Sacramento County
Department of Health and Human Services

Division of Behavioral Health Services
Alcohol and Drug Services

ALCOHOL AND DRUG PREVENTION SERVICES

STRATEGIC PLAN

July 1, 2014 – June 30, 2019

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Strategic Prevention Planning Partners

- *Another Choice Another Chance
- *Asian Pacific Community Counseling
- California Department of Health Care Services, Substance Use Disorder Prevention, Treatment, and Recovery Services Division
- Center for Applied Research Solutions
- County Alcohol and Drug Program Administrators' Association of California
- First 5 Sacramento Commission
- *Omni Youth Programs
- *National Council on Alcohol and Drug Dependence
- *People Reaching Out
- *Public Health Institute Center for Collaborative Planning
- *Rio Vista Care
- *Sacramento Area Emergency Housing Center
- *Sacramento County Office of Education
- Sacramento County Alcohol and Drug Advisory Board
- Sacramento County Division of Behavioral Health
- Sacramento County Divisions of Public Health and Primary Health Care
- *Strategies for Change

** Contracted 2014-15 Alcohol and Drug Services Prevention Providers*

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Introduction and Overview

Sacramento County Community Profile

A portrait of the region in this brief profile is portrayed to acknowledge and appreciate the complexities and diverse nature of the land and people.

Of California's 58 counties, Sacramento County is the eighth most populous, located in the heart of the Central Valley. Home to California's State Capitol, rich with both urban and rural communities, the county spans 964 square miles.

Geographically, the varied terrain includes low delta lands to the foothills of the Sierra Nevada Mountain Range. Sacramento County borders eight other county territories.

There are seven incorporated cities, in addition to 29 unincorporated areas across the County.

The total population is approximately 1.4 million residents with a density of 1,470 persons per square mile (U.S. Census Bureau 2014).

In the last decade the population of Sacramento County increased by 8%, as compared to an increase just above 6% across the State of California.

The Department of Finance projects an increase of an additional quarter of a million people to live in Sacramento County by 2030 (Children's Report Card 2014).

Age and Gender Composition

In Sacramento County, there are estimated to be 503,455 children, youth, and young adults under age 25. This represents a 10% increase over the last 10 years (45,000 young people), and currently accounts for 35% of the total population. Between 2004 and 2013 the citizens under age 25 grew at a faster rate than the overall State population (Children's Report Card 2014).

Although proportionally children under age 18 are projected to decrease from 25.5% to 19.6% of the total population by 2060, the number of children living in Sacramento County is projected to increase by over 67,000 during that time period (Children's Report Card 2014).

Sacramento County's population is also aging, although persons 65 and older represent only 11.2% of the population currently. However, by 2060, the highest proportion of growth is anticipated to be with those 64 years of age and older, with projections they will represent 23.9% by that time (Children's Report Card 2014).

There are more females (51%) than males in the overall Sacramento County census (U.S. Census Bureau 2014).

Race, Ethnicity, and Language

Sacramento is one of the most ethnically and culturally diverse areas in the state and nation. It is home to many immigrants and refugee communities, including individuals and families from Southeast Asia, the former Soviet Union, Latin America, and Eastern Europe.

Census data reflects this County's citizens are 65.3% white, 22% Hispanic or Latino, 15.3% Asian, 10.9% Black or African American, and 1.6% American Indian and Alaska Native, with 5.8% reporting two or more races.

Approximately 19.6% of Sacramento County residents are foreign born persons and of these individuals, 44.8% are of Asian descent, 32.2% are from Latin America, 15% are European, 4.1% from Oceania, 2.2% from Africa, and 1.3% are from Northern America (U.S. Census Bureau).

The percentage of homes speaking languages other than English was 30.5% (from 2007-2011). Of Sacramento County's student population, 16.9% were English Language Learners in 2012-13. The most prevalent languages spoken by the 40,212 student English Learners was, in this order, Spanish, Hmong, Russian, Vietnamese, Cantonese, and All Other (Ed Data 2014).

Education

Sacramento County has 13 school districts which served a total of 238,290 during the 2012-13 academic years (Ed Data 2014).

Schools include 229 elementary schools, 44 middle schools, and 47 high schools. The number of operating charter schools in 2011-12 was 1,018 (Dept. of Ed).

Students by Race/Ethnicity Sacramento County, 2011-12			
	County		State
	Enrollment	Percent of Total	Percent of Total
American Indian or Alaska Native	1,985	0.8%	0.7%
Asian	31,625	13.3%	8.6%
Native Hawaiian or Pacific Islander	3,309	1.4%	0.6%
Filipino	6,090	2.6%	2.5%
Hispanic or Latino	67,888	28.6%	52.0%
Black or African American	32,024	13.5%	6.5%
White	83,221	35.1%	26.1%
Two or More Races	9,646	4.1%	2.1%
None Reported	1,554	0.7%	0.8%
Total	**237,342**	**100%**	**100%**

Source: California Department of Education, Educational Demographics Office (CBEDS, enr11 12/10/12)

Sacramento County has seen an increase in graduation rates from 2009-12, although rates remain slightly below the State.

Public School Graduation Rates **Sacramento County Comparison with State of California**			
	2009-10	2010-11	2011-12
Sacramento County	72.3%	74.3%	76.7%
California	74.7%	77.1%	78.5%

Source: California Department of Education

Public school dropout rates in Sacramento have been on the decline at a rate comparable to the State.

Public School Dropout Rates **Sacramento County Comparison with State of California**			
	2009-10	2010-11	2011-12
Sacramento County	18.2%	16.0%	13.7%
California	16.6%	14.7%	13.2%

Source: California Department of Education

Household Income

According to the U.S. Census Bureau, the median household income for County residents 2008-12 was $55,846, compared to the State median of $61,400. The census also reports more individuals and families fell below the poverty level from 2008 – 2012 in Sacramento County (16.5%) than for other State residents (15.3%).

Homeownership and Household Composition

Sacramento County has a 57.6% homeownership rate, with 26.8% living in multi-unit structures between 2008-2012 (U.S. Census Bureau).

With approximately 333,894 households reported to be family units, 32.7% are estimated to have children under age 18. Approximately 48.1% are married, although 37.6% have never married (U.S. Census Bureau).

Industry

According to the latest report from the U.S. Census Bureau, the largest industry in Sacramento County falls under educational services, healthcare, and providing social assistance (21.4%). A total of 69.9% of workers are listed as private wage and salary earners, while 22.7% are employed as government workers across the County.

Division of Behavioral Health Services

Alcohol and Drug Services

Mission

The mission of Sacramento County Department of Health and Human Services, Division of Behavioral Health Services, Alcohol and Drug Services, is to promote a healthy community free of the harmful consequences associated with problem alcohol and drug use by providing access to a comprehensive continuum of services, while remaining responsive to, and reflective of, the diversity among individuals, families, and communities.

Vision

We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

Alcohol and Drug Services
Strategic Prevention Guiding Principles

1. Problems related to substance use in Sacramento County impact all neighborhoods and communities.

- Community can be described as a group of people defined by common geography, affiliations or interests, and as having the potential to act together and support one another.
- All neighborhoods and communities, especially those with fewer resources, experience the consequences of problem alcohol and other drug use, and many with the greatest impacts due to significant health care disparities.
- Communities can include associations and groups based on age, gender, race and ethnicity, tribal affiliation, sexual orientation, faith-based, regions and geographic boundaries, or other common threads.

2. Substance use problems are a collective, community-wide challenge.

- Individuals, families, communities, with others dealing directly and indirectly with alcohol and other drug issues, can focus together on the prevention of problem substance use.
- By incorporating a collective impact approach, resources are maximized and broader community involvement increases sustainability.
- A wide outreach needs to include all identified partners such as youth, parents, teachers, mentors, coaches, clergy, and community organizations.
- Behavioral and healthcare professionals, law enforcement, Courts, and other system partners working together can maximize capacity and resources to address the problem with greater force and intensity.

3. Neighborhoods and communities coming together have the power to build solutions to substance use problems.

- Persons within neighborhoods and communities have a wealth of historical, cultural, and other knowledge related to their needs.

- Individuals and families from neighborhoods and communities influence the culture of substance use.

- Individuals, families, and community partners can work together to impact the attitudes, availability, manufacturing, distribution, promotion, sales, and use of alcohol and other drugs, with support and mobilization of efforts.

- Prevention providers can best leverage their own resources to achieve the greatest impact working in collaboration with individuals, families, and the communities they serve.

4. An effective community action plan to address substance use problems includes a combination of prevention strategies.

- Effective prevention programs address specific domains of influence which include individual, peer, family, and schools, community, and the environment.

- Effective prevention programs address the factors placing individuals, families, neighborhoods and communities at risk, while building on protective factors to increase resiliency and empower people to make changes within the context of their family environment and community.

5. Alcohol and Drug Services is committed to demonstrating the effectiveness of community prevention efforts.

- Working collaboratively with prevention partners throughout the County.

- Process and impact level data will be collected for all prevention services as outlined in this Strategic Prevention Framework.

- With measureable goals and objectives, outcomes will be observable and reported in the State data collection system.

- Evaluation will be ongoing and routine, with adjustments as indicated.

- Sacramento County Alcohol and Drug Services funds evidence-based prevention services to support individuals, families and communities in addressing their key issues related to substance abuse that impacts their schools and neighborhoods.

Strategic Prevention Planning Background

The Sacramento County Department of Health and Human Services, Division of Behavioral Health Services, Alcohol and Drug Services (ADS), adopted its first Strategic Prevention Plan in 2007. The plan is reviewed on-going by the County and annually by the State for evaluation purposes to examine progress towards achieving identified goals and objectives, and to modify or make corrections and changes as indicated.

Goals and objectives of the Strategic Prevention Plan are entered into the State data collection system entitled the California Outcomes Measurement Service for Prevention (CalOMS Pv). Services and activities by contracted prevention providers and County prevention staff are input into the data base and directly linked to active goals and objectives.

The Strategic Prevention Plan is a guiding document describing the overall direction of ADS County-wide Substance Use Disorders (SUD) Prevention efforts. For ADS, the recent evolution of the plan has offered a relevant opportunity for identifying service gaps and to re-evaluate current priorities. Plan development has also been a means to aid in determining methods to increase the capacity and sustainability of prevention services to serve the County's 1.4 million citizens, given that approximately a fourth of the residents are under age 18.

Sacramento County ADS receives Substance Abuse Prevention and Treatment (SAPT) federal block grant funds to address local needs across the service continuum. Statue mandates that a minimum of 20% of the funds must be expended on primary prevention services. In fiscal year 2013-14, SAPT primary prevention set-aside for Sacramento County totaled approximately $1.2 million.

SAPT Prevention funds historically have addressed needs of youth and their families in the delivery of Sacramento County SUD prevention services. Contracted prevention providers reported serving 8,088 individuals in the last fiscal year in multiple agencies, school districts, and community locations.

The prevention and reduction of underage substance use improves overall quality of life, academic performance, workplace productivity and military preparedness, as well as reduces crime, juvenile justice expenses, motor vehicle crashes and fatalities, and lowers health care costs for both acute and chronic conditions.

Prevention services working with youth are designed to increase protective factors and reduce risk related to substance use, enhancing opportunities for family and school

success. Families in prevention services receive education on the risk factors surrounding substance use, as well skill-building to help foster positive family environments supporting youth abstinence and resiliency.

Prevention services are reaching thousands of students and families, but with over a quarter of a million students enrolled in Sacramento County in 2012-13, there remain hundreds of thousands more young people not receiving prevention services for substance use. Predictably many of these youth have pertinent risk factors for developing substance use and related problems.

The **Institute of Medicine** (IOM) recommends SUD preventive interventions are provided as a routine component of school, health, and community service systems, and that those services be coordinated and integrated with multiple points of entry for children and their families.

Target populations defined by the IOM include **universal, selective** and **indicated** groups described below.

Institute of Medicine

Prevention Services Target Populations

Universal - the entire population, without regard to group or individual-level risks. Interventions are broad-based, generally focusing on awareness and information, or if well-resourced, skill-building. Most environmental strategies also impact the entire population as they alter the societal norms, availability and regulations related to alcohol, tobacco and other drugs (ATOD) or otherwise shift the dynamics of the environment, making it less conducive to the development of ATOD risks.

Selective - groups that are at high risk, without regard to the specific risk level of the individuals within those groups (e.g., youth in foster care or children of substance abusers). These individuals would be targeted by virtue of their membership in a vulnerable group.

Indicated - reserved for individuals that have begun to engage in the problem behavior, exhibiting early signs or consequences of use, but do not meet the recognized criteria for addiction. Interventions for selective and indicated populations include strategies such as family strengthening programs, mentoring, student assistance programs, brief intervention, and motivational interviewing.

A behavioral health chart with these IOM categories and the corresponding service spectrum can be referenced in Appendix A “Levels of Risk, Levels of Intervention” for further details.

Sacramento County ADS currently contracts with ten substance abuse prevention providers who offer services in a variety of venues such as school campuses, agencies and service settings, homeless programs, and at multiple community locations.

Although Sacramento prevention serves all of the IOM target groups, universal populations have been the largest percentage of services offered. Entries into the CalOMS Prevention database indicate a total of 5,907 individuals receiving prevention services were classified as "*universal*", while 1,871 were considered to be in the "*selective*" category, and 310 individuals served were in the "*indicated*" group.

The new Strategic Plan is targeting all three populations with an increased balance between universal, selective, and indicated youth groups. For example, underserved groups such as foster youth and students showing signs of moving towards continuation school, or youth with juvenile justice involvement may benefit from receiving prevention services. In addition, the highest risk groups such as youth suspended for alcohol/drug offenses on campus, or individuals with an emerging substance use issue could be targeted with efforts at increasing services to selective and indicated populations.

Defining problem substance use is critical in assessing where SUD prevention services potentially can have the most significant impact.

Defining Excessive Alcohol Use / Drug Abuse

The U.S. DHHS Office of the Surgeon General describes *excessive alcohol* use as **underage drinking**, drinking while **pregnant**, alcohol impaired **driving**, and **binge** drinking (five or more drinks during a single occasion for men, four or more drinks during a single occasion for women).

Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the counter drugs) and any use of illicit drugs.

All of the excessive alcohol/drug abuse categories identified by the U.S. Office of the Surgeon General impact youth substantially, with significant consequences affecting their long-term future.

The SAPT Prevention requires grant recipients to deliver SUD prevention services with six key strategies outlined by the **Center for Substance Abuse Prevention** (CSAP).

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) **KEY PREVENTION STRATEGIES**
1. Information Dissemination 2. Education 3. Alternative Activities 4. Problem Identification and Referral 5. Community-Based Process 6. Environmental

Information dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction and the effects on individuals, families, and communities.

Education services aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Alternative programs and activities re-direct individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs.

Problem identification and referral strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education.

Community-based process aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders.

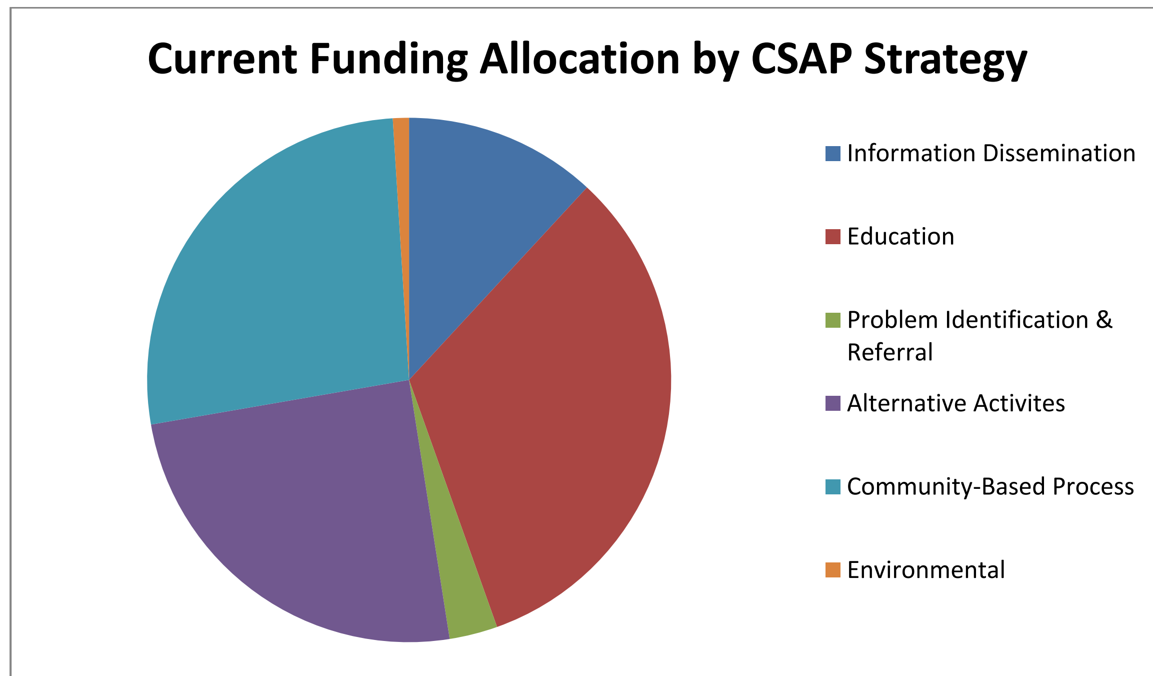
Environmental strategies focus on places and specific problems implementing results that can be wide-ranging and sustained.

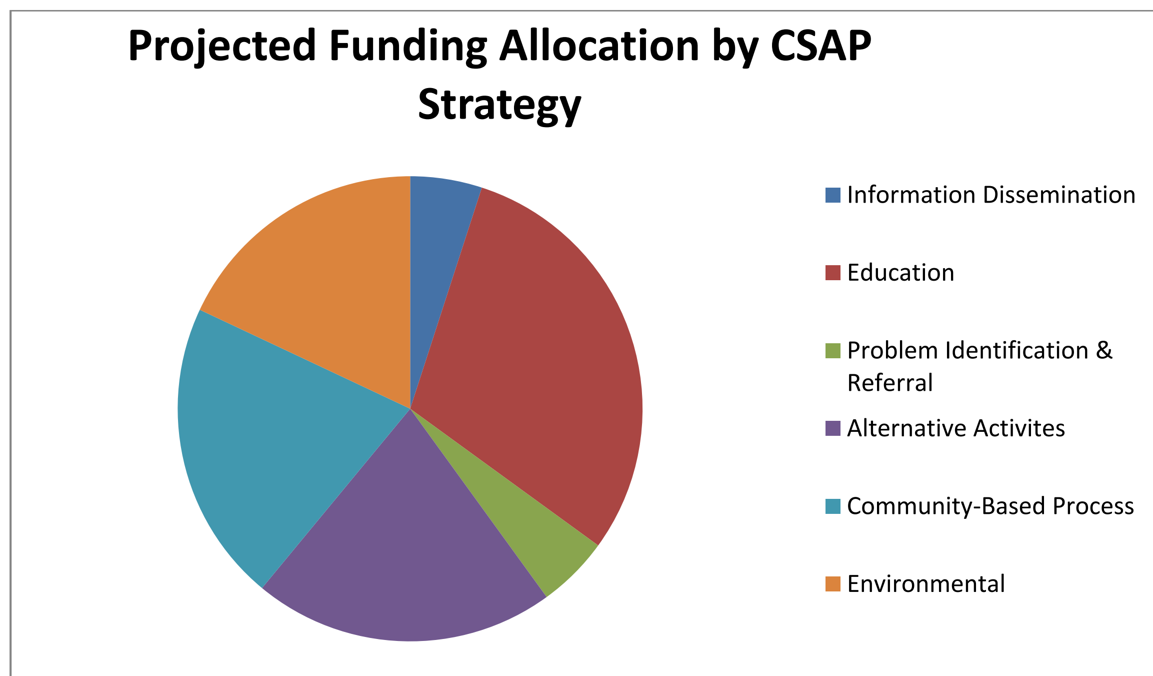
For a detailed description of these CSAP strategies, please reference **Appendix B**.

Funding by Center for Substance Abuse Prevention Strategies

ADS contracted prevention providers offer a blend of CSAP strategies, with education, alternative activities, and community-based processes prioritized by allocations in recent years.

Graphs below reflect current and projected changes in funding by strategy.





It is apparent there remain gaps in the current provision of prevention services in reaching greater numbers of the population, particularly in terms of mobilizing potential partners and utilizing multiple strategies for large scale change.

Currently there is less than 1% of the County SAPT Pv budget for SUD prevention dedicated towards implementing environmental strategies, which is generally considered the approach with the highest potential to produce population level change.

With this new Strategic Plan, an emphasis on increasing environmental activities targeting underage drinking is being implemented. This strategy encompasses building upon the capacity of prevention providers to increase the number of partners, the level of collaboration, and availability of prevention services and resources by developing high quality, evidence-based and culturally competent services.

Leveraging current resources to incorporate long-term sustainability of increased service capacity addressing prevention is a key component. The Plan promotes a collective impact by organizing key partners and developing champions for prevention through such means as coalitions, task forces, learning communities and/or other organizing efforts to mobilize forces and maximize outcomes.

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) is a planning approach outlined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The framework 5 steps include **Assessment, Capacity, Planning, Implementation** and **Evaluation**.

The SPF is the funders required roadmap to aid Counties in determining the assessment of community needs and the current capacity to address identified issues. Then, based on those findings, recipients develop a plan addressing those needs with measurable goals and objectives. Implementation with services will involve activities geared to achieve the plan goals and objectives. Evaluation of outcomes will be on-going, and adjustments made as indicated.

Current ADS efforts represent on-going planning and implementation of SUD prevention services, weighing considerations related to relevant and evolving factors based on localized community data, as well as statewide trends and comparisons.

The Strategic Plan describes community needs based on multiple current data sources, as well as the capacity and resources to address those needs.

The Strategic Plan provides a guide for the decision-making process in ADS Prevention services, and will become the basis for the allocation of Sacramento's future SAPT Prevention funding, following a competitive bidding process.

The plan must be approved and authorized by the California Department of Health Care Services Substance Use Disorder Prevention, Treatment, and Recovery Services Division.

For further details regarding the SAMHSHA Strategic Prevention Framework, please reference Appendix C.

The following SPF chart represents a snapshot of activities that have been performed or will be performed during each step.

Additional details for each step of the framework listed will be explained in further narrative in sections following the chart.

Strategic Prevention Framework (SPF)

Overview of ADS Activities by SPF Step

SPF Steps	Description	ADS Activities
Assessment	Understand the population's needs Review the resources that are required and available Identify the readiness of the community to address Prevention needs and service gaps.	Kick-off meeting launching the SPF process with interested community members was held on Feb. 26, 2013, building the formation of the Strategic Planning Workgroup. Conducted a county-wide assessment of community needs, forming a Data Workgroup. Held bi-monthly meetings over several months to review and analyze current data sources.
Capacity	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.	Education regarding the SPF process and prevention science related to large scale change methods is on-going for involved community partners and internal administration. A focus on building capacity and sustainability in the new plan has been emphasized.
Planning	Planning involves the creation of a comprehensive vision with goals, objectives, and strategies aimed at meeting the needs of communities regarding problem substance use prevention. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.	Developed problem statement(s) addressing underage drinking, with corresponding goals and objectives. Designed underage “Use of Alcohol” Logic Models to help shape goals, objectives, and strategies based on the data sets.
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.	Strategic action items for goals and objectives will be implemented for each problem statement. Methods and services to be delivered for goal achievement will be a combination of currently funded prevention services and new services to evolve from the RFP process.
Evaluation	Evaluation helps organizations recognize what they have done well and areas needing improvement. The process of evaluation involves measuring the impact of programs and practices to understand effectiveness and need for change. Evaluation efforts greatly influence the future planning of a program. It can impact sustainability because evaluation can show sponsors resources are being used wisely.	Data will be collected reflecting baseline measures and measurable changes. The State database, CalOMS Prevention, captures services provided by contracted providers. Evaluation of efforts and activities will be on-going. As needed changes are identified, they will be addressed.

Assessment:
Community Needs

With the goal of launching into identifying current needs of Sacramento County residents related to the prevention of Substance Use Disorders (SUD), a kick-off meeting was held with interested community members early in 2013 to begin building the formation of the new Strategic Prevention Plan.

The ADS Strategic Prevention Planning and Data Workgroups were organized to gather and analyze county and state data and trends, and to gain fuller comprehension of the extent and nature of problems related to substance use in our community. The workgroups consisted of currently contracted providers, planners from Behavioral Health, ADS administration, ADS Advisory Board representation, and a technical assistant consultant with the Center for Applied Research Solutions supported by funding through the State for the SPF process.

The ADS Prevention Coordinator held bi-monthly meetings over multiple months to review and analyze the data, welcoming all interested parties. Meetings convened February through June 2013 to focus on the research collection and data review. Initial steps were taken to begin the process of identifying other key stakeholders, which will be on-going.

The array of information collected reflects some of the most current information available related to youth substance use in Sacramento County. Many sources were referenced, including state level data comparisons to local data, school demographics and surveys, juvenile justice, local crime statistics, alcohol/drug related emergency room admissions, and related mortality rates. For a comprehensive list of referenced data, please reference the Appendix.

A broadly utilized mechanism to understand youth substance use by student self-report is the California Healthy Kids Survey. This information has been invaluable in the assessment process for determining priorities for service concentration.

California Healthy Kids Survey (CHKS)

The California Healthy Kids Survey (CHKS) is a major source of data to inform multiple systems concerned about youth's well-being. The survey is a critical component of school improvement efforts to guide effective health, prevention, and youth development programs. CHKS can help lead to a better understanding of the relationship between youth's health behaviors and academic performance.

The CHKS is the largest statewide survey of resiliency, protective factors and risk behaviors. CHKS has been administered in multiple Sacramento County school districts. The tool has been used to measure youth responses every other year across three grade levels - 7th, 9th and 11th.

One section of the survey addresses youth substance use. Results of the survey are that **alcohol is the #1 substance of abuse** by youth in the County of Sacramento across these age groups. It is the most prominent and frequent *"drug of choice"* for surveyed youth in schools across the region. Please reference the Appendix D for detailed CHKS survey graphs.

Alcohol is also the #1 substance of abuse in the State of California as well as nationally, creating significant consequences greatly amplified for youth. This prompted State Alcohol and Drug Administrators to form an Executive Sub-Committee of County Alcohol and Drug Program. Administrators Association of California (CADPAAC) to address the problem. This committee identified prevention ***Core Outcomes*** specific to alcohol consumption by youth and recommended that Counties adopt these outcomes. The Core Outcomes are described and addressed further within the Planning section.

YOUTH SUBSTANCE USE

KEY QUESTIONS

CHKS data was analyzed during the needs assessment to address these questions:

1. What **substances** are youth in Sacramento County using?
2. **How young** are the youth when first trying alcohol?
3. **How much** are youth drinking?
4. **How often** are youth drinking?
5. What are **contributing factors** in these young people's lives?
6. What is the **impact** of youth substance use on individuals and communities?
7. What are **harmful consequences** to youth developing from substance use?

YOUTH SUBSTANCE USE

KEY FINDINGS

1. What substances are youth in Sacramento County using?

Alcohol is Sacramento County youth's primary substance use problem.

- Over a fourth (29%) of the County's 11th graders reported they consumed alcohol at least once in the past 30 days. This measure is generally

recognized as being indicative of current, active substance use, rather than one-time or sporadic experimentation.

2. **How young** are the youth when starting experimentation and/or use?

   - 27% of 7th graders, 43% of 9th graders, and 35% of 11th graders tried alcohol before age of 15, and another 25% between ages 15-16.

3. **How much** are youth drinking?
   - 13% of 9th graders and 18% of 11th graders reported binge drinking (5 or more drinks in a row) in the past 30 days.

4. **How often** are youth drinking?

   - 9% of 7th graders, 18% of 9th graders and 25% of 11th graders reported they drank 3 or more days in the last 30 days.

Source: 2009-2011 *CA Healthy Kids Survey*

5. What are **contributing factors** in these young people's lives?

   - **Early Initiation of Use** - Onset of substance use prior to the age of 15 is a consistent predictor of future substance use problems.

   - **Availability of Alcohol and other Drugs** - The availability of alcohol and other drugs has been related to the use of these substances by adolescents.

   - **Perceived Low Risk of Substance Use** - Young people who do not perceive substance use to be risky are far more likely to engage in substance use.

   - **Caregiver Attitudes Favorable Toward Alcohol Use -** In families where caregivers and/or family members condone the use of mind-altering chemicals, and/or are tolerant of minors substance use, youth are at increased risk of problem substance use during adolescence.

6. What is the **impact** of youth substance use on individuals and communities?

   - In the 2012-13 school year 18,001 Sacramento County students were suspended from school at 7.1 suspension rate compared to 5.1 suspension

rates for the state (CA Dept. of Education, Suspension and Expulsion Report 2012-13).

- Of the students suspended, 1,420 offenses involved the possession, use, sale or furnishing a controlled substance, alcohol intoxicant (CA Dept. of Education, Suspension and Expulsion Report 2012-13).

- Underage drinkers consumed 13.9% of all alcohol sold in California totaling 3.6 billion dollars in sales (Sacramento Youth and Alcohol Coalition Report, The Impact of Underage Drinking in Sacramento).

- The Center for Disease Control reported that 1 in 5 high school girls (compared to 1 in 8 women) binge drink, increasing risk for breast cancer, heart disease, sexually transmitted infections, and unintended pregnancy.

- On an average day in 2011, 457,672 teenagers ages 12 to 17, consumed alcohol, according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA).

7. What are **harmful consequences** to youth developing from substance use?

    - Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking.

    - An adolescent's brain is not yet fully developed in the prefrontal cortex, an area of the brain that affects their ability to judge a situation, consider the consequences, and control their impulses. As a result, youth have significant challenges for making healthy and rational decisions, and to assess the impact of using mind-altering substances.

    - 7,639 teenagers ages 12 to 17, consume alcohol for the first time on a typical day.

    - The annual total estimated societal cost of substance abuse in the United States is $510.8 billion, with an estimated 23.5 million Americans aged 12 and older needing treatment for substance use.

    - By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

Source: https://www.stopalcoholabuse.gov/default.aspx

Problem substance use by students, parents or caregivers, and significant others can contribute to youth developing:

- Health and developmental concerns
- Mental health and substance use issues
- Poor academic performance and reduced opportunity to learn
- Absenteeism, truancy, suspensions, and expulsions
- Behavioral health problems including increased potential for violence and criminal involvement
- Lower graduation rates, higher unemployment, untrained workforce

The younger people are when they initiate alcohol use, the greater the odds are it leads to more problematic abuse or dependence.

About one student out of every 20 was suspended from school in 2011-12.

California overall had 16,726 student expulsions and 328,062 suspensions for violence and/or drug related issues (CA Dept. of Education Expulsion Report).

Students not in school predictably have greater risks and consequent higher rates of substance use than their peers who continue educational involvement.

Checkup on Health:

Underage Drinking's Real Dangers

U.C. Davis Health System, By Dana Covington, RN, MSN

Besides deaths, statistics show smaller brains, STDs, alcoholism

“To address increasing numbers of emergency department visits related to underage drinking, the Trauma Prevention and Outreach program at UC Davis co-founded the public-private Sacramento Regional Youth and Alcohol Coalition.

People may be aware that drinking can kill, but probably believe that it won’t happen to them — and certainly, not to their child. After all, plenty of people drink a lot and don’t die from it. But many people don’t consider the specific negative consequences of underage drinking.

Teen alcohol use can have both acute and chronic ramifications. Problems can include acute poisoning and injuries — or death — caused by impairment, and also chronic brain, heart and liver diseases.

Alcohol is a drug like any other, and our body immediately goes to work trying to detoxify it. But when the liver can’t keep up, toxins start to build up, and we feel alcohol’s effects. At first, giddiness and disinhibition result, which are what many consider to be the pleasant, relaxing side effects of the drug. But underage drinkers are not looking for this effect. They are generally binge drinkers...

There are *real* negative consequences from teen drinking:

- The depressant effects of alcohol can cause slow breathing and heart irregularities, leading to **coma and death**.
- In one common scenario during acute alcohol poisoning, the drunk person vomits in an instinctive attempt to rid the body of poison — but reflexes are too depressed to gag effectively and keep the airway clear. The person can **choke to death on their vomit**.
- The chronic effects of alcohol use include **permanent damage to the brain, heart and liver**, causing conditions that can eventually be fatal. The brains of teens continue to grow and fine-tune themselves up to about 20 years of age.

Drinking alcohol during these years can cause permanent brain damage. Parts of the brain of a teen drinker can be up to 10 percent smaller than those of non-drinkers, according to the American Medical Association.

- Teens who start drinking before age 15 are four times **more likely to become alcoholic** than those that wait until they are 21.
- The effects of alcohol on the brain **depress inhibitions and reaction times**. Teens that are already prone to risk-taking behaviors increase them even more with alcohol on board. Injuries from bad decision making increase with alcohol ingestion, such as injuries that result from getting into a car with a drinking driver, falling from balconies, roofs, and fences, and engaging in unwanted or high-risk sex. For example, women who engage in binge drinking are five times more likely to contract the sexually transmitted disease gonorrhea than non-drinking women.

Currently there is a controversial trend of parents hosting parties with alcohol for their teens, thinking that they would rather their kids drink under their supervision than elsewhere. One can only assume that parents are unaware of the dangers of underage drinking. What parent would choose for their child to have a brain that is 10 percent smaller than their potential? What parent wants to increase, by five times, the chance of their daughter contracting gonorrhea? Also, a teen that drinks at a party and then sleeps it off for a few hours may still be drunk when they wake and drive home.

It also, of course, gives their kids the wrong message about the appropriateness of getting drunk. Teenage drinking is not a rite of passage. I can't imagine a parent making these parental decisions for others by hosting a party that serves alcohol to underage drinkers. Many cities and counties in California have developed Social Host Ordinances that make providing a venue for underage drinking a civil or criminal offence."

Source: Excerpt from UCD Health System

http://www.ucdmc.ucdavis.edu/welcome/features/20090902_teen_drinking/

Intoxicated Adolescents

Treated at the UC Davis Trauma Center

Intoxicated adolescent surveillance data from UC Davis regional trauma center shows an increase in the number of intoxicated youth being treated, as well as an increase in the average blood alcohol level.

2004-2008

Year	12-20 y/o (Total emergency department)	12-20 y/o Alcohol + (% of total triaged)	12-17 y/o Alcohol + (% of total triaged)	Av. Blood Alcohol Level 12-17 y/o	Av. age 12-17 y/o
2004	6,334	187 (2.95%)	68 (1.07%)	0.138	15.4
2005	6,599	224 (3.39%)	74 (1.12%)	0.142	15.9
2006	6,689	259 (3.87%)	102 (1.52%)	0.149	15.8
2007	6,991	260 (3.71%)	103 (1.47%)	0.164	15.7
2008 Jan-Oct	4,422	200 (4.52%)	114 (2.57%)	0.160	15.8

Source: *Sacramento Youth and Alcohol Coalition*

http://www.ucdmc.ucdavis.edu/injuryprevention/documents/pdfs/impact_of_underage_drinking.pdf

ASSESSMENT CONSIDERATIONS

1. As federal funding for prevention services can only serve a portion of our citizens, Sacramento County ADS determined the need to focus on the target populations who could benefit the most from prevention services, which is youth at varying risk levels with their families.

2. Multiple influences are impacting and reinforcing youth alcohol use resulting in increasing personal tragedy and community safety concerns.

3. The majority of Sacramento County youth substance use rates are roughly equivalent to state rates, which are unacceptably high.

4. These substance use rates manifest untold social and economic toll endured by all residents of the County.

5. It is clear the needs to address youth substance use largely outweigh the current resources required to substantially increase protective factors.

6. Substance use trends captured with surveys at school sites in middle schools, high schools, and alternate schools do not include students who drop out and frequently have significant risk factors for developing substance use issues.

7. In order to adequately address the multitude of complex issues involving the entire range of mind-altering substances of potential abuse, increased capacity will be a pre-requisite.

8. Due to funding constraints at this time, substance use disorders prevention services cannot adequately address issues related to problem substance use across the lifespan.

ASSESSING COMMUNITY READINESS

Measuring community readiness to address prevention of Substance Use Disorders is essential, as there are degrees within communities and varying stages of readiness for dealing with a specific issue(s). Measures assess the knowledge and understanding of the general population, not exclusively individuals actively involved in prevention efforts.

Local ownership and a community's readiness, in terms of both attitudes and organizational capacity, can be moved through a series of stages to develop, implement, maintain, and improve programs.

Nine stages of community readiness have been identified:

- No awareness: Not recognized by community or leaders as an issue.
- Denial/resistance: Some members recognize the issue, but little recognition of it occurs locally.
- Vague awareness: Awareness of local concern, but little motivation to do anything about the issue.
- Pre-planning: Clear recognition that something must be done, may be a group addressing it; efforts are not focused and detailed yet.
- Preparation: Active leaders begin planning in earnest and community offers modest support of efforts.
- Initiation: Enough information available to justify efforts; activities are underway.
- Stabilization: Activities are supported by administrators or community decision makers; staff are trained and experienced.
- Confirmation/expansion: Efforts in place; community members feel comfortable using services, support expansions; local data is regularly obtained.
- High level of community ownership: Detailed and sophisticated knowledge exists about prevalence, causes, and consequences; effective evaluation guides new directions; model is applied to other issues.

ASSESSMENT CONCLUSIONS

Preventing underage and excessive alcohol and/or other substance abuse can greatly increase an individual's chances of enjoying a healthy and productive life.

Sacramento County ADS and current prevention partners are ready to address alcohol use by youth. Introducing prevention services on a broad scale needs to include increasing the readiness of the County citizens to address youth alcohol use.

Sacramento County ADS does not currently have an active coalition supporting prevention efforts, and plans to identify additional potential partners to join forces to maximize resources and amplify results.

Bringing new partners together and discovering shared interests, mutual goals, and the potential of collective impact can aid in building a prevention action force with momentum to make a significant improvement in the extent of outreach and service delivery. Identifying youth, parents/caregivers and other community leaders to support prevention efforts can strongly influence results.

Sacramento County ADS plans to increase the capacity and sustainability of local providers and prevention resources to deliver high quality, evidenced-based prevention strategies to have a larger impact on the significant number of unserved or underserved youth and families.

Youth alcohol use extends into the family and local communities. To address challenges, new strategies include an investment in large scale environmental prevention approaches to impact change on a much broader scale, creating a coalition as a means to systematically mobilize communities to develop and support prevention efforts. By developing strong partnerships and strengthening existing partnerships, Sacramento County ADS can work towards building a strong and collective impact to best leverage currently available and potential prevention resources.

Environmental strategies include a host of activities including influencing practices and policies incorporating prevention principles such as working with media and retailers to reduce alcohol marketing to youth. Other policy work could include such issues as banning home delivery of alcohol to reduce youth access, increasing taxes on liquor that targets youth (i.e., alcopops, alcohol/stimulant combination drinks), and addressing a high number of use permits for liquor sales in specific communities.

Many environmental prevention strategies addressing alcohol issues include a focus on reducing youth retail access to liquor such as verifying age for sales and discouraging retailers from product placement that encourages young people to drink (such as pairing liquor near candy).

Partnerships with law enforcement and schools combine efforts to educate youth, families and the community regarding the consequences of underage substance use. Additionally, partnerships can increase the visibility of enforcement efforts such as placing notices on the marquee at school sporting events that enforcement will be watching for impaired drivers, and internet methods to notify students/families that police are enforcing party patrols and social host ordinances prohibiting serving alcohol to minors.

Training for responsible beverage service practices can be sponsored when utilizing an environmental approach towards changing community norms. Recognition for merchants who support youth staying alcohol-free can be acknowledged for their contribution toward keeping their community healthy.

Supporting a public health approach to increase the diffusion of prevention efforts throughout the County is recommended to ensure the sustainability of prevention efforts.

Funding will be prioritized for services and collaborations with partners that value and utilize best practice standards for SUD prevention.

CAPACITY:
COMMUNITY RESOURCES

There are many local partners across Sacramento County already addressing problem substance use. Partners include schools, medical and psychiatric emergency departments, Sheriff Departments, City Police Departments, Correctional Health, Jail Psychiatry, the District Attorney and Public Attorney's Office, Courts, Probation, the Juvenile Correctional system, the Coroner's office, Health and Human Services Public Health, Primary Health Care, Behavioral Health – Mental Health and Substance Related Services, Adult Protective Services, Children's Protective Services, community providers, concerned citizens, youth, families, and many more individuals and entities.

The following represents capacity or resources that currently contribute to successful prevention initiatives in Sacramento County:

- Prevention providers currently funded through Sacramento County ADS have capacity to provide evidence-based and promising prevention practices to a diverse population of individuals, families, and groups with varying risk levels.

- Sacramento County ADS prevention providers have existing capacity to serve youth populations, including youth from 7th grade through high school.

- Sacramento County ADS has provider capacity to engage youth and families in prevention program and services.

- Sacramento County ADS has experience with collaboration and developing partnerships across sectors with varied interests related to substance use prevention.

- Sacramento County ADS has expertise with community engagement in substance-related prevention initiatives such as working towards social host ordinance efforts, retailer training and recognition programs, and heightened law enforcement with increased visibility.

- Sacramento County ADS was awarded a federal grant to address underage and excessive drinking in a city with a high number of alcohol-related arrests and fatalities. Grant activities include schools and law enforcement partnering for a heightened focus on underage and excessive drinking with an emphasis on increased visibility of enforcement activities reaching students, families, and the community.

The new strategic plan includes funding the formation of a coalition of community partners to increase the capacity and sustainability of local providers and prevention resources to deliver high quality, promising practices and evidenced-based prevention strategies. By strengthening prevention partnerships, Sacramento County ADS can work to build a strong and collective impact to best leverage currently available and potential prevention resources in the community.

The new coalition will utilize community-based processes, education, information dissemination and environmental strategies to support the overall investment in large scale environmental prevention approaches expected to impact population level change, increasing protective factors and reducing risk factors on a much broader scale. This increased capacity will support efforts towards the prevention and reduction of youth substance use due to resources being highly mobilized.

The provider(s) for the future coalition will be selected from a competitive bidding process to direct the formation, organization and facilitation of the activities. All funded Prevention providers with Alcohol and Drug Services will actively participate as part of the coalition addressing system needs. New partners and entities will be identified and recruited. Localized data will be reviewed to determine concentrations of medium and high risk areas impacting youth substance use in order for the coalition to focus on where efforts can be directed for maximum impact. Strategies will increase the knowledge, skills and abilities of citizens including parents, school personnel, neighborhood and community leaders and other interested parties, to prevent/reduce and address the consequences of underage alcohol and substance use. Strategies involve youth, parents/caregivers, schools and community leadership in planning and program development.

Champions for prevention efforts will evolve and be supported, developed and recognized. The coalition will design and implement a training plan building on core competencies for prevention specialists to deliver high quality prevention services and strategies. It includes a Train the Trainers component to build core prevention competencies throughout the service delivery system which will increase the capacity and sustainability of prevention services for the future. A trained and competent workforce to address and expand prevention efforts in various venues will be available, and continue to train others with expanded learning opportunities across targeted audiences.

This plan does not address nicotine prevention or cessation, as other funding is earmarked to address smoking-related health issues in school settings.

Youth gambling problems and other addictive behaviors are not addressed in this strategic plan as there is insufficient local archival or anecdotal data supporting the need for prioritizing gambling or other behavioral disorders with such limited resources.

These areas have been identified as community capacity and resource gaps:

- Although it is clearly recognized many substances create a host of significant individual and societal consequences, due to the limited financial resources available for prevention activities, the Sacramento County ADS Strategic Prevention Plan does not address the prevention or reduction of all problem substance use behavior across all ages.

- Emerging areas of concern related to increasing youth involvement include substances used for pain management (often the opioid substance classification group), and marijuana, based on findings in the California Healthy Kids Survey data. These areas will be closely monitored for local trends.

Evolving issues will be continuously observed, and may guide future planning efforts.

PLANNING:
PRIORITIES, CORE OUTCOMES, LOGIC MODELS

The Strategic Plan must be data driven in order to narrow focus and direct resources and offer concentrated services towards achieving measureable results.

By the planning stage, it had been determined that underage alcohol consumption is a primary problem in Sacramento County, and the substance most reportedly used by minors.

It is imperative that planning efforts continue to prioritize our young people and their families to eliminate and/or reduce underage drinking.
Given that the strategic prevention plan is focused on underage alcohol use specifically, financial and community resources will be dedicated accordingly.

PREVENTION SERVICE PRIORITIES

According to the Office of National Drug Control Policy recent research concludes that every dollar invested in school-based substance use prevention programs has the potential to save up to $18 in costs related to substance use disorders.

Sacramento County is growing rapidly, and currently one out of four (24.9%) of County residents are under the age of 18. This statistic supported the decision to continue the major focus of ADS Prevention services towards middle school and high school age students.

Alcohol use has been identified as a major priority statewide and the most common substance abuse problem across California counties.

The early onset of alcohol use, the frequency of drinking behavior, and the intensity of drinking (i.e., binge drinking) establish patterns early in life that may lead to significant health and behavioral health concerns, societal problems, and other harmful consequences.

Delaying the age of onset of substance use has been shown to predict lower substance use involvement and has a greater probability of discontinuing problem use. In addition, reducing the frequency and amount of alcohol use by youth reduces future substance use problems.

Sacramento County primarily funds providers to offer direct services to youth and families. For expansion of prevention services to be more comprehensive (more balance between universal, selected and indicated populations) additional resources will need to be mobilized for mutual problem solving and benefit.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), communities must employ multiple prevention strategies to have a meaningful impact on alcohol and other drug problems.

CORE OUTCOMES

In early 2010 the CADPAAC Prevention Outcome Sub-committee was formed with the intent to "identify and recommend 1-3 core prevention outcomes which are agreed upon and formally adopted by CADPAAC statewide". The recommendations are based on the literature and research findings, as well as directed by federal entities such as the U.S. Dept. of Health and Human Services and Substance Abuse and Mental Health Services Administration (SAMHSA). The committee findings included that youth reporting weekly use of alcohol were significantly more likely to have higher rates of substance use problems and other risk-taking behaviors.

The recommendations of this committee include the following Core Outcomes:

1. Reduce the percentage of youth reporting the initiation of alcohol use by the age of 15.

2. Reduce the percentage of youth between the 9th and 11th grades who report engaging in binge drinking within the last 30 days.

3. Reduce the percentage of youth between the 9th and 11th grades who report drinking 3 or more days within the past 30 days.

LOGIC MODELS

ADS determined that the CADPAAC Committee recommended Core Outcomes to reduce and eliminate underage drinking were perfectly suited to address the needs identified during the assessment phase, given that a significant number of Sacramento County youth report they are starting to use alcohol at an early age, drinking heavily, and consuming alcohol on a regular basis.

The Logic Models are outcomes-based by design, and are guiding prevention efforts system wide.

Logic Models #1-3 evolved to address youth alcohol consumption within domains of influence including a). Individual; b). Peers; c). Family; and d). Schools, Neighborhoods, and the Community/Environment at large. Each domain requires a defined strategy to reach the target groups in meaningful ways.

Logic Model #1: **Alcohol Too Early**

Logic Model #2: **Too Much Alcohol**

Logic Model #3: **Alcohol Too Often**

A fourth Logic Model addresses a significant need to build the capacity to deliver quality Prevention services for County residents, as well as to increase sustainability efforts for on-going prevention measures:

Logic Model #4: **Capacity Building and Sustainability**

The following tables reflect the goals, measurable objectives and outcome indicators for each of the Logic Models.

The Logic Model Goals and Objectives were formulated based on the domain (individual, peer, family, schools/neighborhoods/communities) addressed by questions asked of students in the California Healthy Kids Survey. The Logic Models were also organized by the nature of the survey question and whether it addressed “too early”, “too much” or “too often”. However, not all questions asked in the survey cover every domain, so each model is unique in focus.

Logic Model #1
ALCOHOL TOO EARLY
Individual Domain

IDENTIFIED PROBLEM: Sacramento County youth are initiating and using alcohol too early in their physical development.

ALCOHOL USE: According to Sacramento County CHKS data, a significant 27% of 7th graders, 43% of 9th graders, and 35% of 11th graders tried alcohol before age of 15. An additional 25% of 11th graders reported trying alcohol between ages 15-16, and a large majority of non-traditional students at 79% reporting they tried alcohol before age 15.

SOURCE: *California Healthy Kids Survey* (CHKS), Sacramento County 2009-2011

GOAL #1: Reduce the number of youth initiating alcohol use by the age of 15 by 5% over the five years of the strategic plan (reporting years 3 -7), measured by the percentage of 7th and 9th grade youth actively participating in prevention services reporting reduction when surveyed.

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Measurable Objectives/ Outcome Indicators
			Short Term 2014	**Intermediate 2015-17**	**Long Term 2017-19**	** As reported by CHKS* ***As reported by pre/post survey of prevention services participants*
Individual Domain Low perceived risk of harm related to drinking alcohol	When asked *"how much do people risk harming themselves physically and in other ways when they drink alcohol occasionally",* 27% of 7th graders report no perceived harm,	Increase youth knowledge and awareness of alcohol use risk factors. Educate and mentor youth for leadership involvement in public and media campaigns to educate peers, family, and the community about consequences of use and excessive use, and crucial reasons for youth not to use. Offer prevention services that	Develop and utilize tool to measure knowledge and awareness. Increased services to youth addressing substance use risk awareness.	Conduct bi-annual interviews, focus groups and/or surveys with youth involved in prevention activities to measure knowledge and awareness of alcohol related risk factors.	Delayed onset of youth alcohol use, promoting healthier physical and mental health. Youth demonstrate increased understanding of substance use risk factors.	Objective: **By 2016, 80% of youth participating in prevention activities will demonstrate an increased knowledge of risks related to alcohol use by 2.5%. Objective: *By 2016 show a 1.5% decrease in youth reporting the onset of alcohol use by the age of 15 or younger. Objective: *By 2017 show a 3% decrease in youth reporting the onset of alcohol use by the age of

	compared to 20% for 9th graders and 16% for 11th graders.	encourage healthy life-style choices. Develop alternative activities to engage youth and support healthy development. Offer information dissemination to educate and inform.	Select and implement effective, culturally appropriate, best practices and evidenced based prevention strategies.		Increased youth leadership opportunities regarding substance related issues, including involvement in related policies and planning.	15 or younger. Objective: **By 2019, 80% of youth participating in prevention activities will demonstrate an increased knowledge of risks related to alcohol use by 5%. Objective: *By 2019 show a 5% decrease in youth reporting the onset of alcohol use by the age of 15 or younger.

LOGIC MODEL #1
ALCOHOL TOO EARLY
PEER DOMAIN

Contributing Elements	**CHKS Report** *NT = non-traditional students	**Prevention Strategies**	**Activities and Outcomes**			**Measurable Objectives/ Outcome Indicators** ** As reported by CHKS*
			Short Term 2014	**Intermediate 2015-17**	**Long Term 2017-19**	
Peer Domain Attitudes favorable toward substance use Peer substance use on school property Peer pressure	Students were asked *“during your life, how many times have you been drunk on alcohol or high on drugs on school property?”* 16% of 9th graders and 22% of 11th graders report	Promote a substance-free school culture with youth, parents, and schools, and develop measurement tool. Address peer pressure issues with youth. Promote and teach coping skills, peer pressure management, alcohol refusal skills in schools, neighborhoods, and community environments.	Develop and implement an assessment tool to measure youth readiness to maintain a drug-free school campus. Increased services at school sites	Increased youth leadership and activities that promote an alcohol-free campus. Increased youth participation in alternative school and after-school programming.	Reduction of reported substance use on campus. Changed attitudes and behaviors related to alcohol risk factors to promote reduced harm. Conduct bi-	Objective: *By 2015 show a 1.5% decrease in youth reporting substance use on school property. Objective: *By 2017 show a 3% decrease in youth reporting substance use on school property. Objective: *By 2019 show a 5% decrease in youth reporting substance use on school property.

<table>
<tr><td></td><td>having been drunk or high at school, as do 44% of *NT students.

5% of 7th graders reported being drunk or high on campus one or more times.</td><td>Encourage youth involvement and leadership in substance use policy matters.

Support alternative activities for youth to have meaningful involvement, recognition, and school connectedness.

Develop media and outreach campaigns with youth such as posters, radio, TV, Facebook and Twitter, to promote wellness, disseminate information, and encourage alternatives to substance use.</td><td>addressing peer pressure related to substance use.

Assistance to schools to develop programming addressing substance use on campus and in the community with alternative, pro-social activities.</td><td>Build a collaborative with youth, families and schools to promote a drug-free campus culture.</td><td>annual participant interviews, focus groups and/or surveys with youth involved in prevention activities to measure peer pressure and activities related to substance use on school property.</td><td></td></tr>
<tr><td colspan="7">LOGIC MODEL #1
ALCOHOL TOO EARLY
FAMILY DOMAIN</td></tr>
<tr><td rowspan="2">Contributing Elements</td><td rowspan="2">CHKS Report

*NT = non-traditional students</td><td rowspan="2">Prevention Strategies</td><td colspan="3">Activities and Outcomes</td><td rowspan="2">Measurable Objectives/ Outcome Indicators

* As reported by CHKS</td></tr>
<tr><td>Short Term 2014</td><td>Intermediate 2015-17</td><td>Long Term 2017-19</td></tr>
<tr><td>Family Domain

Risks of substance use often unaddressed in</td><td>Response to the survey question “during the past 12 months, have you talked</td><td>Increase the level families and caregivers discuss and support substance use prevention with youth.

Teach families how to talk to</td><td>Increased educational and outreach services to families.</td><td>Utilization of motivational skills to increase readiness for families to</td><td>Increased parental involvement in the prevention of youth substance use.</td><td>Objective: *By 2015 show a 1.5% increase in the number of youth reporting they spoke with a parent or guardian about the dangers of substance use.</td></tr>
</table>

families	*with at least one of your parents (or guardian) about the dangers of tobacco, alcohol, or drug use"* resulted in 41% of 7th graders, 47% of 9th graders, 45% of 11th graders and 53% of NT students reporting **"no".**	their children to encourage prevention of substance use. Engage families in creating on-going alcohol and drug-free opportunities for children and youth. Engage families to not condone or sponsor underage drinking. Engage families to address their ambivalence about youth substance use (such as it's considered a "rite of passage" to take 1st drink, or safer to drink at home) with education and motivational enhancement towards youth abstinence. Increase parental monitoring of substance-related matters for their children. Develop leadership of parents and caregivers to educate and support on-going prevention efforts with education and coalition involvement.	Develop and implement an assessment tool to measure family readiness for addressing youth substance use. Work collaboratively with youth, families and schools to promote awareness.	address youth substance use. Conduct bi-annual interviews, focus groups, and/or surveys with youth involved in prevention activities to measure changes in the number of youth percentage reporting talking to a parent/guardian regarding dangers of substance use.	Compare baseline and follow-up measures of family readiness to address youth substance use. Hold focus groups and interviews and/or complete surveys with families involved in prevention services to determine level of involvement in discussing substance use risk issues.	Objective: *By 2017 show a 3% increase in the number of youth reporting they spoke with a parent/guardian about dangers of substance use. Objective: *By 2019 show a 5% increase in the number of youth reporting they spoke with a parent/guardian about dangers of substance use.

Logic Model #1
ALCOHOL TOO EARLY
Schools, neighborhoods, community domain

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Measurable Objectives/ Outcome Indicators
			Short Term 2014	Intermediate 2015-17	Long Term 2017-19	** As reported by CHKS*
Schools, Neighborhoods, Community Domain Easy access and availability of alcohol Lack of community awareness regarding ease of access to alcohol in the home Community norms condone underage drinking Alcohol obtained at retail outlets (easy access for shoplifting, adults willing to buy)	32% of 7th graders report it is fairly easy, or very easy, to obtain alcohol. By 9th grade 60% and 74% of 11th grade students reported the same.	Work with youth, parents, families, neighborhoods, groups and communities to reduce and eliminate alcohol accessibility to minors in the community. Increase protective factors for preventing the initiation of alcohol use by youth. Work with families in their environment to shape home and community norms supporting substance use risk reduction factors and overall health and wellness. Utilize environmental strategies to address community needs to reduce alcohol availability to underage citizens, including working closely with law enforcement, retailers, bars, eating establishments, and others.	The coalition will conduct bi-annual participant interviews, focus groups and/or surveys with community members involved in prevention activities to determine availability and ease of access to alcohol. Address alcohol availability and access points including events, food and beverage locations, retail outlets.	Address access issues with families, youth, schools, neighborhood and the retail environment. Build a coalition of parents, individuals, groups, agencies, or other entities with an interest in substance use prevention, establishing common goals. Address relevant policy issues on-going.	Reduction of youth reporting ease of access to alcohol. Decreased number of family events and community activities involving alcohol promotion, advertising, and use. Increased sponsorship and family participation in substance-free venues.	Objective: *By 2015 show a 1.5% decrease in youth reporting ease of access to alcohol. Objective: *By 2017 show a 3% decrease in youth reporting ease of access to alcohol. Objective: *By 2019 show a 5% decrease in youth reporting ease of access to alcohol.

Logic Model #2
TOO MUCH ALCOHOL
Individual domain

IDENTIFIED PROBLEM: Sacramento County youth are binge drinking regularly.

ALCOHOL USE: According to Sacramento County CHKS data, 13% of 9th graders and 18% of 11th graders reported binge drinking (5 or more drinks in a row) in the past 30 days.
SOURCE: *California Healthy Kids Survey* (CHKS), Sacramento County 2009-2011

GOAL #2: Reduce the percentage of youth receiving prevention services between the 9th and 11th grades who report engaging in binge drinking 1 or more times in the last 30 days by 5% during the five year plan.

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Outcome Indicators
			Short Term	Intermediate	Long Term	** As reported by CHKS*
Individual Domain Excessive alcohol use perceived as not harmful	When asked *"how much do people risk harming themselves physically and in other ways when they have 5 or more drinks once or twice a week"*, 25% of 7th graders reported no perceived risk of harm.	Increase youth knowledge and awareness of the risks and consequences related to underage and binge drinking. Increase student readiness to reduce/eliminate binge drinking behavior.	Developed measures to determine student knowledge of risks and consequences of binge drinking behavior. Increased readiness to reduce or eliminate excessive drinking behaviors.	Increased prevention services addressing protective factors related to underage excessive alcohol use risk. Utilized tool measuring students receiving prevention services readiness to reduce and eliminate binge drinking behavior.	Reduced binge drinking behaviors of youth. Reduced treatment demand. Reduced costs related to substance use consequences.	Objective: *By 2015 have a 1.5% increase in youth participating in prevention services reporting potential harm from 5 or more drinks at once. Objective: *By 2017 have a 3% increase in youth participating in prevention services reporting potential harm from 5 or more drinks at once. Objective: *By 2019 have a 5% increase in youth participating in prevention services reporting potential harm from 5 or more drinks at once.

Logic Model #2 TOO MUCH ALCOHOL Individual domain						
Contributing Elements	**CHKS Report**	**Prevention Strategies**	**Activities and Outcomes**			**Outcome Indicators**
			Short Term	**Intermediate**	**Long Term**	** As reported by CHKS*
Individual Domain Students drinking to "*feel it a little*", "*feel it a lot*" or "*until really drunk*"	Youth were surveyed about how they like to drink alcohol. 33% of 11th graders said they liked to drink to "*feel it a little*" or "*feel it a lot*", as did 22% of 9th graders. 23% of NT students reported they like to drink "*until really drunk*" as did 11% of 11th graders and 8% of 9th graders.	Increase youth knowledge and awareness of brain and body changes related to drinking alcohol, including addiction potential with use over time and quantity. Engage students to replace drinking behaviors with alternates to drinking, and desirable activities.	Increased opportunities for youth involvement in education and training peers regarding risk factors in the elimination or reduction of alcohol use. Increased involvement in alternative activities by youth in lieu of heavy drinking behaviors.	Increased prevention services addressing underage binge drinking. Increased identification of students needing prevention and higher levels of service to reduce risks associated with heavy drinking. Students will increase knowledge about the spectrum of alcohol use and addiction.	Sober student body with better opportunity for high academic performance. Reduced costs related to excessive substance use. Reduced criminal activities related to underage drinking.	Objective: *By 2016, 80% of youth participating in prevention services will demonstrate increased knowledge of brain and body changes related to drinking, by 2.5%. Objective: *By 2019, 80% of youth participating in prevention services will demonstrate an increased knowledge of brain and body changes related to drinking, by 5%.

LOGIC MODEL #2
TOO MUCH ALCOHOL
INDIVIDUAL DOMAIN

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Outcome Indicators
			Short Term	Intermediate	Long Term	** As reported by CHKS*
Individual Domain Students getting *"very drunk or sick from drinking alcohol"*	When surveyed regarding the number of times *"ever very drunk or sick from drinking alcohol"*, 23% of 9th graders, 37% of 11th graders, and 63% of NT students report 1 to 6 times. 8% of 7th graders did as well. 10% of 11th graders and 24% of NT students report being very drunk or sick from drinking alcohol, 7 or more times.	Increase prevention services addressing underage binge drinking. Increase the motivation of students to reduce/eliminate excessive drinking behavior through meaningful participation in alterative activities. Develop tools to measure readiness to reduce/eliminate binge drinking behavior by students in prevention services. Refer students as appropriate to school personnel as indicated.	Increased readiness by students to reduce or eliminate excessive drinking. Increased youth knowledge and awareness of the risks and consequences related to excessive drinking.	Increased youth leadership regarding elimination or reduction of youth alcohol use. Focused educational programming to increase alternative opportunities for youth to demonstrate positive behaviors.	Reduced binge drinking behaviors of youth. Reduced treatment demand. Reduced costs and consequences related to excessive substance use. Healthier students with reduced risk behaviors.	Objective: *By 2015 show a 1.5% decrease in youth participating in prevention services reporting getting very drunk or sick from drinking alcohol. Objective: *By 2017 show a 3% decrease in youth participating in prevention services reporting getting very drunk or sick from drinking alcohol. Objective: *By 2019 show a 5% decrease in youth participating in prevention services reporting getting very drunk or sick from drinking alcohol.

Logic Model #2
TOO MUCH ALCOHOL
Peer domain

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Outcome Indicators
			Short Term	**Intermediate**	**Long Term**	** As reported by CHKS*
Peer Domain Drinking and driving Shared high risk drinking behavior	9% of 9th graders and 11% of 11 graders report they have driven after drinking, a minimum of 3 times (or been driven by a friend who had been drinking)	Increase student knowledge and skills to reduce/eliminate high risk youth behaviors related to substance use, including driving under the influence. Increase opportunities for youth involvement in leadership to address peer alcohol use and driving. Promote partnerships with key agencies including law enforcement to increase protective factors related to drunk driving by minors, including education and awareness.	Select and implement culturally competent evidenced-based prevention strategies for increasing youth's motivation to reduce and eliminate high risk behaviors related to substance use.	Increased protective factors related to substance use prevention. Build student leadership to address and influence the culture of campus substance use.	Decreased drinking and driving by youth. Measured changes in motivation to reduce/eliminate high risk behaviors. A coalition of prevention focused individuals and groups will further address community needs and increase community capacity.	Objective: *By 2015 have a 1.5% decrease in youth participating in prevention services reporting drinking and driving (by self or friend). Objective: *By 2017 have a 3% decrease in youth participating in prevention services reporting drinking and driving (by self or friend). Objective: *By 2019 have a 5% decrease in youth participating in prevention services reporting drinking and driving (by self or friend).

LOGIC MODEL #2
TOO MUCH ALCOHOL
FAMILY DOMAIN

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Outcome Indicators
			Short Term	**Intermediate**	**Long Term**	** As reported by CHKS*
Family Domain Families may be unaware students are riding with someone who has been drinking. Families may ignore or make allowances for alcohol use and associated risk behaviors. Adults sometimes drink and drive.	When surveyed whether 7th graders had ever been a passenger in a car driven by someone who had been drinking, 29% indicated it happened 1-6 times, and another 10% reported it occurred on 7 or more occasions.	Increase family knowledge and awareness of the risks and consequences related to driving under the influence, as well as underage and excessive drinking. Support families to increase safety regarding substance related behaviors. Work with selected parents and caregivers who have youth involved in prevention activities, to increase parenting skills supporting youth abstinence.	Develop measures to determine family knowledge of risks and consequences of underage and binge drinking, and related high risk behaviors. Increased family participation focused on increasing safety and protective factors related to youth alcohol use and driving. Join law enforcement as partners in prevention of drunk driving behavior.	Focused help for families learning how to prevent substance use by youth, and to reduce related risk factors. Utilize measures to determine family knowledge of risks and consequences of underage and binge drinking, and related high risk behaviors. Creating new family norms to promote safety of youth and substance-free lifestyles.	Decreased drinking and driving by families. Increased community safety. Decreased costs associated with legal consequences, jurisdiction, and enforcement of DUI's.	Objective: *By 2015 show a 1.5% reduction in the reported number of students participating in prevention services riding as a passenger with someone who has been drinking. Objective: *By 2017 show a 3% reduction in the reported number of students participating in prevention services riding as a passenger with someone who has been drinking. Objective: * By 2019 show a 5% reduction in the reported number of students participating in prevention services riding as a passenger with someone who has been drinking.

Logic Model #3
ALCOHOL TOO OFTEN
Individual domain

IDENTIFIED PROBLEM: Sacramento County youth are drinking at a very high frequency.

ALCOHOL USE: According to Sacramento County CHKS data, 9% of 7th graders, 18% of 9th graders and 25% of 11th graders reported they drank 3 or more days in the last 30 days.

SOURCE: *California Healthy Kids Survey* (CHKS), Sacramento County 2009-2011

GOAL #3: Reduce the percentage of youth actively participating in prevention services between 9th and 11th grades by 5%, who report drinking 3 or more days within the last 30 days.

Contributing Elements	CHKS Report	Prevention Strategies	Activities and Outcomes			Outcome Indicators
			Short Term 2014	Intermediate 2015-17	Long Term 2017-19	** As reported by CHKS*
Individual Domain Drinking a minimum of one time in the last 30 days	12% of 7th graders, 22% of 9th graders, 29% of 11th graders and 50% of NT students reported having *at least one drink of alcohol in the last 30 days.*	Education and awareness regarding risks of substance use for youth. Increase opportunities for youth to engage in healthy and appropriate alternative activities.	Increased prevention services addressing youth alcohol use. Increased youth knowledge about alcohol related risks regarding frequency of use. .	Increased readiness to change risk behaviors. Increased protective factors for students receiving prevention services.	Decreased days of drinking by youth. Decreased use of alcohol by youth. Increased substance-free healthy behaviors.	Objective: *By 2015 have a 1.5% decrease in youth participating in prevention services reporting drinking one or more days within the last 30 days. Objective: *By 2017 have a 3% decrease in youth participating in prevention services reporting drinking 1 or more days within the last 30 days. Objective: *By 2019 have a 5% decrease in youth participating in prevention services reporting drinking 1 or more days within the last 30 days.

Logic Model #3 ALCOHOL TOO OFTEN Individual domain						
Contributing Elements	**CHKS Report**	**Prevention Strategies**	**Activities and Outcomes**			**Outcome Indicators**
			Short Term 2014	**Intermediate 2015-17**	**Long Term 2017-19**	** As reported by CHKS*
Individual Domain Heavy drinking on multiple days in the last 30 days	6% of 9th graders and 8% of 11th graders report *heavy* drinking 3 or more days in the last 30 days.	Increase youth knowledge and awareness of the risks and consequences related to underage binge drinking. Increase student leadership and involvement to reduce or eliminate heavy drinking by youth.	Increased student knowledge of risks and consequences of binge drinking behavior. Develop tools measuring students in prevention services readiness to reduce/eliminate binge drinking behavior.	Increases prevention services addressing underage binge drinking. Utilize tool measuring students receiving prevention services readiness to reduce/eliminate binge drinking behavior.	Decreased days of heavy drinking by youth. Utilize measurement to determine student knowledge regarding risks and consequences of underage and binge drinking. Utilize measurement tool determining a change from baseline in student level of readiness to reduce/eliminate binge drinking behavior.	Objective: *By 2015 have a 1.5% decrease in youth participating in prevention services reporting drinking heavily 3 or more days within the last 30 days. Objective: *By 2017 have a 3% decrease in youth participating in prevention services reporting drinking heavily 3 or more days within the last 30 days. Objective: *By 2019 have a 5% decrease in youth participating in prevention services reporting drinking heavily 3 or more days within the last 30 days.

Logic Model #3 ALCOHOL TOO OFTEN Individual domain						
Contributing Elements	**CHKS Report**	**Prevention Strategies**	**Activities and Outcomes**			**Outcome Indicators** ** As reported by CHKS*
			Short Term 2014	**Intermediate 2015-17**	**Long Term 2017-19**	
Individual Domain Students are forgetting what happened or passing out under the influence. Students surveyed report the frequent occurrence of life problems associated with using substances.	20% of NT students, 14% of 11th and 8 % of 9th graders reported they "*forget what happened or pass out*" from substance use. Many report problems with nerves, emotions and mental health, trouble with school, police, and damage to friendships.	Teach students the impact from blackouts and passing out to their developing bodies and brains. Educate students about the relationship between life problems and underage and/or excessive substance use, and teach alternative behaviors. Increase youth knowledge and awareness of the risks and consequences related to underage and excessive drinking.	Increased student knowledge of risks and consequences of binge drinking behavior. Greater student leadership in prevention services to aid in reduce/eliminate binge drinking behavior.	Increased prevention services addressing underage binge drinking. Students will have increased visibility and leadership regarding addressing the reduction and elimination of youth substance use and misuse.	Decreased memory loss and loss of consciousness caused from drinking and other drug use by youth. Decreased need for emergency services related to substance use impairment and health consequences. Increased health and safety of youth and the community at large.	Objective: *By 2015 show a 1.5% decrease in youth participating in prevention services reporting a loss of consciousness or memory loss from excessive substance use. Objective: *By 2017 show a 3% decrease in youth participating in prevention services reporting a loss of consciousness or memory loss from excessive substance use Objective: *By 2019 have a 5% decrease in youth participating in prevention services reporting a loss of consciousness or memory loss from excessive substance use.

Logic Model #4
CAPACITY BUILDING & SUSTAINABILITY

IDENTIFIED PROBLEM:
Sacramento County Alcohol and Drug Services receives limited amounts of federal block grant funds for the provision of prevention services addressing underage alcohol and other substance use. There are serious consequences and enormous costs to individuals, families, and society at large, when youth fall into early and excessive use of mind-altering substances.

The capacity to focus on broader priorities related to the promotion of large scale change utilizing environment strategies for alcohol and drug prevention has yet to be developed.

CAPACITY NEEDS ASSESSMENT:
Sacramento County Alcohol and Drug Services needs to increase the capacity and sustainability of local providers and prevention resources to deliver high quality, evidenced-based prevention strategies. These strategies need to include an investment in large scale environmental prevention approaches to impact change on a much broader scale.

By developing strong partnerships and strengthening existing partnerships, Sacramento County can work to build a strong and collective impact to best leverage currently available and potential prevention resources.

GOAL:
This goal encompasses building upon the capacity of prevention providers to increase the number of partners, the level of collaboration, and availability of prevention services and resources by developing high quality, evidence-based and culturally competent services. Leveraging current resources to incorporate long-term sustainability of increased service capacity addressing prevention is a key component.

Contributing Elements	Current Situation	Prevention Strategies	Activities and Outcomes			Measurable Objectives/ Outcome Indicators
			Short Term 2014	Intermediate 2015-17	Long Term 2017-19	
Schools, Neighborhoods, Community Domain Limited resources, many youth Need for collaboration and coordination to	Sacramento County primarily funds providers to offer direct services to youth and families.	Increase the knowledge, skills and abilities of citizens including parents, school personnel, neighborhood and community leaders and other interested parties, to prevent/reduce and address the consequences of underage alcohol and	Prepare and release a Request for Proposal (RFP) to solicit interested parties to deliver direct services and	The Action Plan will be organized for maximum impact addressing specific needs of schools, neighborhood	Increased capacity towards the prevention and reduction of youth substance use, due to resources	Objective: By 2015 demonstrate a 1.5% increase in the number of individuals offering and receiving training related to prevention services. Objective: By 2017 demonstrate a 3% increase in the number of individuals offering and

create large scale change Many individuals, families, groups, agencies, and organizations are already invested in prevention efforts success	For expansion of prevention services to be more comprehensive (more balance between universal, selected and indicated populations) additional resources will need to be mobilized for mutual problem solving and benefit.	substance use. Involve youth, parents/caregivers, schools and community leadership in planning and program development. All funded Prevention providers with Alcohol and Drug Services will actively participate as part of a coalition addressing system needs. Involve other interested parties to the coalition with a primary focus on addressing prevention issues at various levels. Actively join forces between coalition members and organizations to create and sustain a collective impact addressing the prevention of substance use problems. Design and implement a training plan building on core competencies for prevention specialists to deliver quality prevention services and strategies. Develop and implement a training model for educational components to include “Train the Trainers”.	lead coalition efforts with supporting infrastructure; select provider(s) able to focus on capacity building and sustainability efforts. The coalition will be built amongst current and future resources to address youth substance use prevention. The coalition will develop and implement an Action Plan with a focus on capacity building and sustainability of prevention services, utilizing culturally competent, evidenced based practices.	and communities with the greatest high risk indicators. The coalition will utilize selected prevention strategies to focus on increasing environmental protective factors in the prevention of alcohol and other mind-altering chemicals by you The lead provider(s) for the coalition will create a format for on-going exchange of communication and info.	being mobilized. Champions for prevention efforts will evolve and be supported, developed and recognized. A trained and competent workforce to address and expand prevention efforts in various venues will be available, and continue to train others. Expanded learning opportunities across targeted audiences.	receiving training related to prevention services. Objective: By 2019 demonstrate a 5% increase in the number of individuals offering and receiving training related to prevention services.

PLANNING SUMMARY

- 24.9% of Sacramento County residents are under the age of 18 (including 6.9 under age 5), so targeting minors with their families for prevention services and activities is appropriate.
- A key goal is to reduce Sacramento County's youth alcohol use rates and decrease related consequences of use.
- Core Outcome goals include addressing age of initiation, the amount students are drinking, and the frequency of youth drinking alcohol.
- Effective prevention services for youth address target populations amongst universal, selective, and indicated groups with varying risk levels.
- Prevention activities must access and impact the domains of influence that include Individual, Peer, Family, School, and the Community/Environment.
- Preventing the initiation of alcohol and other drug use during early adolescence by addressing risk factors in the various domains is a county, state and national priority.
- Community engagement provides momentum and resources to achieve prevention goals and objectives.
- A greater saturation of the population with prevention efforts can contribute to achieve population-level changes in the future.
- In order to achieve long-term population level outcomes, it will be necessary to increase the capacity of the community to sustain on-going prevention efforts.
- Planning for increased capacity occurring at the beginning of any prevention effort increases the likelihood prevention efforts are sustained over time.
- Prevention services must address risk while building upon protective factors that strengthen and empower individuals, families, and communities to create healthy, safe communities free from the adverse consequences of problem substance use.

OUTCOME-BASED PREVENTION PLANNING

"Before determining what strategies to implement, outcome-based prevention indicates the need for understanding two things: 1) the outcomes – substance use and related consequences – to be addressed, and 2) the factors that have been identified as being strongly related to and influence the occurrence and magnitude of substance use and its consequences. Analysis of epidemiological and other data can help us understand and define priority outcomes; and, fortunately, the research literature can provide valuable guidance about contributing factors and their link to substance use and related consequences.

Identifying priority outcomes and the factors contributing to them is critical for next steps – designing and implementing a set of effective strategies that are relevant to the problem. Only after defining priorities and understanding factors contributing to them is it appropriate to review research and experiential evidence to clarify what strategies are effective and relevant for addressing them.

So, ultimately, an outcome based logic model for substance abuse prevention maps a strategic approach for addressing priorities in terms of three components:

1. A clear definition of problem(s) to be addressed (consequences and behaviors)
2. Risk and protective factors/causal factors which have scientific evidence of contributing to the problem, and;
3. Prevention strategies (programs, policies, practices) with evidence of effectiveness to impact one or more risk and protective factors/causal factors and/or the targeted problems.

To bring about reductions in community problems, a comprehensive prevention approach must identify and target factors most strongly related to identified-problems. Alternatively, prevention strategies that focus on only one feature of the problem or that address factors only weakly associated with substance use and its consequences offer little promise of eliminating or reducing population-level problems".

Source: *Environmental Strategies: Selection Guide, Reference List, and Examples of Implementation Guidelines;* http://www.dsamh.utah.gov/spf/pdf/environmental_strategies.pdf

IMPLEMENTATION:
2014 - 2019

Implementation of various elements of the new plan may require Request for Proposals, Letters of Interest, Letters of Intent, or other means for a competitive bidding process to identify future substance use prevention service providers, including the formation of a coalition addressing youth alcohol use. Interested candidates will have the opportunity to describe the services they can deliver. Bidders will identify how they plan to target populations including universal, selected, and indicated groups (see IOM categories), using evidenced-based strategies to serve each level appropriately, and proposed evaluation tools to measure progress and outcomes.

Upon selection of prevention providers, implementation will require the following elements:

- Center for Substance Abuse Prevention (CSAP) Strategies with Increased Environmental Strategies
- Utilization of Evidenced-Based Practices (EBP's)
- Culturally Appropriate and Competent Prevention Services
- Core Outcomes with Measureable Goals and Objectives
- Balance of Services Across Risk/Intervention Levels (Universal, Selective, Indicated)
- Workforce Development, Core Competencies, Train-the-Trainers
- Services Focused on Increasing Capacity and Building Sustainability
- Reduction of Risk Factors
- Minimize barriers that hinder the delivery of services.
- Increase of Protective Factors

Training on core competencies will be incorporated during implementation, as well as utilizing a Train-the-Trainers model to expand the reach of the prevention message.

Predictors of problem substance use, also referenced as risk factors, exist in multiple areas of young people's lives. Often behaviors and symptoms that signal the possibility of a Substance Use Disorder begin to manifest well before the disorder appears. This indicates there is a **critical window of opportunity for prevention to occur.**

Reference documents are located in the Appendix addressing predictors of youth alcohol use, risk and protective factors influencing youth, and a "Community Toolbox" that describes how to focus on increasing awareness locally by focusing on the costs and benefits of prevention efforts.

EVALUATION:
ON-GOING WITH ANNUAL UPDATES

As contracted providers engage in delivering various CSAP strategies that support the Strategic Prevention Plan Goals and Objectives, they are contractually required to record service data into the CalOMS Prevention system, which is monitored routinely by the County and State.

CalOMS Prevention training will be required of all new contracted providers and on-going for existing providers. Reports from data entries into CalOMS Pv is be required from providers to document services rendered and to monitor contractual obligations.

IOM categories served by providers will be tracked to determine whether there is an increased balance of serving universal, selective and indicated target populations.

CSAP strategies implemented by providers is documented in CalOMS Pv, as well as which services are directly tied to specific goals and objectives of the plan. Providers will be required to link services they have rendered to specific goals and objectives of the plan.

The County and State will review whether the Strategic Prevention Plan successfully met the goals and objectives of the plan based on the stated measures in the Logic Models. ADS will modify goals and objectives as indicated throughout the plan's lifespan to maintain the Plan's integrity and soundness, or as circumstances warrant change and updates. In the event that mid-course corrections are required, combined efforts will be mobilized with prevention partners to address needed adjustments.

The California Healthy Kids Survey (CHKS) administered at multiple school sites every other year across 7th, 9th and 11th grade classes will be a primary evaluation measure based on student self-report. The CHKS survey will be reviewed at these intervals to determine benchmarks of success and challenges to address. If mid-course corrections are indicated, steps will be taken to insure on-going quality improvements are implemented. The survey is not used at every school, nor do schools using the measure do it for all the stated grade levels. Other pre/post surveys, focus groups, town hall meetings and different venues can also provide significant related data. As other evaluation tools are developed and utilized, appropriate measures will be determined to help track movement towards goals and objectives.

ADS advocates for all Sacramento County school districts to administer the CHKS survey bi-annually across the three grades identified (7, 9, and 11th). The information gleaned from the data can be used to generate knowledge to increase community readiness and motivation to address problems associated with youth substance use, and offers key information necessary to focus services appropriately.

Strategic Planning Workgroup Data Sources

The Sacramento County Alcohol and Drug Services Prevention Strategic Planning Workgroup conducted collection and analysis of local, state and national drug indicators and trend data. Data was reviewed from multiple sources including:

- Annual Report of the California DUI Management System
- California Department of Finance
- California Attorney General
- California Department of Justice Criminal Justice Statistics Center
- California Department of Education
- CA Dept. of Education Data Reporting Office Suspension/Expulsion Report
- California Healthy Kids Survey, Sacramento
- California Highway Patrol, Sacramento County Alcohol Involved Fatalities and Injuries
- California Office of Traffic Safety, Sacramento County Report
- Community Health Status Report, County of Sacramento 2008
- Kids Data
- Ed Data
- Indicators of Alcohol and Other Drug Risk Consequences for California Counties
- National Survey on Drug Use and Health: National Findings
- Sacramento County Children's Report Card 2013
- Sacramento County Division of Public Health
- Sacramento County Office of Education
- Sacramento Youth and Alcohol Coalition, Impact of Underage Drinking
- U.S. DHHS Office of the Surgeon General
- http://www.dhhs.saccounty.net/PUB/Documents/Disease-Control-Epidemiology/2008-Health-Status-Profile-Report.pdf
- https://www.stopalcoholabuse.gov/default.aspx

- http://nrepp.samhsa.gov/

- http://www.ofm.saccounty.net/Budget%20Documents/sac_019246.pdf
  http://www.iom.edu/Global/Topics/Substance-Abuse-Mental-Health.aspx

- http://www.childrensreportcard.org

- http://www.dhhs.saccounty.net/PUB/Documents/Disease-Control-Epidemiology/2008-Health-Status-Profile-Report.pdf

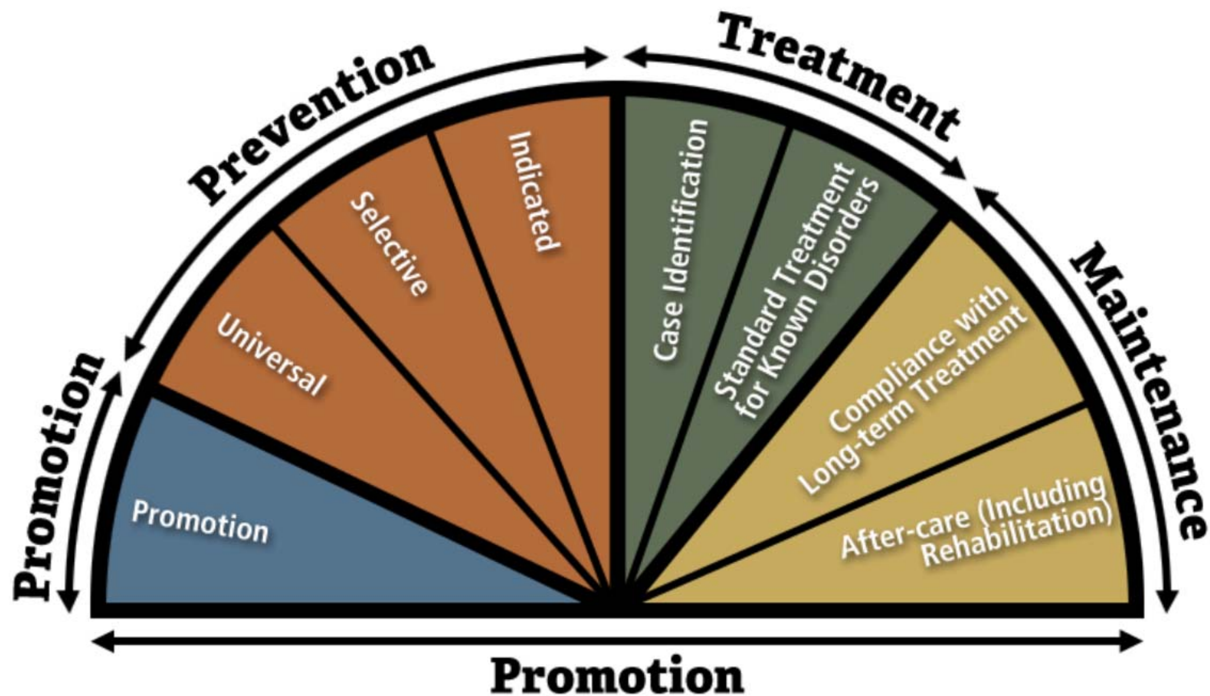
- http://captus.samhsa.gov/sites/default/files/capt_resource/CAPT%20Behavioral%20Health%20Fact%20Sheets%20(2012).pdf

- http://www.ucdmc.ucdavis.edu/injuryprevention/documents/pdfs/impact_of_underage_drinking.pdf

- http://dq.cde.ca.gov/dataquest/SuspExp/umirsedcode.aspx?cYear=2012-13&cType=ALL&cCDS=34000000000000&cName=Sacramento&cLevel=County&cChoice=cUMIRS

Appendix A

LEVELS OF RISK, LEVELS OF INTERVENTION



SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Promotion: These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Prevention: Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

Treatment: These services are for people diagnosed with a substance use or other behavioral health disorder.

Maintenance: These services support individuals' maintaining long-term treatment goals and aftercare.

Appendix B

CENTER FOR SUBSTANCE ABUSE PREVENTION STRATEGIES

INFORMATION DISSEMINATION STRATEGY

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction and the effects on individuals, families, and communities. It increases knowledge and provides awareness of available prevention programs and services. Information dissemination is characterized as "one-way" communication from the source to the audience. A message is delivered, but there is little opportunity for an exchange of information with those who receive the message. Examples of this strategy include print and electronic media, speaking engagements, resource directories, clearinghouses, conference planning, and health fairs/promotions.

The following are definitions for the services/activities within this strategy: prevention programs and services. Information dissemination is characterized as "one-way" communication from the source to the audience. A message is delivered, but there is little opportunity for an exchange of information with those who receive the message. Examples of this strategy include print and electronic media, speaking engagements, resource directories, clearinghouses, conference planning, and health fairs/promotions.

The following are definitions for the services/activities within this strategy:

A/V Material Development: The development of original substance abuse prevention audio/visual materials involving both hearing and/or sight for use in primary prevention services and activities. Examples: CD ROMs, DVD's, MP3 files, audio or video tapes, and PowerPoint presentations.

A/V Materials Disseminated: Distribution of audio/visual substance abuse prevention materials as listed above for primary prevention services and activities.

Brochure/Pamphlet Development: The development of original substance abuse prevention brochures and pamphlets for use in primary prevention services and activities.

Brochure/Pamphlet Dissemination: Distribution of substance abuse prevention brochures and/or pamphlets for primary prevention services and activities.

Clearinghouse/Information Resource Center in Operation: A central repository and dissemination point for written and audiovisual materials regarding substance use and abuse. Examples: AOD information resource centers, resource libraries, electronic bulletin boards, and prevention resource centers.

Conference/Fair Planning: Participation in the coordination/planning of conferences/fairs as described below. Examples: planning meetings, phone calls, vendor organization, coordinating speakers, packing of materials, and securing venues.

Conferences/Fairs Attended: A gathering in which people with a common interest participate in discussions or listen to lectures to obtain information, and/or exhibition events offering entertainment/amusements. These events may be general in nature and may not necessarily be primary prevention based activities; however, they offer the opportunity to disseminate substance abuse primary prevention materials.

Curricula Development: Original substance abuse prevention curricula developed for use in primary prevention services and activities. Examples: educational materials, lesson plans, etc.

Curricula Disseminated: Distribution of substance abuse primary prevention curricula for primary prevention services and/or activities. Examples: evidence-based program curricula, course study material, classroom educational service curricula, training curricula, etc.

Health Fair/Promotion Planning: Participation in the coordination/planning of health fairs/promotions as described below. Examples: planning meetings, phone calls, vendor organization, coordinating speakers, packing of materials, securing venues, etc.

Health Fairs Attended/Promotions Conducted: A school- or community-focused gathering, or a wide array of services and methods to disseminate information regarding substance abuse and health-related risks/lifestyles. Examples: health promotion gatherings, health screening events, and public health education fairs.

Media Campaign Development: Participation in the development of coordinated substance abuse prevention media messages intended to increase awareness, inform, or change behavior in target audiences. A message can be delivered via multiple print and broadcast mediums. Examples: television, newspapers, magazines, posters, billboards, bus ads, print materials that are a part of a media campaign, etc.

Media Campaigns Conducted: Report only the number of unique substance abuse prevention media campaigns conducted as listed above. Do not report the frequency and/or method in which the message was delivered. If a component of the message involved the dissemination of materials (brochures, pamphlets, posters, bumper stickers, etc.) select the most appropriate Information Dissemination Service Delivery.

Newsletter Development: Participation in the development of written substance abuse prevention newsletters of interest to particular groups. Examples: electronic, e-mail, faxes, print.

Newsletters Disseminated: Distribution of substance abuse prevention newsletters as listed above.

Printed Material Development: Participation in the development of original substance abuse prevention materials for use in primary prevention services and activities.

Examples: agendas, fact sheets, flyers, meeting minutes, posters, pre/post tests, surveys, etc.

Printed Materials Disseminated: Distribution of substance abuse primary prevention printed materials as listed above.

Public Service Announcement (PSA) Development: Participation in the development of a non-commercial, substance abuse media message or campaign that is intended to modify public attitudes by raising awareness about specific issues. A typical PSA is part of a public awareness campaign to inform or educate the public about an issue. Examples: television and radio broadcasts.

Public Service Announcements (PSA) Aired: A substance abuse prevention media message or campaign, broadcast on public radio and/or television typically at no charge.

Resource Directory Development: Participation in the development of a list of substance abuse related programs and services in a particular community, county, or state. Examples: lists of prevention and community services.

Resource Directories Disseminated: Distribution of a list of substance abuse related program and service information as listed above.

Speaking Engagements: Verbal communication intended to convey information about substance abuse issues to general and/or specific audiences. Examples: assemblies, rallies, town hall meetings, program recruitment, speeches, talks, news conferences, briefings, web-casts, assembly presentations, hearings, and testimonials.

Telephone/Walk-in Information Services: Services intended to provide substance abuse information and/or resources. Examples: telephone information and referral lines, walk-ins.

Web Sites in Operation: A county- or provider-operated web site used to deliver substance abuse primary prevention information, education, and/or materials.

EDUCATION STRATEGY

This strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. The services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Approaches used in this strategy involve some form of education to enhance individual efforts to remain free from alcohol and other drugs. However, not all activities within this strategy need to be conducted by a teacher or in a classroom/school setting.
The following are definitions for the services/activities within this strategy:

Children of Substance Abusers Groups: Substance abuse prevention educational services for youth and adults who are children of substance abusers. Examples: Children of Substance Abusers programs, short-term educational groups, risk and protective factor programs, Adult Children of Alcoholics meetings, etc.

Classroom Educational Services: Structured prevention lessons, seminars, or workshops that are presented primarily in a school or college classroom. Examples: AOD health education, delivery of primary prevention curricula, etc.

Educational Services for Adult Groups: Structured substance abuse prevention lessons, seminars, or workshops directed toward adults and seniors. Examples: substance abuse education for adult/senior groups, general substance abuse prevention education, substance abuse prevention groups and organizations serving adult populations, etc.

Educational Services for Youth Groups: Structured substance abuse prevention lessons, seminars, or workshops directed to a variety of youth groups (children, teens, young adults) and youth organizations. Examples: substance abuse education for youth groups, general substance abuse prevention education, groups or organizations serving youth, etc.

Mentoring: A relationship over a prolonged period of time between two or more people in which the more experienced individual (mentor) provides stable, as-needed support, guidance, and concrete help to the less experienced individual (mentee/protégé).

Parenting/Family Management Services: Structured classes, meetings and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families. Topics may include parenting skills, family communication, decision-making skills, conflict resolution, family substance abuse risk factors, family protective factors, and related topics. Examples: parent effectiveness training,

Parenting/Family Management Services: Structured classes, meetings and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families. Topics may include parenting skills, family communication, decision-making skills, conflict resolution, family substance abuse risk factors, family protective factors, and related topics. Examples: parent effectiveness training, parenting and family management classes/meetings, prevention programs serving the family, programs designed to strengthen families, etc.

Peer Leader/Helper Programs: Structured prevention services that utilize peers (people of the same ability, age, rank, or standing) to provide guidance, support, and other risk reduction activities for youth or adults. Examples: peer-resistance development, tutoring programs, peer support clubs and activities, and community groups.

Pre-school Alcohol and Other Drug Prevention Programs: Structured substance abuse prevention lessons directed to pre-school youth.

Small Group Sessions: Structured primary prevention educational services for youth and/or adults in small group settings. Examples: substance abuse education groups, short-term education groups, business education groups, and church education groups.

Theatrical Troupes: A performance that delivers an alcohol and other drug free educational message. Examples: skits, plays and cultural performances.

ALTERNATIVE STRATEGY

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances. Alternative programs and activities re-direct individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs.

The following are definitions for the services/activities within this strategy:

Alcohol and Other Drug Free Social/Recreational Events: Social and recreational events for youth and adults that specifically exclude the use of alcohol and other drugs. If the event is funded/hosted by a SAPT funded county and/or provider, count all individuals who attend the event. If individuals from a SAPT funded program attend an event hosted by another entity, count only the individuals from the SAPT funded program that attended. Examples: alcohol and other drug-free community/church/school events, and sober graduation/prom events.

Community Drop-In Center in Operation: A county- or provider-operated community center that provides structured prevention services (social, recreational, and learning

environments) that do not permit alcohol or other drug use on their premises. Use this category only to identify that a SAPT funded drop-in center is in operation. Examples: community centers, recreation centers, senior citizen centers, teen centers, etc.

Community Drop-In Center Activities: Use this category to report the community drop-in center activities and the number of participants engaged in the activity (see examples above).

Community Service Activities: Activities intended to prevent substance abuse by involving youth and adults in a variety of community services. Count only the individuals engaged in the community service activity. Examples: community clean-up activities, events to repair or rebuild neighborhoods, fundraising for charitable causes, support to the elderly, handicapped, ill, etc.

Outward Bound: Participants engage in structured and/or organized outdoor wilderness experiences that build confidence, leadership skills and teamwork. This does not include camps for disciplinary purposes.

Recreational Activities: Activities, as compared to events, that youth and adults participate in that specifically exclude the use of alcohol and other drugs. The key words are "active participation" rather than attendance. Examples: organized/supervised trips to amusement parks, field trips, sporting activities, summer camp programs, participation in theatrical or musical productions, etc.

Youth/Adult Leadership Activities: Services and/or activities through which youth and adults work together collaboratively. Examples: adult-led youth groups/meetings, Friday Night Live chapter meetings, youth development, skill development, tutoring programs, and partnerships with law enforcement such as decoy operations addressing sales to minors.

PROBLEM IDENTIFICATION AND REFERRAL STRATEGY

This strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. Conducting a prevention screening to determine if an individual's behavior can be reversed through prevention education is permitted.

A key aspect of the strategy is that the service is educational for behavioral change, not therapeutic for substance abuse or dependency treatment. This strategy *does not include* any activity designed to determine if a person is in need of treatment. However, there is a potential for some of the services within this strategy to bridge into treatment.

It is important that counties/providers are aware that administration of addiction diagnosis and severity instruments, case management, and/or preparation for treatment intervention are not a component of this strategy and cannot be funded with the Substance Abuse Prevention and Treatment (SAPT) block grant primary prevention set-aside dollars.

The following are definitions for the services/activities within this strategy:

<u>DUI/DWI/MIP Education and Awareness Programs</u> (Driving Under the Influence, Driving While Intoxicated, Minors in Possession): Structured prevention education programs intended to change the behavior of youth and adults who have not been court mandated to attend. **Note:** *In California, the court system mandates that individuals attend DUI/DWI programs as a result of an arrest and requires that each individual pay fees that support the programs. SAPT primary prevention funds cannot be utilized for DUI/DWI court-mandated programs; therefore, the individuals who attend them should not be reported in CalOMS Prevention.*

<u>Employee Assistance Programs</u>: Services to provide personal help, including substance abuse information for individuals and their family members when problems may be

interfering with work performance. Examples: workplace prevention education programs, risk reduction education for work-related problems involving substance abuse, health education and health promotion programs for employees, supervisor training, workplace substance use policy development, workplace screening and/or referral.

Men's/Women's Alternative to Violence Programs: The inclusion of violence programs reflects the correlation between violence and substance affected behavior. The inclusion of either men's or women's alternative to violence programs must satisfy two criteria; (1) it must be a program receiving SAPT primary prevention funds, and (2) the program curricula must include specific information about the correlation between violence and substance use issues. **Note:** *SAPT primary prevention dollars can be used to fund prevention programs within a safe refuge facility (shelters, safe houses, etc.) but cannot be used to fund the operation of the facility.*

Prevention Screening and Referral Services: The screening process is intended to determine if an individual's behavior can be reversed through AOD primary prevention education activities or services. The outcome of prevention screenings will either place and/or refer individuals for prevention education programs. If individuals do not meet the criteria for primary prevention services, they may be referred for treatment assessment. **Note:** *This strategy does not include any function designed to determine whether a person is in need of treatment. SAPT primary prevention set-aside funds cannot be used to conduct treatment assessments.*

Student Assistance Programs: Structured prevention programs intended to provide substance abuse information for students whose personal issues, possibly including substance abuse, may be interfering with their school performance. Examples: early identification of student problems, referral to designated helpers, follow-up services, in-school services (e.g., support groups), screening for referral, referral to outside agencies, and school policy development for student assistant programs.

COMMUNITY-BASED PROCESS STRATEGY

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, and enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

This strategy very closely aligns with the five-steps of the Strategic Prevention Framework, which includes a broad range of activities such as assessment, capacity building, planning, implementation of services, and program and/or service evaluation.

The following are definitions for the services/activities within this strategy:

Accessing/Monitoring Services and Funding: Assisting county substance use disorders agencies, primary prevention providers, and/or communities in increasing or improving their prevention service capacity. Examples: applying for grants, engaging in the request for proposal (RFP) process, developing program budgets, interviewing and hiring prevention staff, coordinating and monitoring federal/state/local prevention grantees and subcontractors, CalOMS Pv monitoring, sharing or publicizing resource listings of federal/state/local funding sources, etc.

Assessing Community Needs/Assets: Implementing prevention-focused tasks to determine the needs for prevention services by identifying at-risk populations, communities, or geographic locations and determining priorities for service delivery. Examples: conducting/participating in neighborhood/community/statewide prevention needs assessments which may include data collection, data assessment, problem statement development, organizational/fiscal/leadership capacity assessment, readiness assessment, cultural competence assessment, service gap analysis, and external factors/barriers to success.

Community Team Activities: Activities or services conducted with, or sponsored by, formalized community teams or coalitions for the purpose of fostering, supporting, or enhancing community prevention services. Examples: community mobilization events, development or implementation of action plans, civic advocacy, and development of cooperative agreements to provide prevention services.

Community/Volunteer Training: Structured prevention activities intended to impart information and/or teach organizational development skills to community groups and/or volunteers. Examples: provide training to community groups, volunteers, community decision makers, and neighborhood mobilization groups.

Evaluation Services: Activities or services conducted to evaluate progress towards meeting goals and/or objectives and eventually, program success. Examples: working with evaluation teams, developing evaluation tools and instruments, collecting evaluation data, conducting data analysis, reviewing effectiveness of policies, programs and practices, developing recommendations for quality improvement, and preparing evaluation reports and updates.

Formal Community Teams: Formalized community organizations concerned with fostering common interests and advocacy for prevention services. Examples of formal teams: interagency councils, alliances, coalitions, groupings of citizens (including youth), etc. who promote healthy communities, families, schools, and activities.

Multi-Agency Coordination/Collaboration: Planning and/or coordinating prevention services between agencies, coalitions, communities, organizations, schools, etc.

Systematic Planning: The continuous process of developing and/or revising data-informed prevention strategic plans. Examples of activities related to the systematic planning process are developing and/or refining problem statements, identifying/prioritizing goals and objectives, determining outcomes, drafting/developing logic models, developing implementation plans, developing evaluation plans, identifying performance measures, selecting policies, programs and practices, etc.

Technical Assistance: Services provided or received that are intended to impart technical guidance to prevention programs, community organizations, and/or individuals that will strengthen or enhance prevention activities. Examples: assistance with the strategic prevention framework process, addressing cultural responsiveness, programmatic quality assurance and improvement, adding programs and services, assistance with grant writing, etc.

Training Services: Structured substance abuse prevention training events intended to develop proficiency in prevention program design, development, and delivery skills. Examples: conducting and/or receiving training, training of trainers, CalOMS Pv trainings, and skill-building activities.

ENVIRONMENTAL STRATEGY

The environmental strategy focuses on places and specific problems with results that can be wide-ranging and sustained, although specific recipients are not identified. This strategy involves the creation, modification and/or passage of written and unwritten codes, legislation, ordinances, policies, and regulations, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general populations.

The subcategories within the Environmental Strategy permit distinction between activities which center on legal and regulatory initiatives from those which relate to the service and action-oriented initiatives.

The following are definitions for the services/activities within this strategy.

Compliance: Activities geared toward improving compliance with existing laws and policies that have been shown to reduce substance availability and consumption. **Note**: *these activities are not used for enforcement purposes.*

Compliance Checks: The use of underage buyers to test compliance with laws regarding the sale of alcohol, tobacco and other drugs to minors. Examples: purchases made from retailers, adults purchasing for youth, and ID checks at bars and/or restaurants.

Law Enforcement Education: Activities focused on the education and/or training of law enforcement to assist in the prevention and/or reduction of alcohol and drug use and abuse in the community. Examples: prevention education for police, sheriff, probation, school enforcement, judicial officers.

Surveillance: Community members monitoring underage parties and tracking areas known for illegal alcohol, tobacco and drug sales and informing law enforcement of illegal activities. Examples: underage drinking parties, shoulder tap programs, alcohol consumption outside retail business, illegal drug transactions, and DUI checkpoints.

Training for Commercial Host and Management: Approved responsible beverage service programs for Alcohol Beverage Control (ABC) licensees. Examples: retailers and distributors of alcoholic beverages, vendors at fairs/events, and temporary sales licenses.

Training for Social Host and Management: Approved responsible beverage service programs/trainings for those who serve alcoholic beverages in settings or circumstances under the servers' control where the drinker does not pay for his/her drink. Examples: weddings, private house parties, caterers, social gatherings and office parties.

Environmental Consultation/Technical Assistance – Consultation provided to community leaders, schools, workplaces, etc., supporting the development and implementation of local codes, legislation, ordinances, policies, and regulations in the community. Examples: alcohol/drug free school zones, alcohol/drug free work places,

community media campaigns, public policy campaigns, training community members, and media advocacy training.

Media Strategies – Structured environmental activities that use print, broadcast, or web media to deliver messages to audiences with the intent to change norms and behaviors around alcohol and/or drugs. Examples: counter advertising, informational substance abuse warning posters, notices & signs, media advocacy, retail outlet recognition, social norms marketing.

Policies and Regulations – Creating, modifying and/or passing environmental practices, codes, ordinances, regulations, and legislation that reduces substances of abuse availability and/or changes norms and behavior surrounding alcohol and/or drug use. Examples: advertising restrictions, alcohol sponsorship restrictions, alcohol/drug outlet policies, drinking in public ordinances, drug paraphernalia ordinances, prescription drug policies, medication disposal policies, one-day event requirements, product pricing policies, public use restrictions, school policies, social host ordinance, sporting event policies, workplace policies, zoning ordinances, and State Alcohol Beverage Control (ABC Regulations).

Environmental Other – Activities that are not related to environmental compliance, consultation/technical assistance, media strategies, or policies, regulations or ordinances, Examples: community development, neighborhood mobilization, informational efforts with state legislator, city and/or state officials, holiday campaigns and special events, facility design to prevent substance abuse problems.

SAMHSA's
Strategic Prevention Framework
Supports Accountability, Capacity, and Effectiveness

Assessment
Profile population needs, resources, and readiness to address needs and gaps

Capacity
Mobilize and/or build capacity to address needs

Planning
Develop a Comprehensive Strategic Plan

Implementation
Implement evidence-based prevention programs and activities

Evaluation
Monitor, evaluate, sustain, and improve or replace those that fail

Appendix C

SAMHSA STRATEGIC PREVENTION FRAMEWORK

http://www.samhsa.gov/prevention/spfcomponents.aspx

- **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 required and available
- Identify the readiness of the community to address prevention needs and service gaps.

To gather the necessary data, States and communities will create an epidemiological workgroup. The data gathered from this workgroup is vital because it will greatly influence a program's strategic plan and funding decisions.

- **Capacity**

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 provides extensive training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of science-based prevention policies, programs, and practices.

- **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.

- **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.

- **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 resources are being used wisely.

Appendix D

PREDICTORS OF YOUTH ALCOHOL USE

Predictor	Indicators
Low perceived risk of alcohol	• Student reports on perception of risk of alcohol on youth surveys
Social norms that accept and/or encourage underage drinking	• Student reports on peer norms • Student reports on parental attitudes about underage drinking • Community resident reports on community norms about underage drinking
Easy retail access	• Number of liquor outlets • Number of citation or violations for sales to minors • Students' or parents' self-reported perception of availability (surveys or focus groups) • Number of successful alcohol buys
Low enforcement of alcohol laws	• Liquor law violations and citations (number and location) • Self-reported attitudes towards enforcement • Ratio of arrests to convictions for legal violations • Sentencing patterns by judges
Easy social access	• Number of house parties • Number of public events where alcohol is served
Parental monitoring	• Student surveys on risk and protective factors • Percent of single head households • Parent reports on monitoring • Involvement with social services • Focus groups

Source: Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for the Application of Prevention Technologies

Appendix E
Risk and Protective Factors for Delinquency and Related Issues

Risk Factors	Domain	Protective Factors
• Early antisocial behavior and emotional factors such as low behavioral inhibitions • Poor cognitive development • Hyperactivity	**Individual**	• High IQ • Positive social skills • Willingness to please adults • Religious and club affiliations
• Inadequate or inappropriate child rearing practices • Home discord • Maltreatment and abuse • Large family size • Parental antisocial history • Poverty • Exposure to repeated family violence • Divorce • Parental psychopathology • Teenage parenthood • A high level of parent-child conflict • A low level of positive parental involvement	**Family**	• Participation in shared activities between youth and family (including siblings and parents) • Providing the forum to discuss problems and issues with parents • Availability of economic and other resources to expose youth to multiple experiences • The presence of a positive adult in the family to be supportive and mentor
• Spending time with peers who engage in delinquent or risky behavior • Gang involvement • Less exposure to positive social opportunities because of bullying and rejection	**Peer**	• Association with positive and healthy friends • Engagement in healthy and safe activities with peers during leisure time (e.g., clubs, sports, other recreation)
• Poor academic performance • Enrollment in unsafe schools that fail to address the academic and social and emotional needs of children and youth • Low commitment to school • Low educational aspirations • Poor motivation • Living in an impoverished neighborhood • Social disorganization in the community where youth lives • High crime neighborhoods	**Schools** **Neighborhoods** **Community**	• Enrollment in schools that address not only the academic needs of youth but also their social and emotional needs and learning • Schools that provide a safe environment • A community and neighborhood that promote and foster healthy activities for youth

The use of any substance early in adolescence is a reliable predictor of increased and problematic substance use in young adulthood. Seeking to expand protective factors needed to address identified risks within specific domains is a recognized prevention approach for reducing future substance use problems.

It is important to note the following related to risk and protective factors:

- No single risk factor leads a young person to substance use.
- Risk factors are not in isolation from one another, and typically are cumulative. The greater number of risk factors increases the likelihood youth will experience negative outcomes.
- When the risk factors are across multiple domains, the likelihood of high risk behaviors increases at an even greater rate.
- Different risk factors may also be more likely to influence youth at different points in their development. For example, peer risk factors typically occur later in a youth's development than individual and family factors.
- Because risk and protective factors are dynamic in nature, service providers and agencies should adopt ongoing assessments of these conditions.
- While youth may face a number of risk factors, it is important to remember everyone has strengths and is capable of being resilient:
- All children and families have strengths that can be identified, built on, and employed to prevent future substance use, delinquency and justice system involvement.
- For implementation to be successful, the process will require vigilance to insure adequate attention focuses on reducing the risk factors and attending to increasing protective factors.

Source: http://findyouthinfo.gov/youth-topics/juvenile-justice/risk-and-protective-factors

Appendix F

Community Tool Box

Risk and Protective Factors Related to Community Issues

Members of coalitions or agencies involved in health promotion or community development activities may include goals to help change people's attitude toward health from one of *treating* existing problems to *preventing* those problems from happening at all. To do so effectively, however, we can't just tell people to not let the behavior happen -- we can't just say, for example, "Don't have a heart attack". Instead, we need to give people the tools they need to be able to prevent that heart attack from happening.

After a problem has occurred, we've all heard someone say, "If only we had acted sooner, we could have prevented that". To be able to do that effectively, it is important to understand *when* and *where* we could have acted. To orient people to these appropriate topics, we talk about *risk and protective factors*.

Focus on Prevention: By focusing on risk and protective factors, you help shift people's focus from a *reactive* approach to one that is *preventive* in nature. Many programs have been set up to help people detox and stay clean. This is important, but alone is not enough. We must prevent the problems from happening altogether.

Focus on Costs: There are both financial and social costs that can be reduced. Consider the following examples:

- When someone uses mind-altering substances, it becomes expensive to repair the resulting emotional, psychological, and monetary damage to their family. Preventing that use from happening at all costs much less in many ways.
- It's cheaper to help a teenager finish high school and get into college than it is to pay for the help they would need to raise a family as an unskilled worker.
- The financial and human costs of teaching youth about sexually transmitted diseases (STDs) such as AIDS are much, much lower than paying for the treatment necessary after they have contracted a disease.

Focus on Benefits: By focusing on risk and protective factors, you ask the public to consider what they can do to prevent heart attacks, and how we can keep people from trying substances at all. It's an approach with a lot of benefits. When young people stay healthy, they grow to be productive citizens who are happier, and who can better support their families, friends, and neighbors. Not only is this approach cost-effective, but, more importantly, it reduces human suffering and improves our quality of life.

Focus on Awareness: By talking about the risk and protective factors, you can increase the public's knowledge. This information can give you the media coverage you are looking for to raise awareness of the issue. Why is this important? Because talking about risk and protective factors helps people understand that there is something they can do, that it's not too late, and that they really can be part of the solution. They can be part of improving, or even saving, people's lives. It's a pretty strong lure. Treatment is something professionals do, but almost everyone can be part of a prevention strategy. You don't need a lot of training to volunteer to work with kids at your neighborhood school, nor do you need a lot of letters behind your name to work with the Girl Scouts. Both of these activities, though, may well provide the protection necessary against unhealthy actions such as substance abuse.

Adapted from the **Community Tool Box** at: http://ctb.ku.edu/en/table-of-contents/assessment/getting-issues-on-the-public-agenda/risk-and-protective-factors/main

Substance Use by Student Self-Report

California Healthy Kids Survey (2009-2011)

CHKS Survey Question: *"During your life, how many times have you used or tried _____?"* (Questions address each substance separately below).				
	% of 7th Graders	**% of 9th Graders**	**% of 11th Graders**	**% of all Non-Traditional Students**
Alcohol (one full drink)				
0 times	79	57	41	25
1 time	9	9	8	6
2 to 3 times	5	11	11	10
4 or more times	6	23	39	59
Marijuana				
0 times	91	73	61	30
1 time	3	5	5	4
2 to 3 times	2	5	7	7
4 or more times	4	17	26	60
Inhalants (to get high)				
0 times	90	88	91	85
1 time	4	4	3	5
2 to 3 times	3	4	3	4
4 or more times	3	4	3	5

Cocaine				
0 times	na	96	95	82
1 time	na	1	2	5
2 to 3 times	na	1	1	5
4 or more times	na	2	2	8
Methamphetamines or any **Amphetamine**				
0 times	na	96	96	89
1 time	na	1	1	3
2 to 3 times	na	1	1	3
4 or more times	na	1	2	5
LSD or other **Psychedelics**				
0 times	na	95	95	86
1 time	na	1	2	4
2 to 3 times	na	2	2	5
4 or more times	na	2	2	4
Ecstasy				
0 times	na	93	89	69
1 time	na	2	3	5
2 to 3 times	na	2	3	8
4 or more times	na	3	5	18
Heroin				
0 times	na	97	97	93
1 time	na	1	1	1
2 to 3 times	na	1	1	2
4 or more times	na	1	2	4

Other illegal drugs or Pills				
0 times	96	90	89	70
1 time	2	3	3	4
2 to 3 times	1	3	3	9
4 or more times	1	4	6	17
Prescription Pain Killers				
0 times	na	87	83	68
1 time	na	4	4	7
2 to 3 times	na	4	5	8
4 or more times	na	6	8	16
Barbiturates				
0 times	na	97	98	94
1 time	na	1	0	2
2 to 3 times	na	1	1	2
4 or more times	na	1	1	2
Tranquilizers or Sedatives				
0 times	na	96	95	88
1 time	na	1	1	3
2 to 3 times	na	1	1	5
4 or more times	na	2	2	5
Cough and Cold medicines				
0 times	na	78	78	62
1 time	na	4	3	8
2 to 3 times	na	6	6	11
4 or more times	na	12	13	19

Diet Pills				
0 times	na	93	95	89
1 time	na	1	1	2
2 to 3 times	na	2	1	4
4 or more times	na	4	3	5
Ritalin TM **or Adderall** TM				
0 times	na	95	94	85
1 time	na	1	2	5
2 to 3 times	na	1	2	3
4 or more times	na	2	3	8

***na = question *not asked* of middle school students**

CHKS Survey Question: "About how old were you the first time you had ______?" such as "a full drink of alcohol?" (addressing substances below).**)**

	% of 7th Graders	% of 9th Graders	% of 11th Graders	% of all Non-Traditional Students
Alcohol (one full drink)				
Never	73	54	39	21
10 or under	11	9	6	19
11-12 years old	14	12	8	15
13-14 years old	2	22	21	23
15-16 years old	0	2	25	17
17 years old or older	1	1	2	6
Marijuana				
Never	93	75	63	31
10 or under	2	3	2	9
11-12 years old	4	6	4	15
13-14 years old	1	14	13	23
15-16 years old	0	1	17	18
17 years old or older	0	1	1	4
Other illegal drugs or Pills				
Never	96	87	82	56
10 or under	1	1	1	6
11-12 years old	2	3	2	5
13-14 years old		7	6	13
15-16 years old		1	9	17
17 years old or older		0	1	3

CHKS Survey Question: "During the past 30 days, on how many days did you use ______?" (addressing each substance below).				
	% of 7th Graders	**% of 9th Graders**	**% of 11th Graders**	**% of all Non-Traditional Students**
Alcohol (at least one drink)				
	12	22	29	50
Binge Drinking (5 or more drinks in a row)				
	5	13	18	40
Marijuana				
	5	15	20	48
Inhalants				
	6	5	3	8
Cocaine				
	na	3	2	9
Methamphetamines or any **Amphetamine**				
	na	2	2	5

Ecstasy, LSD or other **Psychedelics**				
	na	4	4	15
Other Illegal Drugs or Pills				
	3	5	5	19
Any Drug Use				
	9	18	22	51
Heavy Drug User				
	3	9	11	32
Any of the Above AOD Use				
	15	27	35	63
Two or More of the Above at the Same Time				
	na	7	9	25
***na = question *not asked* of middle school students**				

How Drunk? How Many Days Drinking in a Row? How Many Times High?

	% of 7th Graders	% of 9th Graders	% of 11th Graders	% of NT youth
CHKS Survey Question: ***"During your life, how many times have you been very drunk or sick after drinking?"***				
0 times	92	76	63	38
1 to 2 times	5	12	18	27
3 to 6 times	2	5	9	12
7 or more times	1	6	10	24
CHKS Survey Question: ***"During the past 30 days, on how many days did you use five or more drinks of alcohol in a row, that is, within a couple of hours?"***				
0 days	95	87	82	60
1 to 2 days	3	7	10	20
3 or more days	2	6	8	21
CHKS Survey Question: ***"During your life, how many times have you been high (loaded, stoned or wasted) from drugs?"***				
0 times	92	76	65	35
1 to 2 times	4	7	9	10
3 to 6 times	2	5	6	7
7 or more times	2	12	19	48

Frequency of Current Alcohol and Marijuana Use, Past 30 Days

CHKS Survey Question: "During the last 30 days, on how many days did you use ________?" (addressing substances below).

	% of 7th Graders	% of 9th Graders	% of 11th Graders	% of all Non-Traditional Students
Alcohol				
None	88	78	71	50
1 or 2 days	8	13	17	20
3 to 9 days	1	5	8	15
10 to 19 days	1	2	2	7
20 or more days (daily)	2	2	2	8
Marijuana				
None	95	85	80	52
1 or 2 days	3	6	8	11
3 to 9 days	1	3	5	13
10 to 19 days	0	2	2	7
20 or more days (daily)	1	4	5	17

Sacramento County's Five Largest School Districts

Youth alcohol Use by school district

California Healthy Kids Survey (CHKS) 2009-2011

Enrollment in the five largest school districts below represents approximately 85% of the total County student enrollment.

CHKS survey data was not available for students enrolled in private schools.

Sacramento City, Elk Grove and Folsom/Cordova school districts have 2010/2011 CHKS for 7th-11th grades. However, San Juan Unified, Twin Rivers and Galt Joint Union CHKS data is only collected for 7th grade students.

Below are comparisons between the largest school districts regarding student reports of substance use – age of onset, binge drinking, and frequency of use.

Table 1

Comparison of Age of Onset for Alcohol Among 7th Graders 2010/11

	Sacramento City	Elk Grove	Folsom/Cordova	San Juan Unified	Twin Rivers	Galt Joint Union
Never	72	80	81	79	76	69
10 or under	10	8	9	11	10	14
11-12 years old	14	11	9	8	12	15
13-14 years old	3	0	1	1	2	1
15-16 years old	0	0	0	0	0	0
17 years or older	0	0	0	0	0	1

Table 2
Comparison of Age of Onset for Alcohol
Among 9th Graders 2010/11

	Sacramento City	Elk Grove	Folsom/Cordova	San Juan[i]	Twin Rivers	Galt Joint Union
Never	64	62	69			
10 or under	8	9	8			
11-12 years old	9	11	9			
13-14 years old	17	17	17			
15-16 years old	1	1	1			
17 years or older	1	0	1			

Note: San Juan Unified, Twin Rivers, Galt Joint Union CHKS reports include data on 7th grade students only.

Table 3
Comparison of Frequency of Binge Drinking in Past 30 days
Among 7th Graders 2010/11

	Sacramento City	Elk Grove	Folsom/Cordova	San Juan	Twin Rivers	Galt Joint Union
0 days	98	98	98	95	96	93
1-2 days	1	1	1	2	3	3
3 days or more	1	1	1	3	1	4

Table 4
Comparison of Frequency of Binge Drinking in Past 30 days
Among 9th Graders 2010/11

	Sacramento City	Elk Grove	Folsom/Cordova	San Juan	Twin Rivers	Galt Joint Union
0 days	90	92	90			
1-2 days	5	6	5			
3 days or more	5	3	5			

Note: San Juan Unified, Twin Rivers, Galt Joint Union CHKS reports include data on 7th grade students only.

Table 5 Comparison of Frequency of Binge Drinking in Past 30 days Among 11th Graders 2010/11						
	Sacramento City	Elk Grove	Folsom/Cordova	San Juan	Twin Rivers	Galt Joint Union
0 days	85	85	85			
1-2 days	8	9	8			
3 days or more	7	6	7			

Note: San Juan Unified, Twin Rivers, Galt Joint Union CHKS reports include data on 7th grade students only.

Table 6 Comparison of 7th Graders Who Report Drinking Alcohol 3 or more Days in the Past 30						
	Sacramento City	Elk Grove	Folsom/Cordova	San Juan	Twin Rivers	Galt Joint Union
None	92	94	92	91	90	83
1-2 days	6	4	6	5	8	10
3-9 days	1	1	1	2	1	3
10-19 days	1	0	1	0	1	1
20 or more days	1	0	1	2	1	3

Table 7 Comparison of 9th Graders Who Report Drinking Alcohol 3 or more Days in the Past 30						
	Sacramento City	Elk Grove	Folsom/Cordova	San Juan	Twin Rivers	Galt Joint Union
None	84	85	84			
1-2 days	8	10	8			
3-9 days	4	1	4			
10-19 days	2	3	2			
20 or more days	3	1	3			

Note: San Juan Unified, Twin Rivers, Galt Joint Union CHKS reports include data on 7th grade students only.

Table 8 Comparison of 11th Graders Who Report Drinking Alcohol 3 or more Days in the Past 30						
	Sacramento City	Elk Grove	Folsom/Cordova	San Juan	Twin Rivers	Galt Joint Union
None	75	74	75			
1-2 days	14	14	14			
3-9 days	7	8	7			
10-19 days	2	2	2			
20 or more days	3	2	3			

Note: San Juan Unified, Twin Rivers, Galt Joint Union CHKS reports include data on 7th grade students only.

Source: California Healthy Kids Survey (CHKS) 2009-2011

Sacramento County
Five Largest School Districts

	DISTRICT NAME	ENROLLMENT	AVERAGE DAILY ATTENDANCE	HIGHSCHOOL COHORT GRADUATION RATE	HIGHSCHOOL COHORT DROPOUT RATE
	Elk Grove	62,123	58,632	85.5%	6.6%
	Folsom-Cordova Unified	19,154	18,243	91.0%	4.7%
	Sacramento City Unified	47,939	41,131		
	San Juan Unified	47,245	38,404		
	Twin Rivers Unified	31.637	25,168	72.3%	19.4%
Averages for All District		5,959	* * A statewide value is not computed by the CA Dept. of Education	78.5%	13.2%

District Comparison Results, Fiscal Year 2011-12

Ed-Data Fiscal, Demographic, and Performance Data on CA K-12 Schools: http://www.ed-data.k12.ca.us/App_Resx/EdDataClassic/fsTwoPanel.aspx?#!bottom=/_layouts/EdDataClassic/profile.asp?tab=1&level=07&ReportNumber=16&County=34&fyr=1112&District=61119&School=0130229

Appendix J

Sacramento County Enrollment by Grade

2012-13

Level	Code	K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Ungr Elem	Grade 9	Grade 10	Grade 11	Grade 12	Ungr Sec	Total Enroll	Adults in K-12 Program
Sacramento	34	18,763	19,311	18,565	18,334	18,118	17,877	17,670	17,691	17,700	233	17,827	17,957	18,028	19,779	437	238,290	20

Source: *California Department of Education Educational Demographics Unit*

http://dq.cde.ca.gov/dataquest/Enrollment/GradeEnr.aspx?cYear=2012-13&cChoice=CoEnrGrd&cLevel=County&ctopic=Enrollment&cType=ALL&cGender=B&myTimeFrame=S&TheCounty=34,SACRAMENTO

Sacramento County School Districts – Types of Schools

DISTRICT NAME	Enrollment	Elementary Schools	Middle Schools	High Schools	Continuation Schools	Alternative, Community Day, Special Ed, Other	Total
Arcohe Union Elem	414	1					1
Center Joint Unified	4849	4	1	2	1	1	9
Elk Grove Unified	62,123	41	9	9	5	2	66
Elverta Joint Elem	267	1	1				2
Folsom-Cordova Unified	19,154	20	4	3	2	4	32
Galt Joint Union Elem	3,855	5	1				6
Galt Joint Union High	2,287			2	1		3
Natomas Unified	12,344	9	3	3	1	1	17
River Delta Joint Unified	2,286	5	2	2	1	2	12
Robla Elem	2,052	5					5
Sacramento City Unified	47,939	62	9	11	1	4	87
Sacramento Co Office of Education	887	1				8	9
San Juan Unified	21,585	44	8	8	1	9	70
Twin Rivers Unified	31,637	31	7	7	2	6	54

Population reported at 2010 United States Census

The County	Total Population	White	African American	Native American	Asian	Pacific Islander	other races	two or more races	Hispanic or Latino (of any race)
Sacramento County	1,418,788	815,151	147,058	14,308	203,211	13,858	131,691	93,511	306,196
Incorporated cities	**Total Population**	**White**	**African American**	**Native American**	**Asian**	**Pacific Islander**	**other races**	**two or more races**	**Hispanic or Latino (of any race)**
Citrus Heights	83,301	66,856	2,751	753	2,714	363	5,348	4,516	13,734
Elk Grove	153,015	70,478	20,172	965	40,261	1,807	10,231	12,101	27,581
Folsom	72,203	53,627	4,140	427	9,000	173	1,818	3,018	8,064
Galt	23,647	15,639	430	361	815	108	4,834	1,460	10,113
Isleton	804	542	10	10	41	4	139	58	316
Rancho Cordova	64,776	39,123	8,561	668	7,831	556	5,517	4,520	12,740
Sacramento	466,488	210,006	80,005	5,291	85,503	6,655	57,573	33,125	125,276
Census-designated places	**Total Population**	**White**	**African American**	**Native American**	**Asian**	**Pacific Islander**	**other races**	**two or more races**	**Hispanic or Latino (of any race)**
Antelope	45,770	29,200	4,039	402	6,090	407	2,284	3,348	6,635
Arden-Arcade	92,186	64,688	8,977	948	5,152	531	7,420	5,470	17,147
Carmichael	61,762	49,776	4,972	546	2,653	287	2,035	3,493	7,218
Clay	1,195	981	6	24	8	0	108	68	242
Courtland	355	247	0	6	4	0	75	23	200
Elverta	5,492	4,453	117	77	208	48	302	287	859
Fair Oaks	30,912	26,479	729	255	1,289	57	738	1,365	2,954

Florin	47,513	15,034	9,521	543	13,605	815	6,756	3,239	13,048
Foothill Farms	33,121	21,249	4,628	357	1,731	208	3,362	2,586	7,579
Franklin	155	119	0	0	5	0	20	11	42
Freeport	38	34	0	0	2	0	1	1	6
Fruitridge Pocket	5,800	1,704	1,047	105	1,113	67	1,317	447	2,345
Gold River	7,912	5,837	195	20	1,426	28	97	309	515
Herald	1,184	934	20	13	64	7	105	41	254
Hood	271	135	0	15	15	1	70	35	137
La Riviera	10,802	7,315	1,084	76	766	87	671	803	1,756
Lemon Hill	13,729	5,091	3,493	246	2,394	196	3,487	822	6,790
Mather	4,451	467	99	13	27	21	31	85	110
McClellan Park	743	2,477	393	42	850	84	267	338	704
North Highlands	45,794	27,000	6,003	603	2,067	300	4,709	3,132	10,077
Orangevale	33,960	29,679	463	316	1,040	75	879	1,508	3,448
Parkway	15,670	5,225	3,696	182	1,997	300	3,161	1,109	6,185
Rancho Murieta	5,488	4,874	130	33	158	6	81	206	425
Rio Linda	15,106	11,654	502	235	665	62	1,304	821	3,033
Rosemont	22,681	13,496	2,720	310	2,419	134	1,754	1,848	4,587
Vineyard	24,836	11,306	2,426	163	7,293	256	1,682	1,710	4,414
Walnut Grove	1,542	943	15	24	110	0	402	48	673
Wilton	5,363	4,234	169	45	289	13	343	270	683

Unincorporated communities	Total Population	White	African American	Native American	Asian	Pacific Islander	other races	two or more races	Hispanic or Latino (of any race)
All others not CDPs (combined)	24,823	14,249	2,472	234	3,606	202	2,770	1,290	6,306