

***San Luis Obispo County  
Strategic Prevention Framework***



**Reducing the Problems  
Associated with Alcohol  
and Other Drug Use**

**2012 - 2017**

**June 2012**

**San Luis Obispo County  
Behavioral Health Department  
*Prevention Team***



**TABLE OF CONTENTS**

**Introduction**

San Luis Obispo County.....1  
Strategic Prevention Planning.....3  
Guiding Prevention Principles.....4  
Strategic Prevention Framework.....6

**SPF Step 1: Assessment.....6**

Overview of Assessment Process.....6  
    Underage and Adult High-Risk Drinking.....8  
    Youth Marijuana Use.....11  
    Prescription Drug Use.....13

**SPF Step 2: Capacity Building.....14**

Community Partnership in the Strategic Planning Process.....14  
SLOBHD Training & Technical Assistance.....16

**SPF Step 3: Planning.....16**

SPF Planning Process.....16  
Prevention Programs.....17

**SPF Step 4: Implementation.....19**

SPF Implementation.....19

**SPF Step 5: Evaluation.....20**

SLO County SPF Evaluation.....20

**Resources**

**Appendices**

- 1. Prevention Programs Action Plan
- 2. Strategic Prevention Framework Logic Model

## INTRODUCTION

San Luis Obispo County is a community that values awareness and knowledge of alcohol and other drug use and acts accordingly in a safe, healthy, responsible manner. – *SLO County Drug and Alcohol Services Vision Statement*

### **San Luis Obispo County**

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San Luis Obispo County (SLO) is the beautiful jewel of California's Central Coast and a community that prides itself on a healthy, friendly atmosphere. From the rolling hills, to the lush agricultural regions, to the unparalleled beaches, SLO County attracts tourists, students, retirees, businesses, and families seeking a safe environment and terrific neighbors. The county, however, is no different than any other in the state, with its share (and in some cases more than its share) of problems associated with the use of alcohol and other drugs. This document updates the original Strategic Prevention Framework adopted by SLO County in 2007 to both address those problems and to work toward maintaining the county's warm and inviting quality of life.

With a growing population of 272,000, SLO County is made up primarily of 71% Caucasian and 22% Latino/Hispanic individuals. The median household income is \$57,365 with an average of 2.43 individuals living in each home. Thirteen percent (13%) of the population live below the poverty line. There are ten school districts with a combined 76,000 students K-12 (U.S. Census Bureau, 2011 estimates). San Luis Obispo County contains many rural and suburban communities, some of which are quite isolated from each other and located at significant distances from the centrally located city of San Luis Obispo. This isolation results in reduced services available to citizens who are often in greatest need of services due to the number of ethnically diverse and low income families who live and work in these out-lying communities.

The economy is centered around California Polytechnic State University (with approximately 19,000 students), tourism, agriculture, and other government services, including the California Men's Colony, a State penal institution. San Luis Obispo County is the third largest producer of wine in California, surpassed only by Sonoma and Napa Counties. Wine grapes are by far the largest agricultural crop in the county, and the wine production they support creates a direct economic impact and a growing wine country vacation industry (California Wine, 2007). Eighty-four percent (83%) of residents primarily speak English in their homes, while 17% speak another language (U.S. Census Bureau, 2011 estimates). In particular, the continued growth of agricultural production (including wine) has created an expanding Spanish-speaking working class that is often underserved in public health due to language, transportation and cultural issues.

The City of San Luis Obispo, with a population of 45,000, has a higher-than-state-average density of alcohol sales licenses; a major university with a higher-than-average binge drinking rate; and an inflated per-capita rate of DUI incidents. The dense, student-occupied neighborhoods around the city are regular sources of frustration for longtime city residents,

and for police who are often understaffed, however continue to set priorities around their current social host statute and noise ordinance.

### **County of San Luis Obispo Mission Statement**

*The County's elected representatives and employees are committed to serve the community with pride to enhance the economic, environmental and social quality of life in San Luis Obispo County.*

The County government structure is seated in the City of San Luis Obispo and is overseen by an elected Board of Supervisors, with an appointed County Administrative Officer. The San Luis Obispo County Health Agency encompasses the Departments of Public Health, and Behavioral Health (SLOBHD). SLOBHD contains the Division of Drug and Alcohol Services (DAS), the County's alcohol and drug program. In recent years the SLOBHD merged its mental health and AOD prevention programs creating a Prevention and Outreach Division. This has created opportunities for the County to utilize the training and expertise of the DAS prevention programs to establish evidence-based practices while implementing Mental Health Services Act (MHSA) prevention programming. SLOBHD provides a continuum of services from prevention, to treatment, and maintenance of sobriety. The Prevention Team provides all SAPT-funded alcohol and other drug (AOD) prevention programming.

### **Drug and Alcohol Services Mission Statement**

*Drug and Alcohol Services promotes safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs responsive to community needs.*

AOD prevention programs in San Luis Obispo County address all ages, ethnicities, and socioeconomic groups by providing needs-based responses to community issues. SLOBHD Prevention school programs range from youth development strategies, such as Friday Night Live (FNL), to evidence-based school counseling approaches like Student Assistance Programs and Screening and Brief Intervention (SBI). SLOBHD partners with organizations throughout the County to address substance abuse issues, such as the Asset Development Network, the Anti-Defamation League and local community coalitions. Specific interventions in underserved communities include outreach and education to high-risk populations, and a full complement of youth and family programs in rural communities, provided both in bilingual and bicultural settings.

The SLOBHD's Prevention Team collaborates with multiple public agencies and private organizations in addressing the often-complex array of community substance use issues. SLOBHD's strong partnership with local law enforcement includes both a countywide approach to youth access and alcohol retailer compliance programs. The County Office of Education and SLOBHD collaborate throughout the year in providing training, capacity building, and evaluation services for local schools and youth programs. The San Luis Obispo County Friday Night Live Partnership, established in 1991, is a unique public-private collaboration between SLOBHD and the local non-profit FNL organization.

## **Prevention Team Mission Statement**

*San Luis Obispo County Behavioral Health Department's Prevention Team provides a framework for collaborative county-wide prevention of substance abuse and its related problems by engaging families, neighborhoods, and communities to promote safe and healthy environments through the following strategies:*

- *Information dissemination and media advocacy*
- *Education and skills building*
- *Alternative activities*
- *Problem identification and referral*
- *Community based processes*
- *Environmental and policy development*

## **SLO County Strategic Prevention Planning**

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San Luis Obispo County prepared this updated plan in response to California Alcohol and Drug Programs' (ADP) requirement that counties use the Strategic Prevention Framework (SPF), a planning and program design tool developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF consists of five steps (assessment, capacity building, planning, implementation, and evaluation) and aims to enable counties to build the infrastructure necessary for effective and sustainable prevention through a community-based approach.

To implement the SPF in San Luis Obispo County, the SLOBHD Prevention Team has synthesized several years of community collaborations and needs assessments to develop a comprehensive and community-based AOD-related prevention framework that will guide program planning and service delivery for the next several years. SLOBHD facilitated this planning process first by assessing San Luis Obispo County's AOD-related problems and utilizing many methods of community participation in identifying factors that contribute to these problems. The collaborative nature of this process aids the County in developing a common understanding of needs and resources with respect to AOD-related problems, and furthers effectiveness in selecting appropriate and evidence-based prevention strategies.

The main planning was done by the SLOBHD Prevention Team, led by Program Supervisor Kimberly Mott. Wayne Hansen, a County Administrative Services Officer (ASO) and longtime leader in the California prevention field, served as the advisor to the project. The fiscal lead, Syd Ewens, ASO Darci Rourke, Prevention Team leader Jennifer Rhoads, and Prevention Division Manager, Frank Warren, collaborated on the final document. Prevention Team members as a collaborative group crafted the language defining the problem statements, goals and objectives. Community partners contributing to the SPF process included: Laurie Morgan, Department of Mental Health; Dan Cano, The LINK (Family Resource Center); Christine Elfers, County Office of Education; Samantha Simonini, SLO County Youth Representative to the California Youth Council; Rojean Dominguez, Director, Cal Poly Health Education Department

and Rich Powell, President of the SLO Friday Night Live Partnership (SLOFNLP) Board of Directors. The past five years have seen hundreds of community members, youth, professionals, and SLOBHD staff members contributing to the assessment, capacity building, planning, and implementation of the County's SPF plan.

### **Guiding Prevention Principles**

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The following principles were adapted from the Office of National Drug Control Policy's (ONDCP) "Principles of Prevention" (Office of National Drug Control Policy, 2007) and include 15 principles and guidelines drawn from a growing body of research. SLOBHD has used these principles, along with the Center for Substance Abuse Prevention (CSAP) domain-based principles (CSAP, 2001) in planning and implementation of programs over the past several years. In approaching the SPF process, it was determined by SLOBHD Prevention to structure the needs assessment and goal setting in the framework of the following principles:

#### **Address Appropriate Risk and Protective Factors for Substance Abuse in a Defined Population**

- **Define a population.** SLOBHD Prevention defines populations by age, sex, race, geography (neighborhood, community, or region), and institutions (school or workplace).
- **Assess levels of risk, protection, and substance abuse for that population.** DAS Prevention seeks to identify and decrease "risk factors", which increase the risk of substance abuse, and increase "protective factors" which inhibit substance abuse in the presence of risk.
- **Focus on all levels of risk, with special attention to those exposed to high risk and low protection.** The county's prevention programs and policies should focus on all levels of risk, with special attention given to the most important risk factors, protective factors, psychoactive substances, individuals, and groups exposed to high risk and low protection in a defined population.

#### **Use Approaches that Have Been Shown to be Effective**

- **Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged.** Community-wide laws, policies, and programs can reduce the availability and marketing of illicit drugs. They can also reduce the availability and appeal of alcohol to those who are underage.
- **Strengthen anti-drug-use attitudes and norms.** Programs such as Friday Night Live focus on environmental support for anti-drug-use attitudes by sharing accurate information about substance abuse, encouraging drug-free activities, and engaging youth to advocate for laws, and policies related to illicit substances.
- **Strengthen life skills and drug refusal techniques.** Programs such as Friday Night Live teach life skills and drug refusal skills, using interactive techniques that focus on critical thinking, communication, and social competency.

## San Luis Obispo County Strategic Prevention Framework

- **Reduce risk and enhance protection in families.** DAS programs aim to strengthen family skills by engaging families in setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support, and modeling positive behaviors.
- **Strengthen social bonding.** SLOBHD Prevention programs strengthen social bonding and caring relationships with people by holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious and spiritual contexts, and structured recreational activities.
- **Ensure that interventions are appropriate for the populations being addressed.** DAS prevention interventions, including programs and policies, should be acceptable to and appropriate for the needs and motivations of the populations and cultures being addressed.

### **Intervene Early at Important Stages, Transitions, and in Appropriate Settings and Domains**

- **Intervene early and at developmental stages and life transitions that predict later substance abuse.** Such developmental stages and life transitions can involve biological, psychological, or social circumstances that can increase the risk of substance abuse.
- **Reinforce interventions over time.** The county's approach is to repeat exposure to scientifically accurate and age-appropriate anti-drug-use messages and other interventions, especially in later developmental stages and life transitions that may increase the risk of substance abuse. This reinforcement approach helps to ensure that skills, norms, expectations, and behaviors learned earlier are reinforced and therefore maintained over time.
- **Intervene in appropriate settings and domains.** SLOBHD Prevention programs intervene in settings and domains that most affect risk and protection for substance abuse, including homes, social services, schools, peer groups, workplaces, recreational settings, religious and spiritual settings, and communities.

### **Manage Programs Effectively**

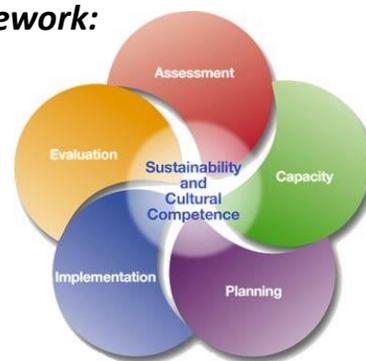
- **Ensure consistency and coverage of programs and policies.** Implementation of prevention programs, policies, and messages for different parts of the community should be consistent, compatible, and appropriate.
- **Train staff and volunteers.** To ensure that prevention programs and messages are continually delivered as intended, training should be provided regularly to staff and volunteers.
- **Monitor and evaluate programs.** To verify that goals and objectives are being achieved program monitoring and evaluation should be a regular part of DAS program implementation.

## The Strategic Prevention Framework

The five steps that comprise SAMHSA's Strategic Prevention Framework will enable San Luis Obispo County and its communities to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. The SPF is conceived of in systemic terms and reflects a public health, or community-based, approach to delivering effective prevention. (SAMHSA, 2005)

### ***The Five Steps of SAMHSA's Strategic Prevention Framework:***

- Step #1: Profile population needs, resources, and readiness to address needs and gaps
- Step #2: Mobilize and/or build capacity to address needs
- Step #3: Develop a Comprehensive Strategic Plan
- Step #4: Implement evidence-based prevention programs, policies, and practices
- Step #5: Monitor, evaluate, sustain, and improve or replace those that fail



## SPF STEP 1: ASSESSMENT

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps. (SAMHSA, 2007)

## Overview of Assessment Process

In February 2012, San Luis Obispo County's Behavioral Health Department Prevention Team began compiling data and information accumulated over the past five years. To conduct a proper assessment of the nature and scope of AOD-related problems in San Luis Obispo County, the Team reviewed national, state, and local surveys; focus group and stakeholder interview transcripts, coalition meeting notes, and media items. This process involved the following steps:

### **Collection of primary local AOD use and risk factors data**

- California Healthy Kids Survey
- FNL Youth Development Surveys
- School Counseling Pre/Post Tests
- Indicators of Alcohol and Other Drug Abuse Report – SLO County
- LINK Family Advocate Data
- Treatment (Cal OMS)
- Cal Poly CORE Survey

### **Collection of secondary local AOD use, risk factors and perception data**

- Youth Issues Conference focus group reports
- Town Hall Meeting on Underage Drinking and Drug Abuse
- Law enforcement arrest data and stakeholder notes
- Community Coalition reports
- Off-sale and on-sale alcohol outlet compliance records
- School Disciplinary Referrals
- Action for Healthy Communities Survey
- SWITRS alcohol related traffic crash injury and fatality data
- Cal Poly alcohol attitude surveys
- Stakeholder interviews and reports
- Media articles and broadcasts
- Alcohol Beverage Control licensing data

### **Collection of national and state data to assess trends and comparisons**

- California Student Survey
- Monitoring the Future
- CalOMS treatment
- SWITRS
- CHP DUI arrests
- Alcohol Beverage Control licensing data

### **Presentation of data findings to community forums for feedback**

- SLO County Friday Night Live Board
- Asset Development Network
- Juvenile Justice Commission
- MHSA Prevention and Early Intervention Stakeholder Group
- Drug and Alcohol Advisory Board
- Mental Health Board
- School Boards and Faculty presentations
- Cal Poly Substance Use and Abuse Advisory Committee (SUAAC)
- Student Community Liaison Committee
- Drug-Free Communities Coalition

Over the past several years, SLOBHD Prevention has tracked and reported these data sources in CalOMS Pv, grant reporting, community forums, and planning processes. In drafting this SPF document, these past reports were reviewed and discussed in Prevention Team meetings. Community input has been sought in forums such as the monthly collaborative meetings and trainings, Mental Health Services Act networking sessions and the annual Cal Poly SUAAC sessions.

The key question in guiding this process has been “What are the primary AOD issues facing SLO County at this moment?” This question, naturally, led us to more concentrated questions such as “What services are currently being offered to alleviate these issues?” and “What services are lacking in SLO County in order to address these issues?” The SPF process in SLO County was not driven by the current successes being recorded here, but by those areas where the community and the SLOBHD Prevention Team felt more attention and resources would be needed to address problems. In addition, emerging trends have evolved over the last 5 years that are not being addressed by the previous SPF plan, and require concentrated attention. Specifically, prescription drug misuse has been identified as a growing concern in the county.

As a result of the data gathering and analysis process, three priority problem areas needing action were identified:

- High Risk Alcohol Use and Related Problems (Youth and Adult)
- Prescription Drug Misuse and Related Problems
- Youth Marijuana Use and Related Problems

**The Problem with Underage and High-Risk Drinking in SLO County**

On a chilly November night in 2010, a staff writer from the local newspaper New Times sat with local law enforcement as they began their Shoulder Tap Operation in partnership with Alcoholic Beverage Control. In his article, Matt Fountain writes; “a silver Toyota SUV pulled into Sandy’s parking lot. Two skinny guys jumped out and went into the store, reemerging with three flat cases of Four Loko, which was about to be taken off the market by the Food and Drug Administration. They lingered just long enough for Denise to make her move. A short, skinny kid with spiked hair and a preppy sweater took the bait. He came out, handed her a bag, and walked back to the car. (Police Officers) Storton and Rushing moved in on the SUV and escorted the kids to the curb to start writing up citations. But after the preppy guy handed Storton his ID, something triggered Storton to order everyone out of the car. Out came a man and two women. All appeared really young. “Apparently the whole truck is under 21,” Rushing said. He explained that the kids cleared the store out of Four Loko” (*Underage and Undercover*, New Times, December 16, 2010).

The same year, according to the CA Healthy Kids Survey (CHKS), 52% of San Luis Obispo County’s 11<sup>th</sup> graders reported that it is ‘very easy’ to obtain alcohol, which is higher than the state’s average of 48%. While there has been a decrease in alcohol use since 2007, it remains the case that youth who are currently drinking, are binge drinking. In fact, 37% of 11<sup>th</sup> graders reported binge drinking in the last 30 days, which is consistent with the state’s numbers (CHKS, 2011). Adults in San Luis Obispo County are experiencing similar trends. According to the 2010 Action for Healthy Communities Comprehensive Report, 34% of County residents reported binge drinking as well, higher than the state average last reported in 2007 as 30% (San Luis Obispo County Strategic Prevention Framework, June

9-4128 SAN LUIS OBISPO COUNTY, CALIFORNIA SUNDAY, MAY 22, 2011

**TRIBUNE SPECIAL REPORT:** Behind the reports of three rapes involving Cal Poly students lies a familiar and pervasive foe that experts and authorities agree plagues life at American universities – **ALCOHOL**

# A DRINKING PROBLEM

Party scene: A Friday night out in SLO



**Bingeing common, say Poly students**

Nearly 40 percent of them drink enough to meet definition and many also are underage, according to survey

By ANNE-MARIE CORRIGAN [acorrigo@tribunemedia.com](mailto:acorrigo@tribunemedia.com)

Cal Poly students who consistently drink are largely doing it off-campus at private homes or apartments. More than half of them are underage, and many of them admit to binge drinking.

A survey in the fall of Cal Poly students also shows that the number of students binge drinking in a two-week period — which translates into five or more drinks for males and four or more for females — is about 39 percent.

Although the number of students who admit to binge drinking has fluctuated by 10 percentage points in the past six years, it has never dropped below 30 percent. It appears to have essentially remained the same, despite efforts by the university.

**SURVEY FACTS**  
**39.2%** of Cal Poly students had reported binge drinking (4 to 5 drinks in one sitting) in the past two weeks.  
**71.7%** consumed alcohol in the past 30 days.  
**58%**

**The beat goes on**

Not deterred by recent incidents, party-goers hit the scene with eye on caution

By NICK WILSON [nwilson@tribunemedia.com](mailto:nwilson@tribunemedia.com)

About midnight Friday, four college-age females wearing Playboy-esque bunny ears and skintight, black miniskirts sashayed toward a party pumping hip-hop music near Cal Poly.

They crossed paths with three other young women, one of whom stumbled along in high heels, eyes half-shut, as her friends propped her up.

Less than a week after a third alleged rape of a college-age student in a month was reported to Cal Poly officials, the party scene around campus and at downtown bars in San Luis Obispo was “popping” — as the crowd calls it these days.

Sexual assault happens with or without alcohol present. But the kind of partying where binge drinking takes place regularly on the weekends

TRIBUNE PHOTO BY NICK LUCHINO  
 The downtown bar scene in front of MoTav on Higuera Street is packed with party-goers reveling with their friends in the early hours of Saturday morning.

Please see PARTY, A10

## San Luis Obispo County Strategic Prevention Framework

2007.) Even more alarming is the local college trends. A Cal Poly State University survey revealed 39% of students reported binge drinking in the last 2 weeks. This same survey found 71% of college students drank alcohol in the past 30 days, and 58% of those drinkers were underage (SAFER California Universities Study, 2010).

On the night of December 2, 2008, Carson Starkey attended a fraternity party with his pledge brothers in San Luis Obispo. For the 18-year-old Cal Poly freshman, there was nothing out of the ordinary about it: just another Friday, just another party. At this party, the fraternity was partaking in one of their traditional initiation events, Brown Bag Night. At this event, he sat in a circle with 16 other pledges and was told to drink large quantities of alcohol out of a brown bag. His peers at the party estimate that Carson drank at least a fifth of vodka, and “didn’t seem alright.” At some point in the night, Starkey became unresponsive. Some fraternity members Googled the signs of alcohol poisoning, put him in a car and started to drive to Sierra Vista Regional Medical Center. But they did not go through with the plan out of fear of getting themselves and their organization in trouble. Starkey was brought back to the scene of the fraternity event where he was placed on a mattress to sleep off his intoxication. He never woke up; Starkey died a quarter of a mile away from the hospital. At Sierra Vista Regional Medical Center’s Emergency Room it was just another early Saturday morning. It was there the young man was pronounced dead after Starkey’s friends noticed he was unresponsive, and took him to the hospital. The autopsy report made it clear: respiratory arrest due to alcohol poisoning. His blood alcohol concentration ranged from .39 to .44 (*Carson Starkey’s Legacy*, Mustang Daily, May 11, 2011). Research clearly shows that youth today drink with intent: the intent to get “hammered.” The CHKS findings also report that 33% of 11<sup>th</sup> graders drinking style or preference when drinking is to “feel it a lot or get really drunk.” Disturbingly, 37% find it slightly or not at all harmful to consume five or more drinks once or twice a week. It can be assumed, based on the data collected, that the county’s youth are increasingly less concerned with the negative effects of alcohol because the community has done a better job of “normalizing” alcohol use. San Luis Obispo is one of the top producers of wine in the State. Local media regularly reports on the wine industry, there are highly promoted wine (and beer) festivals, and Cal Poly has made significant press for launching a massive winemaking curriculum. Youth see regular and routine examples of adult alcohol use and promotion, both in home and the local media.

The National Institute on Drug Abuse’s Overview of 2011 Key Findings in Monitoring the Future states that all measures of alcohol use including lifetime use, annual use, 30-Day use, and binge drinking have reached historic lows and perceptions of harm have increased somewhat. However, alcohol-related problems are still plaguing the community. Crime rates for felony and misdemeanor alcohol offenses increased from 2,222 per 100,000 (pop.) in 2000 to 2,380 per 100,000 in 2008. San Luis Obispo County’s alcohol arrest rate was significantly higher than the state overall each year. Arrests due to DUI accounted for 51% of the arrests in 2008. And the highest rate of alcohol-related was for 18-24 year olds with a rate of 5,461 per 100,000. The second highest rates were for 35-44 year olds with a rate at 2,480 per 100,000 (SWTRS, 2011).

San Luis Obispo County is a popular tourist destination with the wine culture, the beach communities and attractions such as Hearst Castle. Oprah Winfrey publicly deemed San Luis

## San Luis Obispo County Strategic Prevention Framework

Obispo the “Happiest City in America” (*Jenny McCarthy in SLO over the weekend to film segment for 'The Oprah Winfrey Show'* San Luis Obispo Tribune, 2011). Holidays are popular here; particularly St. Patrick’s Day, a local college favorite. Thirty-five people were arrested on that lucky day in the city of San Luis Obispo alone, compared to 27 arrests in 2011 (*35 people arrested in San Luis Obispo on St. Patrick’s Day*, San Luis Obispo Tribune, 2012). And while the California Mid-State Fair draws hundreds of thousands of visitors, including many young people, it brings a fair share of obstacles as well.

The Fair is well known for its high-quality entertainment, agriculture displays, and abundance of alcohol distributors. Youth have to pass through tens of alcohol booths on the way to the carnival “Midway” with rides and games. Alcohol distributors are often staffed with seasonal, untrained workers. DAS has worked with the Fair and local law enforcement over the past several years to conduct minor compliance checks, server training as well as working with the Fair management to reduce the amount of alcohol signage on site. Despite these successes, the Fair continues to be a major source of problems for law enforcement, parents, and community prevention leaders.

Another need to be addressed is a responsive parenting and family skills program for those families dealing with children who have begun exhibiting high-risk behaviors, and for those children and families of addicts and adults in treatment and recovery. These types of programs can use science-based approaches to decrease risk factors and build resiliency in family constructs. With only 36% of parents reporting a belief that alcohol and drug abuse problems were ‘very serious’ at their child’s high school (Action for Healthy Communities, 2010), awareness and education is essential to curbing the problem with underage drinking. This is a priority for San Luis Obispo County.

The following problem statement best outlines these findings:

**Problem Statement 1: SLO County continues to face problems associated with alcohol use and abuse, which continues to be a major factor in crime, health problems, DUIs, increased drug use and suicide. Binge drinking amongst local youth is consistent with the state average, as is recent alcohol use. College drinking also remains a problem with 18-20 year olds accounting for the highest arrest rate in the county.**

### ***Current Prevention Response***

Underage drinking and adult high-risk drinking are priority issues for the County and, specifically, SLOBHD’s Prevention Team. A comprehensive approach of youth development, environmental policy, community education, and early problem identification has been the basis of the County’s response to this problem. Central to the efforts around underage drinking is the Friday Night Live program which serves youth from 6<sup>th</sup> – 12<sup>th</sup> grades, at some level, in every school district in the County. FNL’s youth development strategy and programming reduces risk factors while building protective factors that keep young people from drinking. The “FNL Roadmap” and the school-based Counseling program furthers this approach with a

selected prevention method of peer education and indicated prevention responses for those youth exhibiting early signs of alcohol abuse.

Community collaborations are engaged year-round to increase local capacity around parenting and family strengthening which reduce risk factors and increase protective factors. The Friday Night Live Board of Directors and the Drug and Alcohol Advisory Board advocate for public policy responses to reduce the access to alcohol for youth, adults and to raise awareness of the related problems. Community partners provide DAS with focused data and information regarding local alcohol issues and will be critical to any further prevention implementation focusing on alcohol issues.

For example, The Drug-Free Communities Coalition, along with Jeffery Armstrong, the President of Cal Poly State University, and the Substance Use and Abuse Advisory Committee which seeks to address alcohol issues amongst the college communities of the County, and SLOBHD's Prevention Team all play an active role in educating the University community on evidence-based practices. Friday Night Live, in partnership with local law enforcement and Alcoholic Beverage Control, provides environmental responses to the issue of minor alcohol access. These efforts include retail compliance checks with FNL youth; increased capacity around improving social host policies; and immediate impacts such as a new anti-loitering ordinance in high-risk and unsafe environments in the community of Atascadero (Atascadero City Council, March 2011).

### ***The Problem with Youth Marijuana Use in SLO County***

Marijuana is the most widely used substance after alcohol, and its use amongst SLO County adolescents is a concern to educators, health officials, parents and peers. In the past five years, DAS has tracked data from self-report surveys, and the outputs of focus groups and key informant interviews. Marijuana use among teens is an often-overlooked problem in the county, as it is not overtly linked to high-risk behaviors such as drinking and driving, further drug use, and overdose. Moreover, the mixed messages about marijuana use stemming from medical marijuana are reflected in San Luis Obispo youth reporting a very low perception of harm when it comes to marijuana.

Youth in San Luis Obispo County are keeping up with their peers across the state in terms of marijuana use. Both locally and across the state, use increases dramatically from 7<sup>th</sup> to 9<sup>th</sup> grade, and again from 9<sup>th</sup> to 11<sup>th</sup> grade. Current (past 30 day) use rates of marijuana for San Luis Obispo County 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders was 5%, 16% and 24%, respectively (CHKS, 2011). Use increased by 3 points from 2009 for 9<sup>th</sup> graders and stayed constant for 7<sup>th</sup> and 11<sup>th</sup> graders (CHKS, 2009).

Most alarming, however, is the drop in youth perception of harm for marijuana use. From 2009 to 2011, local youth perceive marijuana to be less dangerous or harmful than before. In 2011, 53% of local juniors believed there was slight to no harm in using marijuana, an increase in 5 points from 2009 (CHKS, 2009, 2011). This increase was likely influenced by the heated debate over Proposition 19 in 2010. While California voters did not pass the proposition to legalize

## San Luis Obispo County Strategic Prevention Framework

marijuana, the outcome was close: “Proposition 19, a ballot initiative also known as the Regulate, Control and Tax Cannabis Act, secured 44 percent of the vote” (*California's Proposition 19, Legalization of Marijuana, Fails*, The Tribune, November 2, 2010). With almost half of voters in favor of legalization, and arguments for and against legalization dominating local media, at local town hall meetings, and across the internet, youth are left with a pile of mixed messages to sort through. Unlike alcohol, it is sometimes difficult to see first-hand evidence of marijuana’s harm; the public doesn’t see the “victim” of marijuana use, as they often do with alcohol use. Local surveys indicate youth feel that marijuana is less harmful than alcohol: 18% of high school students believe there is no harm in regular marijuana use, where only 10.5% of them believe there is no harm in regular binge drinking (CHKS 2011). Finally, 73% of local juniors believe it is easy to get marijuana; alcohol is only slightly easier to obtain, with 79% of 11<sup>th</sup> graders reporting easy access (CHKS 2011). This combination of low perception harm and easy access will only lead to increased use of marijuana across the community.

DAS treatment records tell an equally compelling story. Marijuana is the primary drug of referral for treatment admissions in San Luis Obispo County, followed by alcohol. Marijuana also accounts for 43% of drug arrests in SLO County, more than any other drug (AOD Indicators Report, 2010).

Youth Issues Conference focus groups have identified access to marijuana and attitudes normalizing marijuana use as one of growing concern with peers at local high schools. The ongoing debate over the legalization of marijuana has sparked a great deal of conflicting information and misinformation regarding the effects of marijuana. These mixed messages lead to decreases in perceived harm and social disapproval, and increases in use among youth, as evidenced by local and statewide student surveys. Parents have spoken out at community coalition forums asking for more intervention on school campuses, as well as increased education for younger students. School personnel focus groups and discussions with DAS staff have revealed a strong concern for the increasing number of academic failures and campus disturbances related to marijuana use.

**Problem Statement 2:** Local youth report an increase in marijuana use, with an increasing perception that marijuana is not harmful. Adult treatment clients report marijuana use as their primary drug of choice, often with addictions beginning in adolescence. Medical marijuana has brought an array of misinformation, mixed messages, and increased access to marijuana, particularly affecting youth use and attitudes towards marijuana.

### ***Current Prevention Response***

Programs like Friday Night Live address the risk factors associated with marijuana use and also focuses on building the protective qualities which reduce the likelihood of a young person starting or continuing to use the drug, including providing education and skill building around marijuana. Student Assistance Programs and the County’s Young Adult Counseling Program utilize peer-led group and individual counseling to address early marijuana use and related problems. SLOBHD’s community prevention projects provide outreach and education to under-

served families and communities to strengthen the protective factors within the family and community environments.

Community efforts such as the Asset Development Network strive to build resiliency and protective factors which help families resist marijuana use, and intervene early when a problem is detected. Additionally, the Drug Free Communities program fosters collaboration and a community-level response to current topics related to marijuana use, norms and access.

### ***The Problem with Prescription Drug Misuse and Abuse***

As youth continue to look for new ways to get high, painkillers and prescription drugs are the most popular class of drugs (after marijuana) among high school students, (CHKS, 2010). Among 11<sup>th</sup> graders, recreational use of prescription painkillers exceeds all other illegal drug use except marijuana (19% lifetime), with no improvement over the past two years (CHKS, 2010). In San Luis Obispo County, the number of times a student is offered an illegal drug on school campus more than doubles between 7<sup>th</sup> and 9<sup>th</sup> grades, from 5 to 11%. These substances are widely available and often assumed to be 'safe' as they are prescribed. Access is easy; they are in medicine cabinets at home, at their Grandparents' house, at a friend's house or even at the neighbor's.

In 2007, prescription drug abuse was about the same in San Luis Obispo County as it was with the State average, approximately 3.3%. However, it has greatly increased in 2011 compared to over-all state use. Prescription drug abuse-related admissions to San Luis Obispo County DAS treatment services in 2011 were 14.8% compared to the state's 7.9% (ADP, 2010). It is safe to say SLO County has a problem.

The associated risks that come from prescription drug misuse and abuse are growing astronomically as well. Unintentional poisoning deaths involving drugs (primarily pain relievers) increased 113 percent from 1999 to 2004 among youths ages 15 - 24 (SAMHSA, 2006). In an interview with the San Luis Obispo Tribune, Dr. Thomas Ronay, the county's emergency medical services agency director, said, "Prescription drug abuse is our big issue." The Tribune reported, "More people have accidentally overdosed on these (prescription) drugs in recent years than on other drugs such as methamphetamine. From 2006 to 2010, for example, 211 prescription drug overdose victims were treated at local hospitals, compared to 76 meth overdose victims, according to state statistics. And last year, 27 of 44 accidental drug overdose deaths in the county were caused by some form of prescription drug, in most cases opiates, according to the San Luis Obispo County Coroner Unit" (San Luis Obispo Tribune, July 29, 2012).

On February 2, 2011, the San Luis Obispo County Sheriff's Office collected 1,086 pounds of unused prescription medications dropped off by residents from all over the county, as part of the Operation Medicine Cabinet program (SLO County Sheriff's Office, 2011). However, this program is relatively new. The intent is to keep prescription medications from being abused or accidentally ingested as well as protecting the water system from the untreated waste. The

Community Anti-Drug Coalitions of America (CADCA) describe the prescription drug misuse and abuse issues as an epidemic. The Office of National Drug Control Policy reports that medicine abuse is our nation's fastest-growing drug problem. According to the National Survey on Drug Use and Health, in 2010, 2.4 million people abused prescription drugs for the first time. Prevention strategies and approaches are evolving from awareness to action. CADCA also reports that one in three teens surveyed say there is "nothing wrong" with abusing prescription drugs "every once in a while."

**Problem Statement 3: Prescription drug misuse and abuse and its related problems are serious threats to the health and well being of the citizens of SLO County, particularly to youth and young adults. Admissions to treatment are twice that of the state rate. Prescription medication is easily available and perceptions of harm are low.**

### ***Current Prevention Response***

Prescription drug misuse and abuse has been a growing concern and focus of efforts in San Luis Obispo County. Similar to the strategies for addressing alcohol issues, a comprehensive approach of youth development, environmental policy, community education, and early problem identification has been the basis of the County's response to this problem. Combined and complimentary efforts in partnership with local law enforcement such as the National Drug Take-Back Day will continue to reduce access and availability. Other prevention responses include trainings for schools and activities and events that target parents and community members, which will be facilitated by DAS staff.

### **SPF STEP 2: CAPACITY BUILDING**

Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. (SAMHSA)

#### **Community Partnership in the Strategic Planning Process**

The capacity-building step involves engaging key stakeholders and resources to develop and implement a comprehensive community plan to reduce substance abuse. SLOBHD Prevention has a strong record in convening and engaging partners, key stakeholders, agencies, and the populations and communities that are most affected by AOD problems to plan and implement effective prevention efforts, maintain high levels of commitment, and stay abreast of important changes in the field.

SLOBHD primarily builds capacity through community coalitions and agency partners focused on preventing AOD-related problems in the County. These partners have been integrally involved in planning and, eventually, implementing the SPF process. Regular Prevention Team meetings, community coalition meetings and annual prevention collaborative meetings include reviews of SLOBHD Prevention planning and strategies, in order to receive feedback and

## San Luis Obispo County Strategic Prevention Framework

advisory direction from the community. These meetings have been used as a way to keep prevention partners and community groups informed about the Strategic Prevention Framework assessment process, reflect on findings, and assist in setting priorities.

SLOBHD staff has received several trainings through annual Friday Night Live Training Institutes, CADCA's annual and mid-year conferences, and SAMHSA's Prevention Day. SLOBHD has also implemented an E-learning program for staff to receive prevention, early intervention and cultural competence trainings through online courses on a regular basis. Staff are assigned various trainings, but also have the option to self-select trainings of interest to their specific assignment.

Other community partnerships key in the SPF process include the County Drug and Alcohol Advisory Board, the SLO Friday Night Live Partnership Board of Directors, the California Youth Council, Asset Development Network, The LINK, the Student Community Liaison Committee, and the County Office of Education.

Specific issue target groups include the Drug Free Communities 101 Task Force (coalition) and Cal Poly's Substance Use and Abuse Advisory Committee (SUAAC). These groups have reviewed key problem areas and worked to brainstorm contributing factors to high-risk alcohol use, marijuana concerns among youth, and prescription drug misuse. These groups identified the settings, environments, attitudes, and behaviors that contribute to these problems. The groups included representatives from the entire county, including rural and underserved communities.

Many of the community partnerships utilized in this process have been established for the past decade or more. SLOBHD values the strength of these community collaborations and will continue to build effective community relations in order to provide quality prevention services. Because the field of prevention is rapidly progressing, however, it is imperative that the prevention partners in the community evolve accordingly. In the Needs Assessment and Capacity Building process of the SPF it was made clear that SLOBHD's Prevention Team, along with its community partners, needs to be trained and proficient in current prevention practices. During this part of the SPF process, the following problem statement was developed:

**Problem Statement 4: County prevention efforts need to take a balanced approach that includes environmental factors as well as community, group, and individual-based programming. SLOBHD staff must be trained and proficient in the latest AOD prevention methodology, and learn how to be responsive to other areas of prevention including mental health, as well as tobacco and other addictions. County prevention partners require support to increase capacity in environmental, community, and identified group prevention responses.**

The County of San Luis Obispo currently employs fourteen full and part-time employees assigned to SLOBHD prevention programs. The programs identified earlier will continue to be utilized to address the problem areas identified herein, while SLOBHD will continue to seek new

opportunities to develop specific programming to address areas of concern which lack resources. For instance, SLOBHD is currently working with community partners to build a beverage server-licensing program which will offer regular, current trainings to the hundreds of licensed and event-based alcoholic beverage servers in the County.

### **SLOBHD Training and Technical Assistance**

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Building capacity among local AOD prevention coalitions in San Luis Obispo County is a key strategy in assisting communities to successfully achieve their prevention goals. A coalition's capacity refers to the ability of members to effect and sustain community change over time. Building capacity is not a one-time event, but something that continues over the life of a coalition. The ability of a coalition to negotiate the other four steps of the Strategic Prevention Framework (assessment, planning, implementation, and evaluation) is largely dependent on the degree to which it has capacity for: creating and sustaining partnerships; using training and education to foster readiness, cultural competence, leadership, and evaluation capacity; and convening meetings and workshops with key stakeholders, coalitions, and others. Recent SLOBHD trainings have included: an overview of the environmental prevention approach to reduce AOD-related problems, social host liability for Greek Life, media advocacy and using social media to facilitate community change.

In the past few years, SLOBHD provided numerous training and technical assistance opportunities to the community including the Student Community Liaison Committee (SCLC), the County Office of Education consortium of school district prevention coordinators, youth councils, the County Asset Development conference, YMCA, municipal recreation and parks youth programs, and several schools throughout the County. Training topics included: youth development, evidence-based environmental prevention strategies, developing partnerships and prevention coalitions, AOD-related problems and contributing factors, developing a needs and resource assessment, facilitating meetings, analyzing data, and developing goals and objectives for addressing priority problems and contributing factors.

### **SPF STEP 3: PLANNING**

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation (SAMHSA).

### **SLO County SPF Planning Process**

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The planning step began in February 2012, when the SLOBHD Prevention Team reviewed key problem areas and identified local factors contributing to high risk alcohol use, marijuana use, prescription drug misuse, and the capacity of prevention partners in SLO County. The focus of this review was on the settings, environments, attitudes, and behaviors that contribute to these problems. During the summer of 2012, these problems and contributing factors were translated into specific goals and objectives based on the data collected and analyzed during the assessment and capacity building steps.

## San Luis Obispo County Strategic Prevention Framework

Goals and objectives were prioritized based on the following criteria:

- Current urgency and need, based on data and anecdotal evidence
- Benefits: Populations served must be at greatest risk
- Effectiveness: Programs to address the priority must be available and culturally competent
- Feasibility: The goals and objectives must be ethically based, and politically feasible in the next five years.

In June 2012, SLOFNLP, Behavioral Health staff, and members of various prevention partnerships reviewed the program action areas, goals and objectives to verify that they reflected the contributing factors identified in Step 1. In addition to the three AOD problem-related priority areas (high-risk drinking, marijuana use, and prescription drug misuse), goals and objectives were developed in a fourth priority area to enhance the capacity of the AOD prevention system in San Luis Obispo County.

The final step in the planning process was to develop a logic model for goals identified in the six problem-related priority areas (See Appendix A). A logic model is a graphic tool that links the problems and resources in a community to prevention strategies that address the problems and defines the expected results. This logic model also provides a roadmap allowing continual monitoring of program benchmarks establishing a basis for modifications in strategic direction.

This document, *San Luis Obispo County Strategic Prevention Framework 2012-2017*, is the result of this planning process and serves as a comprehensive prevention plan that will systematically reduce the problems identified in Step 1: Assessment. Included in this framework are mission and vision statements adopted by the department's Prevention Team. These statements help to frame the context and the overall direction of the AOD prevention strategic plan.

### **San Luis Obispo County Prevention Programs**

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#### *Problem Statements, Action Areas, and Goals*

**Problem Statement 1: SLO County continues to face problems associated with alcohol use and abuse, which continues to be a major factor in crime, health problems, DUIs, increased drug use and suicide. Binge drinking amongst local youth is consistent with the state average, as is recent alcohol use. College drinking also remains a problem with 18-20 year olds accounting for the highest arrest rate in the county.**

**Goal A: Reduce underage and high risk drinking by 5% by June 2017**

**Problem Statement 2: Local youth report an increase in marijuana use, with an increasing perception that marijuana is not harmful. Adult treatment clients report marijuana use as their primary drug of choice, often with addictions beginning in adolescence. Medical marijuana has brought an array of misinformation, mixed messages, and increased access to marijuana, particularly affecting youth use and attitudes towards marijuana.**

**Goal A: Reduce youth marijuana use and related problems by 3% by June 2017**

**Problem Statement 3: Prescription drug misuse and abuse and its related problems are serious threats to the health and well-being of the citizens of SLO County, particularly to youth and young adults. Admissions to treatment are twice that of the state rate. Prescription medication is easily available and perceptions of harm are low.**

**Goal A: Reduce prescription drug misuse and related problems by 3% by June 2017**

**Problem Statement 4: County prevention efforts need to take a balanced approach that includes environmental factors as well as community, group, and individual-based programming. Health Agency staff must be trained and practiced in the latest AOD prevention methodology, and learn how to be responsive to other areas of prevention including mental health, as well as tobacco and other addictions. County prevention partners require support to increase capacity in environmental, community, and identified group prevention responses.**

**Goal A: Enhance System Capacity for AOD Prevention by increasing community and organization participation in evidence-based prevention programs by 4% by June 2017.**

#### **SPF STEP 4: IMPLEMENTATION**

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs. (SAMHSA)

#### **SLO County SPF Implementation**

Because the Behavioral Health Department performs as the primary prevention provider for the County, the SLOBHD Prevention Team will guide the implementation phase of the SPF. The programs and strategies chosen to address the key problem areas, goals and objectives will mainly consist of the programs currently in place. In areas where resources do not currently support the prevention practice being suggested, the Prevention Team and its community partners will work to identify potential sources of support and collaboration.

## San Luis Obispo County Strategic Prevention Framework

SLOBHD Prevention services operate in relation to the Institute of Medicine’s (IOM) prevention definitions. Generally, services directly address specific populations along the continuum, yet several programs address multiple and combined populations. The following chart of SLOBHD Prevention Programs outlines the SPF implementation plan, population targets, IOM prevention categories, and strategies chosen to address problem areas and goals. See Appendix B, Prevention Programs Action Plan, for a list of activity steps that will be taken in implementing each of the stated objectives. Following each action item will be the program responsible for carrying out the objective.

SLOBHD Prevention Programs				
Program	SPF Areas Addressed	Strategies	Populations	IOM Target
Friday Night Live (High School)	1. Underage Drinking & DUI 2. Marijuana Use among youth 3. Youth access to AOD	<ul style="list-style-type: none"> <li>• Youth Development</li> <li>• Environmental Prevention</li> <li>• Media Advocacy</li> <li>• Education and Skill Building</li> <li>• Information Dissemination</li> </ul>	<ul style="list-style-type: none"> <li>• Teens</li> <li>• School faculty</li> <li>• Parents</li> </ul>	Universal Selected
Club Live (Middle School)	1. Underage Drinking & DUI 2. Marijuana Use among youth 3. Youth access to AOD	<ul style="list-style-type: none"> <li>• Youth Development</li> <li>• Environmental Prevention</li> <li>• Media Advocacy</li> <li>• Education and Skill Building</li> <li>• Information Dissemination</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescents</li> <li>• School faculty</li> <li>• Parents</li> </ul>	Universal Selected
Community Coalitions	1. High-risk drinking & DUI 2. Marijuana Use among youth 3. Prescription Drug Misuse	<ul style="list-style-type: none"> <li>• Youth Development</li> <li>• Environmental Prevention</li> <li>• Media Advocacy</li> <li>• Education and Skill Building</li> <li>• Information Dissemination</li> </ul>	<ul style="list-style-type: none"> <li>• Community leaders</li> <li>• Businesses</li> <li>• Agencies</li> <li>• Youth</li> <li>• Faith-based</li> <li>• Family resource centers</li> <li>• Parents</li> <li>• Schools</li> <li>• Law enforcement</li> </ul>	Universal Selected
Student Assistance Programs	1. High-risk drinking & DUI 2. Marijuana Use among youth 3. Prescription Drug Misuse	<ul style="list-style-type: none"> <li>• Problem Identification and Referral</li> <li>• Youth Development</li> <li>• Education and Skill Building</li> </ul>	<ul style="list-style-type: none"> <li>• Youth (K-12)</li> <li>• Parents</li> <li>• School faculty</li> </ul>	Selected Indicated
Community Outreach	1. High-risk drinking 2. Marijuana Use among youth 3. Prescription Drug Misuse	<ul style="list-style-type: none"> <li>• Youth Development</li> <li>• Environmental Prevention</li> <li>• Media Advocacy</li> <li>• Education and Skill Building</li> <li>• Information Dissemination</li> <li>• Problem Identification</li> </ul>	<ul style="list-style-type: none"> <li>• Monolingual</li> <li>• Underserved communities</li> <li>• Community leaders</li> <li>• Businesses</li> <li>• Agencies</li> <li>• Youth</li> <li>• Faith-based</li> </ul>	Universal Selected Indicated

## San Luis Obispo County Strategic Prevention Framework

SLOBHD Prevention Programs				
Program	SPF Areas Addressed	Strategies	Populations	IOM Target
		and Referral	<ul style="list-style-type: none"> <li>• Family resource centers</li> <li>• Parents</li> <li>• Schools</li> <li>• Law enforcement</li> </ul>	

### SPF STEP 5: EVALUATION

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely. (SAMHSA)

### SLO County SPF Evaluation

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San Luis Obispo County’s SPF evaluation process will involve collecting process and outcome data using CalOMS Prevention (CalOMS Pv), surveys and questionnaires, key informant interviews, focus groups, public records, participant observation, research and other tools. The goal of SLOBHD’s SPF evaluation will be to measure the effectiveness and impact of the implemented strategies, programs, policies, and practices. This process is to be ongoing so that areas needing improvement can be identified, addressed, and possibly improved as early as possible.

See Appendix A for a logic model that describes how the proposed strategies will be used to achieve expected outcomes. The logic model provides a visual representation of the overall theory of change and predicted short-term, intermediate, and long-term outcomes and measures. The following list of Indicators and Data Sources demonstrates the foundation of DAS’ evaluation plan. This list will be used in combination with the logic model that specifies the measurable changes that will result from the proposed objectives and how these changes will be measured and monitored.

San Luis Obispo County Behavioral Health will track changes and trends for the selected long-term data indicators that have been identified for each action area. The data collected and analyzed for current and emerging issues from the following chart, will also be used in future strategic planning.

Long-Term AOD Outcome Indicators and Data Sources, By Action Area	
Indicator	Data Sources
<b>High Risk Drinking and Related Problems</b>	
Alcohol Outlet Density	Alcoholic Beverage Control (ABC)
Rate of Illegal Sales of Alcohol to Minors	SLO County ABC Officer, Local law enforcement

## San Luis Obispo County Strategic Prevention Framework

Long-Term AOD Outcome Indicators and Data Sources, By Action Area	
Indicator	Data Sources
Adult Awareness of Teen Drinking	Town Hall Meeting Focus Group
Youth Awareness of Alcohol Risks	CA Healthy Kids Survey (CHKS), Local SAP Surveys
Youth Alcohol Use in Past 30 Days	CHKS, Local SAP Surveys
Youth Binge Drinking in Past 30 Days	CHKS, Local SAP Surveys
Alcohol Advertising Compliance	Planning Commissions, Law enforcement
Age of Onset	CHKS
Parent/Child Communication re: Alcohol	Local and Participant Survey
Youth perception of parental/peer approval	CHKS, SAP
Youth Development (YD) Outcomes (Risk & Protective Factors)	SAP, YD Survey
Youth Alcohol-Related Arrests	Police Records, Probation
Youth Perception of Harm of Alcohol	CHKS, SAP, YD Survey
Server Training Rates	ABC
Disciplinary Actions	ABC
County Alcohol Arrest Rate per 100,000	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center
Fatalities in Alcohol-Involved Accidents, Rate per 100,000	Statewide Integrated Traffic Records System (SWITRS), California Highway Patrol (CHP)
College binge-drinking in past 30 days	CORE Survey (Cal Poly)
Mid-State Fair alcohol sales	Law Enforcement
DUI Arrests	Law Enforcement
Campus Alcohol Violations	Cal Poly Judicial Affairs, Cuesta College
County Alcohol Arrest Rate per 100,000	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center
<b>Marijuana Use and Related Problems</b>	
Community & Youth Awareness of Marijuana Risks	CHKS, Focus Group Surveys
Paraphernalia Sales Violations	Local law enforcement
County Drug Arrest Rate per 100,000	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center
Youth 30-Day Marijuana Use	CHKS, SAP
School-based marijuana violations	School records, Probation
<b>Prescription Drug Misuse</b>	
Community Awareness of Prescription Drug Misuse Risks	CHKS, Focus Group Surveys
County Drug Arrest Rate per 100,000	California Arrest Data, California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center
Youth use in past 30 days	CHKS, SAP

San Luis Obispo County Strategic Prevention Framework

Long-Term AOD Outcome Indicators and Data Sources, By Action Area	
Indicator	Data Sources
Youth Risk and Protective Factors	SAP, YD Survey
Crimes Associated with Prescription Drug Misuse	Law Enforcement
<b>Prevention Capacity</b>	
Partner and Client Satisfaction	DAS surveys
Employee Performance	DAS Performance Reviews
Sustainability	Health Agency Administration

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APPENDICES

A. San Luis Obispo County Prevention Programs Action Plan

B. San Luis Obispo County Strategic Prevention Framework (SPF) Logic Model

## San Luis Obispo County Prevention Programs Strategic Prevention Framework

### ACTION PLAN

**Problem Statement 1:** SLO County continues to face problems associated with alcohol use and abuse, which continues to be a major factor in crime, health problems, DUIs, increased drug use and suicide. Binge drinking amongst local youth is consistent with the state average, as is recent alcohol use. College drinking also remains a problem with 18-20 year olds accounting for the highest arrest rate in the county.

#### Goal A: Reduce underage and high risk drinking by 5% by June 2017

##### Objective 1.A.1 Reduce youth social and retail access to alcohol by 5% by June 2017

###### Strategies

1. Increase merchant compliance with existing laws
  - *Minor compliance checks – Friday Night Live & local law enforcement*
  - *Retail Alcohol Merchant Awards – Club Live and FNL Kids*
  - *Implement responsible beverage service training – General Prevention, FNL*
2. Reduce adult provision of alcohol in and around on and/or off-sale outlets
  - *Shoulder tap operations – Friday Night Live*
  - *Compliance checks – FNL & local law enforcement*
3. Increase parent and adult perception of harm of providing alcohol to youth in homes
  - *Social host policy research, advocacy and adoption – Coalitions, FNL, and General Prevention*
  - *Media and marketing strategies – Coalitions & General Prevention*
  - *College-based risk management trainings – Coalitions & General Prevention*

##### Objective 1.A.2 Increase the level of youth's perceived harm associated with alcohol use by 5% by June 2017

###### Strategies

1. Increase capacity of youth and schools to promote honest, healthy realization of alcohol effects, dangers, and potential risks
  - *School in-service trainings – FNL, General Prevention*
  - *Friday Night Live issues conferences – FNL*
  - *Youth Asset Summit – FNL, Asset Development Network*
  - *School-based counseling (SAP) for high risk youth – School Counseling*
2. Increase opportunities for youth and schools to address the realistic harms and consequences of underage alcohol use by 2 awareness campaigns per school/year
  - *AOD Awareness Campaigns – FNL, Club Live, General Prevention*
  - *Classroom Presentations – FNL, General Prevention*
  - *Community Forums & Engagement – FNL, General Prevention*

3. Increase public awareness of risks associated with DUI and Distracted Driving by implementing 4 traffic safety campaigns per year.
  - *Implement FNL traffic safety campaigns – FNL*

**Problem Statement 2:** Local youth report an increase in marijuana use, with an increasing perception that marijuana is not harmful. Adult treatment clients report marijuana use as their primary drug of choice, often with addictions beginning in adolescence. Medical marijuana has brought an array of misinformation, mixed messages, and increased access to marijuana, particularly affecting youth use and attitudes towards marijuana.

**Goal A: Reduce youth marijuana use and related problems by 3% by June 2017**

**Objective 2.A.1: Reduce social and retail access to marijuana by 3% by June 2017**

Strategies

1. Increase school, community and family awareness of the impacts of marijuana use and addiction by 2 community events per year.
  - *Engage youth around media portrayals of marijuana use – FNL, Club Live*
  - *Engage community around social norms of marijuana issues – FNL, General Prevention, Coalitions*
2. Increase partnerships with law enforcement to enhance compliance with existing laws governing sales of drug paraphernalia
  - *Conduct storefront surveys with youth – FNL, Club Live*
  - *Research community laws governing paraphernalia – FNL*
  - *Evaluate current sales citations with local law enforcement – FNL, General Prevention, Coalitions*

**Objective 2.A.2: Increase the level of youth's perceived harm associated with marijuana use by 3% by June 2017**

Strategies

1. Improve or increase school-based universal prevention education on marijuana by 4 programs a year.
  - *Classroom education – FNL, General Prevention*
2. Enhance school-based selected and indicated prevention engagements around marijuana
  - *Conduct school in-service – FNL*
  - *Meet with County Office of Education to advocate for policies which increase school-based counseling for marijuana referrals (prior to suspension) – School Counseling*

**Problem Statement 3:** Prescription drug misuse and abuse and its related problems are serious threats to the health and well-being of the citizens of SLO County, particularly to youth and young adults. Admissions to treatment are twice that of the state rate. Prescription medication is easily available and perceptions of harm are low.

**Goal A: Reduce prescription drug misuse and related problems by 3% by June 2017**

**Objective 3.A.1: Increase school, family and community awareness of the availability and harms related to prescription drug misuse by 5% by June 2017**

Strategies

1. Increase community awareness of impacts of prescription drug misuse and abuse in San Luis Obispo County by conducting 2 trainings a year
  - *Implement campus & community-based trainings – FNL, General Prevention, Coalitions*
2. Develop and deliver accurate, relevant and culturally appropriate prescription drug misuse and abuse prevention media messages by 2 messages per year.
  - *Prescription Drug Take Back Day – FNL, General Prevention, Coalitions*

**Objective 3.A.2: Increase perception of harm of prescription misuse by 3% by June 2017**

Strategies

1. Improve or increase school-based universal prevention education on prescription drug misuse and abuse by providing 4 classroom presentations per year.
  - *Classroom education – FNL, General Prevention*
2. Enhance school-based selected and indicated prevention engagements around prescription drug misuse and abuse
  - *Conduct school in-service – FNL*
  - *Meet with County Office of Education to advocate for policies which increase school-based counseling for referrals (prior to suspension) – School Counseling*

**Problem Statement 4:** County prevention efforts need to take a balanced approach that includes environmental factors as well as community, group, and individual-based programming. Health Agency staff must be trained and practiced in the latest AOD prevention methodology, and learn how to be responsive to other areas of prevention including mental health, as well as tobacco and other addictions. County prevention partners require support to increase capacity in environmental, community, and identified group prevention responses.

**Goal A: Enhance System Capacity for AOD Prevention by increasing community and organization participation in evidence-based prevention programs by 4% by June 2017.**

**Objective 4.A.1: Expand the participation and collaboration of schools and community organizations by adding 4 new trainings or collaborative events per year.**

Strategies

1. Develop effective training for community coalitions and partners around research-based prevention practices to better support the mission of the Drug and Alcohol Services Prevention Programs by 4 trainings per year.
  - *Quarterly Trainings – BH Coalition-based prevention*

**Objective 4.A.2: Expand the participation and collaboration of youth by increasing membership and participation in prevention programs by 4% by June 2017.**

Strategies

1. Increase opportunities to engage youth as leaders and resources in the prevention of alcohol, tobacco, and other drug use and its related problems by hosting 10 recruitment opportunities per year.
  - *Recruitment of FNL members, youth program participants – FNL staff and school counselors*
  - *Increase youth involvement in tobacco, mental health, obesity, and other issue prevention and health promotion – BH prevention staff projects*

**Objective 4.A.3: Increase the skills of County prevention program team members to enhance their capacity to implement effective prevention practices by ensuring each team member completes 12 CEU's per year.**

Strategies

1. Engage staff in the capacity to identify and track goals, objectives, and other key indicators by providing four staff trainings per year.
  - *Increase staff training, annual prevention updates – DAS prevention and management*
2. Review data to identify emerging needs and priorities. Revise goals and objectives, as needed by 1 stakeholder process per year.
  - *Annual Prevention outcomes – BH prevention and management*



San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

<p><b>Problem Statement 1:</b> SLO County continues to face problems associated with alcohol use and abuse, which continues to be a major factor in crime, health problems, DUIs, increased drug use and suicide. Binge drinking amongst local youth is consistent with the state average, as is recent alcohol use. College drinking also remains a problem with 18-20 year olds accounting for the highest arrest rate in the county.</p>				<p>CONTRIBUTING FACTORS</p> <ul style="list-style-type: none"> <li>Youth access to alcohol</li> <li>Decreased perceived harm of alcohol’s effects</li> <li>Lack of community education and resources to respond</li> </ul>		
GOAL	OBJECTIVES	STRATEGIES	EXPECTED OUTCOMES			MEASUREMENT INDICATORS
			SHORT TERM	INTERMEDIATE	LONG TERM	
<p>Reduce underage and high risk drinking by 5% by June 2017</p>	<p>Reduce youth social and retail access to alcohol by 5% by June 2017</p>	<p>Increase merchant compliance with existing laws</p> <ul style="list-style-type: none"> <li>Compliance Checks</li> <li>Alcohol Merchant Awards</li> <li>RBS Training</li> </ul> <p>Reduce adult provision of alcohol in and around on and/or off-sale outlets</p> <ul style="list-style-type: none"> <li>Shoulder Tap</li> <li>Compliance Checks</li> </ul> <p>Increase parent and adult perception of harm of providing alcohol to youth in homes</p> <ul style="list-style-type: none"> <li>Social host policy</li> <li>Media &amp; marketing</li> <li>College risk management trainings</li> </ul>	<ul style="list-style-type: none"> <li>Increase rate of Minor Compliance checks</li> <li>Increase rate of shoulder tap operations</li> <li>Increased dialogue of social host policies</li> <li>Media and public opportunities for addressing issues of underage drinking</li> </ul>	<ul style="list-style-type: none"> <li>Partnerships with law enforcement to conduct Minor Compliance, shoulder-tap operations, and training for employees</li> <li>Decreased number of parties where alcohol is served to teens by adults</li> </ul>	<ul style="list-style-type: none"> <li>Decreased rates of sales to minors</li> <li>Decreased youth &amp; adult alcohol-related problems</li> <li>Decreased minor possession arrests</li> </ul>	<ul style="list-style-type: none"> <li>Liquor law violations (Local police records, ABC)</li> <li>Youth alcohol use in past 30 days (CHKS, SAP) <b>38% of 11<sup>th</sup> graders used alcohol in past 30 days (CHKS 2011)</b></li> <li>Youth binge-drinking in past 30 days (CHKS, SAP) <b>27% of 11<sup>th</sup> graders binge drank in the past 30 days (CHKS, 2011)</b></li> <li>Youth drinking and driving (CHP)</li> <li>Youth alcohol-related Arrests (Police, probation)</li> <li><b>75% of 11<sup>th</sup> graders feel alcohol is very to fairly easy to get (CHKS, 2011)</b></li> <li><b>36% of parents believe alcohol &amp; drug problems are “very serious” at their child’s high school (Action for Healthy Communities, 2010)</b></li> </ul>

San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

<p>Increase the level of youth's perceived harm associated with alcohol use by 5% by June 2017</p>	<p>Increase capacity of youth and schools to promote honest, healthy realization of alcohol effects, dangers, and risks</p> <ul style="list-style-type: none"> <li>• School in-service trainings</li> <li>• Youth Issues Conferences</li> <li>• Youth Asset Summit</li> <li>• School-based counseling (SAP) for high risk youth</li> </ul>	<ul style="list-style-type: none"> <li>• Increase school trainings</li> <li>• Media and public forum opportunities on issues of high risk drinking</li> <li>• Improved school access to selective prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Increased youth media education and advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased rates of youth alcohol use</li> <li>• Decreased youth alcohol-related problems</li> <li>• Increased youth perceived harm of alcohol</li> <li>• Decreased DUI and distracted driving incidents &amp; injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Youth alcohol use in past 30 days (CHKS, SAP)</li> <li>• Youth perceived harm of alcohol (CHKS, SAP) <i>39% of 11<sup>th</sup> graders say there is great to moderate harm in using alcohol (CHKS, 2011)</i></li> <li>• Youth binge-drinking in past 30 days (CHKS)</li> <li>• Liquor law violations (Local police records, ABC)</li> <li>• Youth alcohol-related Arrests (Police, probation)</li> </ul>
	<p>Increase opportunities for youth and schools to address the realistic harms and consequences of underage alcohol use</p> <ul style="list-style-type: none"> <li>• AOD Awareness Campaigns</li> <li>• Classroom Presentations</li> <li>• Community Forums &amp; Engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Increase FNL Chapter activities around alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Improved school responses to CHKS results</li> </ul>		
	<p>Increase public awareness of risks associated with DUI and Distracted Driving</p> <ul style="list-style-type: none"> <li>• Implement FNL traffic safety campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Increase partnerships with law enforcement to educate public on traffic safety</li> </ul>	<ul style="list-style-type: none"> <li>• Improved awareness of vehicle safety</li> </ul>		

San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

<p><b>Problem Statement 2:</b> Local youth report an increase in marijuana use, with an increasing perception that marijuana is not harmful. Adult treatment clients report marijuana use as their primary drug of choice, often with addictions beginning in adolescence. Medical marijuana has brought an array of misinformation, mixed messages, and increased access to marijuana, particularly affecting youth use and attitudes towards marijuana.</p>	<p><b>CONTRIBUTING FACTORS</b></p> <ul style="list-style-type: none"> <li>Lack of marijuana-specific education</li> <li>Decreased perceived harm of marijuana</li> <li>Lack of family awareness resulting in supported use</li> </ul>
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GOAL	OBJECTIVES	STRATEGIES	EXPECTED OUTCOMES			MEASUREMENT INDICATORS
			SHORT TERM	INTERMEDIATE	LONG TERM	
<p>Reduce youth marijuana use and related problems by 3% by June 2017</p>	<p>Reduce social and retail access to marijuana by 3% by June 2017</p>	<p>Increase school, community and family awareness of the impacts of marijuana use and addiction</p> <ul style="list-style-type: none"> <li>Engage youth around media portrayals of marijuana use</li> <li>Engage community around social norms of marijuana issues</li> </ul>	<ul style="list-style-type: none"> <li>Increased FNL opportunities focused on marijuana</li> <li>School personnel trained in marijuana recognition</li> </ul>	<ul style="list-style-type: none"> <li>Increased youth-led peer education focused on marijuana</li> <li>Increased policies aimed at promoting consistent message of marijuana’s health effects</li> </ul>	<ul style="list-style-type: none"> <li>Decreased access to marijuana</li> <li>Decreased use of marijuana</li> </ul>	<ul style="list-style-type: none"> <li>AOD Indicators report <b>Marijuana accounts for 43% of drug arrests in SLO County</b></li> <li>School-based marijuana violations (School records, Probation)</li> <li>Perceived difficulty of obtaining marijuana (CHKS)</li> <li><b>74% of 11<sup>th</sup> graders say it’s fairly to very easy to get marijuana (CHKS, 2011)</b></li> <li>Youth marijuana use in past 30 days (CHKS)</li> <li><b>26% of 11<sup>th</sup> graders have used marijuana in the past 30 days (CHKS, 2011)</b></li> </ul>
		<p>Increase partnerships with law enforcement to enhance compliance with existing laws governing sales of drug paraphernalia</p> <ul style="list-style-type: none"> <li>Conduct store surveys with youth</li> <li>Research community laws governing paraphernalia</li> <li>Evaluate current sales citations with local law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of laws pertaining to marijuana paraphernalia</li> </ul>	<ul style="list-style-type: none"> <li>Partnerships with law enforcement to address marijuana access</li> </ul>		
	<p>Increase the level of youth’s perceived harm</p>	<p>Improve or increase school-based universal prevention education on marijuana</p> <ul style="list-style-type: none"> <li>Classroom Education</li> </ul>	<ul style="list-style-type: none"> <li>Increased educational opportunities focused on marijuana</li> </ul>	<ul style="list-style-type: none"> <li>Improved school responses to CHKS results</li> </ul>	<ul style="list-style-type: none"> <li>Increased perceived harm of marijuana</li> </ul>	<ul style="list-style-type: none"> <li>Youth perception of marijuana harm (CHKS, SAP)</li> <li><b>41% of 11<sup>th</sup> graders feel there is no to slight risk</b></li> </ul>

San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

	<p>associated with marijuana use by 3% by June 2017</p>	<p>Enhance school-based selected and indicated prevention engagements around marijuana by 5% by June 2017</p> <ul style="list-style-type: none"> <li>• Conduct school in-service training</li> <li>• Increase selective counseling</li> </ul>	<ul style="list-style-type: none"> <li>• School personnel trained in marijuana recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Increased completions of SAP and school-based counseling programs by youth with marijuana as a primary drug of referral</li> </ul>		<p>of harming oneself smoking marijuana once or twice a week (CKHS, 2011)</p> <p>56% of 11<sup>th</sup> graders feel there is no to slight risk of harming oneself smoking marijuana occasionally</p>
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San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

<p><b>Problem Statement 3: Prescription drug misuse and abuse and its related problems are serious threats to the health and well-being of the citizens of SLO County, particularly to youth and young adults. Admissions to treatment are twice that of the state rate. Prescription medication is easily available and perceptions of harm are low.</b></p>				<p><b>CONTRIBUTING FACTORS</b></p> <ul style="list-style-type: none"> <li>• Lack of prescription drug-specific education</li> <li>• Decreased perceived harm of marijuana's effects</li> <li>• Easy access to prescription drugs</li> </ul>		
GOAL	OBJECTIVES	STRATEGIES	EXPECTED OUTCOMES			MEASUREMENT INDICATORS
			SHORT TERM	INTERMEDIATE	LONG TERM	
Reduce prescription drug misuse and related problems by 3% by June 2017	Increase school, family and community awareness of the availability and harms related to prescription drug misuse by 5% by June 2017	<p>Increase community awareness of impacts of prescription drug misuse and abuse</p> <ul style="list-style-type: none"> <li>• Implement campus &amp; community-based trainings</li> </ul>	<ul style="list-style-type: none"> <li>• Increased FNL opportunities focused on prescription drug misuse &amp; abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Increase public awareness of prescription drug misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease access to prescription drugs for misuse</li> </ul>	<ul style="list-style-type: none"> <li>• SLO DAS Treatment services <b>14.8% of SLO DAS admissions were related to prescription drug misuse (ADP, 2010)</b></li> <li>• Overdose Data <b>61% of accidental drug overdoses in SLO County were caused by prescription drugs (SLO Coroner, 2012)</b></li> <li>• Lifetime prescription drug use (CHKS) <b>18% of 11<sup>th</sup> graders have used prescription pain killers</b></li> </ul>
		<p>Develop and deliver accurate, relevant and culturally appropriate prescription drug misuse and abuse prevention media messages</p> <ul style="list-style-type: none"> <li>• Prescription Drug Take Back Day</li> </ul>	<ul style="list-style-type: none"> <li>• Increase media advocacy regarding prescription drug issues</li> </ul>	<ul style="list-style-type: none"> <li>• Increased participation in Prescription Drug Take Back Days</li> </ul>		
	Increase perception of harm of prescription misuse by 3% by June 2017	<p>School-based universal prevention education on prescription drug misuse and abuse</p> <ul style="list-style-type: none"> <li>• Classroom Education</li> </ul>	<ul style="list-style-type: none"> <li>• Increased educational opportunities focused on prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Improved school responses to CHKS results</li> </ul>	<ul style="list-style-type: none"> <li>• Increased perceived harm of prescription drug misuse</li> </ul>	<ul style="list-style-type: none"> <li>• CADCA surveys <b>1 in 3 teens say there is nothing wrong with abusing prescription drugs every once in a while (CADCA 2010)</b></li> </ul>

San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

		<p>Enhance school-based selected and indicated prevention engagements around prescription drug misuse and abuse</p> <ul style="list-style-type: none"> <li>• Conduct school in-service training</li> <li>• Increase selective counseling</li> </ul>	<ul style="list-style-type: none"> <li>• School personnel trained in prescription drug misuse &amp; abuse recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Increased completions of SAP and school-based counseling programs by youth with prescription drug misuse as a primary drug of referral</li> </ul>		
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San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

<b>Problem Statement 4:</b> County prevention efforts need to take a balanced approach that includes environmental factors as well as community, group, and individual-based programming. Health Agency staff must be trained and practiced in the latest AOD prevention methodology, and learn how to be responsive to other areas of prevention including mental health, as well as tobacco and other addictions. County prevention partners require support to increase capacity in environmental, community, and identified group prevention responses.				<b>CONTRIBUTING FACTORS</b> <ul style="list-style-type: none"> <li>• Rapidly progressing field</li> <li>• Turnover of staff and community partners</li> <li>• Lack of community education and resources to respond</li> </ul>		
GOAL	OBJECTIVES	STRATEGIES	EXPECTED OUTCOMES			MEASUREMENT INDICATORS
			SHORT TERM	INTERMEDIATE	LONG TERM	
Enhance System Capacity for AOD Prevention by increasing community and organization participation in evidence-based prevention programs by 4% by June 2017.	Expand the participation and collaboration of schools and community organizations by adding 4 new trainings or collaborative events per year.	Develop effective training for community coalitions and partners around research-based prevention practices to better support the mission of the Drug and Alcohol Services Prevention Programs <ul style="list-style-type: none"> <li>• Community capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Increased youth-adult partnerships engaged in prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Increased participation in best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Increased community response to alcohol and other drug problems</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Free Communities Reports (BH)</li> <li>• Community Surveys (BH)</li> <li>• Cal OMS</li> <li>• Training Agendas</li> <li>• Workshop pre/post surveys</li> </ul>
	Expand the participation and collaboration of youth by increasing membership and participation in prevention programs by 4% by June 2017.	Increase opportunities to engage youth as leaders and resources in the prevention of alcohol, tobacco, and other drug use and its related problems. <ul style="list-style-type: none"> <li>• FNL Leadership Training</li> <li>• Environmental Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Increased membership in FNL Chapters, community and school-based youth-led projects</li> </ul>	<ul style="list-style-type: none"> <li>• Improved prevention efforts amongst youth and on school campuses</li> </ul>	<ul style="list-style-type: none"> <li>• Increased scope of prevention campaigns on campus and into the community</li> </ul>	<ul style="list-style-type: none"> <li>• FNL Participant Surveys (YD Survey)</li> <li>• CalOMS</li> </ul>
	Increase the skills of County prevention program team members to enhance their capacity to implement	Engage staff in the capacity to identify and track goals, objectives, and other key indicators <ul style="list-style-type: none"> <li>• Training</li> <li>• Performance goal-setting</li> <li>• Performance reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Increased training</li> </ul>	<ul style="list-style-type: none"> <li>• Ability for staff to set results-based goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Improved service provision</li> <li>• Increased community awareness of Health Agency</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Evaluations</li> <li>• Cal OMS</li> <li>• Client Satisfaction Surveys (BH)</li> <li>• Employee Performance Reviews (BH)</li> <li>• Funding Increases (BH)</li> </ul>

San Luis Obispo County Strategic Prevention Framework – Appendix B  
Logic Model

	<p>effective prevention practices by ensuring each team member completes 12 CEU's per year.</p>	<p>Review data to identify emerging needs and priorities. Revise goals and objectives, as needed</p> <ul style="list-style-type: none"> <li>• Quarterly staff meetings</li> <li>• Data reviews</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Increased collaborations with community partners around data and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Increased staff capacity around data analysis</li> </ul>	<p>Prevention efforts</p> <ul style="list-style-type: none"> <li>• Increased support for DAS Prevention programming</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Prevention Outcomes (BH)</li> </ul>
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