

~ SHASTA COUNTY HEALTH & HUMAN SERVICES AGENCY ~

PUBLIC HEALTH BRANCH

STRATEGIC PLAN FOR ALCOHOL AND OTHER DRUG PREVENTION

2007 - 2010



**Sundial Bridge, Redding, CA**

**DEVELOPED AND WRITTEN BY**

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**Special acknowledgement is extended to  
Annette Padilla, MPH, Consultant, Center for Applied Research Solutions/Community Prevention Institute,  
for technical assistance that made this plan possible.**

## **INTRODUCTION AND COUNTY OVERVIEW**

### **Shasta County Public Health – Who We Are**

#### **Alcohol & Drug Prevention Vision**

Healthy people in healthy communities  
free of alcohol and other drug problems.

#### **Mission**

Working with communities to protect and improve health  
by reducing community and individual problems related to alcohol and  
drug abuse countywide through environmental strategies.

Over the past 12 months, Shasta County has undergone dramatic changes in the structure of developing Alcohol and Drug Prevention (ADP) services. The Mental Health Branch, which housed the ADP unit, was merged with the Public Health and Social Services Branches to form the Health and Human Services Agency. One of the first acts under the new structure was to move the Alcohol and Drug Prevention unit into Public Health, where they will work along side other prevention units.

This strategic plan was developed by Shasta County Health & Human Services - Public Health Branch (SCPH), integrating the Strategic Prevention Framework (SPF) developed by Substance Abuse and Mental Health Services Administration (SAMHSA). Shasta County Public Health is a progressive health department dedicated to working with communities to protect and improve health. The five step structure of the SPF includes all the necessary elements of a strategic plan, including Assessment, Capacity, Planning, Implementation, and Evaluation. These elements are present throughout the document.

In addition to the work of SCPH, the Center for Applied Research Solutions/Community Prevention Initiative provided state-funded technical assistance at several points in the development of this plan. Chemical People, Inc., the only external service provider of prevention services under contract with the county and funded by the Substance Abuse and Mental Health Services Administration, lent us their years of experience adapting to the changing models of prevention.

Shasta is a small County that occupies approximately 3,785 square miles of terrain. Most of the county is mountainous and very rural and has three incorporated cities: Redding, Anderson and the City of Shasta Lake. The population of 179,951 is comprised of 84.3% white, non-Hispanic; 7.2% of Hispanic or Latino origin; and less than 10% of all other races including Asian (2.2%), Black (1%), American Indian (2.6%), or individuals reporting two or more races (3.2%) (U.S. Census Bureau, 2006 Census Estimates).

SCPH has a staff of 160 and our branch is organized into divisions designed to best fit the needs of the community. In addition, we have four regional offices spread throughout the county in the cities of Anderson, Shasta Lake, Burney, and Redding.

## **GUIDING PRINCIPLES FOR PREVENTION\***

Prevention policies and services adhere to the following basic principles:

- 1. PREVENTION FOSTERS SAFE AND HEALTHY ENVIRONMENTS FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.**
  - To create safe and healthy environments, prevention must reduce adverse personal, social, health and economic consequences by addressing problematic alcohol, tobacco and other drug (ATOD) availability, manufacture, distribution, promotion, sales and use.
  - By prevention providers leveraging resources, prevention programs will achieve the greatest impact.
  
- 2. THE ENTIRE COMMUNITY SHARES RESPONSIBILITY FOR PREVENTION.**
  - All sectors, including youth, must challenge their ATOD standards, norms and values to continually improve the quality of life within the community.
  - “Community” includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and e) faith communities.
  - Community also includes associations/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, as well as affiliations determined by geographic boundaries.

3. **PREVENTION ENGAGES INDIVIDUALS, ORGANIZATIONS AND GROUPS AT ALL LEVELS OF THE PREVENTION SYSTEM.**
  - This includes those who work directly, as well as indirectly, in the prevention system who share a common goal of ATOD prevention (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.)
4. **PREVENTION UTILIZES THE FULL RANGE OF CULTURAL AND ETHNIC WEALTH WITHIN COMMUNITIES.**
  - By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales and use of ATOD.
5. **EFFECTIVE PREVENTION PROGRAMS ARE THOUGHTFULLY PLANNED AND DELIVERED.**
  - To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurement; use proven prevention actions; evaluate measured results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

\*Adopted from Marin County Department of Health & Human Services Division of Alcohol, Drug and Tobacco Programs 2004-09 Strategic Plan

## **STEP 1: NEEDS AND RESOURCE ASSESSMENT**

### **Introduction:**

A county-wide needs assessment was conducted to determine the AOD prevention priorities regarding drug and alcohol use. This was the first assessment done by SCPH for the ADP. For the purposes of the current assessment, data were collected to answer the following questions:

- What is the nature and extent of drug use in the county? What specific age groups and communities are impacted the most? What drugs are we seeing increased use rates for?
- What are the harmful consequences of drug use in our county? What specific age groups and communities are impacted the most? Which drugs are having the greatest impact?
- What are the existing prevention efforts? What is the most critical gap in prevention services?

The primary goal of the needs assessment was to determine the county prevention priorities in order to identify specific populations and communities to focus our efforts on over the next three years. Data was collected at the county, community, and school level. The needs assessment was based on a combination of objective and subjective data including both archival and locally developed measures. Due to the small size of the ADP unit (currently two full-time and one part-time staff) and the urgency in creating a plan, Public Health staff utilized existing data sources and conducted several key informant interviews to ensure that the data accurately reflected the current condition of the county's alcohol and drug problems. The ultimate goal of the needs assessment was to determine prevention priorities to guide development problem statements, goals, and objectives for the county-wide Strategic Prevention Plan.

Data was compiled and analysis conducted by staff in the Communicable Disease Control and Prevention Division with considerable help from the Analysis and Evaluation Unit. It was determined to use these employees because they were not associated with ADP programming or partners, making their conclusions more likely to be driven by data than experience in the community.

**Data Sources** (included but not limited to):

- California Health Interview Survey [CHIS 2002-2006]
- California Healthy Kids Survey [CHSK 2003-2006]
- County Health Status Profiles [2006]
- Death Statistical Master Files
- EPIC: The California Department of Health Services' online source for California fatal and nonfatal injury data.
- OSHPD: Office of Statewide Health Planning and Development (hospital discharge data)
- Professional Research Consultants [PRC] for Catholic Healthcare West & Shasta County Public Health [2004]
- Statewide Integrated Traffic Records System [SWITRS]
- Shasta County Methamphetamine Task Force [2007]
- Community Indicators of Alcohol and Drug Abuse Risk [by CADD]
- California Department of Alcohol and Drug Programs
  - California Methamphetamine Admissions by State Fiscal Year and County
  - Indicators of Alcohol and Drug Abuse: Shasta County
- Key Informant Interviews [KII] with community members; including current and former drug users and individuals working with teens [2007]

There are several limitations to the data collection. One is that only 2 staff members worked on the data collection and analysis. The data was not able to be analyzed by the staff chronic disease epidemiologist due to a vacancy at the position, though once the position is filled the individual will be able to assist in future analysis and evaluation. Most importantly, there are no local mechanisms for collecting alcohol and drug data making us entirely dependent on existing data sources. With the shift of personnel to Public Health, data collection on ADP issues in the community will become a high priority. Another limitation is lack of local data especially public input gained by key informant interviews, data from focus groups, etc. Also some of the law enforcement data will be updated by the proposed Prevention Workgroup during the implementation of this plan and in the future. In the coming year, a Public Health Epidemiologist will be available for technical assistance to this project, but on a limited basis. There is clearly enough substance abuse work being done in this county to engage a full-time Epidemiologist to collect and analyze data, build a data warehouse for AOD issues, and made the data available for public access. An area of investigation in the coming year will be the feasibility of this staffing and the mechanics of funding such a data warehouse project.

**Problems:**

Based on the data collected through for the SPF process, Shasta County Public Health has identified five unique Alcohol and Other Drug (AOD) problems in our jurisdiction listed in order prioritized by the community through surveys and presentations:

1. Methamphetamine (Meth) availability and use
2. Alcohol Consumption – Adolescent Binge drinking, access, and 30 day use statistics
3. Marijuana - Availability and Use
4. Alcohol Consumption – Adults, especially DUI
5. Prescription Drug Problems

## STEP 1.1 METHAMPHETAMINE USE

### Data

- In Fiscal Year 2004-2005, Shasta County had 1164 methamphetamine treatment admissions.
- This is part of a steady increase over the past 10 years.
- It is 3 times the state average based on population

County	95-96	96-97	97-98	98-99	99-00	00-01	01-02	02-03	03-04	04-05
Shasta	366	447	562	442	544	544	947	943	954	1164
San Francisco	630	719	957	939	1013	960	971	1066	1224	1186
Yolo	668	761	912	666	567	593	600	747	564	588

(Yolo County is comparable to Shasta based on population and demographics; while San Francisco has approximately 3 times the population of Shasta County)

[source: US Census Bureau, 2006]

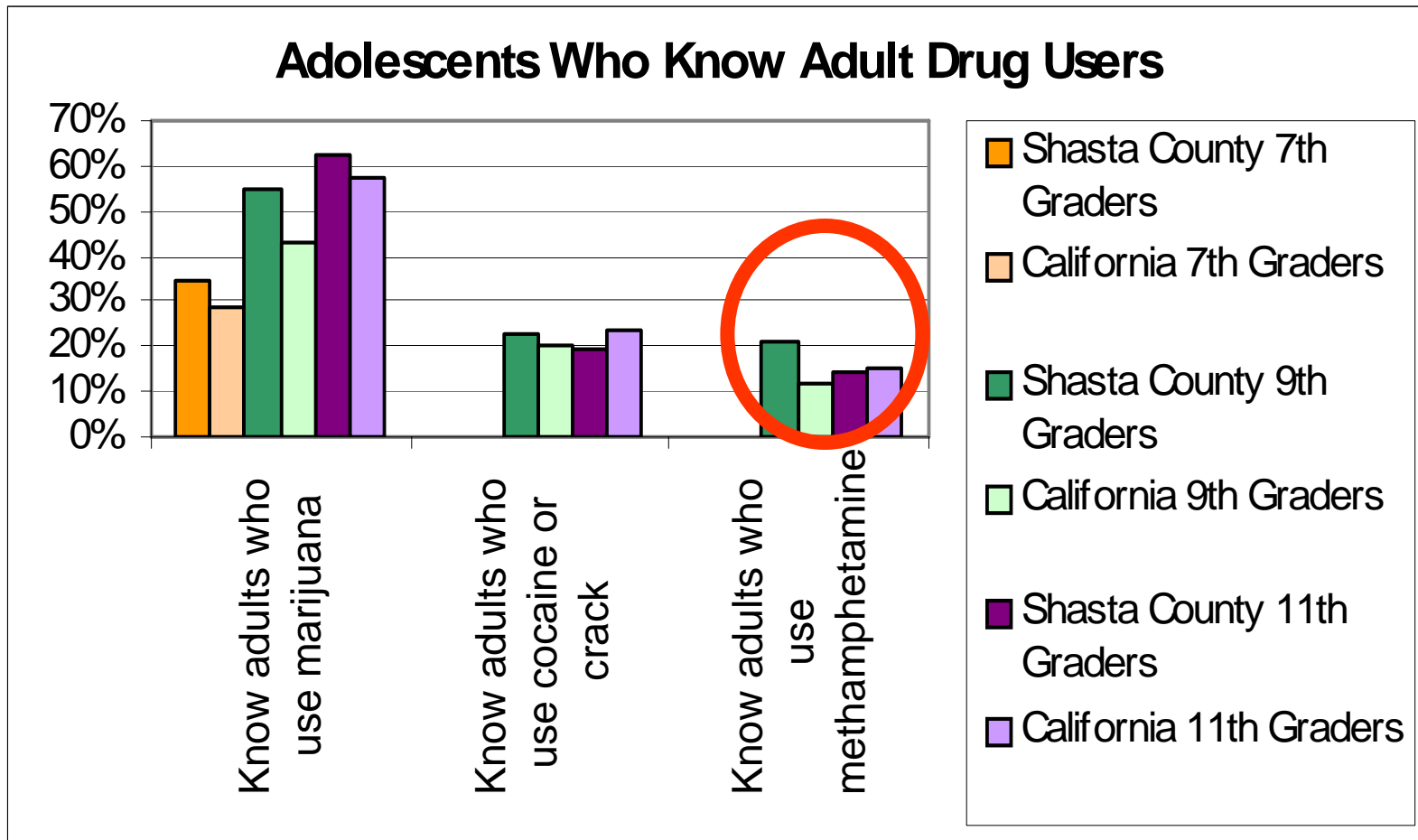
- The total numbers of methamphetamine charges filed and cases convicted by the Shasta County District Attorney during the years 2000 through 2006 are given below.
  - Includes charges of possession, sale, and transportation
  - Does not include manufacturing or crime that is directly attributable to methamphetamine use (i.e. larceny, assault)

While this chart does not show a trend, it is reason for concern because only a portion of actual crimes are detected by law enforcement.

<b>Methamphetamine Cases Charged</b>					
	<b>Felony</b>	<b>Juvenile</b>	<b>Misdem.</b>	<b>Total</b>	<b>% change</b>
2002	526	18	131	675	
2003	414	19	204	637	-5.63%
2004	512	18	191	721	13.19%
2005	755	23	56	834	15.67%
2006	591	11	4	606	-27.34%

[source: Meth Task Force]

- In Shasta County in 2004, adolescents were asked about how many of the adults they know use methamphetamine. **21%** of 9th graders and 14% of 11th graders said some, many, or most or all. For the state, these numbers were **12%** and 15%, respectively. [source: CHKS, 2003-2004]



Data and Statistics - SINTF  
(Shasta County Interagency Narcotics Task Force)

[source: [www.methtaskforce.org](http://www.methtaskforce.org), 2007]

**Methamphetamine Arrests for the First Quarter of 2005**

	SINTF			Shasta County Sheriff			Other Bookers			
Month	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar	Total
11377 H&S*	5	3	7	12	13	30	47	49	82	248
11378 H&S*	10	4	10	7	7	8	6	8	11	71
11399 H&S*	1	2	3	3	4	11	16	16	24	80
<b>Total</b>	17	9	20	22	24	49	69	73	117	399

- \* 11377 H&S = Possession
- \* 11378 H&S = Possession for sale
- \* 11379 H&S = Transportation

For the years 2003 and 2004 SINTF reports its involvement and participation in:

Investigations by Jurisdiction		
City	Cases 2004	Cases 2003
Anderson	29	16
Burney		3
Happy Valley		5
Redding	87	90
Shasta Lake	15	22
Unincorporated	28	20
Total	159	156

Arrests by Gender				
	2004	2003	2002	2001
<b>Total</b>	235	230	251	259
<b>Male</b>	65%	60%	65%	62.2%
<b>Female</b>	35%	40%	35%	37.8%

Controlled Substance and Related Seizures			
	2004	2003	
Meth	*10,531	3,248.7	grams
Marijuana	233,256.6	13,133.4	grams
Opium		916	grams
Heroin		77	grams
Cocaine	542	**117,203.7	grams
Mushrooms		9.5	grams
Marijuana Plants	18,074	119	
Marijuana Plants (Asst to MET)		73,684	
Meth Labs	9	2	
Currency	\$67,397.50		USD
Searches	110	117	

\*All meth seized in 2004 was "crystal meth," a purified form which usually has fewer impurities than powdered meth. Shasta Interagency Narcotics Task Force has seized more than twice this amount during the first quarter of 2005.

\*\*Includes two vehicle stops on I-5 in Shasta County in which Cocaine was *en route* from Los Angeles to Washington State and Vancouver BC.

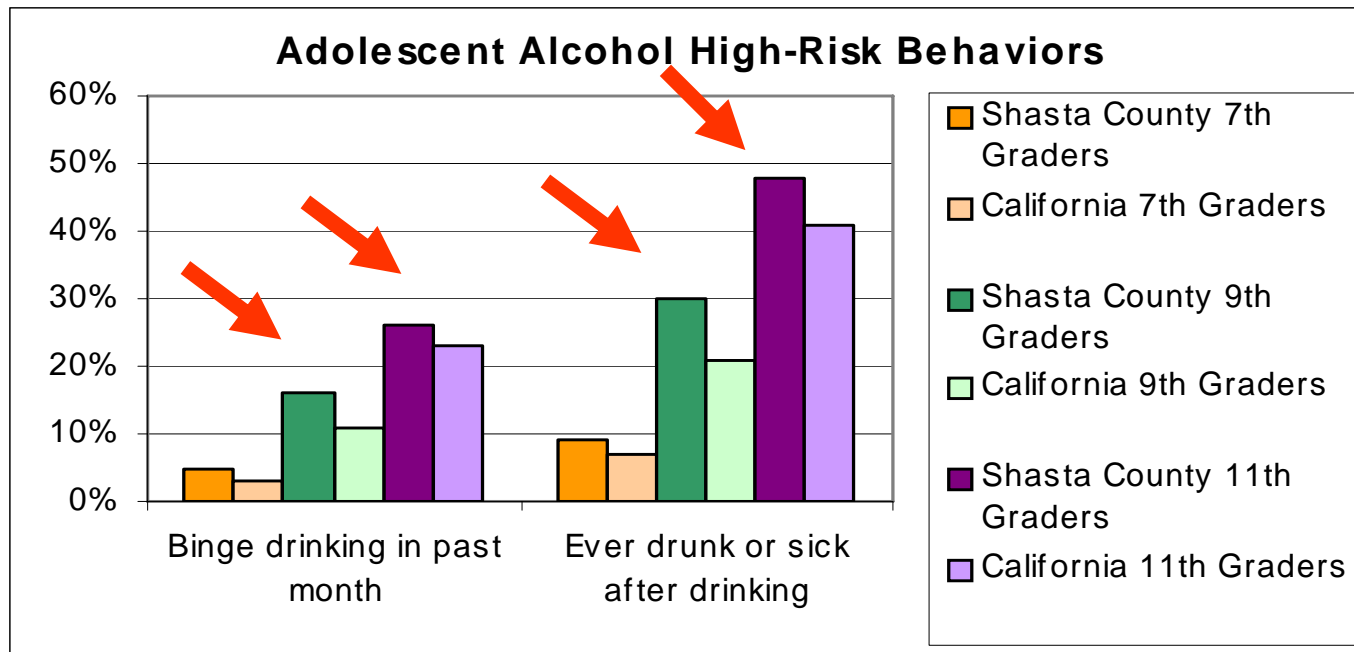
**In Addition:** During 2004 the Redding office of the Bureau of Narcotic Enforcement (BNE) seized 22 labs, 36.4 pounds of meth and made 39 arrests in the 11 northern counties of California (which included the 9 labs in Shasta County). BINTF (Butte County Task Force) seized 39 labs in 2004. BNE task forces in the 11 northern counties seized a total of 67 labs.

The peak year for manufacturing meth in northern California was 2002 in which 107 labs were seized.

## STEP 1.2 ALCOHOL CONSUMPTION – ADOLESCENT BINGE DRINKING, ACCESS, AND 30 DAY USE STATISTICS

### Data

- Shasta County teens of all ages are more likely to drink in excess than the statewide average [source: CHKS 2003-04]



**Percentage of 9th and 11th Grade Students Using Alcohol,  
Shasta County (2004) and California (2003/2004) [source: CHKS]**

Indicator	9th Graders		11th Graders	
	Shasta County	California	Shasta County	California
Any alcohol in last 30 days	30%	25%	40%	37%
Binge drinking in last 30 days	17%	11%	27%	23%

Parties and adults are the most prevalent route for children to get alcohol, especially among 9<sup>th</sup> graders [source: CHKS 2003-04]

Sources	9th Graders		11th Graders	
	Shasta County (%)	California (%)	Shasta County (%)	California (%)
At school	14	13	17	10
At parties or events outside of school	38	48	49	67
At their own home	30	31	32	41
From adults at friends' homes	29	20	33	30
Get adults to buy it for them	32	21	41	36
Buy it themselves at a store	8	14	15	22
Other	15	13	19	15
Don't know	27	30	22	15

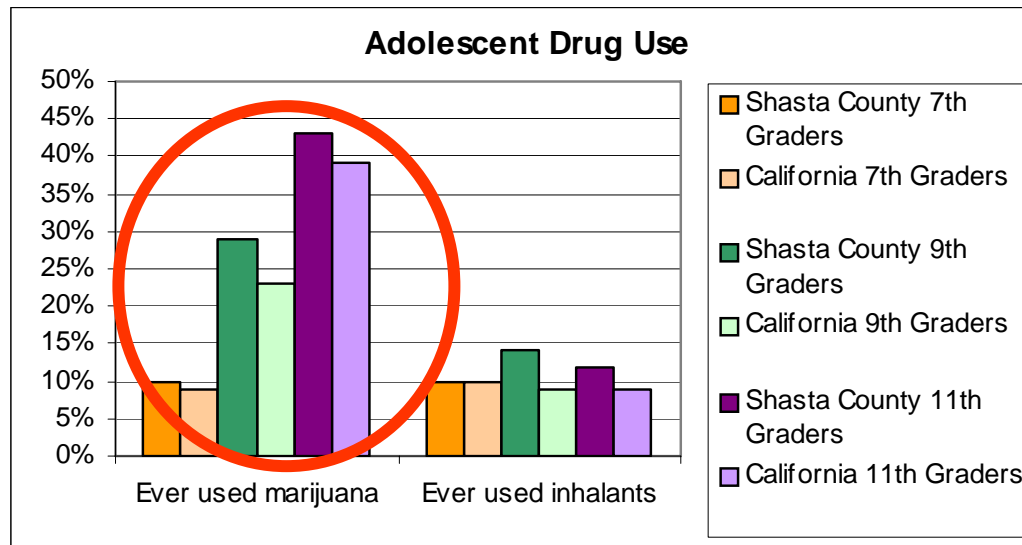
### STEP 1.3 MARIJUANA - AVAILABILITY AND USE

#### Data

In 2006 Shasta County had the second highest number of marijuana plants seized out of all California counties with 227,488 plants. [source: 2006 Campaign Against Marijuana Planting statistics - CAMP]

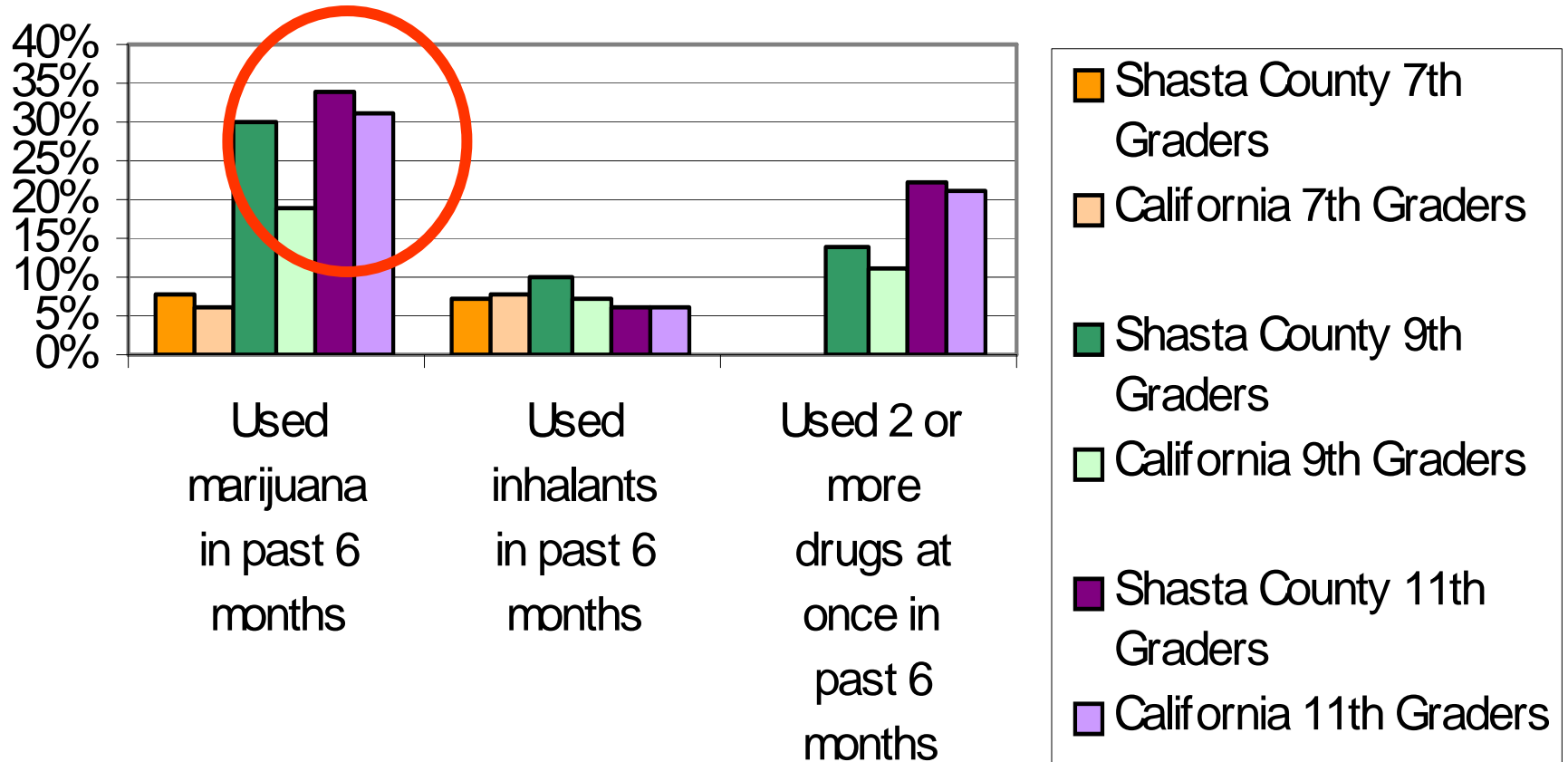
In 2004, the Shasta County Interagency Narcotics Task Force seized 233,256.6 grams of marijuana. [source: Meth Task Force data from SINTF]

- At all ages, more adolescents in Shasta County have ever used marijuana than the state average. [source: CHKS]



- In Shasta County in 2004, 30% of 9th graders, reported having used marijuana at least once in the past six months, compared to 19% of 9th graders in California. [source: CHKS 2004]

## Adolescent Drug Use in Past Six Months



## STEP 1.4 ALCOHOL CONSUMPTION – ADULTS [ESPECIALLY DUI]

### Data

- In 2002, Shasta County had 460 retail liquor licenses, or 268.8 per 100,000. In the same year, the California rate was 188.7 per 100,000 [source: SWITRS]

#### Annual State & County Comparisons 1997-2002

	1997	1998	1999	2000	2001	2002
Shasta	293.3	287.6	286.1	285.9	278.8	268.8
California	201.7	198.5	194.7	194.6	191.6	188.7

- In 2001, for adults, both Driving-Under-the-Influence and Alcohol Violations (excluding DUI) were well above the state average. [source: Community Indicators of Alcohol & Drug Abuse risk, 2004]

#### Adult Arrests for Driving-Under-the-Influence and Rate per 1,000 Population Ages 18-69

	1996	1997	1998	1999	2000	2002
Shasta	10.4	8.7	11.0	13.0	10.9	10.0
California	9.3	8.7	8.8	8.6	8.2	8.3

- 38% of motor vehicle crash fatalities that took place in Shasta County from 2002-2004 were alcohol involved compared to 35% statewide for the same time period. [source: SWITRS]

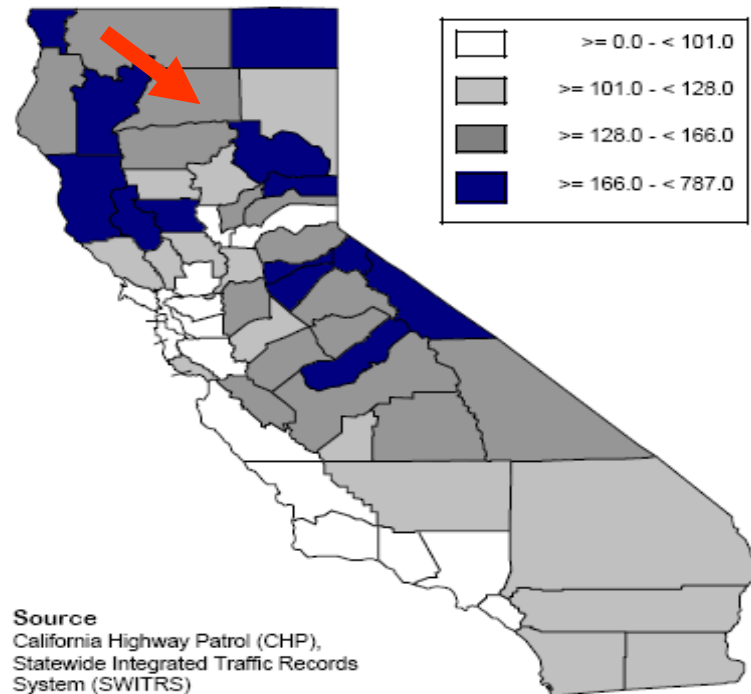
**Adult Arrests for alcohol Violations (Excluding DUI) and Rate per 1,000  
Population Ages 18-69**

	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2002</b>
Shasta	11.7	10.4	10.5	10.8	9.6	7.8
California	6.6	6.0	6.4	6.3	5.9	5.5

[source: SWITRS]]

- In 2004, 13.3% of all motor vehicle crash injuries were due to alcohol. The California average was 10.4% [source: SWITRS]]
- Shasta County is indicated by the red arrow and includes a high rate of alcohol-involved motor vehicle accidents of 128-166 per 1,000 drivers.

Alcohol-Involved Motor Vehicle Accidents per 1,000 Drivers [Community Domain



- In a 2004 survey, 6.4% of Shasta County adults were classified as chronic drinkers (vs. 4.2% nationwide) [source: PRC - Professional Research Consultants - for Catholic Healthcare West & Public Health from a telephone survey with adults in northern 3-county area, broken down by county of residence ]

## STEP 1.5. PRESCRIPTION DRUG PROBLEMS

### Data

- During 2004, 2.5% of college students and 3.1% of young adults (ages 19-28) reported illicit use of OxyContin at least once during the past year. This is up from 2.2% and 2.6%, respectively, during 2003 [source: National statistics, SAMHSA]
- Interviews show a decrease in heroin use but a noticeable increase in OxyContin use. [source: Public Health Key Informant Interviews]
- In a 2004 survey, 3.8% of Shasta County adults, compared to 3.3% of adults nationwide, reported having used an illegal drug or taken a prescription drug that was not prescribed to them during the past month. [source: PRC]

## **Plan to Address County Needs:**

Shasta County is a rural county and faces a number of challenges in addressing these five problems with the resources available. As mentioned previously, on July 1, 2007 Shasta County ADP transitioned its 2.5 prevention staff to Public Health to work in its Injury and Substance Abuse Prevention Division. Previously, these staff have not been pursuing activities with goals for community norm or environmental change. Similarly, Chemical People, Inc., a SAMSHA-funded agency, with its 3.5 staff, hopes in the coming year to include more environmental change activities in its scope of work. Both agencies are located in the county's sole metropolitan area of Redding, often leaving rural areas of the county underserved by prevention efforts. There currently is no countywide collaboration occurring among agencies working in substance abuse prevention.

To address these needs Shasta County will:

- Collaborate with countywide community-based organizations to bring more stakeholders to the table.
- Convene a countywide Prevention Work Group to research and develop, implement, and evaluate a comprehensive prevention plan.
- Build consensus with community organizations on prevention plan priorities.
- Address methodologies for marketing programs in rural areas of the county.

## **Further Gaps:**

Two problems discovered during the SPF process were excluded from this strategic plan due to falling outside the area of primary prevention. These are drug deaths and perinatal drug use in pregnant women. Shasta County has a rate of drug deaths more than twice the state average and has the second highest rate per capita in California [source: CDHS County Health Status Profile]. Shasta County also deals with persistently high rates of marijuana and methamphetamine use among pregnant women [source: [OSHDP\*]]. Because of the complexity of impacting drug deaths and the limited staff and capacity available to address this issue, it will not be a direct focus of specific attention in the near term. Public Health believes that perinatal drug use is an important preventive area to maintaining the health of the community and will address this issue using other, non Alcohol and Drug Program funds such as from Maternal, Child, and Adolescent Health.

[\* Office of Statewide Health Planning & Development]

## STEP 2 - CAPACITY

The 2.5 FTE staff of Shasta County Alcohol & Drug Program [ADP] moved from the Mental Health Branch to the Public Health Branch starting July 1, 2007. This staff will begin working on prevention strategies with a focus on promoting environmental changes. In addition to this being a physical move, it will also signify a significant change in operations. Historically ADP has been operating without a strategic plan and has not had a focus to incorporate environmental policy in their scope of work. With this change in branch assignment, staff will be working under the newly created strategic plan and have more resources at their disposal, including a larger budget, access to evaluation staff, clerical help, a community relations unit, and a supervisory staff with experience in health prevention with a policy focus. Public Health has two programs, tobacco control and injury prevention, with many years of experience in effective and dynamic policy-oriented scopes of work.

Shasta County Alcohol & Drug Programs current activities include:

- Elementary school prevention education
- Brain Busters. Alternative activity trivia show
- Shasta County Talent Show. Alternative activity
- Presentations for schools and other community groups as requested
- Networking with other groups

In the coming year, the focus will transition to helping schools incorporate alcohol and other drug education into their curriculum through the Life Skills curriculum. This will involve training school personnel to take over teaching of this topic, and linking school personnel with other community-based organizations who can complement this prevention curriculum. Substance Abuse Prevention activities will focus on establishing a countywide Prevention Workgroup to develop, implement, and evaluate a comprehensive strategic plan; developing, implementing, and evaluating a media advocacy campaign; creating, producing, and distributing alcohol and other drug [AOD] report cards to stimulate dialogue and action around prevention, and researching options for funding an epidemiologist dedicated to AOD prevention who will advocate for and promote data collection with partners, create and maintain a databank, and make the bank available online for all partners to access.

Shasta County ADP currently works with one external prevention services provider, Chemical People, Inc. Chemical People is a non-profit, youth and adult led organization, which promotes and supports the development of a safe, strong community for youth and families free from racism, violence, alcohol, tobacco, and other drug use. Their programs are funded through local and state sources and a federal Drug-Free Communities grant funded by SAMHSA, and through

private companies citizens. The organization received its 501 (c) 3 status in 1989 and is governed by a board of directors. Starting out as an all volunteer agency, the company now employs four full-time and five part-time employees. Approximately 20% of their budget is provided from a contract and agreement granted by Shasta County through the SAP-T funds.

Chemical People provide or sponsor the following programs and services:

- Provide Friday Night Live activities on school campuses and in community at large
- Friday Night Live Mentoring/Shasta Peer Mentoring (high school/middle school partnership and pairings)
- Club Live/Youth Power/Just Say No: Elementary and middle school clubs on campuses and activities in community at large
- Parent-to-Parent: Peer led parenting classes
- Drug Education and Victim Awareness classes
- Sponsoring Sober Graduation, Red Ribbon Week, the annual Drug Store event, conferences and seminars
- Hosts the Methamphetamine Task Force

At this time, no other community organizations provide AOD primary prevention programming or policy work. A number of organizations offer programs that engage in asset building and offer potential for Public Health to engage in coalition building and in establishing a Prevention Workgroup to develop a comprehensive, countywide strategic substance abuse prevention plan.

Potential partners include:

Community-based organizations & agencies:

- MADD (Mothers Against Drink Driving)
- Youth Violence Prevention Council
- Health Improvement Partnership (HIP)
- YMCA
- Chemical People, Inc.
- Northern Valley Catholic Social Services, Inc.
- Women's Refuge
- Shasta County Office of Education [SCOE]
- Anderson Partnership for Healthy Children

- Child Abuse Prevention Council
- LINCS - **L**ocal **I**nteragency **N**etwork for **C**hildren & **F**amily **S**ervices

Youth groups:

- Friday Night Live [FNL] chapter
- Mayor's Youth Task Force
- Planned Parenthood Youth Group
- Health Improvement Partnership [HIP] Youth Group

Coalitions:

- Underage Drinking Task Force
- Alcohol & Drug Advisory Committee
- Public Health Advisory Board
- Injury Prevention Coalition
- Tobacco Education Coalition
- Healthy Shasta Project

Law enforcement entities:

- Meth Task Force with a toll-free hot line
- Bureau of Narcotics Enforcement [BNE]
- Shasta Interagency Narcotics Task Force [SINTF]
- Tobacco Compliance Officer/Educator
- Addicted Offender Court Supervision Program [AOP]
- Peer Court
- Alcoholic Beverage Control regional office

Current Grants:

- Office of Traffic Safety grant to Public Health
- Local Lead Agency Tobacco Control grant to Public Health
- Drug Endangered Children [DEC] Program
- Chemical People, Inc. [SAMHSA]

- Two applications made in July, 2007 for Safe & Drug-free Schools & Communities grants: VOICES through SCOE [CA Dept. of Education] and FOSTER Project through ADP & Public Health [Governor to CA ADP]

The following training and technical assistance will be beneficial to Shasta County to further build its capacity for prevention work:

- 1) Strategic Prevention Framework for staff and partners.
- 2) Environmental Prevention for staff and partners including basics, policy, media advocacy, applied data and research, enforcement, community organizing.
- 3) Ongoing technical assistance in Environmental Prevention as Workgroup strategies and direction evolve.
- 4) Technical assistance on designing and Assessment Plan and an Evaluation Plan.

### **STEP 3 - PLANNING PROCESS & SCOPE OF WORK**

Introduction:

Shasta County Public Health took the following steps to create this strategic plan:

1. Sent staff to CalOMS training to understand the reporting system and get an initial exposure to the SPF process
2. Engaged in data collection using California ADP recommended resources.
3. Analyzed data and generated initial conclusions
4. Conducted interviews with advisory board members, senior management, AOD staff to confirm conclusions
5. Created an initial set of problem statements, goals, and objectives using the SPF format
6. Presented information to Shasta County Director of Alcohol and Drug Programs; made recommended edits
7. Presented to SCPH senior management, including the Director; made recommended edits
8. Updated information several times as new data became available.
9. Presented problem statements, goals, and objectives to supervisory staff that were assigned to oversee the Alcohol and Drug Prevention unit.
10. Presented problem statements, goals, and objectives to the Public Health Advisory Board. They recommended making methamphetamine use the top priority.
11. Sought technical assistance provided by the state through the Center for Applied Research Solutions/Community Prevention Initiative to convert SPF information into a strategic plan.

**Priorities:**

Priorities were decided after meeting with all the stakeholders immediately involved in the implementation of a strategic plan. Among them were SCPH, Alcohol and Drug Program Director, Chemical People, and the Public Health Advisory Board. All groups and individuals were given a presentation that included relevant local data surrounding the problems.

Using their input along with the staff's recommendations, the problems were ranked as follows:

1. Methamphetamine (Meth) availability and use
2. Alcohol Consumption – Adolescent Binge drinking, access, and 30 day use
3. Marijuana availability and use
4. Alcohol Consumption – Adults (DUI)
5. Prescription Drug Problems

## Shasta County Logic Models for AOD Prevention

**#1. Identified Problem: Capacity**

County Capacity has been limited in its relationship to supporting Environmental Prevention (EP), and initiating the Strategic Prevention Framework (SPF) planning process and needs to be strengthened through collaboration with alcohol and drug prevention partners.

**CONTRIBUTING FACTORS**

1. Recent reorganization of ADP staff to Public Health
2. EP is new for staff and contractors
3. SPF is new for staff and prevention providers

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Increase communication, staff training, capacity to support EP and SPF strategies with partners and staff.	1) By 9/15/07 recruit community agency members, and the Health Improvement Partnership (HIP), Alcohol and Drug Advisory Committee, Chemical People, FNL representative for a Prevention Workgroup.	Email invitation to meeting, lunch, PowerPoint presentation on Strategic Plan	Increased understanding of SPF and EP  Increase staff knowledge in EP topics and Five Steps	Participation and support for County Plan  Increase outcome based work in prevention	Increased collaboration and cohesion of county prevention system  Increased county capacity for AOD prevention	Capacity of Partners to act (meeting evaluation, volunteer inventory)  Staff/partner capacity, (Staff/partner capacity survey; training surveys)

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
	2) By 8/15/07, secure training in EP and SPF basics for 10 staff and partners.	Attend CARS / CPI training hosted by Colusa County	Increase outcome-based work in prevention	Strategic steps for EP	Increased strategic steps for EP	Capacity of county from TA (TA evaluations by CARS or other sources)
	3) Plan for additional training and TA in a 5 elements as needed by 6/30/10	Contact and schedule via CARS/CPI	Knowledge in applied data and research, community organizing, media advocacy, policy, and enforcement.	Understanding of model application and work in campaign areas	Solid campaign planning and results	Staff/partner readiness per tool and training/TA evaluations
	4) By 8/30/07 identify other technical assistance (TA) needs and secure resources (on-going).	Discuss TA needs with CARS consultant, develop contract	List of technical assistance needed & TA plan implemented	Increase expert advice on program and planning components; increase EP and prevention skills & information	Increased county capacity	Staff understanding of EP (evaluation of consultant services)
	5) By 12/30/07 identify list of at least 5 prevention groups and increase collaboration.	Contact CARS to request service	Increase expertise to county	List of key partners and readiness assessment	Increased capacity of partners	Partner readiness for EP (capacity survey)

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
	6) By 6/20/10 collaborate with treatment on like and complimentary EP strategies such as Meth use.	Intentional Community Organizing and strategic meeting attendance;  Present & implement Spectrum of Care Mode from IOM	Meeting summaries; Increased knowledge of prevention among treatment professionals	Increased collaboration to support goals below	Project idea on future funding that uses EP as model for prevention	Understanding of prevention among treatment staff and subcontractors [online email survey]
	7) By 8/15/08, research hiring an evaluator to build a county AOD data warehouse and to provide evaluation TA to partners.	Develop job description  Research funding strategies with partners  Develop recruitment plan	Proposed design of county data system (data sets, survey tools, etc.)	Design of system and AOD evaluation	Increased ability to design and measure evaluation efforts over time	Evaluation of County AOD Indicators  Progress reported to CALOMS via forthcoming evaluation plan
	8) Attend conferences and trainings on AOD policy strategies	Attend conferences such as the CA Prevention Collaborative [CPC] Summit; Alcohol Policy 14 conference	Research and attend conferences	Train coworkers and partners on what was learned by sharing a summary report	Attend regional networking opportunities to share ideas and learn new skills	Adaptation of novel techniques to county [conference/event evaluations]

	9) Learn about potential strategies and activities being employed by other counties in this region.	Attend & participate in regional networking opportunities to share ideas and learn new skills	Established email and/or teleconference networking system with regional partners via CARS	Benefit of sharing of information on a [quarterly] regular basis	List of strategies, model & sample work adapted to county; regional synergy of prevention work	Staff expertise and advancement of readiness, tasks per job descriptions; event evaluations
Institutionalize community & school education interventions and services into communities	1) By 6/30/08 provide training and TA for community-based organizations to assume responsibility for continuing education & services	Identify potential partners to take over education & services  Employ train-the-trainer model to model and share expertise with new providers	Researching alternate funding sources for community-based program	Provide TA to community-based organizations to write grants to continue these projects	Continuity of services under auspices of non-ADP-funded community-based organizations	Agreements from community-based organizations to take over projects

**#2: Identified Problem: Meth Availability & Use**

Methamphetamine (Meth) availability and use is the top community concern that impacts our neighborhoods and leads to crime.

**CONTRIBUTING FACTORS**

1. Sales, possession, and transportation of Meth
2. Meth labs in communities
3. Drug paraphernalia availability

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Reduce Meth availability within the target community (to be identified)	1) By 10/30/07 profile law enforcement strategies such as San Diego Meth Strike operations.	List of strategies/matrix	Increased knowledge of effective law enforcement-based strategies among county staff	Potential for innovation	Effective outcomes	Review of list by administrators and partners
	2) By, 12/30/07 secure endorsement and participation of the Meth Task Force (MTF), Shasta Interagency Narcotics Task Force and Bureau of Narcotics Enforcement to	Presentation to MTF on Meth and EP; discussion, action plans	MOU/Agreement to lead Meth Campaign	Implementation of scope of work	Decreased meth related crime and availability	Number of Meth Labs, Meth Hotline calls [law enforcement data]

	lead a future campaign to address access and use of meth.					
	3) By 2/15/08 plan and implement a media advocacy campaign in support of MTF goals	Collect data on problem, develop frequent press releases, a media timeline, stories etc.; media advocacy training from CARS/CPI	Media products, timeline; support for chosen policy goals	Media stories published/aired, timeline implementation	Change in media readiness by the press/electronic media and community in perception of problem and solution	Increased readiness by media; increased readiness by law enforcement and public (measure content and length/policy focus policy stories)
	By 2/15/09 Host a public forum on Meth to launch current data for tracking support	Invitations to law enforcement, youth, community members, agencies, MTF, etc., press release, food, Community Organizing via Chemical People	Increase knowledge of meth problem in county; interest to participate	Increased collaboration and potential for EP policy work	Track and evaluate campaigns and data effectively	Year 2010 objectives (Draft Report card, Evaluations at event)

**# 3 Identified Problem: Adolescent Use of Alcohol**

Shasta county youth are binge drinking at parties and gaining access to alcohol from adult sources which places their safety and health at risk.

Contributing Factors

1. House or field parties where alcohol is available
2. Adult purchasing for youth
3. Retail availability and associated alcohol advertising on liquor stores

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Reduce binge drinking among youth	1) Define and confirm problem with youth input (at least 5 one-on-one interviews) by 8/15/07	Reduce availability by developing a social host and/or Conditional Use Permit (CUP) with nuisance language for new/existing outlets	Gain clarity on specifics of binge drinking (location, time, etc.); make list of hot spots	List of policy options; redefine the problem	Reduce youth access and binge drinking	30 day use and binge drinking [CHKS; focus groups]

	2) Research innovative retail and/or social strategies to address underage drinking by 1/1/08	Work with partners to increase enforcement of adults purchasing alcohol for minors  Support decoy and Shoulder Tap operations by law enforcement with data and media advocacy.	Identify the problem	Identify policy options	Implement a plan to address underage drinking	Evaluate impact of plan through law enforcement data; collaborate with Injury Prevention Coalition on evaluative tools
	By 2010, have an alcohol policy in place to address youth binge drinking		Campaign goals, timeline, list of supporters	Conduct media advocacy countywide will all media outlets	Disseminate policy countywide	Track media coverage; collect letters to the editor from citizens; monitor media blogs

**#4 Identified Problem: Marijuana Use Among Teens**

Marijuana use among teens is not fully defined and comprehensive data has not been identified.

**CONTRIBUTING FACTORS**

1. The large number of marijuana plants eradicated in the county
2. Drug paraphernalia for sale
3. Medical marijuana dispensaries and associated availability

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Increase information on marijuana availability to further define the problem countywide	By 6/30/08, profile existing marijuana data indicators and trends with a draft report card	Research statistics and develop a fact sheet	Increased knowledge of the issue from multiple sources	Conduct Key Informant Interviews with school personnel	Release report card on the issue of marijuana use among teens	Report card
	By 13/30/08, hold one focus group with teens to address availability; smoke & head shops	Develop questions and recruit youth for session, media advocacy training	Train youth as media spokespersons	Schedule and conduct youth media advocacy with media outlets countywide	Make youth available to community groups for presentations on marijuana use among teens	Track media opinion pieces on teen use of marijuana
	Track marijuana statistics with CAMP data and finalize a report card by 2009	Contact and plan/implement meeting with local law enforcement	Work with law enforcement to collect data	Route draft report card through all branches of law enforcement	Disseminate report card	Report card

**#5 Identified Problem: Drinking & Driving - Adolescent & Adult**

DUI rates and alcohol-related vehicular injuries in the county are higher than the state average and are a public health and safety issue.

**CONTRIBUTING FACTORS**

1. Place of last drinks
2. Number of crashes
3. Number of injuries and deaths

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Reduce DUI in Shasta County by supporting the Underage Drinking Laws Task Force and engaging the Prevention Workgroup	Reduce the percent of motor vehicle crash injuries that are alcohol involved from 13.3% to 11.5% by 2010	Media Advocacy Support for law enforcement checkpoints	Increase skills and knowledge on media advocacy	Increase cooperation from law enforcement and advocates	Increase in public perception that laws will be enforced	SWITRS, law enforcement and CHP [arrest citations]
		Plan and implement Place of Last Drink (POLD) data collection with a meeting including law enforcement and/or with DUI class instructors	Increase ability to collect data on place and location [POLD data]	Understand problem locations and list strategies for intervention	Create database of problem locations; develop interventions	Location/address of last drink; Blood Alcohol Concentration [BAC] level ; Point of Last Drink [POLD] instrument

	.	Work with area bars to reduce high risk activities such as overservice, etc.	Community involvement to address issues with bar management	Interest among some bars/residences to make changes	Build for larger policy goals with mandatory regulations; generate support and opposition tracking measures	List of supporters & opponents
		Collaborate with Injury Prevention Team and Law Enforcement programs enforcing sales to already-intoxicated patrons.	Increase leverage of county resources for evaluation & data collection	Increase understanding among colleagues of environmental strategies to address injury issues around alcohol	Increase capacity to measure and track injuries related to alcohol from DUIs	Track injuries from alcohol-related car crashes; death [ER records & coroner's reports]
		Gain public support for alcohol control efforts at public events	Work with Tobacco Compliance Officer to explore options at a community facility such as Big League Dreams	Develop strategies for mobilizing public support	Take policy suggestions to governing entities of Big League Dreams	Enforcement protocols for policy that is adopted  Evaluation report of observations by FNL youth at park.
Research and assess adult DUI issues to determine appropriate prevention strategies	To be determined					To be determined

**# 6 Identified Problem: Prescription Drug Problems**

Shasta County has high rates of adults using prescription drugs not prescribed to them that result in health and safety problems.

**CONTRIBUTING FACTORS**

1. Pharmacy availability
2. Doctors who may over prescribe
3. Prescription drug abuse a confounding factor for youth in Peer Court

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Decrease associated problems resulting from prescription drug problems (OxyContin, etc.)	1) Increase information known about the prescription drug problem locally and assess readiness for policy change starting on 9/15/07 until 6/30/10 as needed	Collect available data from Coroner, etc.	Meet with Coroner and hospitals to pursue more detailed data collection	Begin tracking data	Assess data and plan a means to release data to public	Analysis of data summary
		Conduct key informant interviews with doctors, pharmacists and youth	Meet with Youth Violence Prevention staff to discuss issue of pharm parties by 9/15/07	Assess and plan a public forum to address pharm parties	Communicate the dangers of unprescribed use of medications as in the context of "Pharm Parties" in media with two stories by 2010.	Log of media coverage

		Meet with Youth Violence Prevention Council [YVPC] staff to discuss issue & seek data re: pharm parties by 11/15/07	Meeting agenda and notes	Data summary	Strengthen relationship with YVPC staff	Pharm party policy brief [with link to violence among youth]
		Conduct a focus group with key informant interviews with doctors, pharmacists and at least 5 youth on one-on-one interviews	Focus group questions including assessment of doctor hopping; list of participants	Information on problem	Medical professional participation	Prescription drug problems policy brief
	2) Assess and plan a public forum to address pharm parties by 6/30/10	Draft a report card to profile data and draft invitation to partners and community at large	List of indicators on report card; community organizing with partners and key groups; list of presenters; draft agenda	Increased information on the issue; greater understanding of policy approaches	Plan for regulation of parties and lowered access	Law enforcement calls for service for pharm parties
		Communicate the dangers of unprescribed use of medications as in the context of pharm parties in media with at least two stories per year by 2010.				Log of media coverage

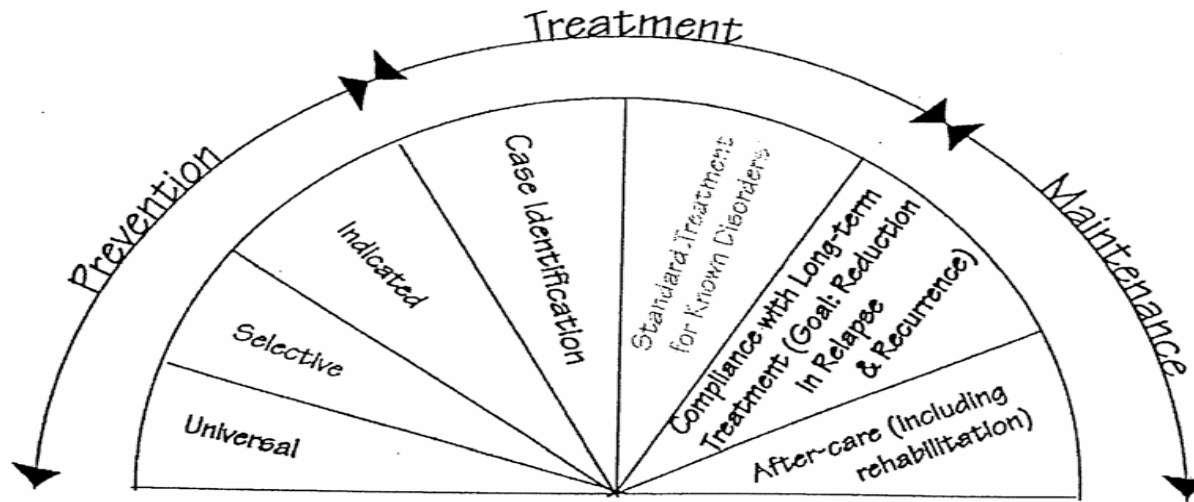
## **STEP 4 - IMPLEMENTATION**

The goals and objectives delineated in this strategic plan are based on the first-ever assessment of local prevention data relating to all aspects of drug and alcohol prevention markers. There are many holes in data, many sources of data that are not now published or easily found, and many opportunities to enhance data collection by agencies that might easily do so. Data that was collected was presented in a PowerPoint format to agency and community groups in the fields of mental health, public health, and to community-based organizations. Strategies were developed based on evidence-based model programs such as the Border Project Binge-Drinking Reduction program which involves strong media advocacy and working with law enforcement which became two thematic components in our scope of work.

With the transition of substance abuse prevention staff to Public Health from the Mental Health Alcohol & Drug Program [APD] whose historical focus has been on treatment, the focus can now shift to a more epidemiologic, data-driven model of assessment, planning, implementation, and evaluation consistent with Public Health protocols. This will enhance the community's ability to provide input, share in the action plan, contribute to valuable evaluation, and reap the benefits of more useable and locally relevant data to be used for program planning, grant writing, and media advocacy.

Public Health in collaboration with its subcontractor, Chemical People, Inc., intends to convene an Alcohol and Other Drug [AOD] Prevention Workgroup including any and all partners who are now interested in prevention activities or who might be interested. This Workgroup will provide direction and cohesion to prevention efforts, hopefully creating a more focused climate where all partners can promote a similar message and can, over time, address similar objectives. Research indicates that a community-wide, multi-faceted, focused campaign is most effective in generating norm change leading to policy adoption and behavior change.

With a breadth of community partners working on solutions funded by an array of sources, interventions representing Universal [entire and/or broad populations], Selective [such as pharm party-goers], as well as Indicated population groups [those showing signs or engaged in unhealthy activities] will be included in our ultimate comprehensive strategic plan [see Institute of Medicine Protractor below]. Although ADP has historically been pursuing educationally focused strategies in schools and the communities, Public Health staff will now be transitioning into more environmentally focused activities that will have a Universal focus for the best cost-benefit for prevention dollars.



Public Health has Community Organizer staff representative of and working with the majority of ethnic groups in the county who not only speak the languages of these groups but already serve as vital links with physical and mental health care, law enforcement, schools, and other community services. These highly trained staff can serve as the liaisons for AOD interventions in these communities.

We expect this strategic plan will serve as a starting point for the Prevention Workgroup assessment and plan and will have an impact based on demonstrated evidence, access to professional evaluation staff, and by employing a combination of strategies to affect community norm changes around these various issues.

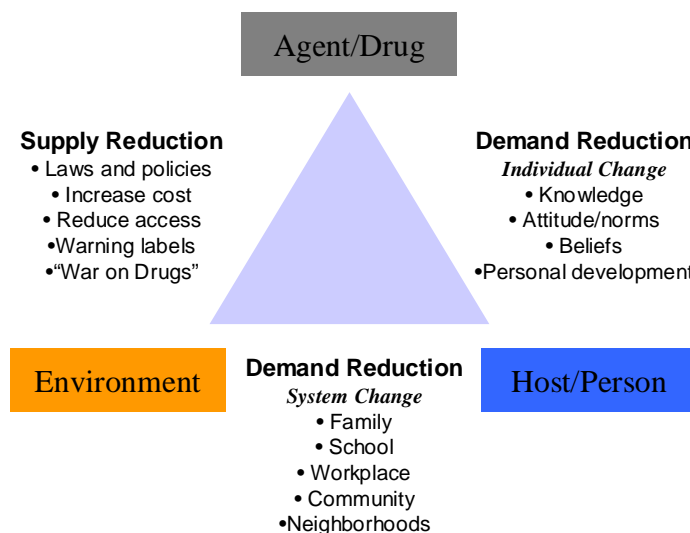
One concern is the feasibility of accomplishing this rather ambitious scope of work with a small staff new to the field of environmental change. We hope to engage and gain the active participation of Prevention Workgroup members to take responsibility for parts of this plan. We also acknowledge that components of this plan might change as the Prevention Workgroup gains in collaboration, expertise, knowledge, and its own perspective.

Short-term, intermediate, and long-term outcomes will provide valuable benchmarks to measure our progress. If activities are not going as anticipated, or barriers are encountered, we will shift resources, amend our plan, and change direction. This is the approach that Public Health takes with all its major health initiatives such as tobacco control, injury prevention,

and nutrition/physical activity promotion. We monitor media coverage as indications of our media advocacy successes, and will look for evidence of readiness for change in the community as signals for when opportunities are present to push for meaningful policy promotion.

The focus of this strategic plan is towards community mobilization, convening a workgroup, getting to know and working with various coalitions and partners, learning and strengthening the media advocacy skills of staff and partners, and promoting policy change in conjunction with common goals of some of our coalition partners. Since environmental prevention uses a similar model of the agent, host, and environment, it merges nicely with public health strategies and our philosophy [see Public Health Triangle below]. The cycle for this plan is for three years, until 2010, when Public Health will address its 10 year strategic plan in sync with the federal Centers for Disease Control and Prevention's Healthy People 2020 goals which will be rolled out in January, 2011.

## PUBLIC HEALTH TRIANGLE



CARS, 2007

## **STEP 5 - EVALUATION**

The current evaluation design and methodology in our logic model was developed with staff collection and analysis in mind. Methods include a combination of quantitative and qualitative data from existing data sources and community input [key informant interviews, focus groups, meeting presentations, etc.] using the readiness tool, comfort levels with environmental prevention strategies and community change will be measured and tracked for progress. Several tools are noted in our logic models such as Place of Last Drink [POLD] instrument, CHKS surveys, a possible opinion poll, and key questions for focus groups and interviews developed based on existing success tools.

Short-term, intermediate, and long-term objectives, measures, and indicators will be further refined in our evaluation plan which will be developed in the coming year. Also, as the Prevention Workgroup gains knowledge and vision, it will have a significant impact on the direction and evaluation of this evolving plan. Time frames for outcomes will depend on the speed with which new Substance Abuse Prevention staff is able to incorporate policy work expertise, and how much active participation Workgroup members are willing and able to contribute to this plan. The county has committed an epidemiologist to this project [10% FTE] in the coming year, however, if through collaborative efforts of county government partners, law enforcement, and other community entities, a full-time epidemiologist can be funded and recruited, it will have a significant and visionary impact on the potential for norm change through collaborative and effective use of data collection, analysis, and dissemination. The potential for data-driven funding applications is exciting to anticipate and will expand the capacity for successful change.

One of the findings emanating from the process of developing this strategic plan is that Shasta County has a significant amount of work going on in the substance abuse arena between law enforcement, government agencies, community-based organizations, and coalition work. There is a great deal of data already being collected, however gaps exist, its access is limited, it is not always in a user-friendly format, and there is no central databank. These problems can be remedied with a full-time epidemiologist dedicated solely to the substance abuse field. Pursuing a mean to fund such a position is part of our activities in the coming year.

Information researched, analyzed, and compiled in this plan will be incorporated into report cards, policy briefs, and other reports which will be designed to be easily understood, insightful documents with findings and recommendations. These will help to shape the public and private discussions of these important areas of AOD prevention in our county.