

COUNTY STRATEGIC PREVENTION PLAN RESOURCE DOCUMENT

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RESEARCH TO PRACTICE

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The purpose of this document is to provide a sample outline for developing a county-wide AOD Strategic Prevention Plan. While the California Department of Alcohol and Drug Programs (ADP) does not have a required format, a number of counties have expressed interest in having a generic template or sample document as a resource when working on their plans.

The document is organized into three major sections:

- **Part I: Sample Strategic Prevention Plan Outline (pages 3-9)**
- **Part II: Considerations and Text Examples (pages 10-21)**
- **Part III: Relevant Data Indicators and Sample Tables (pages 22-31)**

Part I provides a general outline by which counties can approach the development of a Strategic Prevention Plan document. The outline is organized into 6 sections, an introduction and five sections corresponding with each step of the Strategic Prevention Framework (SPF) process. Within each of the sections an overview is provided which provides a broad description of the information covered as well as a specific list of relevant questions for consideration when developing your plan.

It should be noted, that while the document is organized by the 5 SPF steps, the process is meant to be on-going and at times concurrent. For example, while evaluation is listed as the last step, ideally the evaluation design is conceptualized on the front-end and provides feedback to both the planning and implementation phases.

Part II of the document provides more detailed considerations for approaching each of the SPF stages as well as text examples. The examples are not comprehensive and are only meant to provide a framework from which to approach the development of your county prevention plan.

In Part III of the document, a listing of relevant data indicators and their corresponding sources is provided. This neither represents a comprehensive list nor a required list. It is only meant to provide examples of relevant data to be included in the needs assessment process. Additionally, a number of sample tables are included which counties may find helpful when identifying ways to illustrate their information.

It is recognized that counties are progressing at different rates towards completing their plans. While some counties are beginning to compile their information into a document other counties have already completed their plans. It is hoped this document will be a valuable resource for either your current or future prevention planning efforts.

Part I: Sample Outline

I. INTRODUCTION AND COUNTY OVERVIEW

Overview: In this section a brief overview of the process by which the Strategic Prevention Plan was developed and the integration of the Strategic Prevention Framework (SPF) steps can be provided. It may also be helpful to identify the individuals and/or agencies that were involved in the planning process as well as the steps taken in developing the plan.

Some counties also incorporate an overview of their county profile (e.g. demographic and geographic characteristics) as well as identifying the guiding prevention principles for the county in the introductory portion of the document. The vision and mission statements for the county AOD prevention efforts can also be highlighted in a few sentences.

Questions for Consideration

- *What was the approach taken by the county to integrate the SPF process and to develop the Strategic Prevention Plan?*
- *What general steps were taken in developing the plan and who was involved?*
- *What are the unique demographic and geographic characteristics of the county relative to AOD prevention services?*
 - *Extent of ethnic and cultural diversity*
 - *Degree of rural, urban, and suburban communities*
 - *Extent of population density or geographic isolation*
- *What external factors may affect prevention (e.g. social, economic, political, population growth/change, etc.)*
- *What are the county's AOD prevention vision and mission?*
- *Are there prevention principles that guide overall county prevention planning and implementation?*

(Note: It is also appropriate to provide the county overview including the demographic and geographic characteristics within the Needs Assessment section).

II. SPF STEP 1- NEEDS AND RESOURCE ASSESSMENT

Overview: According to the Center for Substance Abuse Prevention (CSAP), “A *community assessment is a systematic process for examining the current conditions of a situation (such as substance abuse) and to identify the level of risk and protection in your community*”. Conducting a thorough and systematic needs and resource assessment will allow you to objectively identify:

- The nature, extent, and specific types of existing AOD problems in your county—with a particular focus on consequences and consumption.
- The underlying risk and protective factors associated with these problems
- The current services and prevention strategies currently available to address these corresponding risk areas and the extent of unmet needs or underutilized resources to address the identified AOD problems—“the gap” in resources and services for the targeted community.

Ideally, this should be the first step in prevention planning and findings should ultimately guide the clear definition of the problem to be addressed, the specific community (and/or sub-populations) to be targeted, and prevention strategies that will be the most appropriate for creating positive change.

LINKS: The Needs Assessment phase:

- Runs parallel with the SPF Capacity Building process (i.e. community member representation and engagement in the Needs Assessment process contributes to building coalitions and partnerships relevant to the SPF process)
- Connects to the Evaluation module (i.e. needs data may overlap with evaluation data.)
- The data presented within this section should clearly link to the Problem Statements, Goals, and Objectives in the Strategic Planning module.

Questions for Consideration

- *What was the methodology used to conduct the needs assessment for your county?*
- *What were the core questions investigated and addressed by the needs and resource assessment?*
- *What are the core datasets/indicators collected and analyzed? Note any local data sets.*
- *Were there any limitations to accessing and analyzing the data? For example, difficulty accessing population and/or community specific data. If so, describe any efforts or attempts to overcome these obstacles (e.g. developed and conducted local community assessments).*
- *What are the key findings (with a focus on consequences and consumption relative to specific populations and communities)?*
- *What are the current prevention services available in your county that address these specific issues for these population and/or community groups? What are the gaps in service?*
- *Based on the key data findings and current prevention approaches available/not available, what prevention priorities have been identified for the county?*
- *How do these priority areas translate into specific problem statements?*

(Note: It may be appropriate to articulate specific priorities and problem statements in this section or in the planning sections—CalOMS Prevention includes Problem Statements within the Assessment module. Assessments of community readiness could also be addressed in this section or within Capacity Building).

III. SPF STEP 2 - CAPACITY BUILDING

Overview: Engagement of key stakeholders at the community level is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

The purpose of this section is to describe the current level of capacity to address the prevention issues, the extent to which capacity was built during the initial planning process, and the degree to which capacity will be built overtime and the strategies to be taken in order to accomplish this. **In this section describe your plan for using existing resources and for establishing new partnerships that will assist your county with addressing the key assessment findings and problem statements that support your prevention plans.**

It would also be appropriate to address the current prevention services that are available and the extent to which there is a specific gap in services. (**Note: this could also be addressed in the Needs Assessment section**). A summary of any programs and policies that are in place to address the specific prevention goals is beneficial to include and helps to further justify the need for services. A sample table is provided in the Appendix for your reference.

LINKS: The Capacity Building phase:

- Contributes to the Needs Assessment activities
- Plays a role in the Planning component
- Supports or facilitates SPF Implementation.

Questions for Consideration

- *What is the current level of capacity to address the identified prevention priorities (problem statements)?*
- *To what extent was capacity built during the initial assessment and planning phase?*
- *What efforts will the county engage in to continue to build prevention capacity to address these prevention priorities (problem statements)?*
- *What is the current and future role of any prevention advisory groups that were already established or will be established to guide county prevention efforts.*
- *What are the plans or efforts to establish county-wide prevention systems and infrastructures to foster sustainability?*
- *Address the degree to which the county has established agreements and responsibilities with partner agencies and stakeholders. It may also be appropriate to discuss how integration of the SPF process and newly adopted Strategic Prevention Plan will impact future competitive bidding or RFA procedures within the county if applicable.*
- *What types of training and technical assistance would be needed to further build capacity?*

IV. SPF STEP 3 - PLANNING PROCESS

Overview: This section provides an overview of the steps and procedures taken to identify the prevention priorities and to develop the Strategic Prevention Plan. Additionally, counties may address the manner in which the SPF process is being integrated into on-going prevention planning efforts. Considerations for determining prevention priorities can be discussed. A major focus of this section is clearly articulating the specific prevention goals and objectives. A visual representation of the goals and objectives as they relate to specific prevention strategies and measures is helpful. Please refer to Part III of the document for sample tables.

The goals and objectives should clearly address the problem statements and needs assessment findings. **It is critical for counties to adopt a reasonable number of goals and objectives for which they will be able to successfully report and measure changes overtime. The goals and objectives that are entered into the CalOMS Prevention Planning module are automatically linked to the Evaluation module for reporting progress overtime.** It is more important to identify a few key outcomes and objectives relative to the specific problems identified in the needs assessment, than to adopt a large number of broad goals and objectives which will be difficult to measure and report changes overtime.

LINKS: The Planning phase:

- Is driven by the Needs Assessment findings and Problem Statements
- Engages community members and organizations identified through the Capacity Building phase;
- Establishes the most appropriate prevention approaches for Implementation;
- Outlines the link between planned objectives and methods for measuring progress in the Evaluation phase.

Questions For Consideration

- *How were community members engaged in the planning process?*
 - *How were members/agencies/organizations engaged in the assessment and interpretation of needs data and identification of prevention priorities?*
- *What criteria were used to establish prevention priorities? Describe the process for selecting priority issues, populations and/or communities?*
 - *What are the populations and/or community sectors that are being served*
- *What are the specific problem statements, corresponding goals and objectives, and prevention strategies that the county has identified? This can be illustrated by using a logic model and/or other tabular format--please refer to Part III of the document for examples.*
- *How was the long-term sustainability of these prevention efforts taken into account during the planning phase? Has the county adopted specific goals, objectives, and approaches that foster or are directly related to sustainability?*
- *How was cultural relevance of services taken into account during the planning phase?*

V. SPF STEP 4 - IMPLEMENTATION

Overview: This section provides an overview of the manner in which the county is implementing the selected prevention services. This is the SPF phase in which counties reflect on considerations relative to selecting and implementing prevention services that are directly in response to their problem statements, goals, and objectives previously identified. The extent to which the approaches are directly relevant, culturally appropriate, and feasible given the resources should be addressed. While ADP is not requiring the adoption of evidence-based services, an underlying assumption of the SPF process is that the extent to which there is evidence to support the effectiveness of certain prevention strategies should be taken into consideration during the selection process.

Examples of work plans which relate specific tasks and activities to the corresponding goals, objectives, and measures are provided in Part III of the document.

LINKS: The Implementation phase:

- Is a direct culmination of the Planning Goals, Objectives, and Strategies
- Leverages the coalitions and partnerships engaged during Capacity Building to facilitate and sustain successful prevention services.
- Coincides with the onset of Evaluation of progress towards achieving the Goals and Objectives

Questions for Consideration

- *Describe the specific prevention services that have been selected. How were these approaches selected?*
- *How do the prevention services being proposed relate to the Institute of Medicine's (IOM) population categories? Are the interventions chosen considered to be serving/engaging Universal, Selective, or Indicated population groups? Or a combination?*
- *Please address how the chosen prevention strategies are culturally relevant to the intended participants and/or communities being served.*
- *Why do you expect that the chosen prevention strategies will meet the identified needs and have the intended impact?*
- *Given the current resources, describe the feasibility of accomplishing the objectives and describe the extent to which services are expected to be sustained.*
- *What are the specific tasks and activities to be accomplished in order to achieve the goals and objectives? The time frame for completing specific activities should be identified as well as the person or organization responsible. Please see Part III of the document for sample work plans.*
- *What measurements will be taken and how during implementation?*

VI. SPF STEP 5 - EVALUATION

Overview: This section provides an overview of the methodology for planning and conducting the evaluation of prevention services throughout the county. The evaluation should address how the county is going to measure and report on the progress towards achieving their goals and objectives. **The goals and objectives that are entered into the CalOMS Prevention Planning module are automatically linked to the Evaluation module for reporting progress overtime. These objectives may translate into short-term, intermediate, and long-term outcomes when developing a logic model or evaluation plan for your county.** Data collection, analysis, and reporting methods are also appropriate to address in this section. If applicable, describe the role of the evaluator and any collaboration between the evaluator and project stakeholders. Include a copy of the preliminary evaluation plan (please refer to Part III of the document for a sample plan).

LINKS: The Evaluation phase:

- Potentially utilizes data from the Needs Assessment as baseline data.
- Measures the progress towards achieving the goals and objectives defined during the Assessment and Planning phases and entered into CalOMS Prevention
- Is implemented concurrently with the prevention service Implementation
- Provides information for on-going Planning and Implementation

Questions for Consideration

- *What is the overall evaluation design and methodology?*
- *What measurable change in the proposed problem/need will result by using the proposed program(s) or strategies? What are the short-term, intermediate, and long-term objectives, measures, and indicators?*
- *Describe how the chosen objectives are measurable and realistic within the proposed time frame given the project resources.*
- *What are the data collection procedures and timeline?*
- *What types of data analysis and reporting will be undertaken? And the timeframe for conducting.*
- *Who will be responsible and/or involved with the evaluation process? Will the county be working with an evaluator?*
- *How will the evaluation data and findings feedback into the planning, resource application, continuous improvement and implementation processes?*
- *How will the evaluation information be disseminated to key stakeholders?*
- *Include an evaluation plan—see Part III of the document for a sample plan.*

Part II: Considerations and Text Examples

Considerations for Developing Vision and Mission Statements

Visions Statements: A vision statement briefly articulates the ideal conditions for your county. It represents the hope for how things should be and helps envision the success of the prevention initiative in your county. A vision statement should be succinctly stated, easily communicated and understood, and broad enough to represent diverse perspectives within a common goal or framework.

Mission Statements: A mission statement more specifically expresses the reason for the initiative, in other words, why are you proposing these efforts? It justifies the existence of the proposed efforts and states the ultimate purpose. It says what, in the end, you want to accomplish in a more specific way than the vision statement. Mission statements are clear and concise statements that are typically outcome oriented and inclusive of different perspectives. It provides the touchstone to unify disparate interests in a shared prevention purpose.

Data Collection Considerations: As you are embarking on your data collection efforts, all of the potential data sources may be a bit overwhelming. **It is strongly recommended that you narrow your efforts to those factors specifically related to issues for specific communities or sub-populations as much as possible to make the task more manageable.**

County demographics, population, ethnic data, geographic size, resources and community assets are important for the county to note. Collection and analysis of data indicators related to consumption and consequences at the county, community, and sub-population levels is ideal. Include National Outcome Measures (NOMs), as appropriate. (Please refer to Part III of the document for a list of relevant data indicators and sources).

1. An emphasis should be placed on the collection of objective consequence (e.g., harm, cost, setting) and consumption (e.g., demographics, substances, quantities) data.
 - a. Examination of objective data includes incidence and prevalence data that describe the extent of substance abuse in the community.
2. Subjective data can be utilized to supplement and complement your objective data.
 - a. For example, community members' perceptions of alcohol use or availability in their community (as compared to actual use and/or availability rates).
3. The use of existing or archival data is encouraged whenever possible. Counties are encouraged to utilize data collected by other agencies and to collaborate.
4. Key community stakeholder and partner agency collaboration is strongly encouraged during the community assessment process and more importantly as you transition into program planning efforts.

Data Analysis Considerations: Data in itself does not necessarily improve decision making. In order to maximize the potential impact of the prevention services and approach, it is beneficial to have data that disclosed demographic sub-groups and/or community sectors that are experiencing the greatest substance-related harm. For example, average values or percentages for the entire County are of limited value. Unfortunately, needs data is often available most readily at the County level which does not answer many of the questions necessary to setting priorities at a more defined community level. Data-based decisions should be supported by appropriate analyses.

A few basic techniques and comparisons are important for guiding a data-based planning process. There are several analysis procedures which relate data to empirical criteria useful for informing decisions:

1. **Prevalence Rates.** What portion of the population is involved in a problem or behavior—what is the prevalence rate?
2. **Trends Over Time.** What are the trends in the problem or behavior— are they getting worse over time and by how much?
3. **Comparisons.** How do rates or trends compare with other communities, counties, or state levels? Is there an indication that problems are relatively more or less serious based on these comparisons?
4. **Data Disaggregation.** Does breaking down the data by various sub-population demographics or sub-communities indicate potential ‘hot spots’ or “target populations” masked within the overall data? For example, are disaggregated rates or trend lines different across demographic sub-groups or communities? In other words, are we experiencing a greater problem in one or more of our sub-populations or communities within the county?

Data Interpretation Considerations

1. **Population-Based Rates.** In order to make meaningful comparisons between geographic areas that differ in population size (or schools with different enrollment sizes), population-based rates should be used (e.g. the number of occurrences for every 1,000 people as compared to using the number of occurrences).
2. **Rare Occurrences.** Rates measuring rare events (e.g. deaths due to alcohol or drug use) or rates for counties with very small population sizes should be interpreted with caution. These rates are easily affected by small changes in occurrences.
3. **Meaningful Comparisons.** Indicator rates should be interpreted and reported comparatively. For example reporting the rate of violent behavioral incidents for a school is not meaningful unless the rates are compared to other school rates.
4. **Longitudinal Data.** Trends overtime (e.g. a three year period) are a stronger risk indicator than reporting rates for a single year.
5. **Multiple Sources.** Utilizing multiple indicators within a given domain is stronger evidence than utilizing a single indicator.
6. **Specificity.** Provide specific data and data sources whenever possible
 - a. For example, “According to the California Department of Justice, there were a total of 733 deaths due to alcohol and drug use, which ranks the county 57th statewide.”
 - b. As compared to “there was a high incidence of alcohol and drug related deaths”
7. **Critical Need.** A critical need for services should be established for each target community and/or sub-population identified. It would be ideal to serve the highest risk communities/sub-populations; however, it may not be feasible. If it is not feasible, the reasons should be documented.

Planning Considerations: To foster successful planning and implementation phases of the SPF, it is important to clearly articulate the limits of the planning process and prevention efforts at the onset. The identification of realistic parameters for determining objectives, activities, and participation may be required or proscribed from the planning process. These parameters could include:

- **Service Groups.** Priorities or limitations concerning problems or populations. For example, the funding for the recent State Incentive Grants (SIG) was focused specifically on community-based approaches to reduce binge drinking for 12 to 25 year olds. A needs assessment for this project would need to center around these goals.
- **Participation.** Priorities or limitations concerning participants in planning and interventions. For example, the conditions of a grant may set expectations concerning who will sit at the planning table as part of the community coalition.
- **Resources.** Resource availability and requirements directly related to the planning process, such as grant amounts or committed resources if applicable, and potential needs for resource acquisition.
- **Data-Driven.** Expectations concerning the planning process. For example, the SPF planning process is expected to be data-driven. It is important to set clear expectations about what this means. For example, it may be expected that problem priorities be clearly justified by empirical information and clearly stated criteria rather than agency perspective, personal commitments to particular outcomes or populations, or other individual preferences.

Clearly setting the parameters of the needs assessment and planning process provides a context for identifying and applying criteria, and avoids frustration and inertia as planning proceeds.

Determining Prevention Priorities: In order to make effective data-driven decisions, those involved in the county-wide prevention planning process need to interpret the information and determine criteria for determining prevention priorities. The following is a list of questions for consideration when determining how to identify priorities for the county:

1. *How important are indications of harmful consequences as distinct from indications of substance use itself? This is a fundamental decision that has important implications for the kinds of prevention strategies that will be emphasized, (e.g., will the emphasis be on reducing use itself, or on abuse and specific consequences such as alcohol-related automobile crashes?)*
2. *How important is the prevalence of the problem or the use of substances – what is the portion of sub-populations or community groups that are involved or impacted by the substance*
3. *How important is the trend in the behavior or harmful outcome? Does the fact that a problem is getting worse or better influence whether it should be a priority?*
4. *How important is the relative rate or trend as compared between communities or population groups? To what extent does the group want to focus on problems that are greater in their community as compared to others? To what extent does the group want to focus on problems*

that are worse in specific demographic sub-populations than others (e.g., age groups, genders, racial/ ethnic/ cultural groups)?

5. *How does the community view the problem? Do community members see it as a priority? Is the issue so deeply and widely felt that there is a groundswell of support for addressing this problem? How do you know?*
6. *Will you be able to actually measure change(s) in this particular problem area that will be meaningful to communities in your county?*
7. *How do you weigh problems with great current public interest, but low impact, versus issues that can create greater public health and safety harm, but are so common they are unseen, such as underage alcohol and tobacco use?*

The county planning group members may adopt additional criteria that are important, and it is likely members will want to balance several, or all, of the above criteria in making their ultimate decisions about prevention priorities. Most important, an outcome of the establishing criteria for priority-setting is for members to develop an understanding of the advantages and disadvantages of datasets and to identify their own criteria for interpreting the data. The data discussion provides a foundation for building group consensus on the methods for prioritizing those problems, communities, and populations that will be the primary focus of prevention efforts over the next few years.

The following considerations may be useful in gaining further consensus on adopting specific prevention strategies and objectives:

- **Evidence-based Practices.** *Are there effective prevention services, strategies or policies that specifically address the problem area, or would it necessitate the development of new, unproven approaches?*
- **Availability of Resources.** *Does the community have access to sufficient resources to address this problem? Do the proposed efforts require additional funding and support or require partnerships with other organizations and agencies?*
- **Ability to Impact the Problem.** *Is the problem so pervasive that any community-based effort is unlikely to affect the outcomes? Can you build a dike in the river to stop the flow of water or will it be the equivalent of simply throwing stones in the water, of having no substantial impact on the flow?*
- **Anticipated Barriers and Resistance.** *Are there substantial interests that will resist necessary change in a specific area, or other challenges that must be considered in setting realistic priorities for action?*

Considerations for Developing Problem Statements: In addition, the following criteria are useful in determining which problems or issues are the most significant and feasible to pursue. The problem / issue should be:

- **Immediate.** “Immediacy” about the concern means people want to act on it. If something is immediate, it “hits” people in their “gut,” not their head. Immediate concerns hit many people because lots of people are affected by them.
- **Specific and Measurable.** It can be specified because it is concrete, not abstract. Concerns must be explicitly identified to be acted on. Where is the problem located? Who is affected by it? How are they affected? Can you measure the problem now? Will you be able to measure that you have made a change?

- **Solvable in a reasonable amount of time.** The scope of the activity has to be of a scale that allows you to be effective. If you take on the problem of “alcohol abuse”, it is too big to address. If you take on the issue of specific problematic environments where alcohol is provided to minors and/or high-risk drinking leads to alcohol-related crime & violence, you can achieve goals on this issue. This also means having the resources necessary to work on the specific identified problems. How long will it take to solve this issue? If the time is too long you may lose the community members’ interest in the process. The time line needs to be reasonable and geared to the immediacy of the issue.
- **Able to result in real improvement in people’s lives.** Will the issue that you have chosen to address improve people’s lives? If yes, how? How do you know that it will help? Have the residents of the community told you? It is important that the results of the work meet the expectations of the community.
- **Widely and Deeply felt.** How many people have expressed concern about the issue? Solving problems related to high-risk alcohol environments often requires a strong community coalition. Do residents feel passionate about this issue? The level of depth of feeling can frequently be measured by the willingness to work on the issue.
- **Non-divisive and consistent with the group’s values.** The work should not split the community or coalition into factions. Rather, the issue should unify the base of people with whom you are working. Values serve as a base to assess if the issue is consistent with what is important to the community. If the solution to a problem makes members of the community uncomfortable or if the means do not justify the ends, a new solution must be found.
- **Resonate Strongly.** Does the statement resonate strongly enough with the public and authorities needed to enact, operate and sustain the actions such that they can counter any interests benefiting from the current norms?

*Adapted from the Community Anti-Drug Coalitions of America (CADCA) website
<http://cadca.org/>*

Considerations for Defining Measurable Goals and Objectives

The goals and objectives should address the problem statements and be in alignment with the needs assessment findings. **It is critical for counties to adopt a reasonable number of goals and objectives for which they will be able to successfully report and measure changes overtime.** It is more important to identify a few key outcomes and objectives relative to the specific problems identified in the needs assessment, than to adopt a large number of broad goals and objectives. **Additionally, the goals and objectives should be time sensitive.** For example, it may be more appropriate to focus on building community capacity and increasing community awareness regarding an AOD issue in year one, anticipating intermediate types of outcomes in year two such as changes in attitudes regarding substances, and reserving longer-term changes such as actual reductions in substance use for years 3 through 5.

Goals: A goal is a measurable statement of desired longer-term, global impact of the prevention program. They reflect the longer-term outcomes the services are intended to have. AOD prevention goals typically address changes in use or incidence of harmful consequences.

Objectives: An objective is a more specific measurable statement which reflects more immediate or direct outcomes of the services/program—which directly support the goal. Objectives typically reflect changes in participant behaviors or attitudes that occur as a result of the prevention services/strategies. They may also focus on altering consequences experienced by the user or the behavior of users that affect others.

Objectives should be specific, measurable, appropriate, realistic, and time-bound.

- Designed to cover a single end result.
- Written in quantifiable terms that are easily measurable and specifically stated to articulate measurable progress in terms of expected increases or decreases
- Conditions to be achieved rather than activities to be performed .

A sample formula for developing objectives:

• How much of what change will occur to whom by when as measured by what?
Of the _____ (state the addressed population), _____ participants in prevention services will _____ (show decreases or increases), in the _____ (insert specific indicator) as measured by _____ (state the evaluation tool) over the next _____ (identify timeframe in years or months).

Examples of indicators include: 30 Day Use and Age of Onset

Examples of measurement tools include: surveys, local or state data sources, service program data, community input (e.g. focus groups) and direct observational methods (e.g. merchant compliance checks).

Considerations for Selecting Prevention Approaches

According to the California Department of Alcohol and Drug Programs, prevention is defined as, “Strategies, programs and initiatives which reduce both *direct and indirect* adverse personal, social, health, and economic consequences resulting from problematic ATOD availability, manufacture, distribution, promotion, sales, and use. The desired result is to promote safe and healthy behaviors and environments for individuals, families, and communities.”

Approaches for selecting services include defining the population involved and the strategies, programs, and/or initiatives to be used.

- The population may be categorized using the Institute of Medicine’s universal, selective and indicated categories.
- Strategies used over the past 15 years may still be defined using CSAP’s six prevention strategies as used in the CalOMS Prevention data reporting, which have associated services.
- CSAP is also introducing prevention policies and practices in addition to the term “program” to more fully address the range of prevention actions.

Utility Checks

- Is the intervention appropriate for the population identified in the community needs assessment and community logic model? Has the intervention been implemented successfully with the same or a similar population? Are the population differences likely to compromise the results?
- Is the intervention delivered in a setting similar to the one planned by the community? In what ways is the context different? Are the differences likely to compromise the intervention’s effectiveness?
- Is the intervention culturally appropriate? Did members of the culturally identified group participate in developing it? Were intervention materials adapted to the group?
- Are implementation materials (e.g., manuals, procedures) available to guide intervention implementation? Are training and technical assistance available to support implementation? Are monitoring or evaluation tools available to help track implementation quality?

Feasibility Checks

- Is the intervention culturally feasible, given the values of the community?
- Is the intervention politically feasible, given the local power structure and priorities of the implementing organization? Does the intervention match the mission, vision, and culture of the implementing organization?
- Is the intervention administratively feasible, given the policies and procedures of the implementing organization?
- Is the intervention technically feasible, given staff capabilities and time commitments and program resources?
- Is the intervention financially feasible, given the estimated costs of implementation (including costs for purchase of implementation materials and specialized training or technical assistance)?

Extracted from the Identifying and Selecting Evidence-Based Interventions Guidance Document for the Strategic Prevention Framework State Incentive Grant Program, Center for Substance Abuse Prevention January 2007.

Examples of Vision Statements

- Create safe and healthy communities free of alcohol and other drugs
- Healthy individuals, families and communities free of alcohol and other drug problems

Examples of Mission Statements

- To reduce alcohol and other drug use by youth through collaboration, education and policy change.
- To promote child health and development through a comprehensive family and community initiative.
- To reduce binge drinking among youth and young adults by increasing awareness regarding the harmful consequences and promoting healthy decision making.
- To reduce methamphetamine use among adults and related issues by creating a comprehensive community-based prevention approach.
- AOD Prevention seeks to empower communities, individuals and families to adopt healthy behaviors that prevent substance abuse and its related consequences.
- Individuals, organizations and coalitions providing leadership and coordination to develop and maintain a comprehensive alcohol and other drug prevention system in the County.
- The mission of the County Alcohol and Other Drug Office is to reduce community and individual problems related to alcohol and drug abuse countywide.

Example: Needs Assessment Introduction

A county-wide needs assessment was conducted to determine the AOD prevention priorities regarding alcohol use. 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 community risk and protective factors associated with these issues?
- What are the existing prevention efforts? What is the most critical gap in prevention services? What evidence-based prevention approaches are needed to address this gap?

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 five years. A three-tiered approach was employed. 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. Despite considerable attempts, some data was not available at the community level—which limited the sub-group analyses. 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.

A highly recognized classification system is a framework developed by Hawkins and Catalano based on extensive prevention research. This provided a logical and theoretical framework from which to approach the data collection and needs analysis process. The framework identifies four major domains of risk for substance abuse and related problems, including:

- **Community Factors:** Such as the availability of substances, community laws and norms favorable to use, extreme economic deprivation, high rates of transition and mobility.
- **Family Factors:** Such as family history of substance abuse, poor family management practices, parental drug use and favorable attitudes toward drug use, and family conflict.
- **School Factors:** such as academic failure, low commitment to school, school-related problem behaviors
- **Individual and Peer Factors:** Such as peer rejection, early and persistent problem behavior, alienation and rebelliousness, friends who use drugs, favorable attitudes toward drug use, and early initiation of drug use.

Example 1: Key Findings

- According to a California household survey of health-related behaviors conducted in 2001 and 2003, nearly two-thirds of County residents over the age of 18 use alcohol at least once in a thirty day period. An estimated twenty-percent of respondents in 2003 engaged in binge drinking behaviors each month, measured as drinking more than five drinks on one occasion, up from seventeen percent in 2001.
- Both alcohol use and binge drinking were found to be more prevalent among County residents than within the California populations statewide, with reported rates of binge drinking within the county increasing from 2001 to 2003.
- Most recent survey data shows rates of alcohol use and binge drinking to be considerably higher among males than females, with males reporting bingeing rates of more than twice the prevalence reported among females in 2003.
- Across age groups, reported alcohol use in 2003 was comparable for most adults, with the exception of 18 to 24 year olds, whose use was slightly lower than use among their older counterparts. However, a comparison of binge drinking rates showed that bingeing was most prevalent within this same age group, as compared to rates within older age groups. This pattern suggests that while older adults were somewhat more likely to use alcohol in their daily life, problem drinking behaviors were much more concentrated among younger adult drinkers. A high occurrence of problem drinking was also found among adolescents under the age of 18 who reported the highest rates of binge drinking overall.

Example 2: Key Findings

- **Police reports** – 37% of the alcohol-related infractions are committed by youth aged 13 to 20, and this demographic comprises 18% of the county's residents; on average, police respond to 9 parties with underage drinking per 1,000 residents each weekend; the zip codes with the highest percentage of both underage alcohol-related infractions and parties are 95826, 95870, and 95888.
- **CHP** –Adolescents who are English Language Learners are disproportionately represented in the DUI arrests. DUI arrests are 3.7 times higher on days when there is a game at the local stadium and 2.6 times higher when there is a concert. DUI arrests are 3.9 times higher during Spring Break and 1.4 times higher during other school breaks, 1.9 times higher during Prom Season and 1.7 times higher during Graduation Season.
- **Alcohol sales** – These zip codes, plus 95871, account for 71% of all of the alcohol sold in our county, but only 46% of our residents. Only 53% of the merchants in these zip codes are in full compliance; however, 92% have responded positively to suggestions that they receive extensive RBS training.
- **Hospital discharge** – The data available suggests that patients under 21 years old are more likely to combine alcohol with other substances than their legal-age counterparts. Additionally, they are more likely to be admitted during breaks from school and other major events, including graduation (Spring Break has an average of 13.7 admits/day and Prom Season has an average of 12.4 admits/event versus 8.8 admits per 1,000 residents). Non English speaking youth are generally overrepresented in alcohol-related intakes.
- **CHKS** – 7th graders are binge drinking at significantly greater rates (5.7% during the past 30 days for 04-05, compared with 4.0% in 02-03 and 3.7% in 00-01), while the binge drinking data on 9th and 11th graders remains fairly constant (approximately 13 % for 9th graders and 24% for 11th graders). Additionally, for the first time since we began collecting CHKS data, girls are binge drinking more frequently than their male counterparts – at 9th and 11th grade.

Examples of Problem Statements

- The growing number of large teen drinking parties and associated problems to youth and neighborhoods
- Youth are obtaining alcohol from and consuming alcohol in social settings, which results in threats to individual health and safety, as well as community impacts such as vandalism, property damage, violence and other injuries
- Level of violence and other alcohol-related problems occurring downtown in and near Outlets
- Alcohol is an age restricted product and yet it is readily available to local youth, either through youth purchasing it illegally, or youth acquiring it from others, including family.
- A significant number of local adolescents are polydrug users and participating in binge drinking.

Examples of Goals:

- Reduce alcohol use amongst youth
- Reduce methamphetamine use within the target community
- Reduce binge drinking rates amongst youth and young adults

Examples of Objectives:

- By July 1st, 2008, decrease the percentage of retailers within the targeted community willing to sell to minors from 30% to 15%
- By July 1st, 2008 decrease the number of teen drinking parties within the specified community through enforcement of social host ordinances from 50 parties per month to 25 per month.
- By July 1st, 2008, increase awareness of young adults, ages 18 to 25 living within the targeted zip code areas, regarding the harmful consequences of binge drinking from 30% to 75%.
- By July 1st 2009, decrease the percentage of 11th graders at the targeted high schools reporting 30 day binge drinking from 35% to 20%.

Part III: List of Relevant Data Indicators and Sample Tables

Examples of Relevant Data Indicators

Indicator	Data Source
Prevalence of Alcohol and Drug Use	
Lifetime Prevalence ATOD Use	California Healthy Kids Survey (CHKS), California Department of Education
Any Alcohol Use	California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, California Department of Health Services, Public Health Institute
Any Binging	California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, California Department of Health Services, Public Health Institute
30 Day ATOD Use	California Healthy Kids Survey (CHKS), California Department of Education
30 Day ATOD Use (On School Property)	California Healthy Kids Survey (CHKS), California Department of Education
30 Day Alcohol Use	California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, California Department of Health Services, Public Health Institute
30 Day Binge Drinking	California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, California Department of Health Services, Public Health Institute
Age of First ATOD Use	California Healthy Kids Survey (CHKS), California Department of Education
ATOD Peer Use	California Healthy Kids Survey (CHKS), California Department of Education
Admissions to Alcohol and Drug Treatment	
Treatment Admissions Rate per 100,000	California Alcohol and Drug Data System (CADDSS) Admission Data, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
Treatment Admissions Under 18, rate per 100,000	California Alcohol and Drug Data System (CADDSS) Admission Data, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
Treatment Admissions and Rates, by Primary Drug Type	California Alcohol and Drug Data System (CADDSS) Admission Data, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
Treatment Admissions and Rates by Age	California Alcohol and Drug Data System (CADDSS) Admission Data, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
Treatment Admissions and Rates by race/ethnicity	California Alcohol and Drug Data System (CADDSS) Admission Data, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
Alcohol and Drug Related Crime and Offenses	
Felony and Misdemeanor Arrests for Alcohol Offenses, rate per 100,000 (Can be broken down by type of offense, age, and ethnicity)	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center http://caag.state.ca.us/cjsc
County Alcohol Arrest Rate per 100,000 (Can be broken down by type of offense, age, and ethnicity)	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center http://caag.state.ca.us/cjsc
Felony and Misdemeanor Arrests for Drug Offenses, rate per 100,000 (Can be broken down by type of offense, age, and ethnicity)	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center http://caag.state.ca.us/cjsc
County Drug Arrest Rate per 100,000 (Can be broken down by type of offense, age, and ethnicity)	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center http://caag.state.ca.us/cjsc
Drug and Alcohol Related School Offenses	CA Department of Education, http://www.cde.ca.gov
Local Police Calls for Service by specific zipcodes or areas	Local Law Enforcement Data Sets
Blood Alcohol Levels at time of Arrest for various offenses	Local Law Enforcement Data Sets
Drinking and Driving	
Fatalities in Alcohol-Involved Accidents, Rate per 100,000	Statewide Integrated Traffic Records System (SWITRS), California Highway Patrol (CHP)
Parties In Alcohol-Involved Accidents (by age, gender, and race)	Statewide Integrated Traffic Records System (SWITRS), California Highway Patrol (CHP)

“Had Been Drinking” Drivers, rate per 100,000	Statewide Integrated Traffic Records System (SWITRS), California Highway Patrol (CHP)
Youth who have Ridden in a Car wit Someone who has been Drinking	Statewide Integrated Traffic Records System (SWITRS), California Highway Patrol (CHP)
Alcohol and Drug-Related Morbidity	
Hospital Admissions due to Alcohol and Drug Related Causes	California Hospital Discharge Data Set, Office of Statewide Health Planning and Development (OSHPD)
Hospital Admissions due to Alcohol Related Causes	California Hospital Discharge Data Set, Office of Statewide Health Planning and Development (OSHPD)
Hospital Admissions due to Drug Related Causes	California Hospital Discharge Data Set, Office of Statewide Health Planning and Development (OSHPD)
Place of last drink before admission by type of drug used	Place of Last Drink Data
Alcohol and Drug Related Mortality	
Deaths due to Alcohol and Drug Related Causes, rate per 100,000 (by age, gender, and ethnicity)	Death Statistic Masterfile and California Health Status Profiles, California Department of Health Services, Vital Statistics Section
Deaths Due to Cirrhosis of the Liver, rate per 100,000	Death Statistic Masterfile and California Health Status Profiles, California Department of Health Services, Vital Statistics Section
Drug Induced Deaths, rate per 100,000	Death Statistic Masterfile and California Health Status Profiles, California Department of Health Services, Vital Statistics Section
Alcohol Related Deaths, rate per 100,000	Death Statistic Masterfile and California Health Status Profiles, California Department of Health Services, Vital Statistics Section
Availability and Access of Alcohol and Other Drugs	
Retail Liquor Licenses	CA Alcohol Beverage Control; http://www.abc.ca.gov
Disciplinary Actions	CA Alcohol Beverage Control; http://www.abc.ca.gov
Sales to Minors	CA Alcohol Beverage Control; http://www.abc.ca.gov
Shoulder Tap Operations	CA Alcohol Beverage Control; http://www.abc.ca.gov
License Suspensions	CA Alcohol Beverage Control; http://www.abc.ca.gov
Local areas deemed overconcentrated by ABC	CA Alcohol Beverage Control; http://www.abc.ca.gov
Sources of Alcohol and Other Drugs for Youth	Youth Tobacco Coalition Alcohol Survey
Places Youth Most Likely Drink	Tobacco Youth Survey (TYS)
Parents/Adults Who Provide Youth Alcohol	Tobacco Youth Survey (TYS)
Youth Perceptions of ease of access	Tobacco Youth Survey (TYS)
ATOD Availability	Healthy Kids Survey (Self Report Data). Data is housed at the district level.
Risk and Harm Perception	
ATOD Use Perception of Harm	Healthy Kids Survey (Self Report Data). Data is housed at the district level.
Other Risk Factors	
Child Abuse and Neglect Reported Incidents	Child Protective Services (CPS)
Children in Foster Care	CA Health and Welfare Agency, Department of Social Services, Statistical

	Services Bureau; http://www.cahwnet.gov
Reported Runaways	CA Department of Justice, Law Enforcement Information Center: http://caag.state.ca.us/cjsc
Teen Births	CA Health and Human Services Agency, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
Juvenile Law Enforcement Dispositions	CA Department of Justice, Law Enforcement Information Center: http://caag.state.ca.us/cjsc
Adolescent Suicide	CA Health and Human Services Agency, CA Department of Alcohol and Drug Programs; http://www.cahwnet.gov
AFDC	CA Health and Welfare Agency, Department of Social Services, Statistical Services Bureau; http://www.cahwnet.gov
Domestic Violence Calls for Assistance	CA Department of Justice, Criminal Justice Statistics Center; http://caag.state.ca.us/cjsc
Unemployment Rates	CA Health and Welfare Agency, Employment Development Department Labor Market Information Division; http://www.cahwnet.gov
Academic Performance Index	CA Department of Education, California Basic Education Demographics (CBEDS); http://www.cde.ca.gov
Dropout/Graduation Rates	CA Department of Education, California Basic Education Demographics (CBEDS); http://www.cde.ca.gov
Free/Reduced Lunch Rates	CA Department of Education, California Basic Education Demographics (CBEDS); http://www.cde.ca.gov
Calworks/AFDC Enrollment	CA Department of Education, California Basic Education Demographics (CBEDS); http://www.cde.ca.gov
Absences	Collected and housed at the district and/or school level
Suspensions	Collected and housed at the district and/or school level
Expulsions	Collected and housed at the district and/or school level
School Violence Incidents	California Healthy Kids Survey (CHKS), California Department of Education
Perception of School Safety	California Healthy Kids Survey (CHKS), California Department of Education
Gang Involvement	California Healthy Kids Survey (CHKS), California Department of Education

Examples of Local Data Sources

- Locally developed surveys
- Key informant interviews
- Focus groups
- One-On-One interviews
- Local police calls for service data
- Place of last drink data
- Local areas deemed overconcentrated by ABC
- Shoulder taps
- Decoy operations

Sample Logic Model Format

Identified Problem or Need (supported by data)	CONTRIBUTING FACTORS 1. _____ 2. _____ 3. _____
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GOAL (or Aim)	RESOURCES (What do we have to help meet our goal?)	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	INTER-MEDIATE	LONG TERM	

Goal: Reduce alcohol-related problems associated with social access to alcohol

Identified Problem	Contributing Factors	Objectives	Examples of Strategies	Short-Term Outcomes	Intermediate Outcomes	Long Term Outcomes*	Measurement Indicators
<p>Youth are obtaining alcohol from and consuming alcohol in social settings, which results in threats to individual health and safety, as well as community impacts such as vandalism, property damage, violence and other injuries</p>	<p>Some youth are obtaining and drinking alcohol in their own homes and homes of friends</p> <p>Some parents provide alcohol to youth for consumption in social settings</p>	<p>Reduce adult provision of alcohol to youth in homes</p>	<p>Establish social host liability ordinances in cities and county</p>	<p>Increased community awareness about laws pertaining to adult provision of alcohol</p>	<p>Established protocols at local police departments for party dispersal</p> <p>Decreased police calls for service for large teen parties</p>	<p>Decreased rates of underage alcohol use</p> <p>Decreased youth alcohol-related problems</p>	<p>Youth alcohol use in past 30 days (CHKS)</p> <p>Youth binge-drinking in past 30 days (CHKS)</p>
	<p>Many adults and parents are unaware of new and existing research on the impacts on youth who drink alcohol</p>	<p>Increase adult awareness of the nature and extent of youth alcohol use and associated risks</p>	<p>Develop and implement “Parent Pledges” in local communities</p>	<p>Increased community dialogue on issue of teen drinking</p>	<p>Decreased numbers of small teen parties where alcohol is served</p>	<p>Decreased numbers of “minors in possession” citations</p>	<p>Youth drinking and driving (CHKS)</p> <p>Youth DUI Arrests (CDOJ)</p>
	<p>Youth have easy access to alcohol at some events</p>	<p>Reduce access to alcohol at events sponsored by public and non-profit organization</p>	<p>Develop organizational criteria and policies to determine when and how alcohol will be available at community events</p>	<p>Established protocols for serving alcohol</p> <p>Increased use of Responsible Beverage Service protocols</p>	<p>Decreased youth alcohol-related problems at events</p>		<p>Liquor law violations (CDOJ)</p>

Implementation Plan: Sample 1

Problem Statement:	
Corresponding Goal:	
Corresponding Objectives:	
Strategy(ies)	
Action Steps:	
Indicator and Target Levels	
Measure	

Sample 2: Implementation Plan

Problem Statement: Corresponding Goal:

Objectives	Specific Tasks	Person/Agency Responsible	Outcomes/Measures			Timeframe for Accomplishing

Sample Outcome-Based Evaluation Plan

Outcomes (Degree of Change—Short-Term, Intermediate, and Long-Term)	Indicators (Performance Measures) How will you track change?	Method of Data Collection (Interviews, surveys, observations, record comparisons)	Tools (CHKS, etc.)	Who Collects Data Staff name, peer leader, outside expert)	Timeframe (E.g. Before and after program)