What is a County Prevention Outcome Plan?

Ever wonder how to get the most from your TA and training needs? Does it seem like a good idea to create a plan for receiving free TA and technical assistance but you aren’t sure where to start? We have the perfect tool for you! Your Regional Trainer can visit your office and walk through the easy process of the Capacity Building Tool/County Prevention Outcome Plan.

This step-by-step guide is a great tool for planning for SIGs and PPGs. It poses a series of questions about the resources available to you to follow the DADP’s five step prevention process. At each step, you are able to assess your progress to date, make comments on that progress, determine next steps, and how best to accomplish them. Your Regional Trainer will work... Continued on page 5

Data is central to assessment and action on community AOD problems

We’ve already discussed AOD prevention from a community public health and safety perspective, emphasizing that the scope of community-level AOD problems (direct, root cause, systemic) must be defined as a precursor to action. We must also understand the scale of these problems:

- **Low-scale** affecting specific groups and specific settings,
- **Mid-scale** affecting organizations and geo-defined areas or classes of settings,
- **Large-scale** affecting local institutions and general land-use policy.

Coordinating scope and scale dimensions allows local AOD prevention planners to create a common focus, and potentially “nest” prevention initiatives with clear operating boundaries that promote respect and cooperation.

In this article we turn to defining community AOD problems. Our departure point is the Five Steps for effective action written into county NNA agreements: 1) Assessing AOD problems, 2) setting priorities, 3) selecting measurable objectives, 4) adopting proven/effective methods, and 5) monitoring/evaluation (for a full description of the Five Steps, see [http://www.preventionbydesign.org](http://www.preventionbydesign.org)).

This article discusses how data are central to successful assessment of AOD problems, and subsequently to achieve effective outcomes. Future newsletters will include a column on data with real time examples from California counties.

The assessment step asks, **What are the AOD problems facing the community?** Follow-up questions include:
Data is central, continued...

Who has the problems?
Where are the problems?
When do problems occur?
How do problems occur?

Effective solutions are built on an accurate assessment that includes these very questions.

Work from data from the start. You can start your assessment of community AOD problems by imagining that these problems are waiting to be discovered, but often not immediately visible or accessible from the surface. For prevention planners, community action on AOD problems will be based on:

- Facts and data to show that the AOD problems are real
- Shared belief that the AOD problem is undesirable or harmful to the community, and
- Local motivation to reduce or eliminate the problem from the community’s midst.

Facts — from interviews, direct observations, and hearings — are the foundation for prevention advocates to focus attention, attract allies, identify opposition, and organize winning strategies. Local communities can develop this foundation with a local data collection system that describes AOD problems appropriately, presents the data in an accessible form, and supplies data on a regular basis for ongoing prevention policies and projects.

So where do we start? How do local planners know what AOD problems to look for? Conversely, what AOD problem data are already available in the community to help direct attention toward the community’s AOD problems?

The answer is a dual approach: People experience AOD problems on an everyday basis. Asking about local concerns is one good way to start building up the community profile of AOD problems. In addition, several local institutions already collect AOD data that can be checked against community perceptions of AOD problems.

How wide and deep are AOD problems, and what parts of the community does it seem to touch most? Here is a list of important ways to reveal facts about AOD problems in your community:

What AOD problem data are already available?
- Archival
- Survey
- Interviews
- Direct observations
- Hearings

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Success Story: Controlling Alcohol Problems at Public Events

“Our carnivals in past years have been plagued with alcohol and drugs,” says Mendota city clerk Brenda Carter, as she reflects on the annual community festival. “People were walking everywhere with open containers. There were fights, brawls, broken glass bottles everywhere.” And the 2003 carnival? “300% better than the one last year and the one before and the one before that.”

What made the difference? Ms. Carter was encouraged by her Regional Trainer to attend an EMT prevention training by Dr. Friedner Wittman the previous May. The “Alcohol Safe Events” section in the Community-Based Planning for Environmental Prevention binder (The Binder) had the answer. According to Ms. Carter, all she had to do was follow the easy steps in The Binder and the results were remarkable.

Mendota, the cantaloupe capital of the world, is an agricultural city located in the heart of the Central Valley.

Before Brenda applied lessons from The Binder, a local non-profit was in charge of the annual event, originally established to celebrate the harvest and provide entertainment for Mendota’s permanent residents and its thousands of migrant workers who come each summer. Beer was sold freely for $1 per plastic cup, and people were allowed to bring beer of their own in glass containers. There were no restrictions on where one could take alcoholic beverages during the four-day festival. Out-of-town vendors operated booths for food and souvenirs; none of the profits were shared with the city or local community groups.

Once Brenda Carter saw The Binder, she knew what she could do. She gathered community leaders, local non-profits, and residents and asked them what they would like as a theme. The answer: “Family”.

The course was clear after that. To ensure a safe and enjoyable carnival, the community needed to be involved in every aspect of the planning process. She approached the city council for a loan for the up-front costs of the event, contacted a carnival company for the rides, and then did some serious community organizing. Local groups such as Mendota youth recreation, which oversees the local soccer teams and little league, and other youth, church, and sports groups agreed to sell tickets for a percentage of the profits, after a pre-agreed amount went to repay the city for the loan and other costs. Other local organizations paid a small fee to the city for booths to sell food, non-alcoholic beverages and souvenirs. Bands were contracted. A local beer distributor agreed to pay a $2,000 sponsor fee and agreed to take back any unopened cases after the event. Local residents sold tickets, with the top two female sellers crowned queen and princess of the festival.

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Featured Website of the Month: Community Prevention Institute

http://ca-cpi.org

Are you a community AOD prevention provider and need technical assistance or training? Are you a county AOD administrator and want to work with providers and community coalitions but don’t know what the next step is? The Community Prevention Institute was established by DADP to be a complete fee-free resource to build community prevention efforts.
Data is central, continued…

Archival data. Records from by service agencies describe their contacts and operations with service recipients. Examples are hospital records, police data, and treatment data. Look at all County departments; the Medical Examiner, AIDS/HIV, Emergency Medical and others are rich data sources. The state also has many sources, such as the DADP Community Indicators: http://www.adp.cahwnet.gov/risk_indicators.shtml.

Survey data. Other useful existing sources include surveys of the local population, such as the California Healthy Kids Survey (CHKS) student survey data. Other local surveys may be available, such as jail arrestee interviews. National household surveys can be used to compare to local patterns. Adult data are less available, however there is California Behavioral Risk Factor Surveillance System (BRFSS) 1998 National Household Survey on Drug Abuse: http://ncadi.samhsa.gov/govstudy/bkd331/default.aspx. For example, Orange County conducted an adult household survey in 2002 on a variety of health issues, including substance abuse: http://www.ochealthinfo.com/adept/publications.htm.

Interviews. Useful types of interviews include: a) Key informant interviews of leaders, gatekeepers, and others intimately familiar with the community; b) Focus groups to determine opinions and beliefs on selected topics; and c) Knock-and-talks to learn about neighborhood concerns. Community members can be trained to conduct these types of interviews, and interview instruments and protocols are available (or can be designed) for local use. All such interviews should reflect the community population.

Direct observations. Direct observations are records of events as they actually occur, such as drug-dealing on a street corner. Some communities create call-in lines to local police departments or other public agencies to encourage reports of AOD problem observations, thus creating a record that can support action on troublesome locations or addresses. This information is of great value for subsequent civil actions, such as nuisance abatement, zoning enforcement, and health / safety code enforcement.

Hearings. Hearings are organized information-gathering devices to help community policy-makers make decisions about difficult issues. Hearings can be major public events on widespread community concerns, or fact-gathering sessions on a specific policy under consideration. Whatever the scope, policy efforts are more persuasive, especially with neutral or skeptical parties, when advocates are armed with effective evidence (data) to make their case.

In the next issue, we will continue to describe innovative County efforts to collect and use data, and discuss how data can be used to facilitate the policy process and help guide program efforts towards success. Your local RT can direct you to resources for obtaining and using data to support community AOD initiatives.

Fried Wittman
**What is a County Prevention Outcome Plan? continued....**

with you, and can advise on how these plans fit into your overall prevention framework. This outcome plan can help you prioritize your prevention efforts and schedule the assistance you need to achieve measurable outcomes to meet state and federal reporting requirement.

Contact your Regional Trainer and schedule a visit!

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**Success Story: Controlling Alcohol Problems at Public Events, continued...**

The alcohol policy at work:

The city set up and oversaw operations of a beer garden, complete with ID checkers, wrist bands for those over 21 and staffed with city employees. Purchases were limited to two drinks per purchaser; beer was not allowed outside of the beer garden. IDs were checked at the entrance, and no one was allowed who could not provide identification. Beer was sold in 16 oz plastic bottles, to avoid problems with glass. Hours and days of operation were limited to Saturday 1-10 pm, Sunday 1-8 pm, leaving Thursday and Friday events, including the teen dance on Friday night, alcohol free.

The event lasted four days. Thursday was opening night, at which the top female ticket-sellers were crowned queen and princess. Friday night was a teen dance open to the public; this was a no-alcohol event, with music free of charge (it cost $40 per person the previous year). Saturday and Sunday were the main days of the carnival, with rides, booths and the open beer garden.

And how did the economics work out? The city charged a $125 booth fee to all organizations who had food, game or gift booths, a substantial amount less than the previous organizer charged. The arrangement was for the city to be reimbursed for insurance, employee time, and the up-front loan. Costs included the bands (music was provided free of charge to all attendees), a play area for children, carnival vendor, insurance, and security, provided by private security guards and the local sheriff’s department. Due to volunteer efforts of the community and local merchants, the low cost of booths, a much higher turnout from the local residents, beer sales and sponsorship, a local youth sports organization made $6,000, while the city made an impressive $18 and the chamber of commerce pulled in $341.88.

They had the 2004 festival recently, sponsored by the City of Mendota and Mendota Youth Recreation. This event was completely alcohol-free, and there was double the attendance of last year. It turns out that having alcohol actually isn’t essential to a successful community event – quite the opposite, if Mendota is any indication. Vendors from other cities complimented the City on having an alcohol free event and stated they were going to their councils to get them to do the same. The City made a net profit from the 2004 event of $518, up approximately $500.00 over last year -- without alcohol. The improved turnout, increase in numbers of families and decrease in alcohol-related problems have proved to the city that alcohol can actually be a detraction from a successful community event.
WHO WE ARE

REGIONS AND REGIONAL TRAINERS

REGION I A
Counties: Del Norte, Humboldt, Trinity, Tehama, Shasta, Butte, Plumas
 Trainer: REBECCA BERNER, rberner2@berkeley.edu

REGION I B
Counties: Siskiyou, Modoc, Lassen, Glenn, Sutter, Yuba, Nevada, Sierra
 Trainer: DANTELLE CAMPBELL, kidccampbell@sbcglobal.net

REGION II
Counties: Mendocino, Lake, Colusa, Yolo, Sonoma, Contra Costa, Napa, Marin, Solano, Sacramento
 Trainer: MELINDA MOORE, mkassocts@aol.com

REGION III
Counties: San Francisco, San Mateo, Alameda, Santa Clara, San Benito, Monterey, Santa Cruz
 Trainer: STEPHEN PURSER, spurser@berkeley.edu

REGION IV
Counties: Placer, El Dorado, San Joaquin, Stanislaus, Mariposa, Merced
 Trainer: PETER CATTRELL, cattrell_pete@hotmail.com

REGION V
Counties: Alpine, Mono, Inyo, Calaveras, Amador, Tuolumne, Fresno, Madera, Tulare, Kings, Kern
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REGION VI
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REGION VII A
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REGION VII B
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The opinions, finding, and conclusions herein stated are those of the authors and not necessarily those of the State of California, Department of Alcohol and Drug Programs.