



The Director's Prevention Advisory Task Force:

Recommendations for the
Development of a Prevention
Strategic Plan

State of California
Department of Alcohol and Drug Programs

June 2002



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Preface and Acknowledgement

During the past decade in California there have been repeated planning initiatives to strengthen, organize and provide direction to the prevention field. These efforts have involved different approaches and have met with varying degrees of success. They have included efforts supported by state legislation (i.e., Master Planning), Federal initiatives (i.e., CSAP's Community Collaborative Planning Grants) as well as Departmental policies and planning procedures (i.e., Governor's Advisory Policy Council). More recently prevention professionals and stakeholders have implemented a forum – the California Prevention Collaborative, or CPC - to provide guidance to the field, while the County Alcohol and Drug Program Administrators Association of California (CADPAC) through its Prevention Committee continues to advise on prevention policies affecting county administrators.

While these efforts have had different supporters and made use of different methodologies, they were based on a similar set of concerns. Specifically, they were intended to improve coordination of prevention services in an overall environment that increasingly demanded greater accountability in the outcomes of these services.

While the need for a comprehensive and coordinated statewide system of prevention still exists, several themes emerge from an examination of past efforts to improve the delivery of prevention services. First is the importance of having clear goals and direction- a vision of prevention- and what it hopes to accomplish. Second, it is clear that key stakeholders must be involved in the planning process. Third, a successful planning effort must result in the development of actions steps that are realistic and that provide a sound foundation for the implementation of an overall plan.

In June 2001, the Department of Alcohol and Drug Programs, with the leadership of newly appointed Director Kathy Jett initiated a renewed comprehensive prevention planning initiative. This process incorporates lessons from past planning efforts and is designed to set new directions for the future. The initiative includes a practical series of participative steps that will culminate in a set of recommendations to the Department. These recommendations will guide implementation of a statewide strategic plan for prevention services.

This report represents a major step in this systematic process. It summarizes the results of a comprehensive review process involving over 30 individuals from within the Department and, importantly, from the broader prevention field. This report was produced through this review process, and reflects the work of numerous individuals without whose input it would not have been possible.

The planning process was facilitated by Joël L. Phillips of EMT. Mr. Phillips was guided by the direct contribution of ADP staff, including David Monti, Susan Nisenbaum, Paul Brower, Jose Gonzalez, Margaret Cossey, Denise Evans, Carol Camarillo, Monica Novoa, Joyce Devaurs, Kami Browning, Cheryl Ito, Suzanne Herbard, and Elva Galindo.

The staff contributed in all phases of the review, including the preparation and presentation of background materials for the committees, facilitating the numerous conference calls with the planning groups, reviewing and editing all written materials, and providing substantive comments on the findings and recommendations emerging from the various work groups.

Ultimately, however, the quality and completeness of the report is attributable to the Advisory Task Force members under the able direction of the Chairperson Mr. Al Medina. Under the leadership of subject area coordinators, the Advisory Task Force was organized into five work groups to explore specific issues in detail. The workgroups ultimately shaped the decisions and recommendations presented in this report. The work group coordinators and members were:

Workgroup 1-Vision of Prevention: Al Medina (Coordinator), Fried Wittman, Martin Martinez, Maureen Sedonaen, Jim Mosher, Henry Lozano, Jim Hernandez, Ken McCartney, Michael Cunningham, Daniel Torres, Myel Jenkins, Janelle Olsen, Bill Crane, James Baker, Sandy Hoover, Paul Brower

Workgroup 2-Coordination, Collaboration and Planning: Daniel Torres (Coordinator), David Mineta, Martin Martinez, Henry Lozano, Al Medina, Wayne Sugita, Ken McCartney, Michael Cunningham, Joan Kiley, George Feicht, Irene Redondo-Churchward, Cheryl Ito

Workgroup 3-Data Collection and Analysis: Fried Wittman (Coordinator), Michael Sparks, Susan Nisenbaum, Denise Grothaus, Ken Terao, Wayne Sugita, Tamu Mitchell, George Feicht, Joël Phillips, Greg Austin, Manny Espinoza, Tom Greenfield, Victor Kogler, Bonnie Benard, Dick Kite, Steve Wirtz, Matthew Chinman, Kami Browning, Paul Brower

Workgroup 4-Technical Assistance and Training: Tamu Mitchell (Coordinator), Fried Wittman, Denise Grothaus, Jim Mosher, Jim Hernandez, Martin Martinez III, Joël Phillips, Maureen Sedonaen, Angela Goldberg, Sharon O'Hara, Carol Camarillo

Workgroup 5-Funding, Policy and Legislation: Jim Hernandez (Coordinator), Maureen Sedonean, Michael Cunningham, Joan Kiley, Michael Sparks, Connie Moreno-Peraza, Manny Espinoza, Wayne Sugita, Glenn Backes, Fried Wittman, Jim Mosher, Al Medina, Henry Lozano, George Feight, David Mineta, Monica Novoa

Finally, this inclusive and systematic process could not have occurred without the willingness of Director Kathy Jett to initiate and support an open planning initiative. This process has involved representatives from throughout the diverse prevention field, and has benefited immeasurably from that diversity. The work group members, staff and facilitators deeply appreciate the commitment, contribution and vision of Ms. Jett and her Deputy Tom Powers throughout this planning process

INTRODUCTION

On July 10, 2001, the Director of the State Department of Alcohol and Drug Programs (ADP) convened a meeting of selected prevention specialists to initiate a process for establishing a Prevention Advisory Task Force (PATF). As stated by ADP Director, Kathy Jett, the "mission of the task force will be to develop a multi-year strategic plan that pragmatically addresses the complex and interrelated issues relevant to the advancement of prevention in California."

The initial planning committee met three times, reviewing summary reports of other non-AOD statewide prevention initiatives (i.e., *Shifting the Focus* and the Little Hoover Commission's report entitled *Never Too Early, Never Too Late to Prevent Youth Crime and Violence*). The experience of these initiatives provided an important reference point and helped guide future discussions on developing an effective state level prevention system. Other members at the meeting shared their experience in developing strategic planning approaches at the local, county (i.e., San Diego, San Joaquin), and state level (i.e., Master Plan). To build on this productive sharing of experience, meeting participants decided that a synthesis of these major documents concerning prevention in California be prepared and that lessons learned shape the agenda for future discussion concerning the advancement of prevention in the State.

Specifically, the analysis identified five broad areas in which the PATF could establish priorities and procedures for ADP. These areas were:

- Be perceived as the leader in Coordination and Planning of prevention at the State level.
- Formalize ADP's role as a centralized data repository and information center.
- Expand and market ADP's Resource and Research Center capabilities.
- Redirect Training and Technical Assistance in a concerted manner to further state and county level prevention goals.
- Develop a plan to access additional funds for Special Initiatives and Projects.

In the fall of 2001, leaders in the prevention field were invited to participate in a series of meetings to discuss these issues. The initial meeting was convened on December 6 and 7, 2001, and resulted in the formation of five separate work groups to develop recommendations in specific areas relevant to prevention. The five areas follow the intent and purpose of the five areas identified above, they are comparable in intent and substance. The five work groups are:

- Vision of Prevention
- Coordination, Collaboration and Planning
- Data Collection and Analysis
- Technical Assistance and Training
- Funding, Policy and Legislation

Work group coordinators were identified and through a series of conference telephone calls, developed preliminary recommendations. These recommendations were presented and discussed at the second meeting of the PATF held in Sacramento on February 28 and March 1, 2002. After that meeting, the work groups continued their telephone conferencing, and produced revised recommendations. EMT integrated work group documents into the following report. This represents a draft report and will be modified based on input and review comments from the PATF work group members.

The organization of the report adheres to the five work group areas. The initial section presents the results of the Vision in Prevention work group. This work group identified a vision, a set of guiding principles and specific goals for each of the four strategic areas. While the results of the vision committee are included in their entirety in this initial section, they are also repeated throughout the report in support of each strategic area.

The remaining four sections of the report present the results of each of the four remaining work groups. The structure of each section follows a similar approach. Recommendations are presented based on a brief discussion of issues relevant to the formation of the recommendation. Each recommendation is accompanied by a separate set of action steps. These are processes and/or procedures that need to be taken to facilitate the implementation of the recommendation. Neither the recommendations or actions steps are presented based on priority ranking. It is anticipated that the final meeting of the PATF will engage in a discussion concerning the prioritizing of the recommendations.

The report concludes with a series of attachments. The final attachment presents a summary of the December 6th and 7th meeting while the others identify work group participants, definitions and the Advisory Task Force members.

Vision of Prevention

“California communities, families, and individuals free of alcohol, tobacco, and other drug problems”.

Guiding Principles

Prevention must be dynamic and innovative in order to successfully address ever-changing alcohol, tobacco, and other drug problems. Since alcohol, tobacco, and other drug problems result from the interaction of many factors at the national, state, and local levels, and therefore are largely “systems” issues, successful prevention requires engaging all levels and all sectors within those levels.

“Communities” as used in the Vision and Guiding Principles is intended to be all-inclusive, and is indicative of communities or groups such as:

- organizations
- institutions
- ethnic and racial communities
- tribal communities and governments
- faith communities
- communities based on
 - sexual orientation, age, social status, occupation, professional
 - affiliation, political or social interest, as well as
 - communities determined by geographic boundaries.

Additionally, for purposes of clarity, “Prevention” includes prevention processes, services, policies, campaigns, planning, initiatives, activities, strategies, etc.

Prevention policies and services adhere to the following basic principles:

1. Prevention reduces adverse personal, social, health, and economic consequences resulting from problematic alcohol, tobacco, and other drug availability, manufacture, distribution, promotion, sales, and use, thereby fostering safe and healthy environments for individuals, families, and communities.

2. The entire community shares responsibility for prevention - all sectors challenge their alcohol, tobacco, and other drug standards, norms, and values to continually improve the quality of life within the community.
3. Prevention engages individuals, organizations, and groups at all levels of the prevention system, including those working directly within the prevention system, as well as those indirectly involved who share the common goal of alcohol, tobacco, and other drug prevention.
4. Prevention makes use of the range of cultural and ethnic wealth within communities and applies the full strength of community experience and leadership to reduce the problematic availability, manufacture, distribution, promotion, sales, and use of alcohol, tobacco, and other drugs.
5. Prevention challenges barriers and discrimination that create special burdens to communities in responding to alcohol, tobacco, and other drug problems.
6. Prevention leverages resources to achieve the greatest impact.
7. Youth participate in the planning, development, and implementation of prevention policies and services at all levels; Youth Development is incorporated into prevention to ensure a strong voice and leadership role for youth.
8. Prevention is planned by:
 - Using objective and relevant data on alcohol, tobacco, and other drug problems in communities;
 - Giving attention to the cultural- and ethnic-appropriateness of services;
 - Applying evidence-based strategies or innovative strategies based on sound theoretical constructs;
 - And including evaluation that measures appropriate processes and achievable outcomes.

Goals

The goals of ADP related to Prevention throughout California are:

Strategic Area 1: Coordination, Collaboration and Planning

1. To lead a multi-system effort, partnering with other state agencies to implement an organized, responsive, and accountable prevention delivery system.
2. To improve the health and safety of the citizens of California by modifying social and economic norms and conditions resulting from alcohol, tobacco and other drug availability, manufacture, distribution, promotion, sales, and use.
3. To develop, coordinate, and leverage resources, making optimal and effective use of all prevention resources at the State and local levels.
4. To support and develop prevention and prevention policy research by encouraging strong relationships between prevention practitioners, researchers, and evaluators.
5. To use results-oriented planning of prevention services, ensuring the use of data to evaluate outcomes.
6. To vigorously participate in shaping National prevention policy.

7. To create stronger interfaces between the State and local levels, ensuring that planning methods as well as monitoring and evaluation approaches permit feedback within and between levels.
8. To advocate for and actively support the role that youth play in prevention and encourage youth development.
9. To update or develop a Statewide Prevention Framework, which will facilitate consistency across all counties, and will incorporate the recommendations put forth in the Vision, Goals, and Guiding Principles contained in this document, as well as the recommendations of the other PATF workgroups.

Strategic Area 2: Use Data to Improve Practice and Knowledge

10. To identify types and sources of data needed to support prevention planning, research, and evaluation at State and local levels.
11. To secure access to all needed data and to fill data gaps.
12. To take leadership in organizing, reporting, and disseminating needed data to all elements of the prevention field.
13. To take full advantage of technological advances in information sciences and services, especially to assure access to data for all communities throughout the State.

Strategic Area 3: Information Dissemination, Exchange and Application

14. To advance adoption of environmental/policy-based prevention strategies and other proven effective prevention services, as well as prevention innovations based on sound theoretical constructs, to reduce alcohol, tobacco, and other drug problems.
15. To advance knowledge regarding healthful behaviors, decisions, and environments that reduce, postpone, or eliminate the problems resulting from the use of alcohol, tobacco, and other drugs, improving public health and increasing public safety.

Strategic Area 4: Technical Assistance (TA) & Training

16. To take action to support communities' abilities and capacities to implement prevention policies and services and respond effectively to alcohol, tobacco, and other drug problems.
17. To further develop an effective, culturally diverse workforce dedicated to prevention, encouraging prevention training and professional development in communities throughout California by recognizing and/or awarding best prevention management practices.

Strategic Area 5: Strategic Initiatives

18. To anticipate strategic changes and to respond to emerging issues in the prevention field while maintaining vital ongoing prevention activities.
19. To identify, organize, and lead Statewide initiatives that have multi-jurisdictional implications and statewide impact.

Funding, Policy and Legislation

Funding, Policy and Legislation

Guiding Principles:

- Prevention makes use of the range of cultural and ethnic wealth within communities and applies the full strength of community experience and leadership to reduce the problematic availability, manufacture, distribution, promotion, sales, and use of alcohol, tobacco, and other drugs. (#4)
- Prevention challenges barriers and discrimination that create special burdens to communities in responding to alcohol, tobacco, and other drug problems. (#5)
- Prevention leverages resources to achieve the greatest impact. (#7)
- Youth participate in the planning, development, and implementation of prevention policies and services at all levels; Youth Development is incorporated into prevention to ensure a strong voice and leadership role for youth. (#8)

Specific Goals for the Department:

- To improve the health and safety of the citizens of California by modifying social and economic norms and conditions resulting from alcohol, tobacco and other drug availability, manufacture, distribution, promotion, sales, and use. (1-2)
- To support and develop prevention and prevention policy research by encouraging strong relationships between prevention practitioners, researchers, and evaluators. (1-4)
- To vigorously participate in shaping National prevention policy. (1-6)
- To advocate for and actively support the role that youth play in prevention and encourage youth development. (1-8)
- To anticipate strategic changes and to respond to emerging issues in the prevention field while maintaining vital ongoing prevention activities. (5-18)
- To identify, organize, and lead statewide initiatives that have multi-jurisdictional implications and statewide impact. (5-19)

Funding, Policy and Legislation

Currently, California's ATOD prevention actions emanate from an uncoordinated aggregation of policies set by different agencies. Multiple state agencies involved with the administration of prevention dollars and programs all too often make decisions without sufficient evidence of need and without knowledge of the prevention activities of other agencies. The dominant role of counties in making local decisions concerning the expenditure of their 20 percent SAPT block grant funds exacerbates the uncoordinated policies across the State. Clearly, there is a need for ADP to assure a greater role in promoting more funding for prevention efforts in California.

The following recommendations and action steps developed by the Funding, Policy and Legislative Work group represent the initial steps that might be taken to develop better coordinated prevention policy.

Funding

Recommendation 1

Create a sound fiscal prevention infrastructure.

Funding of prevention activities should be coordinated both at the State and county level. However, before any attempt at coordination can occur, it will be necessary to document the full breadth of expenditures involving prevention activities at the State and county level. An inventory of prevention initiatives funded by key state agencies is a necessary first step. Concurrent efforts to document prevention expenditures at the county levels need to occur as well. County plans should specify prevention goals and strategies to be addressed. This information should be available from the Departments PADS system, but should be verified by county administrators.

This tracking and documentation of current prevention funding will be difficult. However there are numerous potential benefits for engaging in this process:

- It will result in the development of improved communication links between the various state agencies engaged in prevention
- It will facilitate the potential leveraging of funds for shared prevention initiatives.
- It will encourage collaborative planning
- It will indicate areas requiring greater resources

Thus, while a major undertaking, a clear "map" of prevention funding will give the Department an important foundation for collaborative policy and planning.

Action Steps

- 1) Track all monies spent statewide on prevention, inclusive of all funding streams.
- 2) Identify all prevention resources, monetary and non-monetary, at all levels to ensure that traditional prevention resources are leveraged with outside or non-governmental resources (i.e., those of foundations, private industry, businesses, etc.).
- 3) Actively seek additional public and private funds to increase the amount of funding available to the prevention system.
- 4) Give clear guidelines to counties regarding the spending of the 20% SAPT Block Grant “prevention set-aside”, using a clear definition of primary prevention that can be used for both programmatic and budgetary purposes. Note: All relevant documents (i.e., State Service Codes, etc.) should also be updated to be consistent with this definition.
- 5) Facilitate communications between newly funded projects/programs and the county(ies) in which they will operate in order to, where appropriate, coordinate with existing efforts and create strong, fiscally-sound alliances.
- 6) Partner with foundations and educate them about the importance of prevention and the appropriate use of funds. Linking common issues and goals can be done through MOU’s.

Recommendation 2

ADP needs to assume a significant role to ensure coordination/collaboration occurs at all levels in order to reduce prevention costs.

The recent Little Hoover Commission report on the State’s efforts to prevent youth crime and violence (Never Too Early, Never Too Late) found that California has more than fifty different individual prevention initiatives, “administered by a dozen state departments, led by three constitutional officers.” Furthermore, it found current funding procedures often reflected the “iterative and often experimental approach the state has taken towards prevention”. There is clearly a need for fiscal leadership and oversight in the State’s multi-agency prevention funding mechanism.

The work group identified the following action steps to guide this process.

Action Steps

- 1) Create a structure and system to exchange information and collaborate across state systems.
- 2) Disseminate information on or identify a model that demonstrates how counties successfully engage partners in productive relationships and leverage resources to build prevention capacity.
- 3) Research, disseminate, and replicate successful strategies other states or campaigns (i.e., tobacco) have used to support and form prevention partnerships.

Policy

The past two decades have witnessed advancements in the body of knowledge on effective policies and practices that can be used to promote positive outcomes for youth, families and the communities in which they reside. While varying perspectives (i.e., harm reduction, risk and

resiliency, environmental) continue to present challenges for both policy makers and practitioners alike, the integration of proven prevention strategies and practices into prevention policy is a priority for developing an effective prevention system.

More recently, the youth development approach, with its orientation to strengthening and focusing on youth assets, has gained increasing presence in the prevention field. Research supports the importance of adopting a youth development framework to provide core standards for prevention programs targeting adolescents. The work group acknowledged the importance and need for this positive youth program orientation, and supported development of a specific policy statement incorporating the approach for departmental consideration.

Recommendation 3

ADP can strengthen prevention policies by assuming a leadership role on ATOD issues.

There is a growing body of research that demonstrates a fundamental reason for program failure is lack of effective leadership and management. As the Little Hoover Commission's report on violence noted, effective leaders in the prevention field must be able to build and sustain participation and cooperation among many sectors of the community, share power and mediate disputes." Absent strong leadership, prevention initiatives flounder, "proven" program don't live up to their potential and scarce resources are squandered."

The need for leadership applies to state institutions and processes, which set the context for programs. The change of leadership at ADP provides one opportunity to strengthen statewide leadership. Together with the work of the CPC, the CADPAAC Prevention Committee, and this Director's Prevention Advisory Task Force the ability to develop state leadership and define prevention objectives has never been more opportune for the State. The work group identified several action steps to promote state leadership prevention.

Action Steps

- 1) Create uniform core policies and programmatic guidelines that are constant across counties for ATOD prevention activities without reducing flexibility in local program design.
- 2) Facilitate regional prevention efforts.
- 3) Determine the feasibility and benefit of facilitating a Statewide Policy Forum.
- 4) Ensure policies are created to advance culturally- and ethnically appropriate prevention models.

Recommendation 4

Advance policies and practices that strengthen the participation of youth at all levels and incorporate youth development principles.

Adolescence is the critical period for youth to acquire the necessary set of core competencies, values, and attitudes that will bridge their successful transition to adulthood. Recent research-based studies have identified a number of programmatic and personal skills that can facilitate and

promote the acquisition of these assets by adolescents. Not only will the acquisition of these competencies facilitate the adolescents' present well-being and reduce their potential for engaging in risk-taking behaviors, but they will increase the odds of a successful transition to adulthood.

In recognition of the importance of incorporating youth development policies in prevention work group suggested the following action steps.

Action Steps

- 1) Youth participate in the planning, development, and implementation of prevention policies and services at all levels; Youth Development is incorporated into prevention to ensure a strong voice and leadership role for youth.
- 2) To advocate for and actively support the role that youth play in prevention, and encourage youth development.

Legislation

Recommendation 5

Create a coordinated system to identify, track, and disseminate information regarding current and future legislation relevant to the prevention field at all levels (federal, state and local).

Currently, there is no centralized source or procedure in place to monitor prevention-related actions and disseminate this information to the broader prevention field. The work group identified a number of action steps that specifically address this deficiency.

Action Steps

- 1) Identify pathways for the flow of legislative information to ADP and then back to counties and local communities, perhaps utilizing the ADP website.
- 2) Conduct periodic surveys in localities throughout the State for legislative purposes, and update and catalogue findings on the status of local ordinances, making these accessible via the World Wide Web.
- 3) Collaborate and establish MOU's with the ABC, DHS, and other state departments regarding legislative and other data/information services.
- 4) Build long-term support for data/information services, perhaps by supporting an information "hub" (could be contracted out or maintained by the Department).
- 5) In order to make information more widely available to support the ATOD prevention advocacy efforts of private organizations and citizens, the Department should, either directly or through contracted services: (a) provide an on-going comprehensive review and analyses of proposed and enacted legislation relevant to ATOD prevention; (b) provide technical assistance for legislators, other state agencies, counties and community groups on legislative matters related to ATOD prevention issues; and, (c) convene meetings on at least a semi-annual basis to assess the effect and impact on the ATOD prevention field of legislation proposed, enacted, and in development.

Coordination, Collaboration and Planning

Coordination, Collaboration and Planning

Guiding Principles:

- Prevention engages individuals, organizations, and groups at all levels of the prevention system, including those working directly within the prevention system, as well as those indirectly involved who share the common goal of alcohol, tobacco, and other drug prevention. (#3)
- Prevention makes use of the range of cultural and ethnic wealth within communities and applies the full strength of community experience and leadership to reduce the problematic availability, manufacture, distribution, promotion, sales, and use of alcohol, tobacco, and other drugs. (#4)
- Prevention challenges barriers and discrimination that create special burdens to communities in responding to alcohol, tobacco, and other drug problems. (#5)
- Prevention leverages resources to achieve the greatest impact. (#6)
- Youth participate in the planning, development, and implementation of prevention policies and services at all levels; Youth development is incorporated into prevention to ensure a strong voice and leadership role for youth. (#7)
- Prevention reduces adverse personal, social, health, and economic consequences resulting from problematic alcohol, tobacco, and other drug availability, manufacture, distribution, promotion, sales, and use, thereby fostering safe and healthy environments for individuals, families, and communities.
- The entire community shares responsibility for prevention - all sectors challenge their alcohol, tobacco, and other drug standards, norms, and values to continually improve the quality of life within the community.

Specific Goals for the Department:

- To lead a multi-system effort, partnering with other state agencies to implement an organized, responsive, and accountable prevention delivery system. (1-1)
- To develop, coordinate, and leverage resources, making optimal and effective use of all prevention resources at the State and local levels. (1-3)
- To support and develop prevention and prevention policy research by encouraging strong relationships between prevention practitioners, researchers, and evaluators. (1-4)
- To use results-oriented planning of prevention services, ensuring the use of data to evaluate outcomes. (1-5)
- To create stronger interfaces between the State and local levels, ensuring that planning methods as well as monitoring and evaluation approaches permit feedback within and between levels. (1-7)
- To advocate for and actively support the role that youth play in prevention and encourage youth development. (1-8)
- To update or develop a Statewide Prevention Framework, which will facilitate consistency across all counties, and will incorporate the recommendations put forth in the Vision, Goals, and Guiding Principles contained in this document, as well as the recommendations of the other PATF workgroups. (1-9)

Coordination, Collaboration & Planning

Prevention in California is characterized by a lack of coordination and fragmentation in the planning and delivery of prevention services. State level prevention funding and decision-making in different agencies often occurs in isolation, driven by agency priorities, legislative initiatives, and the availability of federal funding. There is not a consistent definition of prevention or any structure to facilitate interagency planning to ensure a comprehensive and presumably more focused planning process.

Discussions on coordination tend to focus on ways the Department can assume a greater leadership role and voice on prevention matters through existing interagency alliances and contacts. The consensus of the work group was that:

- 1) There is no (or minimal) coordination on ATOD issues between state agencies,
- 2) There is a lack of coordination between the state and local levels, and
- 3) There is no centralized source of information on prevention efforts (private or public) impeding collaborative planning processes.

The overarching recommendation of the work group was for a framework to guide all future collaborative planning efforts undertaken by the Department.

Recommendation 1

ADP should utilize a six-point framework for collaboration and coordination to guide future collaborative planning efforts.

The proposed framework consists of six elements

- 1) Determine the benefits
- 2) Identify internal assets and capabilities
- 3) Assess and map current alliances
- 4) Identify future partners
- 5) Assess strategic fit and opportunities
- 6) Develop and implement approach and management plan

The work group identified activities associated with each of the six points in the framework. They present a systematic approach for the Department to consider in establishing new alliances with other prevention partners, including governmental agencies as well as other organizations and agencies.

Action Steps

The following action steps, based on the six-point framework developed by the work group, presents a plan to implement this recommendation in the Department. It presumes the identification of staff and resources to facilitate the collaboration and coordination planning process for the Department.

1) Determine the Benefits ADP Might Seek in Alliances

Factors for Department consideration include:

- Alliances that further the mission and strategic goals of ADP
- Alliances that provide significant value to the field and/or a specific prevention campaign
- Alliances that provide for a sharing of resources
- Alliances that expand/enhance ADP's resources, recognition and relationships

2) Identify Assets and Capabilities ADP Might Provide to Potential Parties

An internal assessment of ADP's assets and capabilities is necessary to determine the breadth and depth of ADP expenditures and to inform potential partners and/or potential clients and customers. Mechanism for sharing or linking resources with other potential partners needs to be assessed and promoted as well. Documenting these capabilities will 1) position ADP better in forming alliances with potential partners, and 2) will help establish credibility in the field through active promoting and accessing its capabilities.

3) Assess and Map Current Alliances

The Department needs to document its current set of alliances/partnerships in the prevention field. At a minimum, this document should describe the following factors:

- Placement on a coordination/collaboration continuum
- Specification of the nature of the relationship (purpose, duration, etc.)
- Quality and outcomes of the alliance (past successes, failures, factors contributing to outcomes)

ADP needs to identify organizations and agencies, which have the greatest, mutually beneficial potential for future alliances.

4) Identify Future Partners

In addition to examining past and ongoing alliances, the Department needs to implement a review process resulting in the identification of potential future partners. The work group specifically identified a process for this assessment. It includes:

- An assessment of all current relationships/alliances
- Identifying potential alliances and identifying benefits of new/improved alliances

Concurrent with this assessment process, the work group suggested the Department identify potential needs that could best be met through strategic alliances with partners. Specifically, they recommended that the Department;

- Develop specific criteria for their potential partnerships (i.e., what needs would the partnership address), and
- Based on these criteria, identify and seek out potential partners

5) Assess Strategic Fit and Opportunities

The fifth step in the proposed prevention framework addresses the importance of ensuring the Department is prepared to assume the effort and responsibility for entering into a strategic alliance. Specifically, the framework identifies four criteria to be considered:

- Readiness for collaborative efforts and compatibility of purpose and values between the Department and potential partners
- Ability to develop a mutually beneficial effort should be of central concern in selecting a partner
- Cost and potential risks involved in establishing and maintaining an alliance needs to be carefully considered
- Type and purpose of the proposed alliance – (i.e., one time or ongoing for a specific campaign).

6) Develop and Implement Approach and Management Plan

The final step in this process concerns management of partnerships. The work group recommended formal agreements be jointly developed based on clearly defined expectations and mutual understandings.

For formal collaborations they recommended that agreements address the following topics: roles and relationships, key staff, resources to be committed, work plan, communication, decision making process, criteria for success, and an evaluation plan. It was felt that informal collaborations might be implemented based on shared interests, existing organizational relationships and good will.

Recommendation 2

ADP needs to develop a planning process to (1) identify potential collaborators, both in the public and private sectors; (2) expand potential collaborators beyond those involved only in ADP prevention efforts; and, (3) establish selective and time limited collaborations for specific campaigns on prevention objectives.

In support of the second recommendation, the work group identified a number of potential collaborators in the federal, State and local public sectors, as well as potential non-governmental organizations. Additionally, the work group identified four major service areas to develop collaborative partnerships. These were:

- Funding opportunities
- Training and Technical Assistance Services
- Prevention services
- Legislative and policy issues

Exhibit 1 presents a Collaborators and Service Matrix developed by the work group.

Exhibit 1

Collaboration and Service Matrix

Level	Agency/Organization	Issues
Federal	<ul style="list-style-type: none"> ▪ Office of National Drug Control Policy ▪ Center for Substance Abuse Prevention ▪ Dept of Housing and Urban Development ▪ Drug Enforcement Administration ▪ Indian Health Services ▪ Office of Juvenile Justice and Delinquency Prevention ▪ Tribal Government 	<p><u>Funding</u> Identify AOD funding streams. Identify approaches for weaving funding streams, including examples.</p> <p><u>Training and technical assistance</u> Identify agencies delivering training and TA services, topics and types of services, levels of activities and timing, how well services provided.</p>
Statewide	<ul style="list-style-type: none"> ▪ Dept of Education ▪ Dept of Health Services ▪ Dept of Justice ▪ Dept of Social Services ▪ Alcoholic Beverage Control ▪ National Guard ▪ County Alcohol and Drug Program Administrators' Association of California ▪ California Prevention Collaborative ▪ California Indian Assistance Program ▪ ADP Director's Advisory Council and Constituency Committees ▪ Tribal Government ▪ OCJP ▪ Dept of Mental Health ▪ Higher Education 	<p><u>Funding levels</u> Identify AOD funding streams. Identify approaches for weaving funding streams, including examples.</p> <p><u>Legislative agenda</u> Distribute information on legislative actions.</p> <p><u>Prevention activities</u> Identify activities and timing. Distribute information on activities.</p> <p><u>Training and technical assistance</u> Identify agencies delivering training and TA services, topics and types of services, levels of activities and timing, how well services provided.</p>
Local	<ul style="list-style-type: none"> ▪ County Alcohol and Drug Program Administrators ▪ Tribal Government ▪ Indian Health Clinics 	<p><u>Prevention activities</u> Identify activities and timing. Distribute information on activities.</p> <p><u>Training and technical assistance</u> Identify agencies delivering training and TA services, topics and types of services, levels of activities and timing, how well services provided.</p> <p><u>Legislative agenda</u> Distribute information on legislative actions.</p>

Level	Agency/Organization	Issues
Non-Government Organizations	<ul style="list-style-type: none"> ▪ Community-based prevention programs and organizations ▪ Foundations ▪ Research bodies ▪ Faith community ▪ Prevention, treatment, and recovery advocacy groups ▪ Private business sector ▪ Network of Colleges & Universities Committed to the Elimination of Drug & Alcohol Abuse (UC, CSUS, CC, Private) ▪ Media ▪ West CAPT ▪ Clients, families 	<p><u>Prevention activities</u> Identify activities and timing. Distribute information on activities.</p> <p><u>Training and technical assistance</u> Identify agencies delivering training and TA services, topics and types of services, levels of activities and timing, how well services provided.</p> <p><u>Legislative agenda</u> Distribute information on legislative actions.</p>

Action Steps

Many of the action steps identified in recommendation one also pertain to recommendation two. Specifically, the Department needs to:

- 1) Identify the full range of public agencies at the federal, state, local and non-governmental levels as well as private sector organizations (both profit and non-profit) that have the potential to be partners with ADP.
- 2) Assess potential partners by factors identified in work group's framework (and action steps for the first recommendation). That is, a clear understanding as to the potential benefits of forming any alliance needs to be carefully organized and managed.

Recommendation 3

To maximize its opportunities for successful collaboration, ADP should first direct its efforts to a few specific critical issues that might best benefit from collaborative solutions.

Prevention issues and priorities, as well as appropriate collaborative partners, will change over time. Gathering information from experts in the field on a regular basis will be necessary for ADP to effectively assess and prioritize those prevention needs to be addressed through collaborative action, and assist in identifying appropriate collaborative partners.

The work group suggested ADP implement a collaborative planning process to identify and prioritize specific prevention needs best met through collaborations with potential "partners". The work group's list of potential collaborators presented in Exhibit 1 serves as a potential source for identifying prevention needs, while recognizing the importance of establishing formal mechanisms to ensure communication between these collaborators occurs. Specifically, the work group identified four areas to discuss with potential external collaborators. They were:

- Sharing current prevention activities and policies between the organizations and agencies
- Determining current programs and projects of potential interest for ADP for specific collaborative agreement
- Building a broad base constituency among potential partners for general ATOD prevention efforts
- Developing a system to track information on prevention-related legislative activities, issues, and policies

The work group recommended that ADP, minimally, request input from groups, such as the County Alcohol and Drug Program Administrators' Association of California (CADPAAC) Prevention Committee and the California Prevention Collaborative (CPC), on an on-going basis to assist ADP in reassessing and reprioritizing these issues for collaboration.

Action Steps

- 1) ADP should identify prevention information to be shared with specific partners (e.g., AOD county profiles are shared with all 58 county administrators.).
- 2) ADP should determine areas in which a strategic alliance could facilitate the achievement of the initiative, policy, or specific activity (e.g., start with annual prevention summit).
- 3) ADP should implement, on a case-by-case basis, the necessary work plan to ensure the development of individual strategic alliances (e.g., develop an M.O.U. with California State University System on Binge Drinking).

Recommendation 4

ADP should systematically identify structural barriers to collaboration and ways to reduce them.

Historically, the public service system has developed within a fragmented agency structure. This institutional structure creates systemic barriers that must be overcome to facilitate collaboration between ADP and other public and community-based agencies. These barriers exist between system representatives at the federal, state, local and tribal governmental levels (e.g., health and criminal justice) and within single service delivery systems (e.g., health). The work group provided several examples of barriers that impact potential collaborative planning or coordination efforts. These include:

- Competition between organizations for the same limited pool of funding and other resources
- Regulations restricting the use of categorical funds
- Regulations limiting the authority of specific agencies or types of organizations
- Differences in organizational cultures. These include use of technical jargon; application of conceptual frameworks or paradigms; and, acceptance of theoretical assumptions, principles and values that may be unique to a particular discipline or field.

The work group identified some approaches used successfully to remove or minimize the barriers impeding inter- or intra-agency collaborations. These included:

- Braided funding of programs/projects
- Shared program requirements for requests for proposals (RFP's)
- Coordinated scheduling of RFP development activities
- Joint ventures between different governmental entities (e.g., tribal governments) or between public and private agencies (e.g., Casey Family Foundation funding for state or federal prevention initiatives).

The work group stressed the importance of assuring that prevention strategies developed through any collaborative planning are culturally appropriate to the organizations and communities involved.

Action Steps

- 1) As part of the analysis and strategic alliance work plan developed in recommendation 4, ADP staff needs to consider potential barriers to collaboration for each proposed partnership.
- 2) More generally, ADP needs to develop a clear understanding of the ways in which existing institutional structures and procedures can strain effective collaboration.

Recommendation 5

ADP should develop a document outlining procedures, resources, and personnel to be used to develop an ongoing coordination and collaboration planning strategy.

The Department should develop a document outlining steps it will take to implement a comprehensive coordination policy on prevention issues. The work group believes it has provided examples of potential collaborators, areas in which to pursue collaborations and a procedure for effective collaborative planning. However, written policies, staffing, and review, will be needed to implement these recommendations.

Data Collection and Analysis

Data Collection and Analysis

Guiding Principles:

- Prevention is planned by:
 - Using objective and relevant data on alcohol, tobacco, and other drug problems in communities;
 - Giving attention to the cultural and ethnic appropriateness of services;
 - Applying evidence-based strategies or innovative strategies based on sound theoretical constructs;
 - And including evaluation that measures appropriate processes and achievable outcomes

Specific Goals for the Department:

- To identify types and sources of data needed to support prevention planning, research, and evaluation at State and local levels. (2-10)
- To secure access to all needed data and to fill data gaps. (2-11)
- To take leadership in organizing, reporting, and disseminating needed data to all elements of the prevention field. (2-12)
- To take full advantage of technological advances in information sciences and services, especially to assure access to data for all communities throughout the State. (2-13)
- To advance adoption of environmental/policy-based prevention strategies and other proven effective prevention services, as well as prevention innovations based on sound theoretical constructs, to reduce alcohol, tobacco, and other drug problems. (3-14)
- To advance knowledge regarding healthful behaviors, decisions, and environments that reduce, postpone, or eliminate the problems resulting from the use of alcohol, tobacco, and other drugs, improving public health and increasing public safety. (3-15)

Data Collection and Analysis

As the prevention field has matured, there has been increased attention to the importance of collection and analysis of data as core components to the development of comprehensive prevention plans. However, acknowledging the benefits of a data driven system is simply the first step. Implementing the necessary data collection, management and analysis capabilities to support such a system in a state as complex and diverse as California is a significant challenge.

The Data Collection and Analysis Work group identified a number of difficulties collecting, managing, and using data for ATOD prevention in California. The Data Work group concluded that now is an excellent time to address these difficulties as the ATOD prevention field moves toward research-based approaches to prevention, where the need for appropriate data and its management is critical, and as research and data technology continue to grow rapidly.

“The work group views the “ATOD prevention field” for which ADP bears responsibility as encompassing the broad range of substances that have addictive, mind-altering and/or performance-enhancing properties. These substances include: (a) alcohol; (b) tobacco; (c) illicit and controlled drugs such as marijuana, cocaine, heroin, methamphetamines, and LSD; (d) steroids; (e) inhalants; and, (f) prescription drugs used for treating mental health problems and eating disorders. Data issues are similar for all of these substances, and the same prevention policy and program technologies are applicable across several substances. Therefore, the work group’s concerns for collection and use of data encompass all of these substances, even though ADP may not currently operate programs that address them all.

The work group identified five broad areas of data needs and analysis. They were:

- 1) Need for a taxonomy of data for ATOD prevention
- 2) Need to inventory ATOD prevention data availability and ease of use at the county and community level, and make data readily available to county ADP’s and local programs for use in community prevention programs
- 3) Need to establish a statewide data ATOD surveillance system to follow trends and maintain oversight of ATOD related problems
- 4) Need to establish methods for the collection and use of evaluation data to maintain prevention programs and policies at the local level
- 5) Need to participate in the development of data policy, data standards and data indicators at the inter-state and national levels

The following recommendations and action steps focus on both the State and local level. The "State" includes ADP primarily, but also other state agencies with ATOD responsibilities and statewide organizations concerned about ATOD issues. The "local level" includes county ADP’s, other units of local government (cities, districts) and local communities defined by geography and by socioeconomic and cultural groups.

Recommendation 1

ADP should take the lead in developing a data taxonomy that covers the full range of data needed for establishing effective ATOD prevention in California.

A broad range of data has potential ability for prevention planning and evaluation. To make these data more useful, the ATOD field needs to create a taxonomy or framework for organizing these data and specify their relation to ATOD prevention. While it is impossible to create a perfect list or a final list, it is important to maintain focus on the kind and quality of data being used in the State for ATOD prevention, and to ask systematically in an empirical framework: What is it we are trying to prevent?

The following list is offered as an illustrative starting point for development of this taxonomy, and is not meant to be comprehensive.

Exhibit 2.
Taxonomy of ATOD Primary Prevention Data in California

<i>Category</i>	<i>Type</i>	<i>Source</i>
Availability data	Retail alcohol outlets, nbr, density	ABC
	Retail alcohol outlets, nbr, distr'bn	Local zoning
	Retail alcohol prices	SBOE
	Retail tobacco outlets, nbr, distr'bn, density	TCS
	Retail tobacco prices	SBOE
	Illicit drug production	DEA/State police Local LEA
	Illicit drug prices	DEA/research
Consumption data	Retail alcohol sales	SBOE
	Retail tobacco sales	TCS
	Illicit drug sales	DEA/research
	General pop'n ATOD experience	CHIS
	Youth expnc (HS,MS)	CHKS, CSS
	POLD expnc (place of last drink)	ISSC,IHA
	Custodial pop'n expnc	CYA/DOC
	"Hot spot" locations	GIS
Consequences (services) data	AOD-related diseases	County Health
	AOD-related trauma	ER, EMT
	AOD treatment	CADDS
	Social services	County DSS,CWS
	AOD-related police problems	UCR,ASIPS
	DUI	CHP, POLD
	County Indicator Data	EMT/DADP
Response data (process,outcomes,impacts)	Policies	laws, regulations
	Programs	reports, evals
	Initiatives, campaigns	reports, evals surveys (Healthy Kid Survey)

This list recognizes four major domains or tiers widely viewed as major foci of concern for primary prevention activities:

1. The control of availability (ease of social, economic, and physical-temporal access to ATOD);
2. Management of consumption (settings and circumstances where ATOD is used and abused);
3. Management of the problematic consequences of consumption (health, safety, social, and economic problems that result from ATOD use); and,
4. The creation of responses to the problematic consequences (prevention policies, programs, and initiatives) that increase controls on availability, create safer circumstances for actual drinking-using behavior, and that develop more effective responses to care for people in the aftermath of troublesome drinking/drug use.

Who “owns” this taxonomy and the data within it? This taxonomy provides a comprehensive perspective on primary prevention activity at all levels of ATOD manufacture, patterns and practices of use, management of the sequelae, and responses to operate and improve this entire multi-tiered system of ATOD experiences in the State. Therefore, a broad array of data furnishers and potential users can lay claim to the data. The true “owners” of the data are all those who wish to use it to maintain and enhance ATOD prevention at state and local levels. These owners should be recruited and supported in their interest, including data analysis and application.. The chief arbiter of this common ownership is ADP (working in conjunction with the Department of Alcoholic Beverage Control (ABC) regarding the manufacture, transportation, distribution and sale of alcoholic beverages), as directed by the Governor and by state legislation.

Action Steps

- 1) Form a state-level data taxonomy work group hosted by ADP to support ATOD prevention. The work group will construct a data taxonomy that identifies what data and sources are needed to support ATOD prevention work at the State level. The work group members include representatives of the ATOD research community, state agency representatives, CADPAAC Prevention Committee, the California Prevention Collaborative, and statewide ATOD advocacy organizations.
- 2) The state data taxonomy work group should meet regularly to identify areas in which data collection and management can/should be improved. Review Substance Abuse Research Committee (SARC) meetings as one possible venue for the structuring of ongoing discussion and review.
- 3) Work with the data taxonomy work group to help build data resources and data inventories to support selected models or approaches to ATOD prevention that are research-based. For example:
 - Use the data taxonomy to identify data issues (such as omissions, gaps, configuration, availability/cost) and their resolution to implement the "Vision of Prevention" (PATF work group #1)
 - Use the data taxonomy to support use of the risk/protective factors approach to prevention, including applications of the Community Analyst program (Hawkins/Cataelano).
 - Use the data taxonomy in conjunction with other information sources, such as San Diego County's Telesis Program or CSAP's Decision Support System
- 4) Treat ATOD prevention policy and program information as principal sources of data to inform the data taxonomy work group, ATOD evaluators and researchers, and others

about the full extent of ATOD prevention experience in this taxonomy. This includes issues of quality and utility for data collection, reporting, and analysis.

Recommendation 2

Inventory ATOD prevention data availability and ease of use at the county and community level, and make data readily available to county ADPs and local programs for use in community prevention programs.

County and local community data needs for ATOD prevention are quite separate from the data needs of state agencies and statewide groups. State-level prevention usually is concerned about policy and regulatory issues, and related educational and advocacy activities. County/local prevention usually is concerned about programmatic issues that involve specific problem behaviors, and problematic settings and circumstances. These different foci require distinct types of data.

Prevention initiatives at the county and local community level also have separate data needs. County-level and multicommunity ATOD prevention deals primarily with school systems, or health and social problems; they use professional and semi-professional staff located in county agencies or contractor organizations to provide prevention services. Community-level ATOD prevention deals primarily with: a) public safety (police, fire, emergency medical); b) ATOD use at public places and public events; c) neighborhood and quality of life issues, and; d) and school problems. These different foci also require distinct types of data.

Exhibit 3 presents the various types of data available:

Exhibit 3 Types of Data

- Archival data: Regularly-collected agency information about ATOD experiences (cases) encountered by agents of that agency.
- Formal survey data: Formal questionnaires or interviews with representative members of groups and populations whose ATOD experiences and beliefs/opinions are of interest. These data include formally-drawn focus groups and individual interviews.
- Informal interview data: Casual and non-representative data from non-rigorous groups and opportunistically selected key informants whose ATOD experiences and beliefs/opinions are of interest.
- Direct observation of problematic behaviors: Eyewitness reports of crimes, violence, drinking/drug use, disruptions to decorum and quality of life.
- Direct observation of environmental risk conditions: Eyewitness reports on the certain features of settings and circumstances, and of certain aspects of organizations, that are associated with greater or lower risks of ATOD problems among occupants and neighbors of the environment.
- Historical data: Information about the community found in local studies, newspapers and historical accounts, and fugitive literature such as old diaries and verbal folklore that has been passed down several generations.

These forms of data can be used in different ways across the three levels of aggregation- state, county, and local community, specifically:

- State-level ATOD prevention tends to use aggregated and comparative archival data and formal surveys. Where the focus is on multi-county or multi-community ATOD prevention, the State imposes certain requirements for data collection and management, and often takes over data reporting and analysis in its own agency.
- County-level ATOD prevention tends to use archival data that is less aggregated and more likely to be specific to institutions or organizations, and delimited to geographic areas. Survey data may be less complete or rigorous, though still collected according to formal protocols, and may receive less analysis.
- State-level and county-level ATOD prevention agencies also have a strong interest in monitoring and evaluation. The primary instrument is ADP's Prevention Activities System (PADS), which serves descriptive purposes only.
- Community-level ATOD prevention tends to rely on observations and people's personal experiences and memories as data for local prevention planning. Survey data tends to be informal when it is used at all -- selective about a specific issue, non-representative, and non-rigorous. These data are often rich in anecdotal material and information about specific problematic behaviors, settings, and circumstances. Archival data are often very difficult to come by; for example, local police data (if it is available) may be incomprehensible or too unwieldy to use.

All these forms of data are potentially valuable when collected, analyzed, and applied appropriately. The "data inventory" approach from Recommendation 1 is useful here: How can these types of data be organized in a useful form at the appropriate level of aggregation? How can community-level data be used in valid and reliable ways to support ATOD prevention initiatives at the local level?

Action Steps

- 1) At the county or regional (multi-county) level, create a local data subcommittee to develop the four-tiered ATOD prevention data taxonomy work group described above. This local group will work on a collaborative basis across agencies and across disciplines, including evaluators and researchers, to extend work of the state-level taxonomy working group to meet the data needs of county/municipal agencies and local community groups.
- 2) Distinguish needs for archival data found in county agencies, municipal agencies, and community organizations for ATOD prevention work. For example:
 - Explore use of EMT county profiles (prepared by EMT Associates under contract to ADP) to provide data at municipal and sub-county levels.
 - Work with municipalities to provide data about ATOD involvement in police events and emergency medical services in forms useful for local prevention coalitions.
- 3) Encourage construction of local "data maps" (data profiles) by county ATOD programs and prevention providers at the county/community level to identify the types of data currently available, or that might readily be available, to support local AOD prevention; and review these data sources for data intelligibility and convenience of use.

- 4) Create a "county data tool kit" and a "community data tool kit" to help local ATOD programs across the State obtain and apply local prevention planning data. The tool kit includes methods for obtaining local data and data protocols designed especially to support locally generated prevention activities using the forms of data identified above. This tool kit should be developed by one or more specialists experienced in working with local data. Backed by an advisory group on local data needs, the tool kit should reflect input from representatives of a) ADP, and CADPAAC Prevention Committee; b) an ATOD advocacy group, c) an exemplary local prevention program that uses data to support results-oriented prevention approaches,; and, d) a program evaluation specialist.
- 5) Create a dissemination program to share local agencies' experiences with each other, for example, through ADP Resource Center publications; through ADP technical assistance training that specializes in the use of locally-generated data for community-level prevention initiatives; and through gatherings (presentations, colloquiums, symposiums) held regionally and provided annually at the Prevention Summit.
- 6) Encourage collaborative use of data between county agencies, for example joint use of the California Healthy Kids Survey (CHKS) data from California Department of Education (CDE)/county office of education with youth alcohol access data from the county ADP/prevention contractors and local law enforcement.
- 7) Increase ADP's Office of Applied Research and analysis staffing level in data reporting and in data analysis to support dissemination activities. Historically, the Office of Applied Research and Analysis has supported treatment-related research and evaluation. With the new focus on specific needs for ATOD prevention recommended in this report, two full-time positions will be needed: one for prevention data collection and reporting, and the other for prevention data analysis. It is especially important that ADP increase its analytic capabilities, since this will enhance work with data specialists in other state agencies, universities, and research centers.

Recommendation 3

Address issues of data quality and utility.

California's enormous breadth, scale, variety of organizations and diversity of communities poses challenges for data nomenclature and terminology. Attention must be paid to development of common terminology and data dictionaries. Issues for the quality and utility of data items must be addressed – how easily can data be collected, manipulated, understood, and applied? Important variables for data quality include volatility, reliability, relevance, simplicity, validity, and availability over time, cost, aggregability, currency, sensitivity, and definition.

Action Steps

- 1) Create a data-quality working group composed of data professionals and data users. Link this work group to the taxonomy working group in Action Step 1.
- 2) Establish Geographical Information System (GIS) capability and Internet access to include geographical mapping and analysis as an integral element of data reporting and analysis. The ADP should take responsibility for expanding and supporting the use of burgeoning GIS resources for prevention planning throughout the state. This includes building local capacity to use GIS systems, and creating a statewide GIS users' group to support networking, research, and joint prevention planning and development projects using GIS platforms.

Recommendation 4

Establish bilateral agreements with other California state agencies to collect selected data on areas of joint interest for prevention of ATOD problems, and make these data available to county ADPs and local prevention providers.

Interagency cooperation for joint use of ATOD data on areas of shared interest between the ADP and other state agencies provides an opportunity to leverage prevention activities at the local level. Building several bilateral relationships will allow the ADP to create a data network that encourages cross-references at both state and local levels. Here the work group urges targeting selected areas of joint interest that can be developed to achieve specific objectives that are of particular value for advancing the field.

The work group urges cooperation in the following areas, beginning with Action Steps 1 and 2 as first priorities:

Action Steps

- 1) ADP and Department of Alcoholic Beverage Control/State Board of Equalization (ABC/SBOE): Work with ATOD researchers and county/community ATOD preventionists concerned about alcoholic beverage availability to obtain data on the retail sale of alcoholic beverages by price and volume. These data could be developed in pilot counties to document associations between availability variables and problem variables (for example, ATOD-involved police events, trauma, alcohol-related diseases, youth access to alcohol and drugs, neighborhood quality of life indicators). Local prevention policies and programs would develop in several directions once these associations are established.
- 2) ADP and Department of Education: Work with county ADPs and county offices of education to share data from the CHKS.

Create a "data-use culture" using CHKS data to analyze ATOD experiences of young people as a precursor to planning prevention programs that include school-community components. Put more emphasis on analysis of the data and its use for planning purposes.

- a. Add "ATOD experience" items to the CKHS questionnaire, including community settings as well as home and school settings (e.g., ease of youth access to ATOD in commercial and social settings).
 - b. Encourage joint use of data for prevention by local education agencies and local alcohol/drug agencies (county ADPs and their contractors). Serve as partners to help local school districts report sensitive CHKS data; assist with overcoming (sometimes justified) fears of being the bearer of unwelcome tidings.
 - c. Prepare joint state budget proposals to generate state-level funding for AOD prevention to minimize continuing dependence on federal grant funding from DOE and DHHS.
- 3) ADP and Department of Health Services (DHS): Work with trained epidemiologists to develop epidemiological information about California's adult and adolescent population experiences with alcohol and other drugs as a basis for prevention planning. For example:

- a. Work with Alcohol Research Group (ARG) to add questions to the California Health Inventory Study (CHIS) to develop a profile of alcohol/drug experiences among Californians in the general population.
 - b. Work with health care providers and ARG to obtain emergency room data and EMT information about AOD-related experiences.
- 4) ADP and Tobacco Control Section (TCS): Compare prevention approaches between ADP and TCS, and use results of the comparison to pilot closer working relationships at the county/community level.
 - 5) ADP and the UC System: Work with the California Collaborative Center on Substance Abuse Policy Research (CCCSAPR) to develop analyses on ATOD prevention topics of pressing interest for policy. For example:
 - a. Support development of a California Policy Research Journal (now in formative stages)
 - 6) ADP and Attorney General's Office: Extend the continuing tradition of the informal interagency work group to enhance bilateral collaboration and specific multi-lateral projects.

Recommendation 5

Prepare regular and special reports on the incidence/prevalence of ATOD-related problems in the general adult and adolescent population.

Data about ATOD experiences in the general population (adults, adolescents, youth) is a prerequisite for systematic development of research-based approaches to prevention of ATOD problems.

Action Steps

- 1) Publish selected highlights of consumption and problem experiences for the research community, prevention action community (county and community levels), and local officials.
- 2) Put these data on the Internet, readily accessible to county and local programs, and to the general public and community agencies.
- 3) Prepare news briefings or bulletins concerning specific ATOD findings of potential interest to the general public.

Recommendation 6

Create a visible statewide initiative for utilization of prevention data for research and analysis.

Work group members were concerned that prevention data too often is not fully utilized for planning and research purposes. ADP is urged to take leadership, in cooperation with the "data partners" described above, to encourage vigorous use of the data at both state and local levels.

Action Steps

- 1) Create “data-projects” with specialized teams from each agency to launch the bilateral projects described above, showing how to use the data in question for analysis and implementation of prevention applications.
- 2) Provide extra funding and support for TA/Training on a model project to use data for program planning, documentation and evaluation.
- 3) Provide special visibility for the projects in Action Steps 1 and 2, above, to gain wide dissemination through audience-friendly presentations and seminars.

Recommendation 7

Orient county ATOD agencies and local prevention providers to the use of data to develop prevention policies and programs.

Many county ATOD agencies and local prevention providers are aware of the impending changes in the field that require the use of data to support specific approaches to achieve expected outcomes. For a variety of reasons they are not embracing these approaches and methods: ADP TA/Training project (TA-POM, ISSC) has found that hands-on, sustained TA/Training in the use of research-based approaches requires familiarization and the building of close working relationships first. Often issues of infrastructure (staffing, procedures, ability to generate appropriate data) must be addressed prior to training on specific aspects of data-based, outcome-oriented prevention work. Another ADP TA/Training (Prevention Technical Assistance, EMT) has found that user-generated high-quality expert training is not fully utilized if it is not followed up.

Action Steps

- 1) Strengthen provision of hands-on, sustained TA/Training and technical assistance in data management and use by county ADP’s and their CBO contractors. This recommendation includes hiring staff and retaining data consultants.
- 2) Leverage interaction between local county ADP agencies/contract providers and technically qualified “local data specialists” who can furnish assistance with data collection, management, analysis, and utilization. These local data specialists come in several forms, as consultants, educators at local colleges, staff of other public agencies, etc.

Recommendation 8

Enhance TA/Training on the use of data-based prevention planning methods (e.g., Theory of Change and Logic Model approaches).

Many local providers lack training for Theory of Change and Logic Model approaches to prevention planning. They also lack staff, budget, and traditions in the adoption of data-driven outcomes based on sound planning and implementation methods. Close and continuing work with local providers, including changes in county ADP contracting methods, are important to encourage

them to move toward outcomes. ADP is encouraged to partner with state and local data specialists who can help put data to work for planning and evaluating prevention services. The goal is to create within counties groups of informed data consumers who create a demand for high-quality data-driven programs at state and local levels based on data that are accurate, meaningful, accessible, and timely.

Action Step

- 1) Provide specialized TA/Training directly to county ADPs/contract CBOs specifically for management and use of data specifically for program planning and evaluation. Provide this support on a continuing basis.
- 2) Support county ADPs/contract CBOs to self-initiate training and TA/Training on data management and data-based prevention planning through training seminars and educational opportunities at regional and local levels. This recommendation includes continuing education, distance-learning, and liaison with other educational providers (e.g., WestCAPT). The ADP Resource Center and other units are encouraged to make greater use of distance learning technology for training, TA, and information dissemination. Videoconferencing and other interactive media make state-of-the-art prevention more accessible to worker in distant parts of the state, particularly rural areas. The distance learning infrastructure already exists in State University and Community College systems.

Recommendation 9

Enhance TA/Training to help county ADP agencies adopt data-based RFPs for generating county and community-level prevention programs.

One way to help county ADP agencies overcome the same problems described at the start of this section is to focus on the county's contracting methods. Laying the groundwork through a well-prepared and well-written RFP will attract qualified contractors or make it easier to work closely with the contractors who need assistance.

Action Step

- 1) Work with CADPAAC through the CADPAAC Prevention Committee to initiate firm expectations for lead times, training, and support for adopting data-based, outcome-oriented approaches that anticipate the full application of data requirements (i.e., individual based outcomes) that is now only nominally required by the federal government.

Recommendation 10

Educate county ADPs, community groups and organizations to understand and use ATOD prevention data to develop prevention initiatives and activities of their own.

Action Steps

- 1) Provide local data repositories by linking local library systems with federal and state sources of ATOD prevention information.
- 2) Explore revival of the Regional Alcohol and Drug Awareness Resource (RADAR) Network envisaged by CSAP in the late 1980s in conjunction with the ADP Resource Center. CSAP is expanding its Internet resources through the Decision Support System, and other sites such as WestCAPT, are growing in content and ease of use. The ADP Resource Center and ADP's TA contractors accordingly may have increasing roles in serving as key contact points to help these federal and out-of-state resources understand the California ATOD prevention community's needs for prevention information.

Recommendation 11

Work with California communities that have issues and/or special needs with respect to the use of data for prevention.

Local communities vary a great deal throughout California. Some require extraordinary sensitivity and responsiveness to the adoption of research-based data and scientific methods for a variety of reasons, including beliefs, traditions, religious principles, and past difficult experiences with the research community and uses of data collected by public agencies.

Action Steps

- 1) Establish data outreach activities that link data specialists (i.e., ADP staff and/or TA/Training Contractors) with representatives of the special community (1) to identify issues that stand in the way of collection and use of data for ATOD prevention activities, and (2) to devise means to respond to these issues quickly and in ways that build acceptance for use of credible data to support outcome-based prevention.
- 2) Data for California Native Americans require special consideration due to a several interlocking factors. The first set of factors involves tribal communications and relations that greatly affect entry into the Native American community and its participation in data-driven projects. California tribes are independent, often different from one another, affected by casino-related issues, and many currently are experiencing generational changes in leadership as younger people assume positions of increasing responsibility. California tribes have complex relations with county ADPs and adjacent communities that also must be respected. The second set of factors involves the federal government (Indian Health Service). The third set of factors involves cultural considerations that require different types of data and that demand great care in constructing information items, interpreting the meaning of data, and presenting it to the community. Tribal Data Resources out of Redding is an organization that may be able to help. Close work on prevention issues with Native American treatment/recovery agencies also is a potential resource, especially since these agencies often are heavily involved with many other ATOD-related issues in the Native American community.
- 3) The diversity of California's population presents unique opportunities for special subpopulations analyses. Trends, patterns of use, incidence and prevalence, and treatment utilization represent some possible analyses involving various ethnic populations. The data work group needs to include representation from the various ethnic populations to determine data and informational needs of particular interest to each group.

- 4) The disaggregation of data to work with specific groups is of special interest to groups who are small in number and embedded in other larger populations. Concerns for visibility and appropriate attention must be tempered by concerns over being singled out for special treatment. Costs of collecting a great amount of data for relatively small groups, particularly when their members are difficult to contact also are a consideration. Trust-building and respectful negotiation are important to resolve these issues group by group. What works for one group may not work well for others.

Recommendation 12

Participate actively in NASADAD/CSAP "Central Work Group" to identify core reporting requirements and construction of data items to be used in CSAP-funded prevention work.

CSAP's current legislation requires that a plan be submitted to Congress in October, 2002, detailing outcome measures, other performance measures, and common data items that will be used to report performance on the Substance Abuse Prevention and Treatment (SAPT) "Prevention Partnership Grants". CSAP is working with NASADAD on this. The concern is for a mandatory plan that hampers the California communities' grass-roots creativity and liberal perspectives on AOD "problems" and "prevention practices."

Action Step

- 1) ADP/CPC should become active in the NASADAD/CSAP "Central Work Group" or at least seek to become familiar with its deliberations and directions, and influence them on California's behalf.

Recommendation 13

Contact other state ADPs to find out what they are doing to assure the appropriate collection, reporting, analysis, and use of ATOD data for research-based prevention purposes.

Becoming knowledgeable about other state efforts to collect and manage data for AOD prevention is closely related to the activities of Recommendation 12.

Action Step

- 1) ADP work through WestCAPT/National Prevention Network (NPN) to become familiar with other states' uses of data and data analysis for development of results-oriented prevention.

Technical Assistance and Training

Technical Assistance and Training

Specific Goals for the Department:

- To take action to support communities' abilities and capacities to implement prevention policies and services and respond effectively to alcohol, tobacco, and other drug problems. (4-16)
- To further develop an effective, culturally diverse workforce dedicated to prevention, encouraging prevention training and professional development in communities throughout California by recognizing and/or awarding best prevention management practices. (4-17)
- To advance adoption of environmental/policy-based prevention strategies and other proven effective prevention services, as well as prevention innovations based on sound theoretical constructs, to reduce alcohol, tobacco, and other drug problems. (3-14)
- To advance knowledge regarding healthful behaviors, decisions, and environments that reduce, postpone, or eliminate the problems resulting from the use of alcohol, tobacco, and other drugs, improving public health and increasing public safety. (3-15)

Technical Assistance and Training

In the past decade, the ATOD prevention field has continued to develop and refine its own state-of-the-art, identifying “what works” in different settings and with different populations. Much of what has been learned is increasingly supported by prevention research. However, many prevention providers, as well as interested stakeholders outside of the “traditional” prevention system, do not have current information about “what works” to prevent and reduce ATOD related problems or how to apply this knowledge. Thus, the importance of sharing research-based prevention information with local communities cannot be overstated.

Technical assistance provides an able vehicle for efficient and effective information dissemination as well as “technology transfer” for an evolving technology. A statewide technical assistance delivery system is a necessary and vital component for advancing prevention services in California. When carefully planned, appropriately tailored to local community needs, based on evaluation and research findings, and delivered by highly skilled prevention experts, prevention technical assistance services offer a cost-effective way to strengthen prevention service delivery systems at the State, county and community level.

One of the critical roles for TA services is to help local communities take research-based strategies and tailor them to fit the needs of their own local circumstances or population groups. This transference is increasingly the focus of the various federal initiatives that 1) introduce accountability into the equation and 2) promote the use of programs and strategies with known effectiveness. Indeed, the Department’s two plus decades in directing statewide TA service projects has demonstrated that a “cookie-cutter” TA approach is of limited effectiveness. Specifically, the technical assistance system created by ADP supports TA services that are tailored to fit the needs of California’s many different populations and community settings. More significantly, the field itself has evolved. Where once we may have once debated the effectiveness of various prevention strategies, we now know more about “what works” for given ATOD problems and situations.

In the last decade, ADP has provided support for local prevention initiatives, including but not limited to, demonstration grant funding, developing a comprehensive series of technical assistance resources for specific population groups and prevention providers, and establishing a centralized clearinghouse of ATOD and mentoring-related information. Technical assistance has proven a valuable resource among ATOD service providers throughout California, a conduit of ongoing information exchange, and a means of identifying expertise for the purpose of applying it in the field. The recommendations made by the work group acknowledge the benefits and attributes of the strong TA/Training system currently in place, yet at the same time recognize that modifications and changes in the system could 1) answer legitimate concerns about the process and 2) result in even better service delivery.

The recommendations made by the work group and the larger committee at the February 28th and March 1st meetings focused on four broad areas:

- TA/Training system
- Role of state, county and local communities in TA service delivery
- TA/Training Service Practices and Procedures
- Cultural and Diversity Issues

The recommendations that follow adhere to these four broad areas.

Recommendation 1

ADP in consultation with their TA/Training providers should develop a annual plan to guide the delivery of TA/Training services.

Collectively, the TA/Training system supported by the Department represents a significant asset to the prevention field. However, the lack of coordination between the TA/Training contractors dissipates the potential for the system could have if it were channeled in a more direct way. (i.e. targeting a specific ATOD problem, a community or region, a specific population).

Currently, each TA/Training provider funded by the Department manages their service based on the requirements of their contract with the Department. Contracts typically specify the number of days and training events required of the TA provider, but do not provide guidance or direction on a broad range of potential service delivery issues (type of service, number or types of communities, focus of service, etc.). On an annual basis, the Department should convene a meeting with all the TA/Training providers to determine the feasibility of establishing clear targets for the work to be done by TA/Training providers.

A focus on a specific issue, (e.g., college binge drinking) or community (e.g., tribal organization) or approach (e.g., promoting model programs) might be selected and become the driver for a portion of the TA/Training services provided during the coming year. Contractors would continue to provide their basic services, but would be required to direct a specified portion of services to priority areas identified through the State's evidence-based and collaborative planning process.

Action Steps

- 1) Annually conduct a needs assessment survey of county administrations and programs to determine specific TA/Training needs.
- 2) Conduct an internal analysis of all TA/Training contractors. Who have they served? What types of services have they provided? What organizations have been involved? What counties/communities haven't been served? What types of problems have they addressed?
- 3) Develop a list of TA/Training service related issues that (1) reflects the internal assessment of services provided by TA/Training contractors; (2) incorporates suggestions from the prevention field via the CADPAAC or other mechanisms; (3) reflects current concerns about ATOD problems (e.g., methamphetamine several years ago and now more recently binge drinking); and, (4) includes epidemiological trends of the State (i.e., what are data telling us about ATOD use patterns and related consequences of use?)

- 4) Convene a meeting with all TA/Training contractors to review list and prioritize service delivery and expectations. Not all TA/Training resources should be devoted to the prioritized list, allowing (1) flexibility for the contractor to pursue the needs of their respective service communities and (2) additional capacity should the Department encounter significant issues requiring additional TA/Training support services. The work group suggested that while the vast majority of resources should be applied toward these identified priorities, ADP should set aside not more than 10% as discretionary resources to use for strategies that lay “outside of the box” and to prevent missed opportunities for innovation.
- 5) TA/Training contractors should work with ADP’s Resource Center and Office of Applied Research and Analysis to facilitate the promotion and use of ADP’s service capabilities to the broader prevention field. TA/Training contractors should be encouraged to exchange information, resources, and articles of note with ADP’s Resource Center.

Recommendation 2

Implement managerial procedures in the delivery of TA/Training services to increase the potential for operational change to occur.

TA/Training services can incorporate multiple strategies and approaches (e.g., onsite consultation, preparation of resource materials, focused training on specific topics, etc.). However, these mechanisms for delivering TA/Training service share an assumption the provision of information will produce operational change. A comprehensive TA/Training service model incorporates four inter-related themes.

- The role of TA/Training is to provide useful information that results in a change in how an individual and/or organization approaches the delivery of prevention services.
- Change is gradual and evolves through an internalization and contemplation of the information supported by external or contextual forces (i.e., others in the organization must be equally supportive and understanding of the necessity to change current procedures or operations to have the change occur.).
- Single information events are less likely to produce the desired change cycle. (i.e., as described by D. Clemente, change involves five separate stages: pre-contemplation, contemplation, preparation, action, and maintenance).
- There is a need to broaden the base of prevention workers and their knowledge level. The base needs to be (1) more inclusive and (2) include individuals that operate with a comparable knowledge base (i.e., same language and understanding of concepts and theories). These should be important goals of ADP’s TA/Training projects.

In summary, an effective TA/Training delivery system must include both broad-based informational exchanges (e.g., newsletters, e-mails, bulletins) that represent brief summaries of new information, as well as more intensive, multi-day training efforts to support organizational change. Anything at any point on this continuum requires the development of quality, science-based, and culturally relevant materials, and appropriate mechanisms to deliver the products either through the use of skilled and diverse consultants or by print/electronic mediums. To encourage this approach to the delivery of TA/Training services will require changes at the departmental level (i.e., how they write and manage contracts) and with the contractors providing TA/Training services.

Action Steps

- 1) Review current performance standards. (i.e., based on days of service and number of training evaluations) and assess the use of other units of service to benchmark contractual obligations (i.e., number of agencies served, total numbers impacted, types of services, including electronic mediums, etc.).
- 2) Encourage TA/Training service providers to develop guidelines to assist programs in assessing the integration of TA/Training information into the delivery of their services. This could include guidebooks based on the pre-TA assessment of program needs and a checklist for the program staff to maintain programs.
- 3) Work with TA/Training service providers to develop a priority rating system for responding to TA/Training needs. Priority for fulfilling requests for TA/Training would be given to organizations and communities committed to systemic change, as reflected in the need analysis for TA/Training services. Scores could be based on degree of organizational commitment to engage in the process (i.e., number of staff/administrators or multi-level staff asking to participate in the TA/Training event); potential for broader community impact; ability to implement recommendations quickly; linkages and support of other community groups; and, cultural diversity. To maximize ADP funding and encourage community-wide change, organizations that collaborate to jointly seek TA/Training could be given priority to receive services.

Recommendation 3

ADP, in conjunction with their TA/Training providers, develop procedures to build community capacities by placing priority on requests from collaborations that bring deeper community investments in TA/Training outcomes as compared to individual organizations.

Currently, most of the TA services provided by ADP's contractors focus on meeting the needs of an individual agency or organization. While most of the training provided by the contractors typically involves a broad spectrum of local agencies, they do not attend the training sessions as a collaborative, but rather as single representatives of their respective organizations. The work group believes that making local collaboration a prime focus of TA/Training services will (1) broaden individual perspectives and (2) increase the likelihood of adoption of the information. Assisting a broader coalition of individuals and/or organizations might result in more profound changes in the communities served by TA/Training providers.

Action Steps

- 1) Determine number of TA/Training assignments that are single agency focus.
- 2) In conjunction with the TA/Training contractors identify ways to market the service to include more community-based partnerships.
- 3) Examine potential impact on current contractual requirements (i.e., days of service and number of training events) should a requirement providing number of days of services to collaborations become a reality. The amount of planning for developing work plans and the execution of the TA assignment for these community groups will be greater than providing current TA services.

Recommendation 4

ADP should develop an aggressive marketing campaign with counties and TA/Training providers to ensure that potential consumers, including the often-neglected tribal communities, are aware of the Department's strategic priorities and accompanying TA/Training services.

While some TA/Training service providers experience broad acceptance and awareness in the field, others do not have that same level of visibility. More significantly, a review by ADP staff of agencies, communities and even counties served by its TA/Training contractors would find broad discrepancies in the populations served (i.e., with the exception of the Native American TA contract, very little is done by TA/Training contractors in Tribal communities).

Action Steps

- 1) Based on prior review of TA/Training contractors (see Recommendation 1) the Department will possess a comprehensive listing of agencies, communities, and counties served by all its TA/Training contractors. Analysis of this information should clearly define areas where additional marketing of services should occur.
- 2) Marketing services should be the responsibility of the individual contractors with input from ADP staff. Use of the Department website and Resource Center should, however, be part of the overall plan. The website could include highlights of consumers who benefited from their TA/Training they received.
- 3) Targeted marketing of communities and/or counties should be done in conjunction with local agencies or organizations to ensure penetration of the message.

Recommendation 5

Create a comprehensive framework that supports a full spectrum of professional development opportunities

California, like many other states, is grappling with the issue of appropriate, meaningful, and inclusive education of its prevention providers. In this quest, some states have developed certification procedures for prevention workers. While this represents one solution for ensuring a certain level of informational awareness, it should not be the only one. The work group recommends that ADP develop a framework on educational awareness that is broad and encompasses the diversity of individuals involved in prevention and the multiplicity of approaches available to prevention workers.

Recommendation 6

Create and maintain the training, structure, and use of the consultant pool, which includes the flexibility and competence to address organizational and community differences. However, procedures should be implemented to ensure consistency in knowledge and application of science based practices.

The current TA/Training system enables the potential use of a broad range of consultants from diverse backgrounds possessing a variety of skills and knowledge about prevention. Having this flexibility allows for the selections of consultants to meet unique needs and requests. However, there are some concerns that this broad collection of independent contractors (i.e., the field consultants used by the TA/Training service providers) results in the presentation of conflicting and, on occasion, inaccurate information to the prevention field. In addition, there is no formal procedure to monitor the range of content to ensure their knowledge on current issues. The challenge is how to maintain current diversity of the trainers and consultants, yet ensure consistent and correct information prevention practices are communicated to the broader prevention field.

Action Steps

- 1) ADP should conduct a meeting with the TA/Training contractors to review their procedures for (1) identifying new trainers and field consultants, and (2) assessing their qualifications as prevention specialists.
- 2) ADP should work with the TA/Training contractors to implement a process that would ensure all prevention specialists have a common understanding of science-based prevention findings and research. This could result in annual training events involving consultants for all of the currently funded TA/Training contractors.
- 3) ADP and the TA/Training contractors that produce information for public consumption (e.g., newsletters, bulletins, training materials, etc.) need to develop editorial review procedures to ensure the consistency and accuracy of information presented.

APPENDIX A

TASK FORCE MEMBERS

Appendix A
Task Force Members

Glenn Backes
Gregory J. Boyle
Michael Cunningham
George Feicht
Jim Hernandez
Myel Jenkins
Joan Kiley
Henry Lozano
Martin D. Martinez
Ken McCartney
Al Medina
David Mineta
Tamu Mitchell
Connie Moreno-Peraza
Jim Mosher
Irene Redondo-Churchward
Maureen Sedonaen
Michael Sparks
Wayne Sugita
Ken Terao

APPENDIX B

PATF WORKGROUP MEMBERS

Appendix B
Prevention Advisory Task Force
(PATF)
Workgroup Members

Workgroup 1- Vision of Prevention

Workgroup 1 members are: Al Medina, Fried Wittman, Martin Martinez, Maureen Sedonaen, Jim Mosher, Henry Lozano, Jim Hernandez, Ken McCartney, Michael Cunningham, Daniel Torres, Myel Jenkins, Janelle Olsen, Bill Crane, James Baker, Sandy Hoover, Paul Brower

Workgroup 2- Collaboration/Coordination

Workgroup 2 members are: Daniel Torres, David Mineta, Martin Martinez, Henry Lozano, Al Medina, Wayne Sugita, Ken McCartney, Michael Cunningham, Joan Kiley, George Feicht, Irene Redondo-Churchward, Cheryl Ito

Workgroup 3- Data and Analytical Needs

Workgroup 3 members are: Fried Wittman, Michael Sparks, Susan Nisenbaum, Denise Grothaus, Ken Terao, Wayne Sugita, Tamu Mitchell, George Feicht, Joël Phillips, Greg Austin, Manny Espinoza, Tom Greenfield, Victor Kogler, Bonnie Benard, Dick Kite, Steve Wirtz, Matthew Chinman, Kami Browning, Paul Brower

Workgroup 4- TA and Training

Workgroup 4 members are: Tamu Mitchell, Fried Wittman, Denise Grothaus, Jim Mosher, Jim Hernandez, Martin Martinez, Joël Phillips, Maureen Sedonaen, Angela Goldberg, Sharon O'Hara, Carol Camarillo

Workgroup 5-Funding, Policy and Legislation

Workgroup 5 members are: Jim Hernandez, Maureen Sedonean, Michael Cunningham, Joan Kiley, Michael Sparks, Connie Moreno-Peraza, Manny Espinoza, Wayne Sugita, Glenn Backes, Fried Wittman, Jim Mosher, Al Medina, Henry Lozano, George Feight, David Mineta, Monica Novoa, Carol Camarillo, Paul Brower

APPENDIX C

GLOSSARY OF TERMS

Appendix C Glossary of Terms

A DEFINITION OF ALCOHOL, TOBACCO, AND/OR OTHER DRUG PREVENTION

Processes, services, policies, campaigns, planning, initiatives, activities, and strategies that reduce problems incurred as a result of the availability, manufacture, distribution, promotion, sales, and use of alcohol, tobacco and/or other drugs.

A DEFINITION OF PRIMARY PREVENTION

A strategy, or set of strategies, employing principles that have produced evidence of effectiveness in preventing community-level alcohol, tobacco, or other drug problems among those not in need of treatment.

A DEFINITION OF COMMUNITY

Communities are groups and/or populations and include organizations, institutions, ethnic and racial communities, tribal communities and governments, faith communities, communities based on sexual orientation, age, social status, occupation, professional affiliations, political or social interests, as well as communities defined by geographic boundaries.

A DEFINITION OF AN ALCOHOL, TOBACCO, AND/OR OTHER DRUG PROBLEM

An alcohol, tobacco, and/or other drug problem is any negative consequence, caused or aggravated by the availability, manufacture, distribution, promotion, sales, and use of alcohol, tobacco, and/or other drugs; these problems may be incurred by an individual, family, community, or social, economic, political, or environmental system.

APPENDIX D

RESULTS FROM DEC. 6th & 7th PATF MEETING

APPENDIX D
Prevention Advisory Task Force
(PATF)
Results from Dec. 6th and 7th PATF Meeting

Strategic Area 1: Coordination and Planning

Strategic Area 1 was the most difficult of the discussion items given the number of sub topics and complexity of the issues.

Leadership: The Task Force acknowledged the work done by the new Director in revitalizing prevention. However, members expressed some concern that the work to be done by the Department, or done in concert with the organizations and entities that have been engaged in this process (i.e., specifically mentioned were CADPAC's Prevention Sub-committee, and the California Collaborative Committee). Recommendations/ suggestions included:

1. Hire a Deputy Director of Prevention Services
2. Develop and promote a clear vision of prevention to the State
3. Support vision with some set of guiding principles (e.g., research based practices, performance based measures)
4. Identify venues to have the Director present the "prevention message" – vision
5. Re-establish or reconvene the GPC with ADP as the chair
6. Have the Director develop one-on-one relationships with a limited number of agencies. ABC was identified as a key agency.
7. Identify and blend prevention funds from other agencies.
8. Implement recommendations from C.P.C.
9. Develop plan(s) to access and work with underserved populations (and/or other constituency groups).
10. Exert more regulatory authority on prevention funds subvented to counties (minimally) examine what possibilities exist for regulatory authority.

Prevention Defined: A thorough overview of issues related to defining prevention was presented to the Task Force. The discussion on defining prevention included the following:

1. Ensure the public health model is incorporated into discussion.
2. Need to expand beyond the CSAP six domains.
3. Revisit the discussion and context for defining prevention presented in the "purple book."
4. Examine C.P.C. definition and use of the term "prevention."
5. Important to stay away from language that does not convey our meaning (example: C.P.C.). Understand clearly that potential

alliances will be sensitive to the 'broadness' or 'narrowness' of the definition.

6. The definition must be congruent with the Departmental vision.

Strategic Planning Process: The discussion on strategic planning focused on the need for the Department to engage in this process, and also highlighted the importance of a county-based planning process. Planning needs to occur at both levels and a mechanism to integrate the two levels of effort needs to be considered. Specific recommendations included:

- 1) Implement a strategic planning process – 3-5 year cycle with annual updates. – Must be a dynamic strategic plan useful for decision-making.
- 2) Incorporate county level plans – participatory needs assessments.
- 3) Need to establish statewide AOD related priorities.
- 4) Local levels are central to an overall comprehensive planning effort – must determine and implement ways to get input from the grass root/direct provider level.
- 5) The State Plan – must incorporate “local voices” – local constituents are usually disconnected and not generally heard.
- 6) Be careful not to replicate Master Planning process – develop recommendations to help ADP support the field.
- 7) ADP does not have the staff or resources to implement a strategic plan without coordinating the effort with the counties.

Coordination and Collaboration: Issues on coordination tended to focus on ways the Department can assume a greater leadership role and voice on prevention matters through existing inter-agency alliances and contacts. The consensus of the group was that 1) there is no (or minimal) coordination on AOD issues between state agencies, 2) there is a lack of coordination between the state and local levels, and 3) there is no centralized source of information on prevention efforts (private or public) impeding collaborative planning processes. Specific recommendations included the following:

1. Minimize the fragmentation of AOD services across the different agencies (e.g., get control back of some AOD monies currently directed to other agencies – Health Services, O.C.J.P.).
2. Engage on a one-to-one basis other key state agency representatives.
3. Identify specific (strategic partners) state level partners to facilitate coordination issues.

4. Coordinate AOD TA & Training across agencies, conferences, services, etc.
5. Develop a calendar of AOD related TA /Training conferences.
6. Coordinate ADP's Training and Technical Assistance providers – ensure common language.
7. Coordinate/identify federal AOD funding to California organizations.
8. Identify and develop mechanism (authority) to implement recommendations concerning coordination of efforts.
9. Need to publicize materials and information to foster coordination (e.g., calendar of AOD TA & Training, PAD's analysis)
10. Clarify information to support coordination at state and local level. Document prevention efforts of the various agencies and how they coordinate these activities at the county level.

Strategic Area 2: Data Collection and Analysis

The collection and analysis of AOD data is central to any discussion concerning enhancing planning and developing an accountable AOD prevention system. The Task Force members offered a number of suggestions on ways to enhance data collection and analysis.

1. Produce specific information not currently accessible to the prevention field – specifically, retail sales of alcoholic beverages and marketing brand data (i.e., sales by specific producer).
2. Identify alternative outcome data collection procedures to ensure California will be in compliance with pending Federal directives concerning documentation of prevention program effectiveness.
3. Data are important in 1) shaping the vision (i.e., what are the specific AOD problems of concern), 2) planning, and 3) accountability.
4. Municipal data are important – for local planning but which can also be rolled up to State for strategic planning purposes.
5. Lowest level of data collection (i.e., neighborhoods) is important for most effective planning. The state's role should be to provide training and technical assistance to help local agencies with data collection and analysis.
6. The Department should assist programs in linking appropriate data to be collected (measures) to specific program models.
7. While outcome evaluations are important, it is also necessary to promote case study process evaluation.
8. Need to collect information on protective factors/resiliency, as well as on 'problem behaviors.'
9. Data on policy data to be collected (i.e., track local ordinances that have been passed)
10. Assess impact of AOD related legislation share analyses with the field.
11. Identify data supportive of the vision.
12. Implement a 'trial' data collection of proposed, but not yet mandated, CSAP outcome data (individually based).

Strategic Area 3: Information Dissemination (Resource Center)

The discussion on information dissemination focused on ways to enhance and broaden capacity at ADP's excellent Resource Center. Issues centered on quality control review procedures for new acquisition, types of materials needed at the Center, dissemination packages and linkages with other resource sites.

1. Create links with other resource centers (ARG, SALIS as a source)
2. Develop with input from outside organizations, agencies and professionals, a list of key documents useful for research purposes.
3. Develop a series of informational packets (could be a responsibility of the TA contractors) for dissemination.
4. Develop mechanism to identify and collect 'fugitive' literature – articles and reports not published.
5. Implement an editorial/science review board to assess new acquisitions.
6. Place materials, with permission of the authors, on the web.
7. Prepare detailed formatted abstracts for each publication – include summation and review of the potential use of the information.
8. Develop procedures to keep library/resource center current with research findings documents and reports.
9. Expand resources of foreign language materials.
10. Examine current calls for assistance from non-English speaking public and determine potential ways to better service this group (a national hot line has an all electronic multi-language service center capable of responding to the needs multi-ethnic population).
11. Evaluate impact of media spots – both Spanish and English. Determine whether it resulted in an increase call volume.
12. Review and connect to county websites where appropriate.
13. Review other procedures of other Resource Centers (or bring in representatives to review ADP's operation).

Strategic Area 4: Technical Assistance

The Department has a long history in funding Technical Assistance contractors to provide service to the treatment and prevention field. The discussion focused on several ways to enhance the TA and Training delivery system through changes in 1) types of service provided (i.e., increased use of the electronic medium), 2) the documentation (TA days) procedures, 3) populations served (i.e., tribal communities), and 4) types of products developed.

Recommendations from the Task Force included the following:

1. Review the structure of the current Technical Assistance delivery system (i.e., days of service to any one agency, in-person versus other

- vehicles to provide information, assisting entire communities versus a single agency).
2. Integrate and design TA & Training with the vision of the Department.
 3. Extend outreach to Native American communities.
 4. Minimize use of one-day TA assignments.
 5. Explore innovative web-based approaches for disseminating information and training participants.
 6. Review different ways to account for services delivered by TA contractors.
 7. Expand specialty area for T.A. approaches (e.g., policy and environmental).
 8. Use results of strategic planning process to determine TA priorities.
 9. Make greater use of a Trainer-of-Trainers model to broaden potential impact of TA providers.
 10. Examine innovative ways to deliver TA & Training (e.g., Sacramento County's mini-consortium of service providers).
 11. Make greater use of continuing education credits training programs offered by TA contractors (note: some concerns expressed).
 12. Examine ways to base TA model to develop/support local constituency.
 13. Provide additional TA on how local providers can make better use of evaluations indicator analyses.
 14. Need to examine TA services strategies (method of delivery) by outcomes.
 15. Move to a model of assisting local communities to be ready for TA "action education for people." Train community members so they can support themselves.
 16. Find ways to increase the use of the five steps found in NNA contracts to shift from customary practices to research-based approaches (RBA).

Strategic Area 5: Special Initiatives and Projects

The final strategic area examined ways for Department to form strategic alliances with other agencies. There was minimal discussion on special funding/projects. Specific recommendations included:

1. ADP special projects come from the Director's office, however, the prevention Service Division can make recommendations so long as

staff and resources are found and the projects are in alignment with agency objectives and vision.

2. Examine the potential of the Department to produce epidemiological reports on emerging issues of potential concern – back up the research findings with advice and recommendations (use TA contractors).
3. Work more closely with Department of Education. Recommend resources and program. (It was suggested that CAD PAAC, and TA contractors assist in this effort.) (Note: Several issues concerning schools were identified including access, testing and linkage between research and API scores).
4. Establish a quarterly meeting with ABC (Alcohol Beverage Control), OTC (Office of Traffic Safety), and Tobacco Control Section (DHS).
5. Pilot how ADP and county coordinator can work more effectively together.
6. Examine how other interagency linkages operate.

Next Steps

The meeting concluded with a discussion on next steps. Specifically, the following action items were identified:

1. Formulate workgroups on specific topics (see Attachment A)
2. Recruit participants (see Attachment A)
3. Schedule initial meeting – preferably by telephone, minimize travel and face-to-face meetings
4. Identify additional resources, presenters for the next meeting
5. Select date for the next meeting and prepare agenda and materials as necessary
6. ADP & TA contractors will support meetings (telephone set up, materials copied and sent out, etc.)