

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services



STRATEGIC PREVENTION PLAN

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San Mateo County Behavioral Health and Recovery Services Alcohol and Other Drug Services Strategic Prevention Framework 2014-2019

In order to address community problems associated with problem alcohol and drug use and to improve overall health and well-being, San Mateo County Alcohol and other Drug Services has developed a Strategic Prevention Framework (SPF) plan to create a sustainable, community-based prevention-focused infrastructure that will build partnerships between local government agencies, schools, faith based organizations, law enforcement, community based organizations, businesses, and residents. The SPF was developed over nine months and includes the following components: assessment, capacity building, planning, implementation, and evaluation. Our long term goal is for each partnership to become self-sustaining and able to seek and obtain outside funding to support the ongoing prevention needs of each community.

Our Vision

Individuals, families, and communities fulfill their promise and successfully pursue their dreams in a society where stigma and discrimination against those with mental illness and/or alcohol and drug addiction are remnants of the past.

Our Mission

We build opportunities for people with or at risk of alcohol and drug addiction and mental health challenges to achieve wellness and/or recovery through partnership, innovation, and excellence.

Our Principles for Prevention

This Strategic Prevention Framework complements other San Mateo County initiatives aimed at treatment and services by specifically articulating the strategies and action that can prevent people from needing services in the first place, while working to support all people in the community to achieve optimal health. The following principles guide the process for planning, development and implementation of prevention efforts in San Mateo County.

- Behavioral health is integral to individual health and community well being.
- Our cultural diversity is a strength that must be accounted for and utilized in our approach.
- The participation and input from community members, including persons receiving behavioral health services and their families, should inform our efforts and community voices should be honored.

- Where people live, work, learn, play, worship, and interact – and the social connections that emerge in these settings – influence wellness in general and behavioral health specifically.
- The policies, decisions, and actions of public and private organizations, institutions and workplaces impact behavioral health outcomes.
- Strategies must be inclusive of all those living in San Mateo County – regardless of race, ethnicity, language, nationality, age, gender, sexual orientation, or presence of behavioral health conditions.
- Partnering with related community efforts facilitates the achievement of our outcomes.
- Stigma reduction and striving for its elimination is central to all strategies.
- Focusing on the principal risk and resiliency factors will yield the best results.
- Focusing on strategies that work at the organizational practice and policy levels will reach the greatest number of people and can help prevent behavioral health problems before they occur.

Behavioral Health Prevention and Early Intervention Framework

In March 2009, San Mateo County Behavioral Health and Recovery Services (BHRS) released a Primary Prevention Framework for Substance Abuse and Mental Health (BHRS Prevention Framework). This Framework calls for prevention efforts in San Mateo County to focus on organizational practices and policy change, building and strengthening relationships with nontraditional partners, and developing a comprehensive prevention approach to address the underlying determinants which influence mental health and addiction. It identifies the following four strategy areas as the focal point of BHRS prevention efforts to promote the health and well being of individuals, families and communities in San Mateo County.

- **Enhance Place:** Enhance the places that people live, work, play, go to school, worship, and socialize to support emotional and psychological health. Seek to reduce substance abuse and decrease exposure to violence in place based settings. The BHRS Prevention Framework calls for outcomes that include decreased availability of alcohol and other drugs through implementation of land use and zoning policies, decreased density of alcohol and drug paraphernalia outlets, and decreased alcohol advertising in communities. It also calls for responsible beverage service and advertising practices by local businesses.
- **Connect People:** Strengthen positive social-emotional development, enhance social connections, and reduce isolation as a means to support emotional health and promote psychological well being. Healthy social connections will reduce substance abuse and decrease exposure to violence. Promote opportunities and activities which bring together

community residents and engage them to participate in prevention activities.

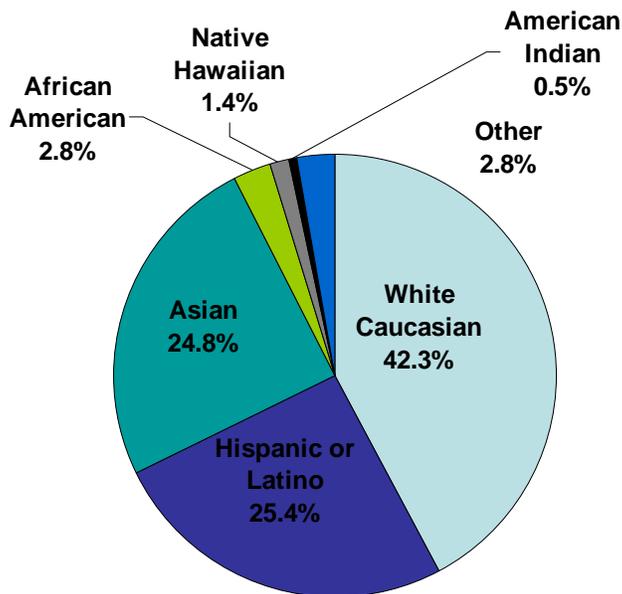
- **Foster Prosperity:** Reduce stigma and enhance economic opportunity and self-sufficiency, especially for those most at risk for mental health problems and substance abuse. Implement policies and practices in schools, workplaces, public service organizations, and agencies that reduce stigma and discrimination against people with addiction histories.
- **Expand Partnerships:** Engage multiple government sectors, businesses, and community members – including people receiving behavioral health services and their families – to enhance places, strengthen connections among people, and foster prosperity to improve emotional health. Community partnerships shall promote mental well being, reduce substance abuse, and decrease exposure to violence, through their actions, decisions, practices and policies. BHRS prevention efforts expand partnerships by working closely with other prevention efforts in the San Mateo County Health System. In addition, community-based prevention partnerships are funded to identify and implement strategies to improve the health and well being of individuals and families in their communities.

The BHRS Prevention Framework aligns with the work Alcohol and Other Drug Services (AOD) began in 2007 under the first Strategic Prevention Framework (SPF), but also calls for us to stretch and further expand upon current efforts. As such, it serves as a foundation for this San Mateo County Strategic Prevention Framework 2014-2019.

County Demographics

San Mateo County is home to 718,451 people who live in 20 cities and numerous unincorporated areas. With 1,602 persons per square mile, San Mateo County's population density is far greater than the statewide figure of 239 (2010 US Census Bureau). The density level varies greatly within the county, from 13,373 persons per square mile in Daly City to 10 persons per square mile in Pescadero (city-data.com); these two areas are only 37 miles apart.

As in California as a whole, San Mateo County is racially and ethnically diverse. 42.3% of the population is White, 24.8% are Asian, 25.4% are of Hispanic or Latino origin, 2.8% are African American, 1.4% is native Hawaiian, and 0.5% are American Indian, 2.8% are Other. (2011-2012 San Mateo County Profile).



According to a Robert Wood Johnson Foundation report, San Mateo County ranks as the fifth healthiest among California's 58 counties. These ratings are based on a number of key measures, including premature death and the number of adults without health insurance (2011-2012 San Mateo County Profile). However, there are pockets within the County with significant health disparities. For example, people living in the city of Daly City have an average per capita income of just \$29,200, compared to \$65,500 in the city of San Mateo. People in Daly City are 30% more likely to die from heart disease, 10% more likely to be hospitalized for diabetes, 80% more likely to contract active tuberculosis, and 50% more likely to contract Chlamydia than those living in the city of San Mateo (Brown and Jacobsen, San Mateo County Health Department Epidemiologists). In the southern part of the County, the city of Atherton has an average per capita income of \$107,132 annually, with an average life expectancy of 83-85 years. Yet just a few miles south in the city East Palo Alto, the average per capita income is \$18,335 (city-data.com) with an average life expectancy of 77-79 years for an East Palo Alto resident. In San Mateo County as a whole, for every \$10,000 in individual annual income, that person's life expectancy is extended by six months (Brown and Jacobsen, San Mateo County Health Department Epidemiologists).

The San Mateo County Health System is committed to improving the health outcomes for individuals, families and communities. And, as part of the Health System, San Mateo County BHRS AOD is committed to reducing health disparities and improving the health and well being of communities and the individuals and families who live in them.

2007-2013 Strategic Prevention Framework (SPF)

In 2005, the California Department of Alcohol and Drug Programs (ADP) adopted a new policy directing counties that receive Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds to use the Strategic Prevention Framework (SPF). The SPF is a planning and program design process developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). It consists of five steps – assessment, capacity building, planning, implementation, and evaluation – and helps counties plan for and build a community based infrastructure for effective prevention.

In 2007, San Mateo County Behavioral Health and Recovery Services, Alcohol and Other Drug Services (BHRS AOD) released its first SPF after conducting an in-depth strategic planning process and needs assessment. The SPF was revised in 2008 and identified two major problem areas and four objectives.

Problem 1. Historically there has been little attention and support given to preventing AOD problems at the community level.

Contributing factors to the problem:

- Limited funding for prevention activities
- People do not know what they can do, or do not think there is anything they can do.
- Often alcohol or other drug use is seen as “normal.”
- The alcohol and tobacco industries have a lot of power and resources.
- Not investing “upstream” leads to increased costs/impacts on individuals, families, communities and systems (e.g., hospitalization, injuries, arrests, suspension rates, and other social and legal problems.)

Problem 2. Youth and young adults are frequently getting and using alcohol and other drugs. This situation is often seen as normal, and either accepted or not effectively addressed in many communities within San Mateo County.

County-wide data (per 2003-2004 CHKS data) and contributing factors to the problem:

- 23.1% of 11th graders in San Mateo County have “had enough alcohol to feel it a lot” or “until they get really drunk.”
- Binge drinking rates among adults increased significantly between 2001-2004 – 12.7% to 16.2%.
- 13.4% of 9th and 11th grade students and those in alternative high schools have mixed alcohol with driving.
- Data demonstrate the common acceptance of alcohol, in particular, as well as general acceptance of tobacco, marijuana and other drugs.
- More than half of youth report that it is easy to obtain alcohol (57%) and marijuana (47%).

- Existing laws related to selling alcohol and tobacco are not always enforced.
- Recent prevention efforts in San Mateo County have not focused on reducing legal alcohol or other drug access that results in harm, such as overuse of alcohol and misuse of prescription medications.

Objective 1. Decrease underage (youth) access to/availability of alcohol and other drugs from retail and social settings. Put into place solutions so that young people are not easily able to get (and use) alcohol and other drugs.

Objective 2. Decrease harm associated with access to alcohol, prescription medication and/or over the counter medications. Even when individuals are able to get alcohol and other drugs (such as prescriptions) legally, problem use leads to harmful outcomes. Put in place solutions that will reduce problem use and related harmful outcomes.

Objective 3. Increase protective factors (safety, positive connections, supports, skills and opportunities) for targeted populations of youth and young adults who are either at risk of, or already beginning to participate in problem alcohol or other drug use.

Objective 4. Build the capacity of an effective prevention system.

2007-2013 Accomplishments

Between 2007 and 2012, San Mateo County BHRS AOD strived to achieve these objectives, with numerous successes. Seven community based prevention partnerships were funded in the areas of East Palo Alto, Redwood City/North Fair Oaks, Half Moon Bay/Coastside, Western Daly City and Pacifica, the Bayshore neighborhood of Daly City, the city of San Mateo, and Pescadero/Southcoast. Each partnership consisted of residents, community based organizations, faith organizations, schools, law enforcement, city officials, youth, and businesses. Each conducted their own local community needs assessment, and identified and implemented strategies that aligned with the four objectives to address their community's needs.

Accomplishments in Daly City and Pacifica include:

- Successfully developed and advocated for a Social Host Ordinance, which was adopted by the city of Pacifica.
- Developed and gathered parent pledges to comply with the Social Host Ordinance in Pacifica.
- Implemented a "Make the Call" campaign to increase awareness of and enforcement of the Social Host Ordinance in Pacifica.

- Advocated for an alcohol and other drug use prevention curriculum added to the Pacifica School District's (K-8 grades) strategic plan.
- Conducted a series of Responsible Beverage Service (RBS) training for alcohol merchants near Jefferson High School in Daly City.
- Conducted community surveys in Daly City around attitudes on alcohol use and under which circumstances parents permit underage children to drink alcohol.
- In partnership with Youth Leadership Institute, conducted a Youth Access Survey in the Jefferson Union High School District in Pacifica and Daly City.
- Leveraged resources to secure a Drug Free Communities Grant to expand partnership activities to the City of South San Francisco.

Accomplishments in east Daly City's Bayshore neighborhood include:

- In partnership with Youth Leadership Institute, conducted a Youth Access Survey in schools in the Bayshore community of Daly City.
- Conducted a youth and an adult Photovoice project around alcohol use; both of which were displayed in every library in San Mateo County.
- Conducted a youth resiliency survey looking at internal and external resiliency factors in youth at Robertson Middle School. The partnership seeks to increase the external resiliency factors for youth.
- Advocated for Alcoholics Anonymous meetings to be held within the Bayshore neighborhood.
- Conducted a series of community meetings to increase parental skills in talking to children about not using alcohol, and how to ensure that alcohol in their homes is not accessible to youth. The partnerships gathered pledges from parents that underage drinking would not be permitted in their homes.

Accomplishments in East Palo Alto include:

- Successfully develop and advocated for a city ordinance prohibiting medical marijuana dispensaries which was adopted by the city of East Palo Alto.
- In partnership with the East Palo Alto Police Department, enforced alcohol merchant signage law compliance, and implemented signs advertising that merchants will not sell alcohol to people under 21.
- Created a summer youth program offering internships and jobs to youth, to increase protective factors and resiliency.
- Implemented parent pledges, parent perception surveys, and youth substance abuse surveys in the community.
- Implemented Responsible Beverage Service Training with partnership members and will begin implementing with merchants.
- Engaged merchants with businesses in identified "hot spots" as partners to implement focused prevention strategies to reduce access alcohol and drugs in high crime areas as identified by the East Palo Alto Police Department Data Mapping System)

Accomplishments in Redwood City and North Fair Oaks include:

- Target Responsibility for Alcohol Connected Emergencies (TRACE) protocol adopted by the Redwood City Police Department.
- Conducted a youth Photovoice project highlighting the mixed messages in the community about alcohol and the negative consequences of problem alcohol and other drug use in the community.
- Developed and gathered youth pledges to be good role models for their younger siblings.
- Partnered with Youth Leadership Institute to conduct two Healthy Cornerstore makeovers, helping merchants move alcohol and tobacco displays to prevent theft and provide more healthy fresh fruit and vegetable options to customers.
- Conducted Responsible Beverage Service (RBS) training for alcohol merchants.
- Partnered with the District Attorney to develop a program that offers RBS training to merchants charged with selling alcohol to underage people in lieu of fines.

Accomplishments in Half Moon Bay and the Coastside include:

- Developed a video to increase public awareness of youth alcohol and other drug use in the community and mobilize residents around prevention efforts.
- Partnered with alcohol merchants to rearrange store refrigeration cases so that alcoholic beverages are not stored in the same cases as non-alcoholic beverages.
- Developed the Coastside Collaborative to advocate for the implementation of policies that prevent youth from accessing alcohol at the seasonal festivals in the coastal communities.

Accomplishments in Pescadero and the Southcoast include:

- In partnership with Youth Leadership Institute, conducted a Youth Access Survey in the high school.
- Commissioned youth to design and paint a mural celebrating the strengths of the community that is now displayed in areas where youth go to use alcohol and other drugs.
- Successfully advocated to the Pescadero Foundation to adopt and implement a community events policy requiring all alcohol vendors to be trained in Responsible Beverage Service (RBS) and requiring wrist bands to identify event attendees over the age of 21.
- Advocated that the school board adopt a policy prohibiting the use of alcohol during school fundraising events.

Accomplishments in San Mateo's North Central neighborhood include:

- Conducted Responsible Beverage Service (RBS) training for alcohol merchants.
- Conducted Lee Law compliance assessments with alcohol merchants.
- Successfully advocated for Target Responsibility for Alcohol Connected Emergencies (TRACE) protocol which was adopted by the San Mateo Police Department.
- Advocated for and passed a TRACE resolution by the San Mateo City Council.
- Development of Star Program to recognize and honor alcohol merchants who sell responsibly.
- Development and implementation of a local Public Service Announcement program around consequences of drinking regularly at a young age.

Needs Assessment - Quantitative Data

This SPF seeks to build upon the 2007-2013 SPF. As such, San Mateo County BHRS AOD prevention staff researched data, held numerous community stakeholder meetings and focus groups, and interviewed key individuals in the community and within the seven funded prevention partnerships to guide the direction of the 2014-2019 SPF Plan.

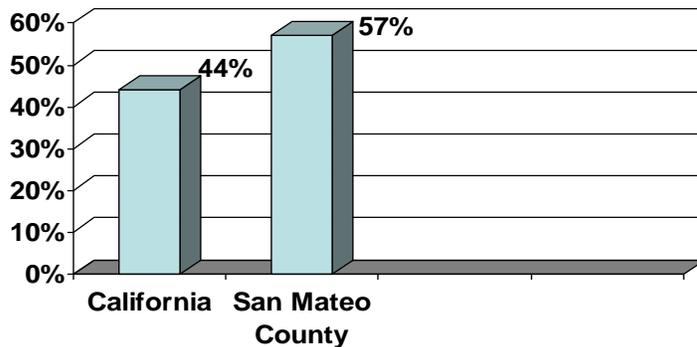
In comparing 2007-2009 CHKS data for San Mateo County to the 2003-2004 CHKS data used in the 2007-2013 SPF, it is apparent that ease of access to alcohol and marijuana remains high among youth, as does use and binge drinking. Drinking and driving among youth appears to be significantly increased.

BINGE DRINKING				
CHKS Year	Issue	7thGrade	9thGrade	11thGrade
2003-2004	% of youth who report they have “had enough alcohol to feel it a lot” or “until they get really drunk.”	--	--	23%
2007-2009	% if youth who report they have “been very drunk or sick after drinking.”	9%	25%	44%
2007-2009	% of youth who report binge drinking at least once in the past 30 days.	5%	13%	27%
DRINKING AND DRIVING				
CHKS Year	Issue	7thGrade	9thGrade	11thGrade

2003-2004	% of youth who report mixing alcohol with driving	--	13%	
2007-2009	% of youth who report either driving a car after drinking, or been in a car driven by a friend that had been drinking	--	20%	29%
2007-2009	% of youth who report ever riding in a car driven by someone who had been drinking	49%	--	--
ALCOHOL ACCESSIBILITY AND USE				
CHKS Year	Issue	7thGrade	9thGrade	11thGrade
2003-2004	% of youth who agreed that alcohol is easy to obtain.	57%		
2007-2009	% of youth who agreed that alcohol is easy to obtain	35%	61%	74%
2007-2009	% of youth who report using alcohol at least once in the past 30 days.	13%	26%	41%
MARIJUANA ACCESSIBILITY AND USE				
CHKS Year	Issue	7thGrade	9thGrade	11thGrade
2003-2004	% of youth who agreed that marijuana is easy to obtain.	47%		
2007-2009	% of youth who agreed that marijuana is easy to obtain.	20%	48%	70%
2007-2009	% of youth who report using marijuana at least once in the past 30 days.	5%	13%	24%

Additionally, 57% of young adults aged 18-24 report binge drinking at least once in the past year, a rate that is significantly higher than the state average of 44%. And, 45% of adults aged 25-34 reported binge drinking in the past year (Indicators of Alcohol and Other Drug Risk and Consequences, San Mateo County, 2010).

Binge Drinking Rates Among 18-24 Year Olds



San Mateo County has about 1.5 injuries or fatalities per 100,000 people in alcohol-involved car accidents. Of the alcohol-related car accidents, 25% of the drivers who had been drinking prior to the accident are between ages 18 and 24, and another 25% between the ages of 25 and 34 (Indicators of Alcohol and Other Drug Risk 2010).

First Chance Sobering Station Annual Report, 2011-2012

First Chance Sobering Station is a drop-off, detoxification center in lieu of jail for adults arrested under 23152 CVC driving under the influence, 647(f) public intoxication or 11550 H, under the influence of drugs. First Chance collects and publishes data annually, including place of last drink data. In FY 2011-2012, 849 individuals agreed to complete the last drink data survey.

When asked: Where did you have your last drink?, 441 (52%) of the 849 respondents named a category of location:

Category	No.	%	Category	No.	%
Airplane/airport	3	0.3%	Hotel/motel	8	1%
At friend's home	149	17.6%	In a car/truck/boat	9	1%
At own home	88	10.4%	Non-specific bar/restaurant	65	7.7%
At relative's home	20	2.4%	On street/beach/park/pier	43	5%
At work	8	1%	Sports event/concert	14	1.6%
Bowling/golfing/billiards	9	1%	Other	20	2.4%
While driving	5	0.6%			

408 (48%) of the respondents named a specific bar or restaurant. Those that were mentioned 5 or more times were:

Crown Plaza in Foster City**
O'Neil's in San Mateo**
Rosewood Hotel in Menlo Park
Rudy's Pub in Palo Alto*
Sodini's in Redwood City
Tequila Lounge in Redwood City

The Office in San Carlos
The Parlour in San Francisco*
The Patio in San Carlos
The Swinging Door in San Mateo**
Winters Tavern in Pacifica**

Of the 849 clients surveyed, 56 (7%) were under age 21 at the time of arrest. 86% of those under 21 reported their last drink was served to them at a private home, however 14% reported being served at an establishment. The establishments reported were:

City Nights in San Francisco*
The Residence Inn of San Mateo
The Crib in San Francisco*
Classic Bowling Center in Daly City

The Village Pub in Woodside
Molly Magee's in Mountain View*
The Monte Carlo Club in Mountain View*
The Infusion Lounge in San Francisco*

*Located outside of San Mateo County

**Were also on the place of last drink in FY 10-11

On December 6, 2012, the city of San Mateo Police Department conducted a decoy operation at 42 locations. Six of the 42 were cited for selling alcohol to minors: The Swinging Door, Ryan's Sports Bar, BelMateo Bowl, CVS, Everybody's Market, and La Morenita Market (The Daily Journal, 12/14/12)

CalOMS Treatment Data

Alcohol and other drug treatment admission data provide valuable information to prevention efforts in San Mateo County. This data indicates unique AOD problems and populations in the County with unmet needs. The following data is 2012 CalOMS Treatment Admission Data for San Mateo County.

Adult Admissions Data

Of the total adult treatment admissions in San Mateo County:

Adult Primary Drug of Choice at Treatment Admission (2012, San Mateo County)

- 35% are admitted primarily for alcohol
- 27% for methamphetamine
- 12.6% for marijuana
- 10.3% for cocaine
- 8.9% for heroin
- 6.2% for other drugs

Adult Treatment Admissions by Race/Ethnicity (2012, San Mateo County)

- 43.4% Caucasian
- 25.9% Other

- 15.4% African American
- 9.3% Multi Racial
- 5.1% Asian
- 0.7% American Indian
- 0.2% Pacific Islander
- Within these racial categories, 29.5% of people identified as being from Hispanic or Latino ethnic descent.

African American individuals are over-represented in treatment admissions data compared to the general population in San Mateo County as a whole, whereas Asian individuals are underrepresented.

Of the total youth ages 0-17 treatment admissions in San Mateo County the primary drug of choice at treatment admissions in 2012

- 71.6% are admitted for marijuana
- 19.7% for alcohol
- 2.8% for methamphetamine
- 2.4% for ecstasy
- 2.1% for cocaine
- 0.3% for heroin
- 3.2% for other drugs

In San Mateo County, Caucasians are 3-4 times more likely to be hospitalized for alcohol and drug use, compared to people of color. African American and Hispanic/Latino are more likely to be arrested for alcohol than other racial/ethnic populations in the County, and African Americans are 5-6 times more likely to be arrested for drugs than any other racial/ethnic population in the County (Indicators of Alcohol and Other Drug Risk 2010).

Needs Assessment - Qualitative Data

San Mateo County BHRS AOD prevention staff held a series of five community stakeholder meetings to gather public input to help identify priority areas of need in order to inform the SPF. The meetings were held in the cities of San Mateo, Redwood City, Half Moon Bay, East Palo Alto, and Pacifica. At each meeting, participants were given a brief overview of the current SPF goals, objectives, and successes to date, and of the BHRS Prevention Framework and the need for it to guide the 2014-2019 SPF. Participants were then divided into breakout groups according to their interest in Enhancing Place, Connecting People, or Fostering Prosperity.

Participants suggested strategies at all levels of the Spectrum of Prevention (Prevention Institute). Below is a summary of the highlights of their suggestions, categorized by the six Spectrum of Prevention levels. A full listing of suggestions is provided in Attachment A to this SPF.

Prevention Spectrum Level	Suggested Activity
<p>Influencing Policy and Legislation: Developing strategies to change laws and policies to influence outcomes in health and safety.</p>	<ul style="list-style-type: none"> • Restrict alcohol advertisements outside of stores. • Require merchants who have sold alcohol or tobacco to minors to purchase and use ID scanners. • Limit/prohibit additional alcohol outlets, smoke shops, medical marijuana dispensaries, hookah lounges etc. in cities and near schools. • No alcohol allowed at events using public halls, etc. where a certain percentage or more of attendees are under 21. • Social Host Ordinances. • Heavier fines for those merchants selling alcohol to minors.
<p>Changing Organizational Practices: Adopting regulations and procedures to improve health and safety and create new standards for organization</p>	<ul style="list-style-type: none"> • Prohibit the display alcohol/tobacco advertisements at eye level. • Law enforcement to adopt procedures to use the TRACE protocol. • More frequent police decoy operations to find out which merchants are selling alcohol to minors. • Require conditional use permits (CUP) at festivals and fairs; also increase enforcement of existing CUP. • Have schools include AOD prevention in their strategic planning processes. • Prohibit alcohol sponsorships at events involving youth. • Responsible Beverage Service Training (RBST) for alcohol outlets and festivals/fairs.
<p>Fostering Coalitions and Networks: Bringing together groups and individuals for broader goals and greater impact</p>	<ul style="list-style-type: none"> • Responsible Alcohol Merchant Awards (RAMA) or other public recognition of alcohol merchants who do not sale to underage youth. • Approach Chamber of Commerce or other non-traditional partners for volunteer, job, or internship opportunities for students. • Combine AOD prevention efforts with groups that are already working on stigma reduction.
<p>Educating Providers:</p>	<ul style="list-style-type: none"> • Connect with Pastors and faith leaders and

Informing providers who will transmit skills and knowledge to others or to become champions or advocates for your goal.	partner with churches to disseminate information. Have targeted workshops/trainings for faith leaders on AOD – discuss with them AOD beliefs, youth, stigma concerns, and denial.
Promoting Community Education: Reaching groups of people with information and resources to promote healthy eating, activity and safety or to prevent unhealthy practices.	<ul style="list-style-type: none"> • Create an AOD prevention billboard campaign. • Community events that educate youth and adults on AOD prevention. • Safe rides program for people who have been drinking.
Strengthening Individual Knowledge and Skills: Enhancing an individual's capacity to eat healthy, get active or to avoid unhealthy behaviors/environments.	<ul style="list-style-type: none"> • Parent education classes on AOD – signs, symptoms, what drugs are common, what to do if they think their child is using, etc. • Mentoring opportunities for youth

San Mateo County BHRS AOD staff also reached out to targeted groups that were not fully represented at the five community stakeholder meetings. Seven informal focus groups were held with adolescent substance abuse treatment providers, youth in substance abuse treatment programs, homeless youth, monolingual Spanish speaking families in rural south coast areas, individuals in the Pacific Islander community, and Chinese older adults. Because of strong and active participation from the African American community in the community stakeholder meetings, an additional focus group was not conducted with the African American population. Key informant interviews were held with participants in a Lesbian Gay Bisexual Transgender Queer Questioning Intersex (LGBTQQI) advocacy group.

Focus Groups

The sessions' participants shared concerns regarding medicinal marijuana, lack of knowledge of resources, stigma and other barriers to resources.

Regarding medicinal marijuana, participants were concerned that youth may think marijuana is “okay” to use because some people use it medicinally, or that it is a gateway drug. The adolescent treatment provider focus group reported that parents will consent to their child obtaining a medical marijuana card, with the thought that medical marijuana is safer than street marijuana which may be laced with other unknown, potentially more dangerous drugs. Parents believe they can supervise their child's use with a medical marijuana card.

Participants reported a general lack of knowledge about resources available around AOD use and prevention. Participants asked for workshops, groups, or training to help parents who are concerned their child may be using AOD.

Stigma

Stigma remains a significant deterrent to obtaining the services to address concerns about problem alcohol or other drug use. Stigma was identified as the most prevalent barrier in the Chinese older adult focus group. According to participants, drinking alcohol to celebrate is acceptable, but excessive drinking is not. Participants reported that if substance abuse becomes a problem, the family would try to take care of it first, and would only seek professional help if the family could not resolve it internally. Asian families are often ashamed that someone in their family has a substance abuse issue, and therefore, they do not communicate with others about it. Stigma was also an issue in the Latino and Pacific Islander focus groups. Shame and embarrassment are barriers to seeking help. Some youth in treatment reported that parents only became alarmed about their child's marijuana use after contact with the criminal justice system (ie: arrests, probation, criminal record, etc.) Marijuana use itself did not concern many, but their child's involvement in the criminal justice system and the stigma attached when law enforcement is involved did.

Family and Cultural Dynamics

Latino, Chinese and Pacific Islander focus group participants agreed that language and culture were significant barriers to seeking help. One example given was the legal drinking age is younger than 21 in other countries. Therefore, many parents will have differing cultural perspectives around alcohol consumption and youth. When speaking of ways to prevent the abuse of alcohol and drugs in their community specifically, the Latino focus group participants state that "much of it is cultural. Boys and men are allowed to do what they please while women and girls can't do anything." This cultural framework is important when planning for prevention services targeting the Latino community. The Chinese focus group participants reported services for newly immigrated individuals are important for prevention, because of the stress related to being in a new environment and culture.

The focus groups also spoke of family dynamics which may aggravate or contribute to AOD use among youth. Participants in the Latino focus group commented that "parents need to communicate with their children better," and "Many parents don't know what is going on with their children, and if they do have a problem with alcohol or drugs, the parents are working so much they can't do anything about it." Participants also commented that some youth self medicate with drugs and alcohol because of a stressful home environment. Participants in the Pacific Islander focus group suggested that as part of AOD prevention, there should be a "focus on the deeper reasons for AOD use among

youth. They are self medicating from family issues. They can't communicate with parents so [they] use alcohol to numb and cope." Pacific Islander parents requested parenting classes to balance traditional cultural values and to effectively address their children's "rebellious" behavior. Participants also commented that some parents believe it is okay for their children to use alcohol or other drugs, because the parents used when they were young without any serious consequences.

When asked what could be done to prevent problem AOD use, the homeless youth focus group suggested that greater parent involvement with their children may prevent youth from using alcohol or other drugs in the first place.

There seemed to be wide variation among the focus groups about prescription and over the counter (OTC) drug use. The Latino focus group made no mention of it. The Pacific Islander focus group agreed prescription drug abuse is common among adults. They spoke of people at church who were sick, but did not have insurance. People share their prescriptions, regardless of what they were prescribed for. Many people do not understand differences between various prescribed medications. The general idea is if a pill works for me, then it's going to work for you. The Chinese focus group expressed concerns over the side effects of prescription drugs but did not express concerns over misuse or abuse.

The adolescent treatment provider focus group perceived OTC and prescription drug abuse as problematic and a growing concern. The homeless youth focus group substantiated that OTC and prescription drugs are available and commonly used but that they were not any more used than other illegal drugs such as marijuana, cocaine and ecstasy (or "thizz.") The youth in treatment agreed that prescription drugs are not widely desired, but that youth would use it if it was available to them. However, OTC medications, such as cough syrups containing dextromethorphan (DXM) are very popular to mix with alcohol and other ingredients.

Social Media

Social media also has an effect on alcohol consumption and other drug use among youth. The youth focus groups agreed that it has increased youth knowledge of how to access, use and combine substances to get high. Social media has also increased accessibility – youth can "friend" individuals they don't necessarily know who deal, or who are willing to provide alcohol or drugs to them. It also increases curiosity. "You see a picture of someone using and then you get curious on what it's like;" "People post things about their drug use and others think their life is boring and they start using too."

Each focus group was asked about current alcohol and other drug trends, and how/where youth were accessing drugs and alcohol.

The most recurring trends included:

- Alcohol
- Marijuana/edibles such as brownies, etc. with marijuana
- Lean/alcohol mixed with cough syrup and other drugs
- Ecstasy/MDMA/blue dolphins/thizz

The following responses are also notable:

- Tobacco
- Methamphetamine/ICE/Crystal/mollies
- Spice
- Energy Drinks
- Inhalants/spray paint/glue/spray deodorants
- Cocaine/crack
- Mixing alcohol with kava (among Pacific Islander youth)

Responses to how and where youth are accessing and using drugs and alcohol included:

- At parties
- From older friends/family members
- Smoke shops
- Stealing
- On school campus without teachers' knowledge
- Friends' homes
- Their own home
- Beaches
- Parks
- In vehicles/cars

Capacity

Over the past five years, San Mateo County Alcohol and Other Drug prevention staff have developed the knowledge, skills and experience necessary to support robust community based prevention efforts. Significant training and technical assistance has been provided to contractors as they transitioned from program-based individual prevention services to community-based prevention partnerships. The SMC AOD Prevention Coordinator and Prevention staff are now poised to meet the challenges in the years ahead to create meaningful change to the social and cultural norms related to AOD use through environmental prevention and community-based processes.

The community-based partnerships have trained staff, partners and residents, developing expertise, elevating awareness of prevention issues and increasing capacity through their efforts in communities throughout the County, including San Mateo, East Palo Alto, Redwood City, Daly City, Pacifica, Half Moon Bay, Pescadero and La Honda. The partnerships have sought technical assistance from CARS and other consultant agencies around Responsible Beverage Service Training, the TRACE protocol, Social Host Ordinances, and other

environmental prevention strategies. The partnerships have worked towards implementing other strategies including corner store makeovers, improving safety, lighting and creating a sense of community ownership and pride in parks and other public places where AOD use is commonplace, and limiting or prohibiting additional smoke shops and medical marijuana dispensaries through city general plan updates and city ordinances.

SMC AOD contracts with Youth Leadership Initiative (YLI) to provide Club Live and Friday Night Live chapter and advisor support within San Mateo County. YLI has also collaborated with the partnerships to conduct Youth Access Surveys in local schools to gather data on youth AOD use and trends. Several community based prevention partnerships have established a Friday Night Live chapter as part of their youth prevention activities. Additionally, most community based partnerships also contract directly with YLI for training and technical assistance on environmental prevention, youth development approaches, and community outreach and engagement strategies.

In addition to implementing the above environmental prevention strategies in their own communities, the funded partnerships have collaborated with other prevention efforts in San Mateo County, including San Mateo County Public Health's Get Healthy San Mateo, and the San Mateo County Office of Diversity and Equity's Initiatives to reduce stigma and increase prosperity of various underrepresented or underserved populations in the county, and the County's Tobacco Prevention Program. The funded partnerships will continue to partner with these and other prevention efforts in San Mateo County to leverage resources and create safe, healthy and well communities.

Planning

San Mateo County's Strategic Prevention Plan 2014-19 is based upon information garnered using the Strategic Prevention Framework approach. Over a nine-month period, prevention staff conducted an in-depth needs assessment to determine prevention priorities. The needs assessment included an analysis of existing data, and numerous community forums throughout the county, and targeted focus groups with specific populations in the county.

Access

Focus group results indicate that ease of access and use of alcohol and marijuana remains problematic in San Mateo County. Data from youth treatment admissions support this, with 62% of treatment admissions being for alcohol or marijuana. Additionally, data from the California Healthy Kids Survey data indicate that it is still easy for youth in San Mateo County to access marijuana and alcohol, and that binge drinking remains a significant problem for young people in this county. The First Chance Sobering Station's Place of Last Drink data reveal that of both social and retail outlets are significant sources of

alcohol for young people. In fiscal year 2011-2012, 86% of people under 21 arrested for DUI reported their last drink was served to them either their own or someone else's home. The other 14% reported being served their last drink at an establishment. The most commonly identified establishments in San Mateo County were: The Residence Inn of San Mateo, The Village Pub in Woodside, and Classic Bowling Center in Daly City. Police youth decoy operations confirm that certain establishments are continuing to sell alcohol to minors.

Disparities

Adult treatment admissions show disparity among the race and ethnicity of individuals entering treatment, with Latino or Hispanic and African American individuals significantly over-represented, and Asian and Pacific Islander individuals are under-represented. As the data indicates, in San Mateo County, white Caucasians are more likely to be hospitalized for substance use, whereas people of color are more likely to be arrested (Indicators of Alcohol and Other Drug Risk 2010).

Data findings from the community stakeholder forums and focus groups support and supplement the above data findings, with many of the community stakeholder meeting suggestions including strategies to reduce alcohol sales to youth, and to create opportunities for youth, particularly those that are at-risk or marginalized. Youth focus group participants reported that marijuana and alcohol are still the primary substances used by youth in San Mateo County. Youth often use alcohol alone or mix it with over-the-counter cough medicines containing dextromethorphan and other ingredients. Ecstasy may be rising in popularity, but it is not as commonly used as alcohol and marijuana. Youth focus groups also confirmed that the most common means by which alcohol and drugs are obtained are primarily social – at parties or in their homes, from friends or family members.

Family Dynamics

Both youth and adults in the focus groups spoke to family dynamics as contributing to problem substance use among youth. Some of the focus group participants identified communication problems between parents and youth and dysfunctional or problematic family relationships as reasons why youth use substances. Parents participating in focus groups also cited a general lack of awareness/knowledge around alcohol and drugs, and a lack of knowledge of how to discuss it with their children. The focus group participants also spoke of stigma associated with problem alcohol and drug use, citing feelings of shame and judgment from others when seeking help.

These findings confirm that the problems, goals and objectives used in the previous Strategic Prevention Framework 2007 remain relevant today. Youth and young adults continue to frequently access and use alcohol and other drugs.

Binge drinking rates remain high, and youth alcohol and marijuana use is still seen as “normal” or a “rite of passage” by many. The alcohol and media industries still spend billions of dollars annually to promote their messages, while there is limited funding for alcohol and other drug prevention activities. The principle still holds true that not investing in prevention “upstream” leads to increased costs and impacts on people, families, and communities “downstream” (e.g., arrests, injuries, disease, and other social and legal problems.)

These priority areas and the associated problem statements were derived from an analysis of the above quantitative and qualitative data. They are further detailed in the logic model and serve as the basis for the work plan’s objectives and goals.

Priority Area 1: Access and Availability to Alcohol and Other Drugs

BHRS Prevention Framework focus area: Enhancing Place

Problem Statements:

San Mateo County young people under age 21 have easy access to alcohol in retail and social settings, resulting in binge drinking and other harmful consequences.

San Mateo County youth and adults have easy access to marijuana in retail and social settings, resulting in harmful consequences.

San Mateo County adult binge drinking rates are higher than the state average, resulting in harmful consequences.

Priority Area 2: Community Connections and Supports

BHRS Prevention Framework focus areas: Connecting People and Fostering Prosperity

Problem Statements:

San Mateo County has vulnerable communities of people who face stigma and inequitable consequences from alcohol and other drug use, and whose isolation and marginalization may contribute to problem substance use.

Many parents and caregivers struggle to effectively address the challenging and risky behavior of their children in a positive way, especially during adolescence.

Priority Area 3: Building the Capacity of an Effective Prevention System

BHRS Prevention Framework focus area: Expanding Partnerships

Problem Statements:

There is limited capacity for local communities to address the environmental and cultural norms which contribute to problem alcohol and other drug use.

Implementation

San Mateo County prevention funding is contracted through a Request for Proposals process to community based partnerships. Each funded community based partnership conducts their own SPF process in their community, and develops a Logic Model and Work Plan that aligns with the County SPF Plan.

San Mateo County BHRS Alcohol and Other Drug Services is responsible for implementing Priority Area 3, with a goal of building an effective prevention system in San Mateo County using the strategies detailed in the Work Plan.

Each community based partnership is responsible for carrying out the goals and objectives in its own SPF. Community based partnerships are comprised of local government, parents, educators, law enforcement, businesses, faith based leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and to reduce the problems associated with alcohol and other drugs. A community based partnership is an evidenced based strategy that promotes coordination and collaboration and makes efficient use of limited resources. By connecting multiple sectors of the community in a comprehensive approach, community based partnerships are able to plan, coordinate and achieve measurable outcomes.

Community based partnerships are expected to develop and utilize environmental strategies based on a community systems perspective that views a community as a set of persons engaged in shared social, cultural, political, and economic processes. Environmental strategies are based on the belief that substance abuse is a product of multiple environmental conditions and circumstances. According to this view, individuals do not engage in substance abuse solely on the basis of personal characteristics, but rather as a result of a complex set of factors in their environment. These include: the rules and regulations of the social institutions to which individuals belong, the norms of the communities in which they live, the mass media messages to which they are exposed, and the accessibility and availability of alcohol and other drugs. Therefore, effective prevention requires “intervention” in various facets of community life that are designed to change individuals and the environment in which they live.

Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies. Environmentally based approaches reach entire populations and reduce collective risk, making them cost effective prevention strategies. If a community based partnership has identified a community need for individualized or small-group targeted directed activities, practices, strategies or interventions, these should be leveraged in coordination with local partners and/or funded

primarily utilizing non-county and/or in-kind match dollars. The primary purpose of county and SAPT funding is to strengthen the capacity of partnerships to reduce and prevent youth and adult substance abuse in the community by generating positive, lasting changes to local policies, organizational practices, the consistent enforcement of laws and policies, and sustaining community efforts over time.

Each funded community based partnership will develop an SFP specific to their own community. The partnerships are required to submit and regularly update their logic model, work plan, budget and budget narrative that detail which strategies they will implement to meet each goal and objective. Each partnership's work plan will contain benchmarks to measure progress, and evaluation components. Each partnership must work towards the goals and objectives that align with San Mateo County's logic model and work plan.

Evaluation

Each funded community based prevention partnership is required to evaluate progress towards their goals and objectives. They are required to set aside funding to evaluate the efficacy of their partnership, and to establish measurement indicators and baseline data from which to measure the effectiveness of the implemented strategies on local conditions and other changes over time.

In addition to the evaluation of each funded community based partnership's progress, San Mateo County will identify an evaluator to measure progress in Priority Area 3, with a goal of building an effective prevention system in San Mateo County. Progress will be reported to the funded community based partnerships, to the San Mateo County Health System, and to the California Department of Alcohol and Drug Programs regularly.

Logic Model

Problem	Why? (Root Cause)	But Why Here? (Local Conditions)	Intervention Strategies
Underage Drinking	Easy Access	<p>Youth are easily able to access alcohol in social settings (private homes, schools, parks, beaches) from friends, friends' parents, and family members.</p> <p>Youth are easily able to access alcohol from retail environments (stores, restaurants, bars, festivals).</p> <p>Alcohol outlet density is high in certain communities in the county.</p>	<p>Increase the number of jurisdictions with Social Host Ordinances.</p> <p>Increase the enforcement of and compliance with existing Social Host Ordinances.</p> <p>Increase the number of jurisdictions with land use zoning or Conditional Use Permits around reducing youth alcohol access.</p> <p>Decrease the number of on sale and off sale merchants that sell alcohol to youth and young people under 21 through youth decoy operations or similar law enforcement efforts.</p> <p>Increase the number of jurisdictions with RBST or similar protocol training requirements for alcohol merchants.</p> <p>Increase the number of community event/festival organizations that have policies restricting alcohol sales.</p>

	<p>Media Promotion</p>	<p>Alcohol advertisements are prolific and targets young people.</p> <p>Media (songs, music videos, etc.) promotes using alcohol and mixing alcohol with OTC or prescription cough medicines for an enhanced effect.</p> <p>Youth use social media to promote both their own and their friends' use of alcohol and alcohol mixed with other drugs.</p>	<p>Increase the number of alcohol merchants in compliance with the Lee Law and other alcohol advertisement regulations.</p> <p>Increase the number of jurisdictions with ordinances restricting alcohol advertisements near youth facilities (schools, park playgrounds, libraries, etc.)</p> <p>Partner with schools to develop policies and protocols around alcohol-involved occurrences happening on or near school campuses.</p> <p>Increase the number of media messages describing the negative consequences of alcohol abuse in communities, using personal stories of community youth and adults.</p> <p>Increase the number of community event/festival organizations that adopt policies restricting alcohol advertisements.</p>
	<p>Cultural and Community Norms</p>	<p>Community attitudes do not recognize youth AOD use as problematic.</p> <p>There is a cultural gap between some immigrant parents and US laws.</p>	<p>Enhance knowledge in targeted communities and cultural groups about the consequences of AOD abuse, with an emphasis on changing cultural attitudes, norms and behaviors.</p>

		<p>Youth alcohol use laws are less stringent in some countries than in the US.</p> <p>Using certain substances (such as kava) is a legal, accepted traditional practice in some cultures. Youth from these cultures will mix the legal substance with alcohol, or substitute it entirely with alcohol and parents are either unaware or don't know how to respond.</p>	<p>Increase the number of businesses and community-based organizations providing internship and job opportunities to at-risk youth and to people in recovery.</p> <p>Increase the number of media messages describing the effects of the community and cultural norms on AOD use, addiction and recovery using personal stories of community youth and adults.</p> <p>Partner with community organizations, faith-based organizations, schools, local government, and others to identify AOD prevention service gaps. Provide training and support to increase the number of organizations offering evidenced-based, culturally responsive curriculums and AOD prevention services to communities.</p>
	<p>Family Relationships</p>	<p>Parents do not recognize the negative consequences of youth AOD use, and will allow their youth to drink alcohol in their homes.</p> <p>Some parents are unaware of the signs and symptoms of substance use in their children, or don't know what to do if their child is using AOD.</p>	<p>Increase the number of community-based and faith-based organizations providing evidenced-based, culturally and linguistically appropriate parental skill building groups to parents and other caregivers.</p> <p>Increase the number of community-based and faith-based organizations providing evidenced-based, culturally</p>

		Some parents don't know how to handle their children's rebellious behaviors.	and linguistically appropriate mentoring programs to youth.
Marijuana Use	Easy Access	<p>Marijuana is readily available and easily accessed.</p> <p>Medical marijuana cards are easily obtained and not well-regulated.</p>	<p>Increase the number of jurisdictions with land use zoning regulations for medical marijuana dispensaries.</p> <p>Increase the number of jurisdictions with land use zoning regulations for head shops/ smoke shops.</p>
	Media Promotion	<p>Media (songs, music videos) promote using marijuana to youth.</p> <p>Youth use social media to promote both their own and their friends' use of marijuana and other drugs.</p>	Increase the number of media messages describing the negative consequences of marijuana and other drug use in communities using the personal stories of youth and adults.
Binge Drinking	Easy Access	<p>Numerous merchants in San Mateo County sell alcohol to intoxicated patrons.</p> <p>Alcohol outlet density is high in certain communities in San Mateo County.</p> <p>Community events and festivals have reputations for being places where people can have multiple drinks to the point of intoxication, with nicknames such as "drunken festival"</p>	<p>Decrease the number of alcohol merchants who sell to intoxicated patrons.</p> <p>Increase the number of law enforcement agencies using the TRACE protocol.</p> <p>Increase the number of jurisdictions with RBST or similar protocol trainings for alcohol merchants.</p> <p>Increase the number of community event/festival organizations that have</p>

			policies restricting alcohol sales.
	Media Promotion	<p>Alcohol advertisements are prolific.</p> <p>Media (songs, music videos, etc.) promotes using alcohol and mixing alcohol with OTC or prescription cough medicines for an enhanced effect.</p> <p>Youth use social media to promote both their own and their friends' use of alcohol and alcohol mixed with other drugs.</p>	<p>Increase the number of media messages describing the negative consequences of binge drinking in communities using personal stories of community youth and adults.</p> <p>Increase the number of community event/festival organizations that have policies restricting alcohol advertisements.</p>
	Community Norms	<p>Communities widely view binge drinking and frequent drinking as acceptable and normal.</p> <p>At the same time, communities widely view individuals whose alcohol use becomes problematic as having a weak character/morals, or as deserving of negative consequences because of having made poor decisions. This increases feelings of shame, isolation and depression and may exacerbate and encourage both frequent drinking and binge drinking.</p>	<p>Increase the number of media messages describing the negative consequences of binge drinking in communities using personal stories of community youth and adults.</p>

<p>Vulnerable communities of people</p>	<p>Stigma</p>	<p>People who currently use alcohol and drugs face stigmatization as “bad” or morally deficient people.</p> <p>People who have used alcohol and drugs in the past face continued stigmatization and are prevented from accessing jobs, housing, and social services.</p>	<p>Combine AOD prevention efforts with groups that are already working on stigma reduction.</p> <p>Approach Chamber of Commerce or other non-traditional partners for job or internship opportunities for at-risk youth, and for people with recent histories of substance use problems.</p> <p>Evidenced-based, culturally responsive mentoring opportunities for youth.</p>
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2014-2019 Work Plan

PRIORITY AREA 1: Access and Availability to Alcohol and Other Drugs (Enhancing Place)
Problem Statement 1: San Mateo County young people under age 21 have easy access to alcohol in retail and social settings, resulting in binge drinking and other harmful consequences. Goal 1: Reduce underage alcohol use Objective 1: Specific objectives for this priority area cannot yet be identified.
Problem Statement 2: San Mateo County youth and adults have easy access to marijuana in retail and social settings, resulting in harmful consequences. Goal 2: Reduce non-medical use of marijuana. Objective 2: Specific objectives for this priority area cannot yet be identified.
Problem Statement 3: San Mateo County adult binge drinking rates are higher than the state average, resulting in harmful consequences. Goal 3: Reduce binge drinking among San Mateo County adults. Objective 3: Specific objectives for this priority area cannot yet be identified.
Responsible Party: Each community based partnership must develop at least one objective in this priority area to address local conditions contributing to the problem statement(s) through their own SPF process. A minimum of three identified strategies must be used to address the problem statements and achieve partnership objective(s). The County identified priority areas, problem statements, and intervention strategies based on qualitative and quantitative data collected as part of the County SPF process. Partnerships may identify new problem areas and statements within this Priority Area that are unique to the local community based on local qualitative and quantitative data; the County SFP can be amended to include new problem areas. All partnership problems statements, goals, and objectives must be approved by the County.

<p>Timeframe: July 1, 2013 through December 31, 2013 San Mateo County will conduct an RFP for community-based partnerships to create their own SPF plan, with an annual Work Plan which includes measurable objectives for this priority area.</p> <p>January 1, 2014 through June 30, 2019 The County SPF will be updated upon selection of community-based partnerships and the identification of objectives by each funded community partnership. Although the Work Plans are annual, intermediate and long term outcomes and goals will be included.</p>
<p>Outcomes/Measures: Each community based partnership must identify the measurement indicators and measurement tools to establish baseline data and demonstrate changes over time.</p>
<p>Intervention/Strategies:</p> <ul style="list-style-type: none"> • Strengthen the community prevention partnership’s capacity to change the settings and local conditions that enable underage access and risky use of alcohol, marijuana, and other drugs through education, trainings, and coalition building. • Implement a community education and/or media campaign to enhance public knowledge and understanding about the consequences of underage access to alcohol, binge drinking, and/or marijuana use with an emphasis on changing community and cultural attitudes, norms and behaviors. Individual and community consequences including but not limited to school performance, addiction, alcohol poisonings, deaths, DUI statistics, and sexual assault may be addressed. Use media strategically to counteract advertising and other media which promote alcohol and drug use through digital storytelling, photo voice, social media campaigns, paid media, and/or other media methods. • Collaborate with law enforcement and other partners to increase compliance with and enforcement of underage alcohol sales laws in retail establishments using strategies such as Responsible Beverage Service Training (RBST), alcohol merchant awards, TRACE, and decoy operations. Seek to ensure sustainability of these efforts over time. • Collaborate with law enforcement and other partners to increase education, compliance with and enforcement of

laws prohibiting alcohol service to intoxicated patrons using strategies such as Responsible Beverage Service Training (RBST). Seek to ensure sustainability of these efforts over time.

- Implement comprehensive campaign to enhance support for and the adoption and sustained enforcement of Social Host Ordinances, Conditional Use Permits, and/or Land Use and Zoning regulations to reduce alcohol and/or marijuana availability and/or alcohol advertising in community settings.
- Engage youth from Friday Night Live and other local youth organizations in community change strategies to address marijuana use and access, binge drinking, underage access to alcohol, and marijuana. Partner with school personnel and districts to address binge drinking and underage alcohol access and/or marijuana use and access through school settings with both students and parents.
- Conduct assessments of community gathering areas such as festivals, beaches, parks, and other places or events to alter alcohol sales and other factors that contribute to youth alcohol access, binge drinking, or marijuana use; identify and implement community change strategies to reduce access in problem areas.
- Reduce alcohol advertising and marketing in retail and public settings through increased compliance with the Lee Law and/or advocate to strengthen Lee Law restrictions to reduce storefront advertising and/or other strategies to limit advertising at community events and festivals, and other advertising reduction strategies.

PRIORITY AREA 2: Community Connection and Supports (Connecting People and Fostering Prosperity)

Problem Statement 1:

San Mateo County has vulnerable communities of people who face stigma and inequitable consequences from alcohol and other drug use, and whose isolation and marginalization may contribute to problem substance use.

Goal 1(a): Increase assets and resilience of vulnerable populations

Goal 1(b): Reduce social stigma of vulnerable populations.

Objective 1: Specific objectives for this priority area cannot yet be identified.

Problem Statement 2:

Many parents and caregivers struggle to effectively address the challenging and risky behavior of their children in a positive way, especially during adolescence.

Goal 2: Support positive relationships between parents/caregivers and their children.

Objective 2: Specific objectives for this priority area cannot yet be identified.

<p>Responsible Party: Each community based partnership must develop at least one objective in this priority area to address local conditions contributing to the problem statement(s) through their own SPF process. A minimum of three identified strategies must be used to address the problem statements and achieve partnership objective(s). The County identified priority areas, problem statements, and intervention strategies based on qualitative and quantitative data collected as part of the County SPF process. Partnerships may identify new problem areas and statements within this Priority Area that are unique to the local community based on local qualitative and quantitative data; the County SFP can be amended to include new problem areas. All partnership problem statements, goals, and objectives must be approved by the County.</p>
<p>Timeframe: July 1, 2013 through December 31, 2013 San Mateo County will conduct an RFP for community-based partnerships to create their own SPF plan, with an annual Work Plan which includes measurable objectives for this priority area.</p> <p>January 1, 2014 through June 30, 2019 The County SPF will be updated upon selection of community-based partnerships and the identification of objectives by each funded community partnership. Although the Work Plans are annual, intermediate and long term outcomes and goals will be included.</p>
<p>Outcomes/Measures: Each community based partnership must identify the measurement indicator(s) and measurement tool(s) to establish baseline data and demonstrate change(s) over time.</p>
<p>Intervention/Strategies:</p> <ul style="list-style-type: none"> • Increase skills and developmental assets and/or resiliency of youth or other vulnerable groups through culturally responsive, evidenced-based practices or curriculums, such as mentoring and youth leadership. • Improve skills for caregivers and parents who want help to address their children’s challenging behaviors using culturally and linguistically appropriate, evidenced-based practices or curriculums such as The Parent Project or Nurturing Parent. • Provide training and technical support to increase the number of organizations offering evidenced-based practices

and curriculums such as mentoring, youth leadership, parent/caregiver skill building programs to increase skills, assets, and resiliency of community members. Ensure efforts are culturally and linguistically appropriate.

- Implement a community education campaign to reduce stigma of vulnerable communities; include the use of social and other earned media (i.e., press conferences, letters to the editor, etc.) to educate targeted communities about the individual and community risks of stigma.
- Implement a community education and media campaign to counteract advertising and other media which promote alcohol and drug use through digital storytelling, photo voice, social media campaigns, paid media, and/or other media methods. Partner with community service organizations, schools, faith based organizations, and others to engage community members in education and media campaign.

PRIORITY AREA 3: Build the Capacity of an Effective Prevention System (Expanding Partnerships)

Problem Statements 1:

There is limited capacity for local communities to address the environmental and cultural norms which contribute to problem alcohol and other drug use.

Goal 1: Build an effective prevention system in San Mateo County.

Objective 1: San Mateo County Alcohol and Other Drug Services (AOD) will sustain capacity efforts guided by the SPF at the County and local community level through June 30, 2019.

Responsible Party:

San Mateo County AOD is responsible for implementing Objective 1 in Priority Area 3.

Each community based partnership must develop at least one objective for each priority area to address local conditions contributing to the problem statement(s) through their own SPF process. A minimum of three identified strategies must be used to address the problem statements and achieve partnership objective(s). The County identified priority areas, problem statements, and intervention strategies based on qualitative and quantitative data collected as part of the County SPF process. Partnerships may identify new problem areas and statements within this Priority Area that are unique to the local community based on local qualitative and quantitative data; the County SFP can be amended to include new problem areas. All partnership problem statements, goals, and objectives must be approved by the County.

Timeframe:

July 1, 2013 through June 30, 2019

San Mateo County will conduct an RFP to solicit proposals from distinct communities to form or maintain a community based partnership. Each partnership must develop an annual Work Plan that aligns with the County SPF plan. Although the Work Plans are annual, they will include both long term (3-5 year) goals and shorter term (6 month – 1 year) objectives.

Outcomes/Measures:

San Mateo County will work with an evaluator identify the measurement indicator(s) and measurement tool(s) to establish baseline data and demonstrate change(s) over time.

Intervention/Strategies:

San Mateo County Alcohol and Other Drug Services will:

- Conduct an RFP to solicit proposals from communities to use the SPF process to create their own SPF plan to address unique community needs. SMCAOD identified priority areas, problem statements, and intervention strategies based on qualitative and quantitative data collected as part of the County SPF process. Each community based partnership must develop at least one objective in each priority area to address local conditions contributing to the problem statement(s). If a partnership identifies a problem statement not included in the County SPF plan, the County plan may be amended to include it.
- Develop, implement and monitor contracts with lead agencies to coordinate a community based prevention partnership in 5-7 communities to address the problems statements and goals identified in this SFP plan.
- Develop and implement an evaluation plan for the County SPF which includes indicators and measurement tools.
- Increase knowledge and skills among partnerships to implement work plan strategies through a multi-year training and communications plan.
- Expand use of “My Prevention Community” website and/or other vehicles to facilitate communication and share resources among prevention partnerships and other prevention experts.
- Establish and convene a countywide prevention advisory committee to collaborate and leverage countywide prevention issues such as obesity prevention, tobacco prevention, violence prevention.
- Solicit, attend and participate in training and technical assistance opportunities offered by San Mateo County, the State of California, the Center for Applied Research Solutions (CARS), and other agencies.
- Develop agreements with prevention and evaluation experts to provide technical assistance and training on evaluation plan development, environmental prevention, youth/adult allies, youth development, coalition building and community organizing, work plan implementation, and data gathering/ Youth Access Survey implementation.

- Facilitate coordination among various community partnerships in the county make available training opportunities hosted by other partnerships, to leverage resources and coordinate work plans when addressing similar interventions/strategies.
- Partnerships will expand to include active members from each of the following sectors of the community: youth, parents, businesses/workplaces, media, schools, youth serving organizations, law enforcement, faith-based organizations, civic or volunteer groups, healthcare, and organizations involved in reducing substance abuse.

Data Report References

California Healthy Kids Survey, San Mateo County Secondary
2007-2009 Main Report

Indicators of Alcohol and Other Drug Risk and Consequences for California
Counties – San Mateo County 2010

StarVista First Chance Program
Annual Report – July 1, 2011 through June 30, 2012

The Daily Journal, San Mateo County
December 14, 2012 (newspaper)

A Sample of San Mateo County Health Disparities Data,
Daniel Brown, MPH and Bradley Jacobsen, MPH - San Mateo County Health
Department Epidemiologists, September 2008 (presentation)

Attachment A

Participants in the Enhance Place breakout groups were asked: What is the most important thing we can all do to a) decrease access to alcohol and other drugs, b) decrease harm associated with the misuse of alcohol and other drugs, and c) increase supportive and healthy environments for people?

Participants suggest strategies at all levels of the Prevention Institute’s Spectrum of Prevention:

Prevention Spectrum Level	Suggested Enhance Place Activity
<p>Influencing Policy and Legislation: Developing strategies to change laws and policies to influence outcomes in health and safety.</p>	<ul style="list-style-type: none"> • Restrict alcohol advertisements outside of stores. • Restrict alcohol sales to certain times of the day and certain days of the week. • Require merchants who have sold alcohol or tobacco to minors to purchase and use ID scanners. • Limit/prohibit additional alcohol outlets, smoke shops, medical marijuana dispensaries, hookah lounges etc. in cities and near schools. • Land use planning/zoning to include more community gathering places. • Use personal stories when advocating for city – include varying cultural perspectives to work to reduce stigma. • No alcohol allowed at events using public halls, etc. where a certain percentage or more of attendees are under 21. • Pass Social Host Ordinances. • Heavier fines for those merchants selling alcohol to minors.
<p>Changing Organizational Practices: Adopting regulations and procedures to improve health and safety and create new standards for organization</p>	<ul style="list-style-type: none"> • Do not display alcohol/tobacco advertisements at eye level. • Law enforcement to adopt procedures to use the TRACE protocol. • More frequent police decoy operations to find out which merchants are selling alcohol to minors. • Require conditional use permits at festivals and fairs; also increase enforcement of existing CUP. • Have schools include AOD prevention in their strategic planning processes.

	<ul style="list-style-type: none"> • No alcohol sponsorships at events involving youth.
<p>Fostering Coalitions and Networks: Bringing together groups and individuals for broader goals and greater impact</p>	<ul style="list-style-type: none"> • Responsible Alcohol Merchant Awards (RAMA) or other public recognition of alcohol merchants who do not sale to underage youth.
<p>Educating Providers: Informing providers who will transmit skills and knowledge to others or to become champions or advocates for your goal.</p>	<ul style="list-style-type: none"> • Responsible Beverage Service Training (RBST) for alcohol outlets. • RBST for festivals/fairs. • Include AOD prevention curriculum in school and after school programs.
<p>Promoting Community Education: Reaching groups of people with information and resources to promote healthy eating, activity and safety or to prevent unhealthy practices.</p>	<ul style="list-style-type: none"> • Student displays around the dangers of alcohol and other drug abuse and the benefits of healthy choices at stores selling alcohol. • Create an AOD prevention billboard campaign. • Community events that educate youth and adults on AOD prevention. • Safe rides program for people who have been drinking. • Teen Centers • Hotlines and support groups for parents • Have parents and families sign no alcohol “modeling” pledges
<p>Strengthening Individual Knowledge and Skills: Enhancing an individual’s capacity to eat healthy, get active or to avoid unhealthy behaviors/environments.</p>	<ul style="list-style-type: none"> • Strengthen the self-esteem of youth through counseling, mentoring and education. • Conduct youth summits. • Build relationships with alcohol merchants. • Youth leadership involvement. • Increase mobile health service presence. • Increase recreational activities and performing arts for older youth. • Most youth drink on Thursday, Friday, Saturday nights – increase alternative activities available to them on these nights. • Peer mentoring, or have college students mentor high school students • Parent education classes on AOD – signs, symptoms, what drugs are common, what to do if they think their child is using, etc.

Participants in the Connect People breakout groups were asked: What is the most important thing we can all do to a) increase opportunities for social interaction and b) increase supportive schools, cities, faith organizations, service providers and other institutions?

Spectrum Level	Suggested Connecting People Activity
<p>Influencing Policy and Legislation: Developing strategies to change laws and policies to influence outcomes in health and safety.</p>	
<p>Changing Organizational Practices: Adopting regulations and procedures to improve health and safety and create new standards for organization</p>	<ul style="list-style-type: none"> • Schools to develop policies around alcohol involved events happening on or near campus. • Schools to develop alternative to suspension policies • Schools require students to volunteer to do tangible, hands-on projects in the community – students end up with a sense of pride in the project, school and community. • Schools are the center of neighborhoods – after school hours, offer ESL classes, adult education, health services, various clubs and advisory committees, etc. meetings to happen there.
<p>Fostering Coalitions and Networks: Bringing together groups and individuals for broader goals and greater impact</p>	<ul style="list-style-type: none"> • Approach Chamber of Commerce or other non-traditional partners for volunteer, job, or internship opportunities for students. • Neighborhood clean-up activities • Community gardens • Multi-cultural festivals to build trust and connections between people • More LGBT friendly spaces • Build more neighborhood-based parks so that parents can meet their neighbors. Parents can help design/build the parks.
<p>Educating Providers: Informing providers who will transmit skills and knowledge to others or to become champions or advocates for your goal.</p>	<ul style="list-style-type: none"> • Restaurants and local businesses hire or provide internships for youth and young adults with criminal convictions so they can build job skills. • Connect with Pastors and faith leaders and partner with churches to disseminate information. Have targeted workshops/trainings for faith leaders on AOD

	– discuss with them AOD beliefs, youth, stigma concerns, and denial.
Promoting Community Education: Reaching groups of people with information and resources to promote healthy eating, activity and safety or to prevent unhealthy practices.	<ul style="list-style-type: none"> • Reach out to alcohol merchants and get them involved in AOD prevention efforts. • AOD-free block parties • Community bulletin boards advertising events, information, rideshare opportunities
Strengthening Individual Knowledge and Skills: Enhancing an individual's capacity to eat healthy, get active or to avoid unhealthy behaviors/environments.	<ul style="list-style-type: none"> • Mentoring opportunities for youth with professionals in a vocation the youth is interested in. • Create school-based job programs for youth, including baby-sitting, lawn mowing, etc – the community contacts the school program and the school sends the youth. Helps youth earn money and feel successful.

Participants in the Foster Prosperity breakout groups were asked: What is the most important thing we can all do to a) increase job/volunteer opportunities and supportive businesses and services and b) decrease stigma of addiction and other AOD health issues?

Spectrum Level	Suggested Foster Prosperity Activity
Influencing Policy and Legislation: Developing strategies to change laws and policies to influence outcomes in health and safety.	
Changing Organizational Practices: Adopting regulations and procedures to improve health and safety and create new standards for organization	<ul style="list-style-type: none"> • Have local businesses provide jobs/internships to individuals coming out of the criminal justice system so they can build job skills. • Implement STEM training in schools for youth. • Reach out to corporations like Google, YouTube, Facebook etc. to provide internships or volunteer activities to youth. Example: Facebook accepts interns from Menlo-Atherton HS. • Corporations to implement AOD treatment programs for their employees. • Cornerstore Makeovers
Fostering Coalitions and Networks: Bringing together	<ul style="list-style-type: none"> • Use digital storytelling to talk about stigma, generational use, cultural concerns, etc.

groups and individuals for broader goals and greater impact	<ul style="list-style-type: none"> • Combine AOD prevention efforts with groups that are already working on stigma reduction.
Educating Providers: Informing providers who will transmit skills and knowledge to others or to become champions or advocates for your goal.	
Promoting Community Education: Reaching groups of people with information and resources to promote healthy eating, activity and safety or to prevent unhealthy practices.	<ul style="list-style-type: none"> • Family literacy programs
Strengthening Individual Knowledge and Skills: Enhancing an individual's capacity to eat healthy, get active or to avoid unhealthy behaviors/environments.	<ul style="list-style-type: none"> • Conversational English classes • Parental involvement in kids' school activities. This allows for people to come together and talk about their concerns, and stigma.