



Alpine County Strategic Prevention Plan

Fiscal Years 2018- 2023

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Glossary of Abbreviations

The following abbreviations are used in this report:

ACBHS	Alpine County Behavioral Health Services
ACHHS	Alpine County Health and Human Services
AOD	Alcohol and Other Drugs
BH	Behavioral Health
CalOMS Pv	California Outcomes Measurement System for Prevention
CAPC	Child Abuse Prevention Council
CARS	Center for Applied Research Solutions
CHIS	California Health Interview Survey
CHKS	California Healthy Kids Survey
CSAP	SAMHSA's Center for Substance Abuse Prevention
CSCS	California School Climate Survey
CSTS	California Student Tobacco Survey
DHCS	California Department of Health Care Services
DUI	Driving Under the Influence
FY	Fiscal Year
HWC	Health and Wellness Coalition
KIIs	Key Informant Interviews
MHB	Mental Health Board
MHSA	Mental Health Services Act
MOUs	Memorandums of Understanding
NYRBS	Nevada Youth Risk Behavior Survey
PPSDS	Primary Prevention SUD Data Service
RDA	Resource Development Associates
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Substance Abuse Prevention
SAPT	Substance Abuse Prevention and Treatment
SNAP-ED	Supplemental Nutrition Assistance Program Education
SPF	Strategic Prevention Framework
SUD	Substance Use Disorder
SPP	Strategic Prevention Plan



Introduction and County Overview

Overview of Prevention Planning

Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds are awarded to counties by the California Department of Health Care Services (DHCS) to plan, implement, and evaluate activities to prevent and treat substance use disorders (SUD). Twenty percent of the State's SAPT Block Grant funds must be spent on primary prevention. The DHCS administers SAPT funds for alcohol and other drugs (AOD) primary prevention services in Alpine County.

In preparing this five-year Strategic Prevention Plan (SPP), the Alpine County Behavioral Health Services (ACBHS) Department, in partnership with Resource Development Associates (RDA), utilized the Strategic Prevention Framework (SPF), a planning and program design tool developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF consists of five steps (assessment, capacity building, planning, implementation, and evaluation) and aims to enable counties to build the infrastructure necessary for effective and sustainable prevention through a community-based approach.

To implement the SPF in Alpine County, ACBHS and RDA reviewed local data on SUD needs and existing programs and strategies and integrated stakeholder input provided through Key Informant Interviews (KIIs), Focus Groups, and Community Surveys. These data collection activities incorporated diverse stakeholders representing various groups within the community, including contracted SUD prevention providers, ACBHS staff, the Hung-A-Lel-Ti community, education, social services agencies, the ski resort community, and members of the various communities within Alpine County.

The Strategic Prevention Framework

The SPF was designed to assist coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in AOD use and abuse. While the SPF is an ongoing, iterative process, it also provides a road map for setting and accomplishing long-term program goals.

ACBHS developed this five-year SPP as an extension of the 2015-2018 SPP. Alpine County has focused its resources on continuing to support providers externally and increasing the availability of internal staff. ACBHS will continue to expand on these capacity-building efforts while focusing on reducing AOD use and abuse among youth and adults living and working in Alpine County.

The following five steps of the SPF provide a systematic approach to evidence-based, outcome-oriented prevention planning:

- | | |
|--------------------|---|
| SPF Step 1. | Assessment: Profile population needs, resources, and readiness to address problems and gaps in service delivery. |
| SPF Step 2. | Capacity: Mobilize and/or build financial and organizational capacity to address need; convene partnerships/coalitions; assess readiness; and improve cultural competency. |
| SPF Step 3. | Planning: Develop a comprehensive strategic plan. |



- SPF Step 4.** **Implementation:** Implement evidence-based programs and infrastructure activities.
- SPF Step 5.** **Evaluation:** Monitor and measure process and outcome data of implemented programs, policies, and practices for effectiveness and sustainability to continuously refine and improve prevention services, effectively apply resources, and appropriately develop the workforce.

The SPF requires counties to develop specific county-wide goals and objectives based on findings from the assessment process as well as identify goals and objectives for prevention programs that use SAPT block grant primary prevention funds.

The following plan begins with an overview of Alpine County's geographic and demographic profile, and an overview of ACBHS and the County's prevention philosophy. It then details the 5 steps in the following manner:

- ❖ SPF Step 1 contains the Needs and Resource Assessment, which includes (1) a review of methods and data sources utilized in support of the Assessment, (2) Alcohol and Other Drug indicators within Alpine County, (3) Current Prevention Strategies, and (4) Alpine County Prevention Priorities and Problem Statements.
- ❖ SPF Step 2 outlines Alpine County's capacity for SUD prevention and includes information pertaining to both County resources and community partners.
- ❖ SPF Step 3 details Alpine County's SUD prevention priorities and planning process. This section includes a discussion of the identification of SUD prevention priorities, as well as logic models mapping the prevention priorities to corresponding objectives, strategies, outcomes, and indicators.
- ❖ SPF Step 4 discusses implementation of the objectives and strategies detailed in SPF Step 3.
- ❖ SPF Step 5 includes a brief discussion of methods for evaluation of Alpine County SUD prevention implementation.

Alpine County Profile

Geographic Profile

Alpine County is geographically the eighth smallest and least populated county in the State of California. It is located in the Sierra Nevada mountain range between Lake Tahoe and Yosemite National Park. The State of Nevada borders Alpine County to the east. Mono and Tuolumne Counties lie to the south, Amador and Calaveras Counties border to the west, and El Dorado County meets Alpine's northern boundary. The main routes in Alpine County are state highways 88, 89, and 4.

Alpine County is comprised of approximately 743 square miles, with an average of fewer than two residents per square mile. Alpine County is entirely rural, with no incorporated cities. Most of the population is concentrated around a few remote mountain communities: Markleeville, Woodfords, Hung-A-Lel-Ti, Bear Valley, and Kirkwood. Each community has distinctly different profiles and needs. Residents have a rural lifestyle, with several city areas in the neighboring counties. Markleeville is the County seat and home to many of the County's offices. Since there



are no incorporated cities within Alpine County, most public services are provided by County departments or agencies.

Demographic Profile

Alpine County was created in 1864 during the Silver Boom. Over the years, the population of the county varied from as many as 11,000 people to as few as 200 people. Today the county has the smallest population of California's 58 counties, with approximately 1,175 residents in 2010, as estimated by the U.S. Census Bureau. However, the county's population can increase to as many as 6,000 people during peak recreational periods.

Approximately 23% of the population in Alpine County is Native American, of the Washoe Tribe (Hung-A-Lel-Ti) of Nevada and California. The remaining 77% of the population is primarily Caucasian. The political environment is generally considered to be rural conservative.¹

Today, Alpine County is largely dependent on tourism as most of the County's income is derived from visitors who seek out the county for its year-round outdoor recreation opportunities. Fishing, camping, hiking, rafting, skiing and winter snow sports all contribute to the economy. There are no fast food restaurants, banks, professional medical providers or hospitals, manufacturing sites, or other industries within the County boundaries.

During the 2017-2018 school years, 82 students were enrolled in the Diamond Valley Elementary School, which serves children living throughout Alpine County from kindergarten through the eighth grade.² There are currently about 16 adolescents living in Alpine County that attend high school, outside of Alpine County.³ These students are spread across three different high schools: one located in Douglas County, NV; one located in South Lake Tahoe within El Dorado County, CA, and one located in Arnold, CA in Calaveras County. The majority of these students are enrolled in high school in Douglas County, NV. By the time students reach middle school, most participate in afterschool activities and sports outside of Alpine County as part of transitioning to a high school located in another region. This presents barriers to understanding and serving the substance abuse prevention needs of older youth living in Alpine County.

Overview of ACBHS

ACBHS is a small department that provides integrated mental health and AOD services to all Alpine County residents. ACBHS is made up of primarily administrative and clinical staff, in addition to several positions to coordinate and oversee programs and services funded by the Mental Health Services Act (MHSA). ACBHS has an AOD Program Specialist whose charge is to carry out the activities outlined in this Five-Year SPP. On the following page is a depiction of the ACBHS organizational chart, as of 6/2018. The roles and individuals shown in this chart are available resources to support the implementation of the Alpine County Five-Year SPP 2018-2023. **See ACBHS Organizational Chart on Next Page**

¹ Alpine County QuickFacts from the US Census Bureau. (2010) Census. Retrieved July 31, 2017, from <http://quickfacts.census.gov/qfd/states/06/06003.html>

² Enrollment for 2017-2018 from California Department of Education, DataQuest. Retrieved July 31, 2017 from <http://data1.cde.ca.gov/dataquest/>.

³ Adolescent population estimated by ACBHS.





Partnership with Health and Wellness Coalition

To promote interagency collaboration aimed at fostering healthy living in Alpine County, ACBHS partnered with Alpine County Health and Human Services (ACHHS) to establish the Health and Wellness Coalition (HWC). The HWC is coordinated by ACBHS's AOD Program Specialist and an ACHHS representative and is comprised of 19 members representing the following sectors:

- | | |
|------------------------------------|--|
| ❖ Alcohol & Other Drug Services | ❖ MHSA/Native Wellness |
| ❖ Behavioral Health Services | ❖ Native Temporary Assistance to Needy Families (TANF) |
| ❖ Clinic Nurse | ❖ Office of Education |
| ❖ Early Childhood Services | ❖ Outdoor Recreation |
| ❖ Emergency Preparedness | ❖ Public Health Officer |
| ❖ Environmental Health | ❖ Social Services |
| ❖ Health Education/Tobacco Control | ❖ Suicide Prevention Network |
| ❖ Law Enforcement | ❖ Woodfords Community Council |
| ❖ Live Violence Free | ❖ Workforce Services |
| ❖ Mentoring Program | |

The HWC is convened monthly to review progress against objectives, recruit new members, and inform participants of events. The HWC is open to any staff, provider, or community leader who wants to contribute and whose strengths can be leveraged in achieving the HWC's objectives. Typically, ten to twelve of the coalition's members who represent multiple perspectives regularly attend monthly meetings.

The HWC plans to address multiple components that make up the social determinants of health including chronic illness, substance use, aging, healthcare, jobs, inequality, child care, and others. The HWC's approach to promoting community health is by advocating for "Health in All Policies." Through a collaborative, cross-departmental, and interdisciplinary approach, the HWC acts in partnership with the County to conduct planning, implementation, and evaluation for initiatives within tobacco control, AOD, and Supplemental Nutrition Assistance Program Education (SNAP-ED). For FY 2018-2023 the HWC identified these objectives:

1. **Outdoor Recreation:** Promote partnerships to support work currently underway to create and enhance hiking trails, and to promote utilization of healthy outdoor recreation.
2. **Nutrition:** Partners will promote the idea of "Creating connections around healthy eating" in an effort to increase positive social norms around nutrition.
3. **School-Based Prevention:** Support ongoing prevention programs, enhance existing prevention events, and promote the positive message "Live Healthy – Community health is ageless!"

In an effort to maintain an interdisciplinary approach without causing stakeholder fatigue in such a small county, ACBHS plans to partner with ACHHS to leverage the HWC in support of its SUD prevention efforts. The HWC will be convened to help promote SUD prevention education and information dissemination at community events and through programs targeting youth/adolescents and their parents living in Alpine County. The HWC is named as a resource in strategies that can leverage HWC events, input, and efforts to conduct SPP activities.



Prevention Philosophy

Mission of ACBHS

It is the mission of ACBHS to provide safe, ethical, and accessible services that inspire personal growth and development through strength-based behavioral health programs and supportive connections. Through outreach and engagement in surrounding and outlying areas of the county, we are integrated and accessible to all community members.

Vision of ACBHS

The vision includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. This vision is reflected in our world view, informing materials, and client treatment plans. Integration of these values creates a forum for ensuring that we continually assess and enhance our services in an effort to be culturally and linguistically relevant for our youth and adult clients and their families. Our strength-based model of treatment is being utilized in both our program and our treatment modalities. Our vision is to continue with this response to community needs.

Mission of HWC

It is the mission of the HWC to build strong community partnerships promoting healthy living through outreach, advocacy and education.



SPF Step 1: Assessment Methodology

Overview

The first step in the SPP planning process involved conducting a community needs assessment to identify and address SUD needs in Alpine County. The purpose of the assessment process was to:

- ❖ Identify and prioritize environmental, social, underlying, and individual factors that contribute to alcohol and other drug problems;
- ❖ Establish consensus about the alcohol and other drug problems in the community;
- ❖ Evaluate the existing SUD prevention programs and services;
- ❖ Increase the likelihood that the five-year SPP will include approaches, policies, and practices that will reduce the identified problems; and
- ❖ Establish baseline information to track progress toward prevention objectives.

Methods and Data Sources selected

Quantitative data

- ❖ California Healthy Kids Survey (CHKS) at <http://chks.wested.org/>;
- ❖ California Outcomes Measurement System for Prevention (CalOMS Pv) data system; and
- ❖ 2010 U.S. Census report.

Qualitative data

- ❖ Surveys – Standardized paper-and-pencil, online, and phone questionnaires that ask pre-determined questions; and
- ❖ Interviews – Structured or unstructured, one-on-one directed conversations with key individuals or leaders in the community.

Description of Stakeholder Involvement

In August of 2017 ACBHS partnered with RDA to begin the interview process for the 2018-2023 SPP. In preparing this Five-Year plan, ACBHS expanded on the data collection activities conducted in 2015 to enhance our understanding of Alpine County's substance use prevention needs and document the progress we have made over the past three years in furthering its priority prevention areas.

ACBHS began the Community Needs Survey for the 2018-2023 SPP with a document review of prior Alpine County plans, evaluations, and assessments related to SUD prevention and a technical review of DHCS regulations for SUD prevention planning. The assessment then explored the current system of SUD prevention services through a review of Memorandums of Understanding (MOUs) and contracts with providers, including performance measures and data collection systems. ACBHS and RDA also conducted a review of CalOMS Pv data and RDA conducted KILs with Alpine County stakeholders to understand and map the existing system of SUD prevention services and identify the SUD prevention needs of residents in Alpine County. To incorporate the perspective of community members from Alpine County's geographically-isolated areas, in Bear Valley and Kirkwood, we administered a survey to stakeholders living and working in these areas specifically. These data sources and methods, described in detail below, were targeted toward examining the effectiveness of the available SUD prevention services and identifying current gaps in SUD prevention services. Further, a survey was placed



on the Alpine County website to get the input of remote location residents, as well as those who are currently involved in BHS services that were not directly contacted by RDA.

ACBHS built upon the 2015-2018 SPP findings by conducting additional KIIs and reviewing the CalOMS PV data from FY 2014, 2015, 2016 and 2017. This helped in understanding the SUD prevention needs of the various communities and age groups in Alpine County. This process served to ensure that the current and any future strategic prevention plans reflect the needs of the community and connect the County's goals and objectives to strategies implemented by service providers.

Data Source Findings

To develop the Alpine County 2018-2023 SPP, we reviewed previous Alpine County SPPs as well as SPPs from other counties comparable in size and/or geography. We also conducted a technical review of DHCS regulations that pertain to SUD prevention planning and reporting requirements. This review process ensured ACBHS and involved stakeholders were familiar with the SUD prevention history of Alpine County, as well as the framework for SUD planning and reporting as required by DHCS.

We also conducted a review of MOUs and contracts with SUD prevention service providers in Alpine County. This review informed an understanding of how current SUD prevention services were operating, what performance measures they were tracking, and their organizational capacity to serve their target populations.

California School Climate Survey (2015)

- This survey is carried out by WestEd as part of the California Healthy Kids Survey (CHKS). The survey captures data on teacher perceptions of AOD use at school and school policies and practices around AOD prevention.

Indicators of Alcohol and Other Drug Risk and Consequences for California Counties: Alpine County, 2016

- The Center for Applied Research Solutions (CARS) provides prevention-related data that aggregates Alpine and neighboring counties (including Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne).

Nevada Youth Risk Behavior Survey (NYRBS 2015)

- This survey was used to capture data on alcohol and drug use by high school students in the Carson City/Douglas County Region in Nevada, where some Alpine County youth attend high school.

California Health Interview Survey (CHIS), 2015-2016

- The CHIS was used to examine data on adult tobacco use. While tobacco use is not a specific focus of the SPP, this data is helpful in providing an understanding of the overall context of substance use in Alpine County.

California Healthy Kids Survey (CHKS), Alpine County, (2015 – 2016) Elementary School data, 5th Grade

- 9% of respondents have had one or two sips of alcohol



- 9% of respondents have had a full glass of alcohol
- 9% of respondents have used inhalants (to get “high”)
- 27% of respondents believed that the health risk of consuming alcohol is “a little bad”
- 73% of respondents believed that the health risk of consuming alcohol is “very bad”
- 9% of respondents believed that the health risk of consuming marijuana is “not bad”
- 9% of respondents believed that the health risk of consuming marijuana is “a little bad”
- 64% of respondents believed that the health risk of consuming marijuana is “very bad”
- 18% of respondents don’t know what marijuana is
- 9% of respondents reported ever smoking a cigarette or part of a cigarette
- 100% of kids agreed that the health risk of cigarette smoking is “very bad”

California Healthy Kids Survey (CHKS), Alpine County, (2015 – 2016) Secondary School data, 11th Grade

- 10% of respondents reported being offered, sold, or given an illegal drug (at least 1 time)
- 36% of respondents reported alcohol or drug use at some point in their lifetime
- 9% of respondents reported current alcohol or drug use
- 64% of respondents had consumed one full drink of alcohol 0 times
- 18% of respondents had consumed one full drink of alcohol 1 time
- 18% of respondents had consumed one full drink of alcohol 2 – 3 times
- 70% of respondents had used marijuana 0 times
- 10% of respondents had used marijuana 1 time
- 20% of respondents had used marijuana 4 or more times
- 91% of respondents had used inhalants (to get “high”) 0 times
- 9% of respondents had used inhalants (to get “high”) 1 time
- 91% of respondents reported having been very drunk or sick after drinking alcohol 0 times
- 9% of respondents reported having been very drunk or sick after drinking alcohol 1 to 2 times
- 82% of respondents reported having been “high” (i.e. “loaded”, “stoned”, or “wasted”) from using drugs 0 times
- 9% of respondents reported having been “high” (i.e. “loaded”, “stoned”, or “wasted”) 3 to 6 times
- 9% of respondents reported having been “high” (i.e. “loaded”, “stoned”, or “wasted”) 7 or more times

CalOMS Pv and Treatment data

Data was collected from the years 2014, 2015, 2016 and 2017 where prevention and substance use disorder treatment were concerned to assist in determining priority areas of concern.

Key Informant Interviews (KIIs)

In developing the Alpine County 2018-2023 SPP, RDA conducted KIIs with Alpine County stakeholders representing various groups within the community, including contracted SUD prevention providers, ACBHS staff, representatives from the Hung-A-Lel-Ti community, and a representative from the ski resort community. These key informants had a broad range of affiliations, including service providers, education representatives, representatives from social services agencies, and community members participating in Alpine County’s SUD prevention



Alpine County Behavioral Health Services

services. All KIIs were collectively used to gain a deeper understanding of the perceptions regarding SUD prevention needs, programs providing SUD prevention services, and other available services that support the mission and vision of this plan.

Alpine County Community Survey

Similarly, in an effort to reach the other geographically-isolated area of Alpine County, RDA administered an online and paper-based survey within the entire community. Thirty-nine (39) individuals completed the survey, sharing their awareness of SUD prevention services in Kirkwood, Bear Valley and elsewhere in the County. Those who completed the survey were also asked to rate their satisfaction with the availability of services and the extent to which the services meet their needs. Survey participants were also asked to identify populations in the county who were in particular need of SUD prevention services.

The County utilized data derived from the CalOMS Pv, CHIS, CARS, KIIs and Surveys. Multiple stakeholders shared concern around use and abuse of alcohol, methamphetamines, tobacco and marijuana.

- *"Because we are so small, the people who live here, who work here, who participate in the community, they have an eye out for each other. We watch out for each other."* (source: Stakeholder survey)
- *"It's a hard community to do substance abuse prevention or treatment because it is really small. Concerns about confidentiality here are huge."* (source: KII)

Nature and Extent of Alcohol and Other Drug Problems

Alpine County experiences multiple social and health consequences among youth and adult populations as a result of AOD use and abuse. It is also important to consider Alpine County's AOD indicators in relation to South Lake Tahoe because it is the closest community that offers a full range of behavioral health services. Additionally, many South Lake Tahoe community members are seasonal residents in Alpine County or may work in one of Alpine's ski resorts while accessing SUD treatment and/or prevention services in either Alpine or El Dorado counties.

What is the County doing well, according to Stakeholders?

❖ ACBHS Staff

- *"I think they are doing great, they are so supportive. They try to help in any way they can. They are really good people, all of them... they are so supportive."* (source: Stakeholder survey)

❖ Promotion/enthusiasm of leading healthy lives

❖ Transportation provided on the reservation to and from county services

❖ Community outreach in the Hung-A-Lel-Ti community

- Wednesday meetings (Talking Circle)
- Family night "where we can talk to someone if we need to"
- Friday lunch with health prevention

❖ Cross collaboration between agencies

- *"I go to social services, and they [BHS] are at social services. They reached out to me. I felt so much like family and it was nice."* (source: Stakeholder survey)

❖ Counseling services

❖ Activities & engagement opportunities for children and youth (Summer Day Camp)



Social Access to AOD

Both stakeholders and quantitative data indicate that Alpine County youth are able to access AOD at school and from other social sources.

What are the vulnerable groups or populations?

- ❖ **Youth** (and ensuring there are plenty of opportunities for youth to be engaged outside of substances)
 - *"I think that we are in always-constant need of innovative ways to engage youth and opportunities for them that don't have anything to do with substance use. We lack that here. There is a great effort but it is always going to be a need."* (source: Stakeholder survey)
- ❖ **Tribal population**
- ❖ **Seasonal population**
- ❖ **Low socioeconomic status populations**

What has been challenging / prohibitive in accessing services?

- ❖ **Unresponsive/unsupportive staff in years prior.**
 - *"I think the resources to help her were there, but no one directed her in that direction."* (source: Stakeholder survey)

Suggestions to improve Substance Abuse Prevention (SAP) services (As stated by Stakeholders)

- ❖ **Alcoholics Anonymous and Narcotics Anonymous**
- ❖ **Increased community education**
 - Some participants expressed a desire for parenting classes on problems caused by alcohol
 - However, other individuals shared that they believe the parent education that is offered is a strength of ACBH:
 - *"I like the way they do the classes to teach you to talk to your children about drug and alcohol abuse. They are educational. They are offered to anyone, whether you have kids or not. Misty does it; they just had one last week. She gives you helpful things on how to prevent it, and if it is happening how to talk to your child on how to get connecting to services, they have counseling, and activities. She always links everything in with suicide prevention and BH."* (source: Stakeholder survey)
 - Youth education around substance abuse
 - *"The County offers [Create the Good] lunches in the community to provide education around diabetes prevention and healthy eating. Provide something like this around community education for SAP and AOD"* (source: Stakeholder survey)
 - Finding a youth education program that resonates well with kids
 - Community ambassadors around SAP
 - Community education around harmful health consequences of tobacco use
 - Community education about addiction as a disease (to reduce the stigma of substance use, abuse and addiction)



❖ **Community engagement**

- Events/opportunities for community engagement across the lifespan, like bringing in speakers to destigmatize alcohol and substance use
- Providing/creating a centralized community room or center

❖ **Cross agency collaboration**

- *"If we can keep developing those collaborative relationships, we can be assisting program goals for SAP, tobacco control, obesity prevention, diabetes control. All of these can be working together if we keep working on these collaborative relationships. We can get locked into our silos and we have to remember to collaborate."* (source: Stakeholder survey)

❖ **Outreach about services (ACBHS does this but need more)**

- Many individuals shared it is important to have an AA or NA group, but it sounds like a similar group is being offered. There is a need for increased outreach about this service.
 - *"There used to be AA meetings in town. I don't think they are happening anymore. I don't see them posted. Maybe the people who know about them know where to go. I used to see posters in town about AA, regularly on this day/month. I don't see that around anymore."* (source: Stakeholder survey)
 - *"I don't think it's all that easy [to find out about services]. I think it might be challenging for someone who needs these services (it's not socially acceptable, and it can be prosecutable; they may be timid) and it might be dangerous."* (source: Stakeholder survey)
- Getting enough individuals to join services to make it sustainable

Indicated community survey priority substances

What are the priority substances in Alpine County according to the survey of stakeholders?

- ❖ Alcohol
- ❖ Methamphetamine
- ❖ Tobacco
- ❖ Marijuana

Risk and Protective Factors

Although stakeholders have identified four problem areas, ACBHS has prioritized the problem areas and is focusing on one priority area. The priority area ACBHS will be focusing on is alcohol abuse among many community members, as well as use of alcohol by youth at an early age.

Below, the "Risk and Protective Factors" table (Table 1.1) details the organized data findings and identifies risk and protective factors for the focus "Priority Area".



Table 1.1: Risk and Protective Factors Chart

Priority Area	Risk Factor	Protective Factor
Alcohol	1. Substance is accessible 2. Laws, policies, and/or ordinances are unclear or inconsistently enforced 3. Parents illustrate no/low perception of harm 4. Past/current substance use by family members 5. Youth illustrate no/low perception of harm	1. Access to substance is minimal 2. Laws, policies, and/or ordinances are consistently enforced 3. Parents/adults are informed of substance use and consequences to increase perception of harm 4. Positive parenting/family management and positive parental involvement 5. Youth illustrate med/high perception of harm. 6. Demonstrates positive interpersonal and social development. 7. Opportunities exist for school/community involvement

What are the community risk factors?

- ❖ **Isolation**
 - *“It is very isolated. It is easy to get bound in by the snow. You can do an online job, now you don’t have to drive. If you are home, you don’t have to participate in community events.” (Source: KII)*
- ❖ **Disengagement**
- ❖ **Being in close proximity to methamphetamine** in foothill communities
- ❖ **Parents sharing substances** (marijuana and other drugs) **with children**
- ❖ **Generational alcohol abuse**
- ❖ **Small community and issues of maintaining privacy**
 - *“It’s a hard community to do substance abuse prevention or treatment because it is really small. Concerns about confidentiality here are huge.” (Source: KII)*

What are the community protective factors?

- ❖ **Isolation** from substances, less opportunity for vice
- ❖ **Support from ACBHS**
 - *“Behavioral health is very engaged in the community. If I don’t make it to a meeting, they won’t say ‘We’ll see them next week.’ They call me, they reach out. They make sure you know about stuff. If you are having an event they find out if people are actually going.” (source: Stakeholder survey)*
- ❖ **Education center on the reservation**
- ❖ **Supportive community**

Problem Statement: (Identified by Data Collection)

Problem Statement: Community isolation and disengagement combined with a lack of positive engagement activities allow for alcohol use in the county. Alpine County has high levels of alcohol use among adults and older adults as well as use and misuse by youth.

Prevention Priority Area: Alcohol abuse among many community members, as well as use of alcohol in youth at an early age.



Based on the key findings described above and the current prevention programs available, ACBHS identified the prevention priority area to focus its SAP efforts over the next five years. This priority area was also informed by the history of Alpine County's SUD prevention plans and needs, by the overall SPF framework, and the data available to make concrete measurements about the impact SAP strategies are having on preventing SUD. As such, ACBHS has chosen to focus its prevention efforts in addressing alcohol misuse or abuse across the lifespan because of its documented impact on the health and wellness of Alpine County residents. Additionally, the key data sources that track drug use and abuse lack Alpine County-specific data that would otherwise allow ACBHS to evaluate its progress towards achieving its SAP objectives.

Overall, ACBHS envisions an integrated system of behavioral health services that addresses the SUD prevention needs of Alpine residents across their lifespan. The proposed SAP strategies in this plan build upon concurrent efforts across other Alpine County departments to promote the holistic health and wellness of Alpine County residents. When viewed in conjunction with other initiatives and non-SAP programs, ACBHS is providing a full range of preventative behavioral health services to at-risk populations.

According to findings from the needs assessment, Alpine County youth demonstrate early initiation ages and high rates of substance use, particularly of alcohol. The needs assessment identified a number of factors that contribute to this problem, as discussed in the data presented above. Contributing factors include:

1. Limited alternative options for social activities due to the county's isolated geography and small population.
2. Youth access to alcohol and other substances at school and through other social sources.
3. Youth obtaining prescription drugs from parents or family.
4. Youth access to alcohol from commercial settings and across state lines.
5. Limited SUD prevention education for younger children and limited understanding of the harmful effects of substance use.
6. Limited parent and adult awareness of the harmful effects of AOD use.
7. AOD use and abuse among the adult population; and youth at a young age.
8. Community norms reflecting an acceptance of AOD use and abuse.



Resource Inventory

To determine if Alpine County is resource-ready, an inventory of resources was completed for the identified priority area and can be found in Table 1.2 below.

Table 1.2: Resource Assessment

Priority Area: Alcohol abuse among many community members, as well as use of alcohol in youth at an early age.		✓ or n/a
Community Resources	Community awareness	✓
	Specialized knowledge about Pv research, theory, and practice	✓
	Practical experience	✓
	Political/policy knowledge	✓
Fiscal Resources	Funding	✓
	Equipment: computers, Xerox, etc.	✓
	Promotion and advertising	✓
Human Resources	Competent staff	✓
	Training	✓
	Consultants	✓
	Volunteers	n/a
	Stakeholders	✓
	Other agency partners	✓
	Community leaders	✓
Organizational Resources	Vision and mission statement	✓
	Clear and consistent organizational patterns and policies	✓
	Adequate fiscal resources for implementation	✓
	Technological resources	✓
	Specialized knowledge about Pv research, theory, and practice. Staff is trained to identify valuable Pv resources.	✓

Resource Readiness

The county is resource ready to address the use of the substance in the top priority area identified by the stakeholders. The integrated infrastructure of the county departments and



community stakeholders allows for HHS, BHS, Alpine County School District, Tribal Healing Center and the Washoe Indian Education Center to collaborate their efforts.

Assessing Community Readiness

In reviewing data and programs that are in place, the community fits into Stage 7 below.

Alpine County is evaluating and modifying their programs and expanding the support efforts in the community, in order to engage more youth and adults that might have previously been uninvolved in community events.

Resource Challenges/Gaps:

To illustrate existing resources, the level of readiness and challenges/gaps for each priority area have been detailed in Table 1.4 below:

Capacity Assessment Chart (Table 1.4)

		Priority Area: Alcohol		
		Resources	Readiness Level	Challenges/Gaps
Resource Components	Community	1. Community Awareness 2. Specialized knowledge about Pv research, theory and practice 3. Practical experience 4. Political/policy knowledge	Stage 7	1. Varied awareness of services 2. Limited youth education about substance abuse 3. Individual disengagement from community and isolation. 4. Stakeholders have varying degrees of knowledge of the SPP. Health and Wellness Coalition (HWC) will become aware of SUD prevention services and SPP.
	Fiscal	1. Funding 2. Equipment: computers, Xerox, etc. 3. Promotion and advertising	Stage 7	No gaps identified at this time
	Human	1. Competent staff 2. Training 3. Stakeholders 4. Other agency partners 5. Community leaders	Stage 7	1. Increase Staff training in SUD Prevention and Assessments. 2. Some agencies lack in capacity. 3. Lack of readiness or knowledge among community leaders.



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	Organization	1. Vision and mission statement 2. Clear and consistent organizational patterns and policies 3. Adequate fiscal resources for implementation 4. Technological resources 5. ACBHS has increased its staffing capacity by hiring new staff to address unmet community health and AOD needs	Stage 7	1. Varied stakeholder participation. 2. HWC is beginning to encourage stakeholder participation beyond provider agencies. Lack of readiness or knowledge of issues are challenging. 3. Increase SUD & prevention training.
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Current Capacity

(Please see chart on page 7 of SPP for breakdown of staff)

Enhanced Provision of Integrated Behavioral Health Services

The small size of Alpine County has created an incentive for the County to provide integrated behavioral health services because of the overlap of clients across the different services types. Alpine County Behavioral Health is an integrated program of mental health and substance use disorder treatment and prevention services. ACBHS also convenes a bi-monthly Integrated Healthcare Team meeting between BHS front line staff and leadership, as well as Alpine County Public Health's front line staff and leadership. As the only two providers of health care services in Alpine County, the integration of these services are essential to continued and growing community wellness, especially for high users of these services. Community-based providers and staff from other County agencies applauded ACBHS for their ability to innovate to meet the needs of Alpine residents given the challenges of providing behavioral health services within small counties.

Increased Cohesion among Service Providers and County Departments

County agency employees and community-based providers expressed that there is strong cohesion between ACBHS, ACHHS (which includes Public Health) and community-based service providers. Stakeholders voiced that interagency communication and collaboration are strong within the county and attributed this strength to the small size of the county and the commitment of County leadership and staff. Stakeholders discussed participating in many different coalitions and meetings that facilitate collaboration and support interagency approaches to addressing the needs of Alpine County residents, including the Mental Health Board (MHB), the HWC, and the Child Abuse Prevention Council (CAPC).

Integrated Sustainability

Service providers also discussed participating in interagency trainings and collaborative meetings to reduce the duplication of services. While many stakeholders were not familiar with formal referral processes between agencies, they spoke of how strong relationships between



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County departments and service providers make informal referrals possible and effective. Service providers and community members also discussed how the size of the county makes it easier to reach public figures, such as the superintendent of Alpine County Unified School District, or ACBHS leadership. They also appreciate the County's effort to advertise community activities and services in public places and through an online calendar on the Alpine County website. This cohesion among service providers and County departments facilitates a network of support that will continue to promote SUD prevention in the community.

Integrated Cultural Competence

Due to the small size and the various geographically-isolated communities located in Alpine County, service providers tend to be geographically based and imbedded in the community they serve. This helps ensure that service providers are highly accessible to community members and are in touch with the needs and experiences of the communities they support. This accessibility and familiarity helps facilitate strong relationships between community members, service providers, and ACBHS staff, while promoting welcoming entry points for participation in SUD prevention services. One example of this is the Bear Valley Parents Group that receives funding from ACBHS to run a summer camp to support children and families through SUD prevention education and life skill building activities. Due to BHS being embedded in the Native American community, we have been and will continue to create programs and identify cultural needs, in response to the risk and protective factors identified by the community. Cultural competence is considered when planning all community activities. In consideration of the community disparities, we offer transportation, meals, and activities that will encourage stakeholders to get involved in community. It is the value, mission and practice of ACBHS to deliver services in a culturally competent manner that is responsive to diverse cultures, reflects the health beliefs and practices of the communities we serve and demonstrates cultural humility. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. ACBHS strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. In addition, we recognize the importance of developing services that are sensitive to other cultures, including Native Americans, Hispanic and other racial and ethnic groups, persons with disabilities, consumers in recovery (from mental illness or substance use disorder); LGBTQ community; various age groups (Transition Age Youth (TAY) and older adults); faith-based; physically disabled; and persons involved in the correctional system. Developing a culturally and linguistically competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. The Cultural and Linguistic Competence Plan (CLCP) reflects ACBHS' ongoing commitment to improving services to expand access to services, quality care, and improved outcomes. The CLCP addresses the requirements from DHCS for both Mental Health and Alcohol and Drug services, including the Cultural and Linguistic Standards (CLAS).

Increased Inclusion of Geographically-Isolated Communities

Some stakeholders from geographically-isolated communities within Alpine County voiced that they feel more included in County service planning, communication, and programming than in the past. ACBHS continues to make this a priority and has incorporated strategies to address the needs of more isolated communities in this Five Year SPP that have historically gone without SUD prevention services. The prevention, outreach and engagement services available



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to Alpine County's geographically isolated communities include yoga, create the good dinners and community based outreach.

Increased Staffing Capacity

ACBHS has increased its staffing capacity through hiring new staff to address the unmet community health needs of Alpine County residents. For example, ACBHS hired an AOD Program Specialist to provide SUD prevention and treatment services to Alpine County. ACBHS has also hired an MHSA Program Coordinator who coordinates activities and services to residents in the Kirkwood, Markleeville, Woodfords, Bear Valley and Hung-A-Lel-Ti communities. Additionally, ACBHS has a .8 FTE position for an MHSA Program Specialist to specifically serve Bear Valley. By increasing our staffing capacity, ACBHS is in a better position to outreach to geographically-isolated communities, provide SUD prevention education, and disseminate information regarding the SUD prevention services to all geographic areas within Alpine County.

Current Prevention Services

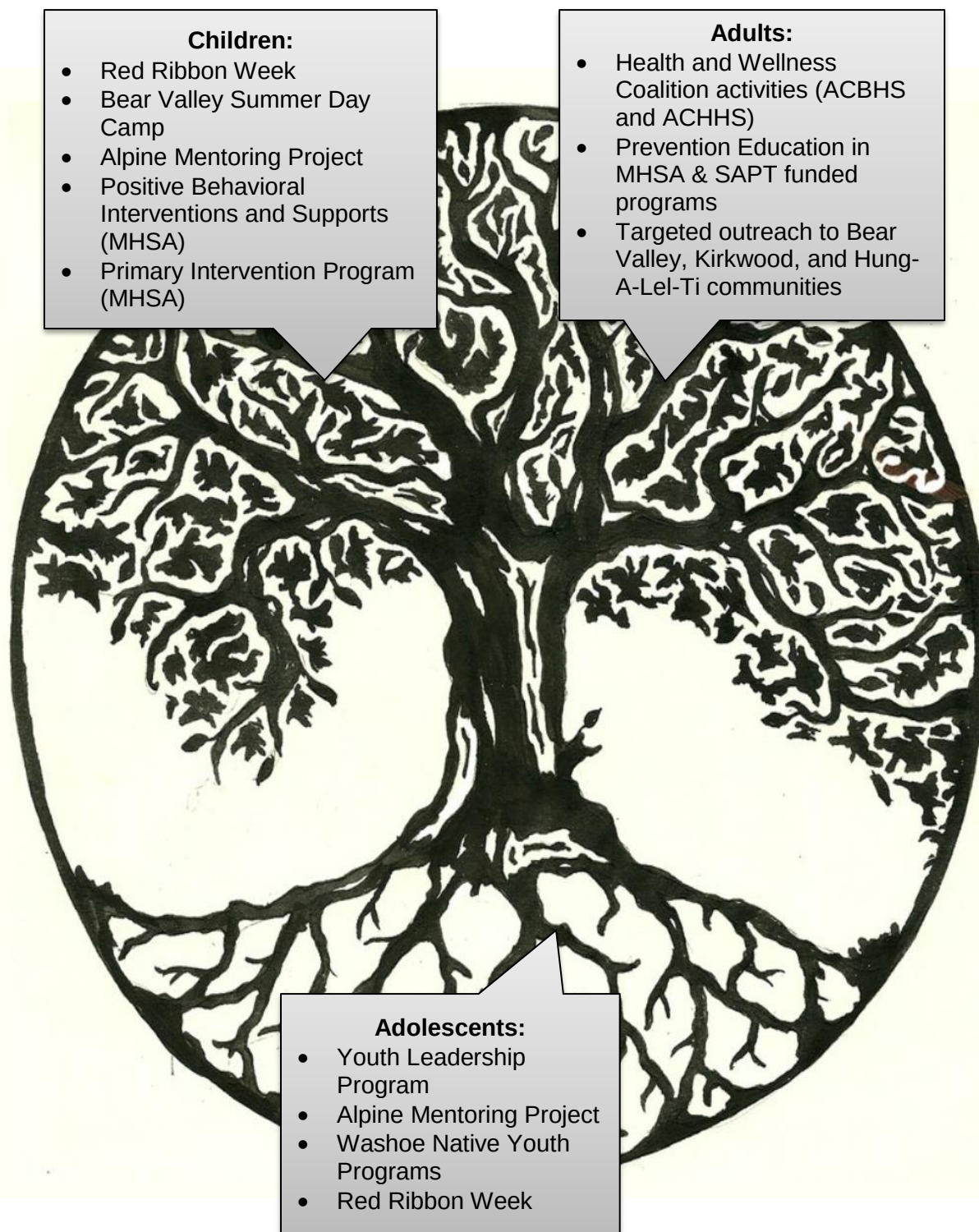
SUD Prevention Programs

In the Fiscal Years 2015-2018, Alpine County allocated SUD prevention funding to Bear Valley Parents Group and Tahoe Youth & Family Services. These two providers were contracted to address the AOD prevention needs of children and youth living in Alpine County (Prevention Priority Area 1). ACBHS is also an essential provider of SUD prevention services. As a small community with limited access to options for recreational activities, SUD prevention efforts are difficult to disseminate without the assistance of external sources. The above listed providers will again be contracted to address the AOD prevention needs of children and youth for the 2018-2023 Fiscal Year SPP.

*****See Prevention Program chart on following page.**



Prevention Program Chart





SPF Step 2: Capacity Building

Levels of Involvement (In reference to Table 2.1)

Alpine County is fortunate to have several agencies, committees and collaboratives that network on community issues and communicate with each other on issues of importance to the stakeholders (e.g. interagency collaborative meeting, Health and Wellness Coalition (HWC) meeting, Cultural Humility meeting, etc.). There is cooperation between county and community based agencies to develop and implement activities for youth. For example, ACBHS works closely with the Woodfords Indian Education Center (WIEC), Washoe Recreation Department, Live Violence Free (LVF) and Tahoe Youth & Family Services (TYFS) to organize joint activities for youth during school breaks and holidays. In addition, ACBHS collaborates with ACHHS to implement the HWC.

ACBHS prevention staff, in collaboration with the HWC, local services providers, and external consultants, conducted the strategic prevention framework process that culminated in this five-year SPP. Similarly, the same key resources will be instrumental in implementing the identified strategies to achieve Alpine County's prevention goals and objectives. The planned strategies build upon the capacity built in the SPP FY 2015-2018 detailed in SPF Step 1.

Strengthen Collaboration Groups

Strategies to increase the capacity of prevention providers over the course of the next five years involve training key prevention staff to carry out prevention strategies, education on primary prevention to key stakeholders, and workshops to increase the skills of prevention staff to monitor and evaluate prevention funded initiatives. ACBHS and provider staff responsible for carrying out primary prevention service delivery and oversight have the capacity to carry out this SPF. The ACBHS AOD Program Specialist has worked over the past year to build their understanding of primary prevention, the network of service providers, and the community's SUD prevention needs.

Increase Community Awareness

The AOD Program Specialist stays up to date with developments in evidence-based programming and training for programs to support contracted providers in their primary prevention efforts. The AOD Program Specialist is also working closely with the HWC to increase their capacity for understanding primary prevention while collaborating on co-branding the coalition to broadcast its role in substance abuse prevention to the community.

The future of ACBHS' capacity building will focus on developing the HWC to integrate SAP efforts with other strategically aligned efforts across the continuum of health and wellness services. Additionally, the AOD Program Specialist who co-facilitates the HWC will work to increase the internal knowledge and understanding of primary prevention among HWC stakeholders. The AOD Program Specialist will also increase the County's ability to monitor and evaluate SAP funded programs and their effectiveness.

Mobilize Communities

The AOD Program Specialist will select and implement specific trainings and education tools to increase the HWC knowledge of primary prevention topics and practices. HWC members will be surveyed bi-annually for potential learning and training topics that will enhance their



understanding of primary prevention. ACBHS and ACHHS will work together to inventory current programs and services related to the HWC strategies to identify the best tools to report on SAP and other evaluation outcomes. According to these outcomes, the AOD Program Specialist will work with the HWC to identify further prevention priority areas to address in subsequent years.

This process of developing data collection tools and expanding prevention priority areas will be carried out with the assistance of external evaluators who are familiar with the County's health and human services programs and SAP strategies.

The AOD Program Specialist requires contracted providers to complete and pass the Professional Competency Online Courses series on Assessment, Capacity Building, Planning, Implementation, and Evaluation to support their capacity to deliver primary prevention services.

Capacity Building Plan

To develop a course of action to address challenges/gaps relative to the four key elements of building capacity, the table below was developed:

		Priority Area: Alcohol abuse	
		Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Resource Components	Community Resources	Gap #1: Varied awareness of services Action: Parent and youth education series throughout the year. Assistance of Health & Wellness Coalition partners. Increased information dissemination to increase attendance and participation in the series and other SUD/Prevention services. Gap #2: Youth education around substance abuse Action: School-wide drug and alcohol education Gap #3: Individual disengagement Action: Increase information dissemination, in an effort to encourage more community member involvement in wellness activities.	by 1/2019 by 1/2020 Ongoing/annual update
	Organizational Resources	Gap #1: Varied stakeholder participation Action: Continue to encourage and invite more stakeholders to Coalition meetings and functions, to provide meaningful input.	Ongoing/annual update
	Human Resources	Continued SUD prevention training	Annually



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	Fiscal Resources	No gaps identified at this time.	n/a
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Possible Strategies to address Risk Factors

In order to distinguish which types of strategies or interventions could be implemented in Alpine County, the following Risk/Protective Factors & Possible Strategies table was developed:

Table 3.2: CSAP Strategies

Priority Area	Risk Factor	Protective Factor	Strategy
Alcohol Abuse	1. Substance is accessible	1 Access to substance is minimal	1. Environmental Alternatives and Parent Education
	2. Laws, policies, and/or ordinances are unclear or inconsistently enforced.	2. Laws, policies, and/or ordinances are consistently enforced	2. Environmental
	3. Parents illustrate no/low perception of harm.	3. Parents/adults are informed of substance use and consequences to increase perception of harm.	3. Community-Based Process, Education and Information Dissemination
	4. Youth illustrate no/low perception of harm.	4a. Youth illustrate med/high perception of harm. 4b. Demonstrates positive interpersonal and social development 4c. Opportunities exist for school/community involvement	4a. Prevention Education 4b. Problem ID Referrals and Education 4c. Mentoring and Alternatives



SPF Step 3: Prevention Priorities and Planning Process

Prioritizing Risk and Protective Factors

In developing this five-year SPP, ACBHS and our outside consultant RDA conducted additional KIIs with stakeholders and a community SAP needs survey in Kirkwood and Bear Valley. This survey was conducted in order to refine findings related to SAP needs of the more isolated communities in Alpine County. The current SPP for Fiscal Year 2015-2018 served as a model for this plan, and as a result, the planning process for developing prevention priorities focused on existing SAP programs and activities in Alpine County.

Criteria used to Formulate Plan

The document review, CalOMS Pv data review, and KIIs described above were used to identify services currently being implemented by ACBHS and other community-based substance abuse prevention partners. Once current services were identified, additional CalOMS Pv data and information from provider documents and contracts were used to develop logic models for each priority area, including objectives, outcomes, and indicators relevant to current Alpine County substance use disorder prevention strategies.

Prioritizing Risk and Protective Factors

To assess the importance and changeability for each risk and protective factor, the following table (Table 3.1) was developed:

Table 3.1

Risk and Protective Factor(s)	Importance		Changeability	
	Low	High	Low	High
Substances are accessible (alcohol)		x	x	
Laws, policies, and/or ordinances are unclear or inconsistently enforced		x	x	
Parents illustrate no/low perception of harm		x		x
Past/current substance use by family members		x	x	
Youth illustrate no/low perception of harm		x		x



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Logic Model

Priority Area: Alcohol use and abuse

Problem Statement: Alpine County has high levels of alcohol use among adults and older adults as well as use and misuse by youth.

Contributing Factors:

1. Youth may not fully understand the harmful effects of alcohol use.
2. Parents/adults may not be aware of new and existing research on the harmful effects of alcohol use.
3. Parents/adults may use substances and promote family/community norms that reflect an acceptance of alcohol use.

Goal: Decrease level of alcohol abuse among adult and misuse of alcohol among youth.

Objective	Strategies	Short Term Outcomes (By June 30, 2019)	Intermediate Outcomes (By June 30, 2021)	Long Term Outcomes	Indicators
Parents/Adults will increase their knowledge and perception of harm surrounding the harmful consequences and effects of underage drinking.	Parent Education Community based process Information dissemination	Recruit 20 parents to participate in educational programs. Recruit 30 adults to participate in BHS pro-social community based process activities. Distribute flyers throughout community.	In 2023, parents/adults will have increased their knowledge surrounding the harmful consequences of underage drinking by 5% as measured by post evaluation and decreased law enforcement contact.	Parents will increase their perception surrounding the harmful consequences of underage drinking. Adults will increase their perception that binge drinking is harmful to their health.	Pre/post Evaluations and Program attendance
Youth will increase their perception that underage drinking is harmful. Grades K-8 will demonstrate acceptable skills, to decrease their chances of substance abuse in their future.	School-Based Education Prevention Education Alternatives Mentoring	Youth grades K-8 will participate in community and school-based educational programs. SUD prevention.	In 2023, youth will have increased their knowledge that underage drinking is harmful, as measured every other year by CA Healthy Kids Survey (CHKS)	Youth will increase their perception that underage drinking is harmful.	CHKS Pre and post evaluations
Adults will increase their knowledge about harmful consequences of binge drinking	Environmental: (TIPS Training) Information Dissemination	Increase the number of retail outlets & Bar staff that are informed about alcohol retail laws and responsible attitudes and self-efficacy.	In 2023, adults will have increased their knowledge in safe serving practices, based on TIPS survey.	There will be a 5% increase in the number of retailers and Bar staff that report changes in serving & sales practices, based on 12 month follow-up.	Police Records: Social Host Ordinance Violations DUI & Disorderly Conduct citations



Identifying Substance Abuse Prevention Priorities

Collaboration with the Planning Process

Alpine County will achieve the goals and objectives in the identified Prevention Priority Area. Alpine County's SPP includes strategies across five SAMHSA CSAP domains: prevention education, alternative activities, dissemination of information, environmental and community-based processes. To decrease alcohol abuse among youth and adults, ACBHS plans to engage children grades K-8 in educational and skill-building programs to encourage the development of protective factors that will support healthy decision-making in later years, and enroll Alpine County youth grades 7-12 in extracurricular programs that provide life skills, prosocial development, and substance abuse education. To decrease binge drinking among adults and youth, ACBHS plans to integrate prevention education into a minimum of three existing programs funded by other sources, and to disseminate substance use and abuse prevention information materials at existing community programs and events for adults and youth.

For FY 2018-2023 Alpine County prevention education, outreach, and information dissemination activities will be carried out by contracted providers, the ACBHS AOD Program Specialist, and the Behavioral Health Services Director. Alpine County will continue to promote MHSA funded programs and the county's HWC to integrate SAP services into existing county activities. All contracts with service providers will be co-managed by the Behavioral Health Services Director and the AOD Program Specialist.

Integrated Sustainability

ACBHS has created programs and services that are important to the community and stakeholders, as stated in the responses to the 2015 MHSA survey and SAP survey in 2017. SAP services are integrated with all behavioral health programs and services and are reviewed at weekly staff meetings and weekly clinical team meetings. Examples of these programs and services are yoga classes, "Create the Good" weekly lunch and dinners, "Senior Soak" at Grover Hot Springs, as well as "Family Night" dinner and process group. These activities promote positive behavioral outcomes in the community. Community members begin to co-mingle and work together to help each other with their various talents.

Integrated Cultural Competence

Cultural competence is considered when planning all community activities. In consideration of the community disparities, we offer transportation, meals, and activities that will encourage stakeholders to get involved in the community. It is the value, mission and practice of ACBHS to deliver services in a culturally competent manner that is responsive to diverse cultures, reflects the health beliefs and practices of the communities we serve and demonstrates cultural humility. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. ACBHS strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. In addition, we recognize the importance of developing services that are sensitive to other cultures, including Native Americans, Hispanic and other racial and ethnic groups, persons with disabilities, consumers in recovery (from mental illness or substance use disorder); LGBTQ community; various age groups (TAY and older adults); faith-based; physically disabled; and persons involved in the correctional system. Developing a culturally and linguistically competent system requires the commitment and dedication from leadership, staff,



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and the community at large to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. ACBHS' CLCP reflects ACBHS' ongoing commitment to improve services to expand access to services, quality care, and improved outcomes. The CLCP addresses the requirements from DHCS for both Mental Health and Alcohol and Drug treatment and prevention services, including CLAS. In addition, the Cultural Humility Committee meets bi-monthly to review ACBHS practices, the CLCP and concerns and suggestions from stakeholders.



SPF Step 4: Implementation

Programs/Interventions

ACBHS has two contracted substance abuse prevention providers, in addition to the AOD Program Specialist to address the needs of the youth in the community. These providers and the programs they facilitate are listed below.

- ❖ **Bear Valley Parents' Group:** Summer Camp Character Counts
- ❖ **Tahoe Youth & Family Services (TYFS):** Mentoring Project
- ❖ **ACBHS AOD Program Specialist:** Red Ribbon Week; education in school using the Hazelton Powerlines Curriculum (Project Northland); Parent Education (Parents for Drug Free Kids)
- ❖ **Other Community Resources:** Alpine County Unified School District – Family Life and Health Curriculum. TIPS training (Responsible Beverage Service) facilitated by an outside agency.
- ❖ **Health and Wellness Coalition:** AOD Program Specialist collaborates with other entities in the County to engage youth.

Specific Intervention and Programs

Strategies (Integrated)	Specific Program/Intervention
Parent Education/Parenting Classes	Partnership for Drug Free Kids (Evidence-Based) – ACBHS
School-based prevention education, mentoring, self-esteem building Alternatives	Project Northland (Evidence Based) – ACBHS Social Emotional Learning/ Mentoring (Evidence based) – TYFS Red Ribbon Week – ACBHS Character counts, Keep a clear mind – BVPG
Environmental	TIPS training (Responsible Beverage Service training) Ensure that onsite alcohol sales and beverage service locations are trained on laws and regulations regarding alcohol sales. Compliance: Monitoring Services and Funding.

The implementation plan illustrates the specific tasks/activities the county will accomplish in order to achieve the identified goals and objectives in the Planning Section.

This section describes the steps and activities through which Alpine County will achieve the goals and objectives in the Prevention Priority Area. Alpine County's SPP includes strategies across five SAMHSA CSAP domains: prevention education, alternative activities, dissemination of information, environmental and community-based processes.

To decrease underage drinking, ACBHS plans to engage children grades K-8 in educational and skill-building programs to encourage the development of protective factors that will support healthy decision-making in later years, and enroll Alpine County youth grades 7-12 in extracurricular programs that provide life skills, prosocial development, and substance abuse education.



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To decrease binge drinking among adults, ACBHS plans to integrate prevention education into existing programs funded by other sources. Additionally, ACBHS will implement two (2) parent education classes annually to assist parents in identifying youth at-risk of developing a substance use disorder and how to build healthy relationships with their children. ACBHS will also continue to disseminate substance use disorder prevention information materials at existing community programs and events for adults and older adults. Tahoe Youth & Family Services (TYFS) will continue to implement the mentoring program and the Bear Valley Parents Group will continue to facilitate the Youth Adventure Camp using the Character Counts curriculum for three months of the summer.

Please see the Implementation Plan in the table below:

Table 4.4: Implementation Plan

Program/Intervention	Partnership for Drug-Free Kids		
Goal(s)	Decrease level of alcohol abuse among adults and misuse of alcohol among youth. Increase community engagement and the knowledge of the dangers of alcohol use.		
Objective(s)	Parents will increase their knowledge about the harmful consequences of underage drinking.		
IOM	Universal		
Major Tasks	Timeline	Responsible Party	CSAP Strategy & Service Activity
1. Outreach to recruit parents	July-Sep. 2018	County	ID: Outreach efforts
2. Recruit parents to participate in session two times per year	Oct.-Nov. 2018	County	ID: Outreach efforts
3. Get the word out	December 2018	County	Information Dissemination
4. Implement two sessions	Jan., Apr., Sept. 2019	County	ED: Parenting/ Family Management
5. Evaluation Report	After each session	County	CBP: Evaluation Services
6. Prep for group session	July-Aug. 2019	County	Indirect
7. Recruit parents	September 2019	County	ID: Outreach efforts
8. Implement two sessions in community	Jan., Apr., Sept. 2020	County	ED: Parenting/ Family Management
9. Evaluation Report	After each session	County	CBP: Evaluation Services



Program/Intervention	Evidenced Based Drug and Alcohol Prevention Program		
Goal(s)	Decrease level of alcohol abuse among adults and misuse of alcohol among youth. Increase community engagement and the knowledge of the dangers of alcohol use.		
Objective(s)	Youth will increase their perception that underage drinking is harmful. Grades K-8 will demonstrate acceptable skills, as measured every other year by CHKS		
IOM (may be more than one)	Universal		
Major Tasks	Timeline	Responsible Party	CSAP Strategy & Service Activity
1. Planning, outreach, implementation, evaluation (2x) annually	July 2018-June 2023	County	ED. Evidenced based ALT. Community outings I.D Outreach efforts
2. Outreach, recruit mentors, plan ongoing groups and sessions, evaluations	July 2018-June 2023	TYFS	ED. Evidenced based I.D. Outreach efforts ALT: Community events MENTORING
3. Planning, outreach, information dissemination, implementation of 3 month adventure camp program and evaluation.	July 2018-June 2023	BVPG	ALT: Youth/ Self Esteem building, Leadership

Program/Intervention	Assessing and Monitoring Services and Funding		
Goal(s)	Decrease level of alcohol abuse among adults and misuse of alcohol among youth. Increase community engagement and the knowledge of the dangers of alcohol use.		
Objective(s)	TIPS		
IOM (may be more than one)	Universal indirect		
Major Tasks	Timeline	Responsible Party	CSAP Strategy & Service Activity
1. Continue working with other resources to collaborate efforts (Coalition)	July 2018-June 2023	County	CBP efforts
2. Ensure that all contract providers are trained and following evidences based practice as specified in monitoring tool.	Quarterly 2018-2023	County	CBP efforts
3. Evaluate services monthly through PPSDS	July 2018-June 2023	County	CBP efforts



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Program/Intervention	BHS Integrated- Pro-social activities		
Goal(s)	Decrease level of alcohol abuse among adults and misuse of alcohol among youth. Increase community engagement and the knowledge of the dangers of alcohol use.		
Objective(s)	Parents will increase their knowledge about the harmful consequences of underage drinking. Youth will increase their perception that underage drinking is harmful.		
IOM (may be more than one)	Universal		
Major Tasks	Timeline	Responsible Party	CSAP Strategy & Service Activity
1. Attend and participate in programs already being implemented by BHS	July 2018-June 2023	County	CBP: Outreach to Community Members
2. Continue to promote the activities in the community.	July 2018-June 2023	County	ALT: Youth/Adult Leadership Activities
3. Evaluation utilizing YD Assessments & surveys quarterly	July 2018-June 2023	County	CBP: Evaluation Services

Program/Intervention	TIPS training		
Goal(s)	Decrease level of alcohol abuse among adults and misuse of alcohol among youth. Increase community engagement and the knowledge of the dangers of alcohol use.		
Objective(s)	Adults will increase their knowledge about harmful consequences of binge drinking		
IOM (may be more than one)	Universal		
Major Tasks	Timeline	Responsible Party	CSAP Strategy & Service Activity
1. Conduct tips training, outreach to local bars and restaurants that serve alcohol.	2020	County/ External source	CBP: Training & Technical Assistance
2. Evaluate through surveys of business owners the level of knowledge retained.	Annually in July	County	CBP: Evaluation Services



SPF Step 5: Evaluation

This section describes the evaluation process and methods that will be used to measure progress toward achieving the goals and objectives stated in SPF Step 3. ACBHS will undertake both process and outcome evaluation activities to measure progress in implementation and understand program outcomes in order to refine and continuously improve the County's prevention services.

Process Evaluation

ACBHS will track progress toward SAP service delivery objectives through monthly service data submission by contracted providers, ACBHS Native Wellness Advocate, and AOD Program Specialist. ACBHS will compile data to report on progress via Primary Prevention SUD Data Service (PPSDS). Process evaluation will also draw on County records such as coalition and planning meeting sign-in sheets, material distribution lists, and event logs.

In Year 3, ACBHS will contract with external consultants to carry out qualitative data collection, including interviews and focus groups with county staff and residents, in order to gather more in depth information about program successes and challenges. Qualitative data collection will also inform the outcome evaluation.

Outcome Evaluation

ACBHS and contracted providers will collect primary data to understand the extent to which participants in SAP activities experience improved knowledge, attitudes, and behaviors related to substance use and abuse.

Data Collection Methods

Because of the limited availability of secondary data for Alpine County (as discussed in SPF Step 1), the evaluation of SAP efforts will largely involve the development of new tools to gather accurate and up-to-date county-level data. In SPF Step 3, the outcomes for SPP years 1-5 are sequenced in order to enable ACBHS to achieve a more robust process for evaluating the effectiveness of SAP strategies. Where appropriate, SPP year 1 outcomes include the identification and implementation of evaluation data collection tools. SPP year 2 outcomes build upon the SPP year 1 outcomes by demonstrating what outcome data will be collected. Etc. These steps will result in measurable progress towards achieving the SAP objectives, while promoting the department's capacity for conducting SAP activities in alignment with the SPF and intentions of SAP funds. ACBHS will leverage the Health and Wellness Coalition and community partners to develop and administer surveys to gather information about alcohol and drug knowledge, attitudes, and behaviors.

In addition to PPSDS data on program participation and service delivery, ACBHS plans to implement the following four survey tools.

1. Pre/Post Protective Factors Survey;
2. Student Pre/Post Knowledge, Attitudes, Skills, and Behavior Survey;
3. Adult Pre/Post Program Survey;
4. County-wide Health and Wellness Survey.



Data Collection Process

Data collection and analysis will be accomplished through existing relationships between ACBHS, contracted providers, the Health and Wellness Coalition, and external consultants, with roles and responsibilities as follows:

- ACBHS will work with external consultants to develop pre/post surveys;
- ACBHS and contracted providers will administer pre/post surveys;
- The Health and Wellness Coalition will develop and administer a county-wide survey.
- External contractor will carry out qualitative data collection.

ACBHS will also supplement the above survey data with qualitative data collection to gather more in depth information about changes in residents' knowledge, attitudes, and behaviors related to substance use and abuse. ACBHS will engage the BHS Board to gather more in depth information regarding SUD needs in the community.

Outcome Measurements

Outcomes	Indicators	Method of Data Collection	Tools (Ex. CHKS, Community Surveys)	Who Collects Data	Timeframe (Ex. Before and after program)	Dissemination Plan (Format, timeline, and audience)
Evaluation's to be completed in 2019, 2020, and 2023	Will measure the increase in knowledge around the abuse and misuse of alcohol by adults in the community.	Pre and post-tests as well as surveys that follow each CBP group conducted by BHS staff. Program attendance sheets.	Law Enforcement public records for DUIs, Disorderly conduct and Public Intoxication	AOD Program Specialist	Years 1-5	Ongoing between 2019-2023
Evaluations will be completed following programs in 2019, 2020, and 2023	Will measure middle and high school students' AOD-specific knowledge, attitudes, and behaviors, including binge drinking.	Pre and posttests, CHKS, PPSDS.	ACBHS to adapt from the existing Bear Valley Parents' Group Summer Camper Survey using additional validated measures.	Completed by teachers and mentors for all children grades K-2 Completed by all children grades 3-8.	Years 1-5	Completed by children grades 7-12 enrolled in prevention programs.
Knowledge will be evaluated in 2019, 2020, and 2023	Will measure changes in knowledge and practices related to substance abuse and alcohol use among adult.	Pre and posttest, PPSDS, community surveys and KIIs	ACBHS to develop using existing validated measures	AOD Program Specialist	Years 1-5	Parents and adults in the community



Timeline

For the most part ACBHS will develop evaluation tools in SPP year 1, drawing on and adapting existing survey tools. Existing pre/post tests will be used by TYFS for their curriculum. These tests will be conducted at the end of each implemented strategy. The results will be put into the PPSDS. Below lays out the purpose, development, and administration of each tool, as well as the prevention objective corresponding to each tool.

Integrate Sustainability

- Analyze collected data, to include PPSDS data.
- Review processes, outcomes, and effectiveness of Pv efforts yearly
- Develop recommendations to improve quality of the Pv effort yearly
- Create an evaluation report

Integrate Cultural Competence

- Include the community and/or target populations in the evaluation and data collection process. HLT and all surrounding Alpine County residents.
- Develop performance outcomes to evaluate and monitor health disparities. MHSA as well as AOD staff to monitor efforts and outcomes.
- Report reflecting diversity and cultural relevance.