Committee:

- Brenda Armstrong, Prevention Program Manager, County Alcohol and Drug Program
- Victoria Barrientos, Student Services School and Community Coordinator, Santa Cruz City Schools
- Bill Ferguson, Commissioner, Santa Cruz County Alcohol and Drug Commission.
- Denise Gannon*, Prevention Program Administrator Pajaro Valley Prevention and Student Assistance, Inc.
- Andrea Garcia, Santa Cruz County FLN Partnership Coordinator, County Alcohol and Drug Program
- Shebreh Kalantari, Director of Community Building, United Way of Santa Cruz County
- Amy Managen, Santa Cruz County FLN Partnership Coordinator, County Alcohol and Drug Program
- Bill McCabe, Program Manager, Santa Cruz Community Counseling Center
- Carol Pruitt, Drug Alcohol Program Supervisor, Santa Cruz Community Counseling Center
- Al Richard*, Commissioner, Santa Cruz County Alcohol and Drug Commission.
- Emily Redding, Student, UCSC
- Maria Salcedo, Drug Alcohol Program Supervisor, Santa Cruz Community Counseling Center
- Patricia Schroeder, School Social Worker, Santa Cruz City Schools

- Maryanne Tong, Director of Student Services Santa Cruz City Schools
- David True*, Community Restoration Project Director, Community Action Board of Santa Cruz County, Inc.
- Martine Watkins, Project Specialist, Santa Cruz County Office of Education Services
- Michael Watkins, Superintendent, Santa Cruz County Office of Education

Several decisions were made by the group regarding the process. The first was that, although one focus of the strategic plan would be SAPT-funded prevention activities, the plan would encompass a broader, more comprehensive vision of prevention and early intervention services. Although prevention efforts often depend on leveraged resources from multiple funders, from the standpoint of the community they should present a cohesive and rational whole. It was also recognized that limiting membership could produce a more well-informed, efficient Work Group, but that wider community input and oversight was crucial for long-term acceptance and community engagement. Work Group representatives carried information to and from their home institution and key community, interagency and planning groups.

The initial meeting of the Strategic Plan Work Group was a six-hour orientation and training in the Strategic Planning Framework with facilitators Lisa Robe and Christina Borbely from the Center for Applied Research Solutions (CARS). Participants reviewed the data from *Community Indicators of Alcohol & Drug Abuse, Santa Cruz County, 2004* (California Department of Alcohol and Drug Programs). Proceeding by domain, participants identified salient factors and trends of significance to local prevention efforts. At this training the Work Group also identified additional sources of data, set a timeline for completing the Strategic Planning Framework, and reviewed technical assistance and other resources available to increase Work Group effectiveness.

The Work Group met monthly following the initial orientation and training. The process included agreeing on a vision and mission; the development of a resource grid and analysis of service gaps; further data analysis and the development of problem statements; prioritization of issues; identification of outcomes, goals and objectives, development of a logic model, and selecting activities, action plans and timelines. The Work Group followed the *2006 Edition Strategic Planning Framework Five Step Planning Guide* with technical assistance from Steve Purser of prevention by Design. In January of 2007 Michael Sparks was assigned by CARS to review the Work Group's draft goals and objectives. Mr. Sparks input led to a thorough re-organization of the goals and objectives, and dramatically shifted the Work Group's process. When the group found that monthly meetings were no longer adequate a subcommittee was formed to complete work started in the monthly Work Group sessions.

In early April, 2007, ADP received the County Strategic Prevention Plan Resource Document from CARS, which further refined the draft plan. Local evaluation provider Applied Survey Research, Inc. was brought in to compile the data sources and findings of the Work Group. The resulting report, *Santa Cruz County Strategic Prevention Plan: Work Group Data Assessment, 2007* is attached as an appendix to this plan.

Prioritization Process and Results

The Work Group adapted the Problem Prioritization process from the Five Step Planning Guide in order to identify the most significant focus areas for local prevention efforts. Starting with a list of the most commonly abused drug categories, Work Group members ranked each numerically as a 1 (important), 2 (very important), or 3 (most important) across nine criteria. These were:

- *Long Term Change.* How reasonable it is to expect the issue to change in the long-range.
- *Community Perception.* How much data will be able to validate whether a change over time is statistically significant, or whether the difference between your county and the state is statistically significant.
- *Prevalence.* How frequently does the identified problem occur in the population?
- *Severity of Consequences.* What is the severity of the identified problem among the people suffering from it, as well as those affected by it in the community (not necessarily limited to those with the problem)?
- *Costliness.* Magnitude of cost of consequences to community.
- *Geographic/Demographic.* Where does the problem occur and within which population, and how important is it to address the problem in this location or group?
- *Unmet Need.* Is this problem impacting an underserved population? Is anyone addressing the problem?
- *Political Will.* Are there willing partners to address the problem in the community?
- *Resources Needed.* Resources available and cost/benefit treatment (“Bang for Buck”)

For Community Perception and Political Will the ranking order was reversed, given that *less* political will and community perception means that *more* attention is needed by prevention providers. The criteria were weighted as follows: the total score for Long Term Change was multiplied by one; the totals for Community Perception, Costliness, Geographic/Demographic, Political Will, and Resources Needed were multiplied by two; and total for Prevalence, Severity of Consequences, and Unmet Need were multiplied by three. The resulting scores were as follows: Alcohol (58); Methamphetamines (52); Marijuana (38); Prescription Drugs (33); Other Drugs (40); Tobacco (22).

Within each of the Priority Areas determined in the Needs and Resources Assessment, the Working Group developed the following goals:

Work Group Planning Process: Priority Areas and Goals

Priority Area 1: Alcohol, Methamphetamine and Marijuana.	Goal 1: Decrease youth access to alcohol.
	Goal 2: Reduce high-risk use of Alcohol, and use of Marijuana, Methamphetamine and other drugs.
Priority Area 2: Norms And Awareness Of Alcohol And Other Drug Issues.	Goal 3: Increase public awareness of the harmful effects of alcohol and other drugs.
Priority Area 3: Community Empowerment/ Environmental Change	Goal 4: Increase capacity of community to understand that alcoholism and drug addiction are chronic conditions that can be successfully prevented.
Priority Area 4: Enhance System Capacity For ATOD Prevention	Goal 5: Develop and implement an efficient, unified and integrated system to provide countywide prevention services to reduce ATOD related problems.

V Implementation

Logic Model

For each of the strategic prevention goals identified, the Work Group developed specific objectives and activities designed to achieve short-term, medium-term, and long-term outcomes. Many of the activities work together to build toward long-term outcomes. A logic model was articulated that ties the activities to their intended outcomes and, ultimately, to the County vision. Activities are grouped by community sector, including:

- School and Community-based ATOD programs
- Law Enforcement Partnerships
- Community Environmental Strategies
- Community Education and Mobilization
- Parent Education and Family Support, and
- County Prevention Capacity Building

Critical long-term outcomes include: increased access to early intervention and treatment; reduced youth ATOD substance use; reduced high-risk alcohol use; increased healthy community norms; reduced adult use of illegal substances; and increased community capacity and commitment to prevention. The *Santa Cruz County Prevention Plan Logic Model* is attached as an appendix to this plan.

Prevention Activities and Timeline

The following section presents project activities by objective, goal and priority area. The *Santa Cruz County Prevention Plan Timeline* is attached as an appendix to this plan.

Priority Area I: Reduce Alcohol, Marijuana, and Methamphetamine Use

<i>Problem Statement</i>	High-risk alcohol use, including underage drinking, methamphetamine and marijuana use, cause numerous public health and public safety problems in Santa Cruz County.
<i>Indicators</i>	<ul style="list-style-type: none">• Ease of access to alcohol and other drugs from social and commercial sources.• Ranked 6th highest in state for binge drinking.(California Health Indicator Survey)• Higher density of liquor outlets per capita than state average at 2.4 vs. 1.8 outlets per 1000 people.• 42% of drug treatment admission is methamphetamine related.• 73% of youth report receiving alcohol from adults they know.• 86% of adults believe it is easy for youth to get alcohol and 78% of youth responded the same.• Limited enforcement of alcohol and marijuana laws.• Lack of policies restricting alcohol availability and accessibility.• 4% of 9th graders have used Methamphetamine higher than the state average of 2.5% in 2005.• 281% increase in methamphetamine admissions between the fiscal years of 1996 and 2004.• Past 30 day use of marijuana is consistently higher than statewide comparison.

Strategies Community-Based Process
Education
Environmental
Information Dissemination
Problem Identification and Referral

GOAL 1 Decrease youth access to alcohol.

Objective 1.1 By June 2012, reduce retail access to alcohol among youth ages 16-20 by 20%.

Activities:

- | | |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1.1 | Continue Project CURB (Communities United to Reduce Bingeing) through Together for Youth (TFY) collaborative to identify/implement environmental prevention strategies for decreasing youth access to alcohol. |
| 1.1.2 | Increase merchant compliance with existing laws through Responsible Beverage Service and Sales Training. |
| 1.1.3 | Increase merchant compliance with existing laws through Responsible Alcohol Merchant Awards and compliance check operations. |
| 1.1.4 | Reduce access to alcohol through at community events through Responsible Beverage Service and Sales training. |
| 1.1.5 | Support Friday Night Live chapter to implement alcohol related Environmental Prevention Projects. |

Objective 1.2 By June 2012, decrease social access to alcohol among youth ages 16-20 by 15%.

Activities:

- | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------|
| 1.2.1 | Increase adult awareness of the nature and extent of youth alcohol use and associated risk through media campaign. |
| 1.2.2 | Implement Knock and Talk campaign, community forums and educational campaign to inform residents of social host ordinances. |

Objective 1.3 By June 2012, each jurisdiction in Santa Cruz County will adopt or enhance policies or procedures to regulate youth access to alcohol.

Activities:

- | | |
|-------|------------------------------------------------------------------------------------------------------------------------------|
| 1.3.1 | Support Project CURB to identify and implement appropriate social host policies to decrease youth access to alcohol. |
| 1.3.2 | Collaboration with law enforcement and governing body to support adoption and implementation of ordinances. |
| 1.3.3 | Reduce adult provision of alcohol in homes through policy and enforcement of existing laws. |
| 1.3.4 | Reduce merchant provision of alcohol through monitoring of compliance, enforcement of existing laws and promotion of policy. |

GOAL 2 Reduce high-risk use of Alcohol, and use of Marijuana, Methamphetamine and other drugs.

Objective 2.1 By June 2012, decrease the number of youth ages 16-20 that report binge drinking in the past 30 days by 25%.

Activities:

- | | |
|-------|------------------------------------------------------------------------------------------------------------------|
| 2.1.1 | Increase community awareness of harm related to binge drinking through media activities, education and training. |
| 2.1.2 | Enforce legal drinking age by reducing youth access from social and commercial access. |
| 2.1.3 | Support University of Santa Cruz Just Say Gnome project to reduce off campus binge drinking. |

Objective 2.2 By June 2012, identify and implement environmental prevention strategies to reduce methamphetamine access and use among youth and adults.

Activities:

- | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.2.1 | Development of Meth Action Team of youth and community partners to identify and implement strategies to increase awareness of issues and consequences of meth use and reduce access. |
| 2.2.2 | Train youth and adult partners to develop and implement education campaign. |
| 2.2.3 | Partner with law enforcement and neighborhood watch groups to identify target areas and develop action plan to disrupt sales of methamphetamine. |
| 2.2.4 | Implement classroom and community education campaign through local schools, community forums, and neighborhood meetings. |
| 2.2.5 | Develop media campaign, website and hotline to increase awareness and understanding of consequences. |
| 2.2.6 | Support Rotary Club's Santa Cruz Methamphetamine Project. |
| 2.2.7 | Reduce availability of precursor drugs and paraphernalia in retail outlets through Responsible Merchant Program. |
| 2.2.8 | Increase law enforcement awareness of identified locations of methamphetamine use. |

Objective 2.3 By June 2012, identify strategies to delay age of onset of marijuana use.

Activities:

- | | |
|-------|------------------------------------------------------------------------------------------------------------------------|
| 2.3.1 | Link marijuana education to Tobacco Use Prevention Education (TUPE) grant funded projects. |
| 2.3.2 | Implement marijuana education curriculum for elementary through high school age youth. |
| 2.3.3 | Research and develop community education strategies regarding public health and environmental impact of marijuana use. |

Objective 2.4 By June 2012, increase the number of school and community organizations implementing evidence based strategies and providing asset-based prevention and early intervention services for children, youth and adults.

Activities:

2.4.1	Increase implementation of evidence-based ATOD curriculum in schools and community venues
2.4.2	Provide school and community based early intervention, resource and referral services to youth on alcohol, methamphetamine, marijuana and other drugs.
2.4.3	Develop early intervention program using Seven Challenges curriculum as an alternative to suspension from school, athletics, extracurricular activities or probation violations.
2.4.4	Train school, probation and community prevention organizations in drug abuse recognition, resources and referral process.
2.4.5	Develop a standardized assessment process and intervention strategy.
2.4.6	Engage school staff in providing supportive engagement of at-risk youth to school-based or community-based ATOD resources.

Objective 2.5 By June 2012, increase the number of educational presentations through schools and community partners to children, youth, adults, and families regarding the negative health and social impacts of drug and alcohol use.

Activities:

2.5.1	Provide educational presentations to migrant education, and youth and families in at risk environments regarding the negative effects of ATOD use.
2.5.2	Work with schools, probation and community organizations to establish partnerships in which prevention curriculum can be integrated in the classroom or at after school and weekend venues.
2.5.3	Target education and intervention strategies to youth and families who are identified as being at risk because of ATOD use, or exposed to at risk environments.

Priority Area 2: Norms And Awareness Of Alcohol And Other Drug Issues.

<i>Problem Statement</i>	Social acceptance of alcohol and marijuana perpetuate norms that enable use and create a lack of awareness of individual and community harm.
<i>Indicators</i>	<ul style="list-style-type: none">• 66% of adults believe parental intervention would have no impact on alcohol consumption by underage youth.• Residents not aware of definition of binge drinking. 22% of adult respondents and 66% of 16-20 year old youth respondents believed 6 or more drinks in a two- hours period of time was binge drinking.• 46% of adult respondents felt the community is accepting of binge drinking while 8% of respondents believed binge drinking was acceptable.• Marijuana considered low offending crime and low enforcement priority.• Youth in 7th, 9th and 11th grade consistently report they perceive frequent marijuana use as being less harmful than statewide comparison.• Limited enforcement of alcohol and marijuana laws.• Lack of policies restricting alcohol availability and accessibility.• Early use of marijuana negatively affects development of teens.
<i>Strategies</i>	Community-Based Process Education Environmental Information Dissemination

GOAL 3 Increase public awareness of the harmful effects of alcohol and other drugs.

Objective 3.1 By June 2012, increase knowledge and awareness of the harmful effects of binge drinking and consequences of adult provision to youth.

Activities:

3.1.1	Promote dissemination of information and resources into existing parent education groups.
3.1.2	Increase bilingual and monolingual parent education opportunities utilizing culturally appropriate education materials, disseminate materials in Spanish and provide translation services at community venues.
3.1.3	Utilize community forums and media to disseminate findings from the in-depth community needs and resource assessment, other key data sources and engage community in development of strategies and policies to address issues.
3.1.4	Create and implement community awareness campaign aimed at increased public awareness regarding the prevalence of binge drinking, its consequences and policy recommendations to address issues.

Objective 3.2 By June 2012, increase knowledge and awareness of harmful effects of methamphetamine, marijuana and other drugs.

Activities:

3.2.1	Promote dissemination of information and resources into existing parent education groups.
3.2.2	Increase bilingual and monolingual parent education opportunities utilizing culturally appropriate education materials, disseminate materials in Spanish and provide translation services at community venues.
3.2.3	Utilize community forums and media to disseminate findings from the in-depth community needs and resource assessment, other key data sources and engage community in development of strategies and policies to address issues.
3.2.4	Create and implement community awareness campaign aimed at increased public awareness regarding the prevalence of methamphetamine use, its consequences and policy recommendations to address issues.
3.2.5	Develop community education strategies regarding public health and environmental impact of methamphetamine and marijuana.

Priority Area 3: Community Empowerment/Environmental Change

Problem Statement Community members do not advocate for policy development and enforcement due to: a low perception of harm, lack of awareness of social and health consequences, alcohol industry influence and a lack of understanding of environmental prevention strategies.

Indicators

- Community perception of effectiveness of Party Ordinance in City of Santa Cruz leading to a 25% decrease in party incidents.
- 7•2% of CURB interviewees reported concern about youth binge drinking but unable to identify strategies that address this issue.
- Lee Law not enforced with 1/3 of off sale vendors not in compliance.
- Alcohol advertising promotes excessive drinking with bar crawls, happy hours and contests.

- Alcohol sponsorship of athletic events and non-profit fundraising events..

Strategies Community-Based Process
Education
Environmental
Problem ID/Referral

GOAL 4 Increase capacity of community to understand that alcoholism and drug addiction are chronic conditions that can be successfully prevented.

Objective 4.1 By June 2012, increase the number of community members informed and engaged in environmental strategies by 20%.

Activities:

- 4.1.1 Work with community partners to develop a community-based social marketing campaign that raises public awareness around alcohol access and methamphetamine use across target groups.
- 4.1.2 Provide educational materials and marketing collateral appropriate for specific target groups working with community partners.
- 4.1.3 Provide community forums to raise awareness of issues and engage community in identification of environmental strategies to address issues.
- 4.1.4 Increase capacity of parents and neighbors to work with law enforcement to decrease social access on public and private property including homes.
- 4.1.5 Increase capacity of neighborhood watch groups to work with law enforcement to disrupt the distribution and sales of methamphetamine

Objective 4.2 By 2012, increase the number of community events limiting alcohol sponsorship.

Activities:

- 4.2.1 Increase awareness of youth exposure to alcohol marketing and promotion through media literacy education to schools and youth serving organizations.
- 4.2.2 Provide opportunities for youth and adults to engage in the development and implementation of social marketing campaigns.
- 4.2.3 Support development and implementation of a voluntary policy limiting alcohol industry sponsorship promotion and advertising at community events.
- 4.2.4 Support community organizations in promoting alcohol-restricted events.
- 4.2.5 Reduce per capita consumption of alcohol at community events through a voluntary policy campaign such as limiting cup size, create areas for consumption, server trainings.

Priority Area 4: Enhance System Capacity For ATOD Prevention

Problem Statement Lack of coordination of prevention services and resources creates gaps in effective delivery of services.

- Indicators*
- Prevention provider contracts development, review and monitoring not coordinated through prevention division.
 - Programs and services not consistent due to funding restraints and restrictions.
 - Coordination of services limited by funding, lack of time, resources and opportunities

to engage with multiple prevention providers...

Strategies Community-Based Process
Education

GOAL 5 Develop and implement an efficient, unified and integrated system to provide countywide prevention services to reduce ATOD related problems.

Objective 5.1 By 2012, increase Together for Youth number of participants to represent all sectors of the community and connect them to all major ATOD prevention efforts.

Activities:

- | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------|
| 5.1.1 | Sustain an effective structure to support collaborative goals, objectives and the mission of the County Alcohol and Drug Program. |
| 5.1.2 | Identify and address emerging priority issues. |
| 5.1.3 | Expand membership of collaboration to include representative sectors of the community. |
| 5.1.4 | Require attendance of funded primary prevention providers at TFY collaborative meetings. |

Objective 5.2 Use outcome measurements to select, deliver, and continually improve prevention policies, programs and services.

Activities:

- | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.2.1 | Implement and update annual needs and resource assessment. |
| 5.2.2 | Meet quarterly to monitor progress on strategic plan goals and objectives. |
| 5.2.3 | Support prevention providers in data collection, evaluation of services, reporting services through CalOMs and monitoring of program effectiveness. |
| 5.2.4 | Establish monitoring system and set benchmarks for improvement to be reviewed and modified. |

Objective 5.3 Increase the skills of prevention providers and enhance their capacity to implement effective prevention practices.

Activities:

- | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 5.3.1 | Disseminate best practices and updates on latest research. |
| 5.3.2 | Ensure all prevention contractors implement evidence-based programming. |
| 5.3.3 | Provide training and technical assistance to enhance organizational capacity to implement best practices and address emerging issues. |
| 5.3.4 | Provide training and technical assistance to ensure all prevention contractors are culturally competent and linguistically appropriate. |
| 5.3.5 | Provide training and technical assistance to ensure all prevention providers integrate youth development principles into programming. |

Objective 5.4 Increase the capacity of the system to provide prevention and early intervention services to youth and families identified in high-risk environments and not supported through the current system.

Activities:

- | | |
|-------|----------------------------------------------------------------------------------------------------------------------------|
| 5.4.1 | Identify funding sources to provide services to identified populations in school and community based settings. |
| 5.4.2 | Identify funding to maintain services and close gaps in services. |
| 5.4.3 | Identify partnering opportunities to maximize staff and monetary resources to expand and extend opportunities for service. |

Objective 5.5 Expand system capacity to community and prevention providers with resource and referral information services.

Activities:

- | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------|
| 5.5.1 | Update county resource and referral services annually. |
| 5.5.2 | Utilize Together for Youth information dissemination services to coordinate outreach to prevention providers and their constituents. |
| 5.5.3 | Update Project CURB and Santa Cruz Meth Project and County websites quarterly. |

VI. Evaluation

The overall evaluation design combines a variety of formative, process and outcome assessment to provide a composite description of progress toward shared goals and objectives. Individual prevention contractors will be responsible for data collection and reporting to CalOMs based on the services provided. At the county level, macro indicators are tracked through collaborative interagency initiatives facilitated by the County ADP, TFY/UPNJ, and other organizing groups.

The *Santa Cruz County Strategic Plan Evaluation Design* is attached as an appendix to this plan. Each planned outcome is matched to specific variables or indicators used to measure progress. The target population and method of measurement is specified for each outcome, along with persons responsible and timeline of activity.

The Strategic Plan Work Group will continue to meet quarterly to review performance data from County prevention providers, as well as community-level data as it becomes available throughout the year. The Work Group will provide oversight for accountability and will conduct preliminary analysis of data, incorporating a variety of community perspectives to achieve a consensus interpretation of progress toward prevention goals and objectives.

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