Alpine County
Substance Abuse Prevention Plan

Fiscal Years 2015-2018

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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
CalOMS Pv	California Outcomes Measurement System for Prevention
CARS	Center for Applied Research Solutions
CHIS	California Health Interview 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
MHSA	Mental Health Services Act
MOUs	Memorandums of Understanding
NYRBS	Nevada Youth Risk Behavior Survey
RDA	Resource Development Associates
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Substance Abuse Prevention
SPF	Strategic Prevention Framework
SUD	Substance Use Disorder

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 Department of Health Care Services administers SAPT funds for alcohol and other drug (AOD) primary prevention services in Alpine County.

In preparing this Three-Year Substance Abuse Prevention Plan (SAP Plan), the Alpine County Behavioral Health Services Department (ACBHS), 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, a Bear Valley Focus Group, and a Kirkwood Community Survey. These data collection activities incorporated diverse stakeholders representing various groups within the community. Stakeholder representation included contracted SUD prevention providers, ACBHS staff, representatives from the Hung-a-lel-ti reservation, education representatives, representatives from social services agencies, a representative from the ski resort community, and community members from 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 problems. 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 Three-Year SAP Plan as an extension of the interim 2014-2015 FY SAP Plan. In FY 2014-2015, ACBHS focused its resources on developing its staff internally and provider sites externally both to carry out this interim plan and prepare them to carry out future SAP strategies. Moving forward, ACBHS plans 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 and to 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, as well as the County's prevention philosophy. Next, the Plan contains a Needs and Resource Assessment commensurate with SPF Step 1. The Needs and Resource Assessment includes a review of methods and data sources utilized in support of the Assessment; Alcohol and Other Drug indicators within Alpine County; Current Prevention Strategies; and 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. Finally, SPF 5 includes a brief discussion of methods for evaluation of Alpine County SUD prevention implementation.

Alpine County Profile

Geographic Profile

Alpine County is the eighth smallest and least populated county in the State of California. Located in the Sierra Nevada 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, 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 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, 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 an economy largely dependent on tourism. There are no fast food restaurants, banks, professional medical providers or hospitals, manufacturing sites, or other industry within the County boundaries.

During the 2014-2015 school year, 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.[3] These students are spread across four different high schools: one located in Alpine County; two located in Douglas County, NV; and one

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[1] Alpine County QuickFacts from the US Census Bureau. Alpine County QuickFacts from the US Census Bureau. Retrieved May 27, 2014, from http://quickfacts.census.gov/qfd/states/06/06003.html
[2] Enrollment for 2014-2015 from California Department of Education, DataQuest. Retrieved May 26, 2015, from http://data1.cde.ca.gov/dataquest/
[3] Adolescent population estimated by ACBHS.

located in South Lake Tahoe within El Dorado County, CA. The majority of these students are enrolled in high schools 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 SAP prevention needs of older youth living in Alpine County.
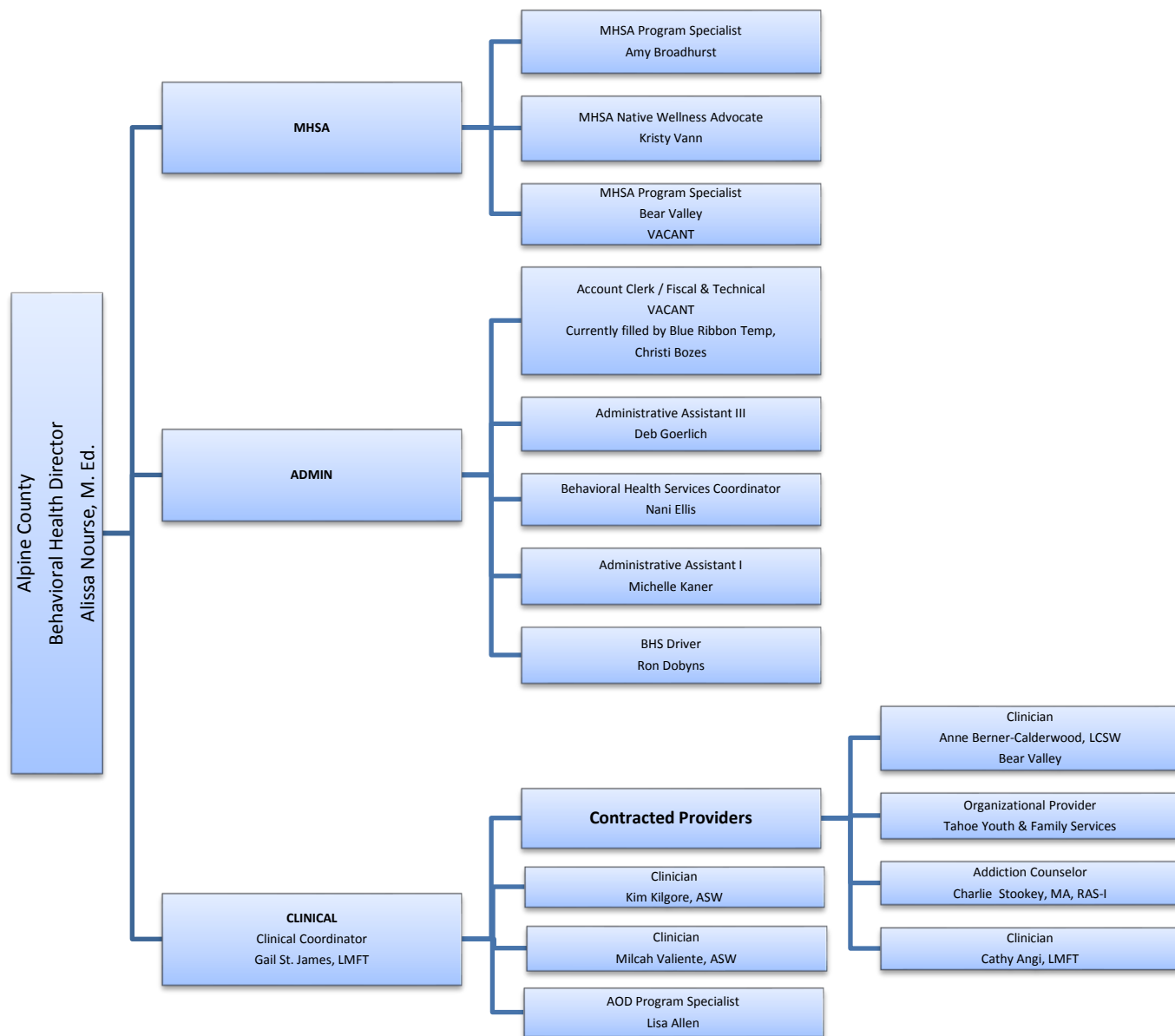
Overview of ACBHS

ACBHS is a small department that provides integrated mental health and AOD services to all of Alpine County residents. ACBHS is made up of primarily administrative and clinical staff, in addition to several positions to coordinate and oversee Mental Health Services Act (MHSA) funded programs and services. As of late 2014, ACBHS successfully hired an AOD Program Specialist whose charge is to carry out the activities outlined in this Three-Year SAP Plan. On the following page is a depiction of the ACBHS organizational chart, as of 2015. The roles and individuals shown in this chart are available as resources to support the implementation of the Alpine County Three-Year SAP Plan 2015-2018.

Historically, Alpine County Behavioral Health Services (ACBHS) contracted the administration of its department to a non-governmental organization, Enki Health and Research Systems. In 2011, ACBHS decided not to renew its contract with Enki and brought the administration of the department in-house. Since Enki previously managed the County's SAP efforts, ACBHS has been in a period of transitioning implementation and evaluation of SAP services and activities back into its administration. The current 2014-2015 FY SAP Plan focused on building staff capacity within the department and its contracted SUD prevention providers to more effectively serve the SUD needs of Alpine County. This Three-Year SAP Plan constitutes a major achievement for the County by further building on its internal capacity since becoming the County's direct provider of primary prevention services.

Figure 1. Alpine County Behavioral Health Services Organizational Chart

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 20 members representing the following sectors:

- ❖ Behavioral Health Services
- ❖ Alcohol & Other Drug Services
- ❖ MHSA/Native Wellness
- ❖ Early Childhood Services
- ❖ Social Services
- ❖ Workforce Services
- ❖ Public Health Officer
- ❖ Clinic Nurse
- ❖ Health Education/Tobacco Control

- ❖ Emergency Preparedness
- ❖ Office of Education
- ❖ Mentoring Program
- ❖ Outdoor Recreation
- ❖ Environmental Health
- ❖ Woodfords Community Council
- ❖ Law Enforcement
- ❖ Native Temporary Assistance to Needy Families (TANF)

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, nine of the coalition's members who can 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 2015-2016, the HWC identified these objectives:

1. **Outdoor Recreation**: Promote partnerships to support work currently underway to create and enhance hiking trails, promoting 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, enhancing 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 SAP activities.

Prevention Philosophy

Mission of ACBHS:

Provide safe, ethical, and accessible services that inspire personal growth and development through strength-based behavioral health programs and supportive connections.

Mission of HWC:

Build strong community partnerships promoting healthy living through outreach, advocacy and education.

SPF Step 1: Needs and Resource Assessment

Overview

The first step in the SPF planning process involved conducting a community needs assessment to identify and address substance use disorder (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;

❖ Understand the existing SUD prevention programs and services;

❖ Increase the likelihood that the Three-Year SAP Plan will include approaches, policies, and practices that will reduce the identified problems; and

❖ Establish baseline information to track progress towards prevention objectives.

Methods and Data Sources

At the beginning of 2014, ACBHS partnered with RDA to develop a one-year interim SAP Plan to guide their SUD prevention services for the 2014-2015. In preparing this Alpine County Three-Year SAP Plan, RDA expanded on the data collection activities conducted in 2014 to enhance the understanding of Alpine County's substance use prevention needs and document the progress ACBHS has made over the past year in furthering its three priority prevention areas.

Last year, RDA began the community needs assessment for the 2014-2015 SAP Plan 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 Memoranda of Understanding (MOUs) and contracts with providers, including performance measures and data collection systems. RDA also conducted a review of California Outcomes Measurement System for Prevention (CalOMS Pv) data and conducted key informant interviews (KIIs) with Alpine County stakeholders to understand and map the existing system of SUD prevention services and identify the SUD prevention needs of residents living in Alpine County.

Through the community needs assessment conducted for this Three-Year SAP Plan, RDA built upon last year's findings by conducting additional KIIs and reviewing the CalOMS Pv data from FY 2014-2015. To incorporate the perspective of community members from Alpine County's geographically-isolated areas, RDA also conducted a focus group and open office hours in Bear Valley and administered a survey to stakeholders living and working in Kirkwood. These data sources and methods, described in detail below, were targeted toward examining the effectiveness of the available SUD prevention services, identifying current gaps in SUD prevention services, and understanding the SUD prevention needs of the various communities and age groups living in Alpine County. This process served to ensure that the

current and any future SAP Plans reflect the needs of the community and connect the County's goals and objectives to strategies implemented by service providers.

Document Review

To develop the Alpine County 2015-2018 SAP Plan, RDA reviewed previous Alpine County SAP Plans and SAP plans from other counties comparable in size and/or geography. RDA also conducted a technical review of DHCS regulations that pertain to SUD prevention planning and reporting requirements. This review process ensured that ACBHS, RDA, 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.

RDA 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.

CalOMS Prevention (Pv)

For both the current 2014-2015 SAP Plan and this subsequent Three-Year SAP Plan, RDA worked with ACBHS to obtain CalOMS Pv data. In 2014, RDA used this data to assess the extent to which data captured in CalOMS Pv reflected the SUD prevention services delivered by contracted providers. Information from this data review process complemented the document review described above, helping to identify Alpine County's key SUD prevention services and the SUD prevention needs to which services are targeted. For this Three-Year SAP Plan, RDA reviewed the FY 2014-2015 CalOMS Pv data to document the number of individuals served by the contracted providers specified in the 2014-2015 SAP Plan.

Key Informant Interviews (KII)

In developing the Alpine County 2014-2015 SAP Plan, RDA conducted six 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 reservation, and a representative from the ski resort community. For the community needs assessment documented in the Three-Year SAP Plan, RDA conducted 13 additional KIIs with a unique group of stakeholders who were not previously involved in this planning process. 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 services. All 19 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. The key informants were asked the following questions:

1. What do you feel are the top needs and concerns in the county related to substance abuse prevention?

    a. Are there certain groups or populations within the county that are particularly at risk for substance use?

    b. Are there particular kinds of risky behavior patterns within particular groups that need to be addressed?

    c. What are the particular substances you feel people are most at-risk of abusing in Alpine County?

2. What social, environmental, or geographic factors contribute to people abusing substances in Alpine County?

3. What types of substance abuse prevention programs and activities are provided in Alpine County?

    a. What programs seem most helpful or popular?

    b. What programs seem less helpful or popular?

4. What are the target populations of existing substance abuse prevention programs and activities?

5. To what extent does ACBHS communicate and collaborate with local organizations or stakeholders in behavioral health services?

    a. How are people referred among different County and community-based agencies for substance abuse prevention services?

6. What ACBHS resources support behavioral health programs and services? What resource streams have been particularly effective/less effective?

    a. What county-wide prevention systems and infrastructures exist to foster sustainability of prevention programs and services?

7. How well do the currently available services meet Alpine County's substance abuse prevention needs?

8. Are there any additional substance abuse prevention programs and services you feel are missing or could be beneficial for people in the county?

9. What is ACBHS' level of capacity within Alpine County to address behavioral health needs of people in Alpine County?

    a. In what ways could that capacity be expanded?

10. What would your community in Alpine County look like if it were free of substance abuse?

    a. What are the programs and/or services in place to prevent substance abuse in this vision?

    b. Do you know of any existing resources from county or community-based organizations that could be leveraged to move closer to that vision?

Bear Valley Focus Group and Office Hours

In an effort to solicit the feedback of residents living in geographically-isolated regions of the County, RDA conducted a focus group and held open office hours in Bear Valley for residents and contracted providers to give their feedback on SUD prevention needs and prevention strategies. The 10 participants were asked questions in the following areas:

1. What do you feel are the top needs and concerns in the county related to substance abuse?

2. How well is the county currently meeting these needs?
3. If you could improve the current substance abuse prevention services in the County, what would you do?
4. Are there any substance abuse prevention programs/services you feel are missing or could be beneficial for people in the county?

Kirkwood 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 Kirkwood community. Twenty-seven individuals completed the survey, sharing their awareness of SUD prevention services in Kirkwood 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 met their needs. Survey participants were also asked to identify populations in Kirkwood who were in particular need of SUD prevention services.

Data Analysis and Prioritization

As mentioned above, this Three-Year SAP Plan built upon the data collection activities and findings established through the 2014-2015 SAP Plan. RDA's focus in reviewing and analyzing data was to further refine service gaps that were identified in the interim plan by engaging a more comprehensive group of stakeholders and to update the prevention priority areas based on what had been accomplished during the interim year.

RDA facilitated a collaborative work session with ACBHS and the Alpine County Mental Health Board to gain stakeholder input on the preliminary findings from the community needs assessment. Participants engaged in an interactive brainstorm session to identify how to best address the SUD needs identified through the community needs assessment. Through this process, stakeholders mapped existing strategies to appropriate SUD goals and objectives given the County's capacity for addressing the ongoing SUD needs of the community. Additional objectives were identified and developed within each Priority Area as further findings from the needs assessment and the brainstorm session were incorporated into this Plan.

Core Quantitative Data Sources

For the development of the Alpine County 2014-2015 SAP Plan, the following quantitative data sources were examined to identify key issues related to AOD use and abuse in Alpine County. No new datasets have been made available during the past year.

California School Climate Survey (CSCS), 2011–12

- This survey is carried out by WestEd as part of the California Health 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, 2010

- 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), 2013[4]

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

California Health Interview Survey (CHIS), 2011-12

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

California Student Tobacco Survey (CSTS), 2012

- The CSTS includes data on youth tobacco use, which contributes to an understanding of overall substance use trends in Alpine County.

Limitations

Several factors influence the availability and accuracy of quantitative AOD indicator data for Alpine County. First, given Alpine County's small population, for many national and statewide surveys, data sources are not able to collect sufficient responses to include disaggregated results for Alpine County. For example, Indicators of Alcohol and Other Drug Risk and Consequences for California Counties cannot provide county-level data for Alpine out of a need to ensure the anonymity of the small number of participants who took part in the study. As a result, Alpine County data are either not available or are presented in combination with data from like counties. While aggregate data is useful in providing estimates—and it is likely safe to assume some similarities among Alpine and similar counties—these data may not fully capture factors unique to Alpine, including its sizable ski resort population and Native American population. Second, many people in Alpine County are tourists and seasonal residents from other counties or states; some are seasonal employees. Therefore, use of prevalence statistics such as driving under the influence (DUI) or alcohol-related arrests likely does not present an accurate picture of the needs of full-time Alpine County residents. Third, adolescents living in Alpine County primarily attend high school outside of Alpine in either Douglas County, NV or El Dorado County, CA, making it challenging to access quantitative data on the AOD use of Alpine youth. Since the majority of youth attend high school in Douglas County, RDA used the NYRBS to measure characteristics of Alpine County

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[4] Data for Douglas County High School (Alpine County's closest High School) is reported in aggregate with Carson City area high schools in the 2013 NYRBS.

high school students. However, it is important to note that this survey sample includes students in the Carson City/Douglas region as a whole.

To address these limitations, available quantitative data were compared with data gathered through KIIs with stakeholders in order to present a more complete picture of the state of AOD use and prevention in Alpine County. As specified in the 2014-2015 SAP Plan, ACBHS is in the process of developing additional data collection tools and activities to more accurately assess AOD indicators in the county. This capacity building effort will continue through the implementation of this Three-Year SAP Plan.

Alcohol and Other Drug Indicators

Through synthesizing both quantitative and qualitative data collected through the community needs assessment, RDA identified four primary indicators of the nature and extent of AOD problems in Alpine County. RDA also identified four key factors that contribute to AOD use and abuse in Alpine County by thematically categorizing stakeholder input. The primary AOD concerns in Alpine County and the risk factors that contribute to these problems are discussed below.

Nature and Extent of Alcohol and Other Drug Problems	Key Risk Factors for Alcohol and Other Drug Use and Abuse
• Early Age of Substance Use Initiation • High Rates of Substance Use among Youth • High Rates of Substance Use among Adults • AOD-Related Accidents and Arrests	• Geography and Social Isolation • Social Access to AOD • Limited Education about Effects of AOD Use and Abuse • Community Norms and Practices as an Impediment to AOD Prevention

Nature and Extent of Alcohol and Other Drug Problems

Alpine County experiences multiple social and health consequences as a result of AOD use and abuse among youth and adult populations.

Early Age of Substance Use Initiation

Alpine County youth demonstrate early initiation ages of alcohol use. Nearly a quarter (24%) of Carson City/Douglas Region (Nevada) high school students reported drinking alcohol for the first time before age 13, and 13% reported trying marijuana for the first time before age 13 (NYRBS 2013).

Stakeholders participating in the needs assessment also observed that children as young as 12 years old are using drugs, and they noted this may be a particular risk among the Native American community.

> *More of the younger kids are using pills and drugs than I've ever heard in the past 21 years I've been here. A lot of prescription drugs are going on around here and the elders are talking about their grandkids stealing their pills. Maybe 12 years and up. (Alpine County Mental Health Board Member)*

Once you get to the 8ᵗʰ and 9ᵗʰ grade that is where we see [substance use] *starting. (Education Stakeholder)*

High Rates of Substance Use among Youth

Alpine County youth demonstrate high rates of substance use, particularly alcohol, marijuana, and prescription drugs, as measured by NYRBS data on high school students in the Carson City/Douglas Region.

- 78% of high school students reported that they had ever had alcohol.
- 42% reported that they currently drink alcohol.
- Over a quarter (27%) of high school students recently participated in binge drinking.
- Over half (54%) of high school students ever used marijuana and nearly one-quarter (24%) ever used synthetic marijuana.
- Nearly one-third (30%) of high school students currently use marijuana.
- Over one-quarter (26%) of high school students ever took prescription drugs without a doctor's prescription.
- The percentages of students reporting that they had ever used other drugs were high as well, and include: cocaine (14%), ecstasy (14%), inhalants (9%), methamphetamines (7%), and heroin (4%).

Stakeholders also observed that AOD use is a problem for youth in Alpine County, citing alcohol, marijuana, prescription drugs, and methamphetamines in particular. The various stakeholders involved had different perspectives on the primary substances used by youth and the prevalence of use among youth.

Alcohol is a problem. There is just a lot of alcohol and drinking and partying going on. There are more drugs. Now with the younger kids getting into pills and stuff. (Hung-a-lel-ti Community Member)

We have some significant use of marijuana, significant use of alcohol, and then another big one is abuse of prescription meds – mostly you hear about youth getting them from someone else, elders, other people who have it and don't need it. (Education Stakeholder)

Countywide, my understanding is that smoking [marijuana] *among young adults is more prevalent than it needs to be. It's just out there and visible and that's what the kids are seeing. (Community-Based Partner)*

I'm hearing elderly people speaking about how children are stealing prescription drugs from their family members. That's a big issue. (Alpine County Mental Health Board Member)

High Rates of Substance Use among Adults

Alpine and similar counties (Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne) ranked 8 out of 44 counties in household binge drinking in 2007 with approximately 36% of residents ages 18 and older participating in binge drinking compared to the statewide rate of 30% (CARS 2010).

Stakeholders also cited substance use and abuse among the adult population as a concern. This issue relates both to adult health and wellness and to the impact of adult substance use on the attitudes and behaviors of youth in the county. The various stakeholders involved had different perspectives on the primary substances used by adults in Alpine County and the prevalence of use among adults, likely because of differences in substance use patterns across the different communities and populations residing in Alpine County. In general, stakeholders voiced concerns regarding adult abuse of alcohol, marijuana, methamphetamine, and prescription drugs.

> *Alcohol is still the number one. I know there are other drugs and pills –but I think alcohol is still the number one problem. (Community-Based Provider)*

> *Alcohol, marijuana, and I've heard and seen a lot of members of our families using crack and meth. I don't think meth use is as prevalent as it was a few years ago, but still at risk for that—that's a tough one. (Education Stakeholder)*

> *I've been made aware that there are problems with prescription medication abuse here and people may be taking prescription medication from family or friends or people in their care. (County Agency Employee)*

> *In the older adult population, there's definitely a lot of alcoholism. (Community-Based Partner)*

> *I live in a community where I represent a small population of Native Americans. I grew up basically in the vicinity where there is a great deal of alcohol use and drugs. Years ago, I think that alcohol was the number one problem, but it has subsided throughout the years, and people are using drugs more. It's coming across state lines…. It used to be that alcohol was terrible, now drugs are horrible. (Hung-a-lel-ti Community Member)*

In addition, the County has a low rate of people in treatment for substance use and abuse. According to ACBHS records, approximately 25 people (2.3% of the population as a whole) who have accessed ACBHS services for current or past SUD issues are being treated for SUD as a primary or secondary issue. This suggests that Alpine County residents needing AOD treatment may not be accessing needed services.

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. According to the 2012 Barton Health Community Health Needs Assessment findings, residents

in the South Lake Tahoe and surrounding communities are more likely to engage in chronic or binge drinking and engage in illicit drug use compared to California or U.S. Over 13% of residents in South Lake Tahoe and surrounding communities report having two or more drinks of alcohol per day on average and 28.6% of residents report binge drinking compared to 5.7% and 15.8% of California residents (respectively). Illicit drug use is 5% higher in the South Lake Tahoe and surrounding communities compared to the national average (6.7% and 1.7% respectively).[5]

AOD-Related Accidents and Arrests

Data point to alcohol-related criminal offenses and accidents as a serious problem in Alpine County. In 2008, Alpine and surrounding counties ranked highest out of all California counties in the number of motor vehicle accidents involving drivers who had been drinking (74.4 per 100,000 compared to 3.54 per 100,000 for the state). Alpine and surrounding counties also ranked 11 out of 58 counties for alcohol-related criminal offenses (2,574 per 100,000 compared to 1,203 per 100,000 for the state) (CARS 2010).

While there are limitations to the data on alcohol and drug related accidents and arrests in Alpine County (discussed above), it remains significant that Alpine County reports high rates of alcohol-related crimes and accidents. It is difficult to ascertain whether these rates are related to tourists and seasonal residents or part time residents. Even if these incidents are in large part accounted for by the tourist and seasonal population, these populations place themselves and others at risk and can be targeted for AOD prevention efforts.

Key Risk Factors for Alcohol and Other Drug Use and Abuse

Various social and environmental factors contribute to high substance use rates and early substance use initiation. These are summarized below.

Geography and Social Isolation

Stakeholders described several geographic and social factors contributing to AOD use and abuse in Alpine County. First, the county's isolated geography and small population leads to limited alternative options for social activities and meaningful interaction, which contributes to AOD use as a default social activity. Stakeholders cited boredom, loneliness, and depression as the primary reasons motivating substance use in Alpine county. Community members were enthusiastic about the yoga and other recreational and community activities that have been implemented through MHSA funding and voiced that these activities help promote community cohesion, contribute to physical and emotional wellbeing, and provide an alternative to substance use.

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[5] 2012 PRC Community Health Needs Assessment Report: Primary Service Area Findings – South Lake Tahoe & Surrounding Communities. (2013, February 19). Retrieved May 30, 2014, from http://southlaketahoe.healthforecast.net/report.pdf.

Just because there is nothing really to do around here. When I was drinking it was out of boredom. (Hung-a-lel-ti Community Member)

It's boring here. It could drive you to drink. That happens a lot up here. People get bored and they drink. That's been my thing with the sense of community, where people got together. Maybe your social drinking problem wouldn't turn into an actual drinking problem. (Kirkwood Community Member)

People get really depressed here. Even though it's far away and beautiful, people get depressed because there's not a lot to do. I mean there are outdoor activities during the day, but at night it's just going to the bar. We don't have a movie theater or community center. (Bear Valley Community Member)

The age from 23-28, especially [in Kirkwood]*, uses a lot of alcohol, drugs, and other things of that sort to get by because it can be stressful and boring. (Kirkwood Community Member)*

Stakeholders also discussed how the isolated and rural environment of Alpine County provides limited employment and transportation opportunities for Alpine County residents. Stakeholders expressed that these factors contribute to AOD use, especially among young adults and families living in severe poverty. These stakeholders explained that these barriers can engender feelings of helplessness that perpetuate unhealthy substance use behaviors. Some stakeholders felt that youth who are unemployed and not enrolled in a higher education program after high school graduation are at particular risk of developing substance abuse issues.

You cannot survive without a car. It's too hard to take initiative when you're in the midst of a culture of isolation and poverty. (Community-Based Provider)

We're so rural out here….There's poverty up here. No cars, no cell phones, no land lines. It's devastating. (Community-Based Partner)

There's not a lot of jobs out here, so unless you're retired, there's not a lot… (Markleeville Community Member)

The students that get out of high school and aren't employed or furthering their education in some way. Caught in the middle without something to do…We have to help kids have a goal after graduation. Seems they need to be encouraged to go to a trade school or find a job immediately and sometimes I don't see that happening. (Education Stakeholder)

In addition, community members reported low levels of community cohesion among the three disparate areas of the county: Resort areas (Bear Valley, Kirkwood); the Hung-a-lel-ti tribe; and Markleeville. Stakeholders contribute limited community cohesion to both geographic isolation and assumptions held

about particular communities. Some stakeholders felt that the County is working to foster greater inclusivity and cohesion among particular communities.

> *I think because of our small communities that are isolated from each other—not just that we are rural but that we are isolated from each other. Hung-a-lel-ti community is isolated from the Markleeville community which is isolated from the Mesa community which is isolated from the Kirkwood community… (Education Stakeholder)*

> *The one thing with Alpine County is that there is a mountain pass between the ski communities that closes. The hub of Alpine is Markleeville and that seems to be where the hub of activity lives and where most people live. The Kirkwood area seems to get forgotten about. (Resort Community Representative)*

> *To be honest, I don't know what really goes on outside my Native American community because for Alpine County it's the smallest county in California. (Alpine County Mental Health Board Member)*

> *There really is no tie between Markleeville area and up here. It is two different worlds. Up here we have million dollar homes, it's a different dynamic. People down there think that people up here are loaded, have tons of money. But that's not the case because* [wealthy residents] *live here seasonally. Then there's the people who work for Kirkwood who are living here year-round. Over the years, I've seen them get overlooked. (Kirkwood Community Member)*

> *The county has been way more responsive and way more inclusive of Bear Valley than ever before. For a long time there was this 'Who? Bear Valley? I never go over there. They're just a bunch of rich people.' That tone totally changed. They* [ACBHS] *listen, they invite me over, they want to include Bear Valley in the strategic planning, and they want to be aware of what's going on. It's a pleasant change of tone to be included and not just an afterthought. (Bear Valley Community Member)*

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. For example, 36% of Carson City/Douglas Region high school students reported that they usually obtained the alcohol they drank by someone giving it to them, and one-fifth (21%) reported that they were offered, sold, or given an illegal drug by someone on school property (NYRBS 2013).

> [I] *have been here a long time. Adolescents are crossing over and socializing with adults. Adults will provide them with alcohol, cigarettes, etc. I've experienced that personally. I don't see it as much now, but I doubt it's gone away. (Bear Valley Community Member)*

[Youth] *hang out with older people and they buy them alcohol. Hang out with older people to get drunk. (Hung-a-lel-ti Community Member)*

As cited previously, stakeholders also noted that youth may take their family members' prescription drugs and observed that youth are able to access alcohol and tobacco from commercial settings, including across state lines.

Limited Education about Effects of AOD Use and Abuse

Education about the effects of AOD use and abuse is important, as youth and adults may not fully understand the harmful effects of AOD use or be aware of new and existing research on the harmful effects of AOD. Stakeholders also expressed limited awareness of available SUD prevention services.

> *There seems to be a lack of understanding with adults in the community outside the provider arena about the seriousness and risk substance abuse by adults* [and how that] *impacts students and what they see as acceptable. What's acceptable for an adult can get translated into what is acceptable for a youth. (Education Stakeholder)*

> *I don't think there is a very obvious access point or access person for services for Bear Valley. Kind of an underlying tone that we are the forgotten west side of the county. Even though there is the human services building here with the library, most people think there is only the library in it. I don't think it's well known that anybody staffs that base over there. Myself included, I didn't even know about it for years until members of my staff in the business I was managing were attending either sessions with Ann Berner or AA meetings over there. (Bear Valley Community Member)*

While Alpine County primary school teachers noted that schools provide some alcohol or drug use prevention instruction (CSCS 2012), stakeholders observed that there is limited SUD education for younger children, as well as a lack of community-based presentations on SUD issues.

Community Norms and Practices as an Impediment to SUD Prevention

Stakeholders emphasized that community norms and attitudes regarding substance use and abuse are a critical barrier to SUD prevention efforts. Several stakeholders observed that community attitudes reflect an acceptance of AOD use and expressed that active substance use and abuse among the adult population contributes to this norm. Stakeholders discussed this acceptance of AOD both in the context of ski resort culture and multi-generational substance use within families.

Several Kirkwood and Bear Valley community members discussed the culture of substance use among resort employees. Most felt that alcoholism and binge drinking were the primary substance use concerns for this community, but also noted that marijuana, heroin, prescription drug, and methamphetamine use also occurs. Stakeholders attributed this substance use to boredom and loneliness resulting from the lack of alternative social activities, stress related to working at the resort, and unresolved mental health issues. One stakeholders also noted that limited housing options for

resort employees requires most employees to live in housing offered through the resort, citing this dorm room style housing as one factor contributing to the existing culture of AOD.

> [Among] *eighteen to thirty year olds, predominantly male, predominantly white…marijuana use is common, but we've also seen amphetamines and methamphetamines, prescription drugs, and other things that I don't even know. (Resort Community Representative)*

> *They come up here and think it's gonna be easier up here, but then they find themselves alone. Loneliness and nothing to do here except go to the bar. Let's say it's Wednesday night, that's the one night we have yoga, the only other options are to go to the bar. They come up here with emotional baggage and then get bored. I've had to check myself before – it's always a party atmosphere up here – I have friends who come up here and want to party. It's so easy to just walk over to the party. If you don't already have a problem, you can easily get one. (Kirkwood Community Member)*

> *It's like college dorm rooms, no supervision, totally run down, probably not healthy. It's always kind of been like a party scene – a bunch of 20-something year old boys drinking beer. When you move here and that's the scene that's going on, you probably participate in more drugs and things like that, drinking. Honestly, it's like a college dorm room. (Kirkwood Community Member)*

Stakeholders discussed how family dynamics and multi-generational use of AOD can perpetuate SUD and hinder prevention. Stakeholders discussed how some youth grow up in families and communities with high prevalence of substance use. This exposure can communicate acceptance of unhealthy substance use behaviors. Stakeholders also acknowledged the relationship between AOD use, domestic violence, and mental health issues and, explaining that AOD abuse can both contribute to and result from domestic violence and mental health issues.

> *Part of that is that continued awareness. Breaking the cycle of systemic use and abuse, passed down through generations. In school we preach healthy lifestyles and choices, and then they go home and see smart choices not being pursued, so they're getting mixed message. (Education Stakeholder)*

> *Kind of what I said before. Students who don't have any direction –whether school or job—see other adults who are in similar situations and the adults are abusing substances and then they fall into the same pattern. That's what is seems to me. It just becomes cyclical. (Education Stakeholder)*

> *There are a lot of people who drink and then their anger gets out of control…I have a lot of family members that drink. When they drink hard alcohol, they get out of control and it goes all over everyone. So that's around me, in the community I'm in. (Hung-a-lel-ti Community Member)*

Native American community has a lot of historical trauma, marginalization, very isolated, high trauma, and poverty. And this is multi-generational. (Community-Based Provider)

Stakeholders also cited a lack of open discussion and acknowledgement of the extent of the issue among certain at-risk populations.

I feel that, if people weren't in such denial and were up front with it, and wanted to really help their children and grandchildren, they would need to know how to approach them…. People say, 'Mind your own business.' But if we could get people to speak up and not be in such denial of what's going on in their households... (Alpine County Mental Health Board Member)

Protective Factors

In addition to establishing underlying risk factors that contribute to AOD problems in Alpine County, RDA also analyzed stakeholder input to identify protective factors that can be leveraged to support Alpine's SUD prevention initiatives.

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. 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, Alpine County Health and Human Services, 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, the Health and Wellness Coalition, and the Child Abuse Prevention Council. 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 County departments and service providers make effective informal referrals possible. Service providers and community members also discussed how the size of the county makes it easy to reach public figures, such as the superintendent or ACBHS leadership, and how they 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.

> [ACBHS communicates and collaborates with local organization or stakeholders] *to a very high degree. I think that's one of the things we've done best in this county. They have been an integral part of that since they've started. (Community-Based Provider)*
>
> *I think it appears that it was strong when I got here and has been gaining more and more momentum over past year. More interest and engagement between groups. It's really encouraging. I'm glad to see what was happening when I arrived, but also the surge in energy. Health and Wellness Coalition brings all the people together who are interested in community healthy living. (County Agency Employee)*
>
> *I think it's pretty organic because we are all so close to one another. Particularly the people who are involved in social services, public health, behavioral health, and the allied groups like First 5, Choices For Children, Live Violence Free, and Tahoe Youth and Family. We are all close so there is an ease in referral. (County Agency Employee)*

Strengthened Relationships between Service Providers and Consumers

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.

> *The services in Woodfords have been convenient and everyone has been very accommodating. (Kirkwood Community Member)*
>
> *When we moved here, we had no idea what went on in the county. It's been an extremely pleasant surprise that all these things are offered. I see how it really brings community together. It's a major plus and gets me tied into the community far more than I otherwise would have. (Markleeville Community Member)*

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 Three-Year SAP Plan that have historically gone without SUD prevention services.

> *All communication with the county is timely and friendly. (Kirkwood Community Member)*

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 Specialist that coordinates activities and services to residents of the county. ACBHS is planning to hire a MHSA Program Specialist to specifically serve Bear Valley. By increasing their staffing capacity, ACBHS will be in a better position to outreach to geographically-isolated communities, provide SUD prevention education, and disseminate information regarding the SUD prevention services.

Current Prevention Services

SUD Prevention Programs

For Fiscal Year 2014-2015, Alpine County allocated SUD prevention funding to Alpine Children's Center, Bear Valley Parents Group, and Tahoe Youth & Family Services. These three providers were contracted to address the AOD prevention needs of children and youth living in Alpine County (Prevention Priority Area 1). As a small community with limited access to options for recreational activities, SUD prevention efforts center largely on the provision of healthy alternative activities and the integration of SUD prevention education and information in the context of such activities. Alpine County's current SUD prevention activities and corresponding CSAP strategies are described in the following table. The table also includes the number of people served by the existing SUD prevention activities during the 2014-2015 FY.[6]

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[6] RDA analyzed CalOMS Pv data to describe the number of people served by Alpine's current AOD activities during the 2014-2015 FY. Given the timing of the development of this SAP Three-Year Plan, only data from July 2014 to March 2015 is included here.

Table 1. AOD Prevention Activities during 2014-2015 FY

Provider	Program	Activities	CSAP Strategies	Target Population	Number Served (7/14 through 3/15)
Alpine Children's Center	Alpine Kids	Healthy alternative activities for families with an emphasis on teens • Monthly family activities • Teen program • Booth at Community Health Fair Family Night in Bear Valley	Education, Alternatives	Families and teens	11 monthly family activities (200 total served, 811 encounters); 7 monthly teen activities (25 total served, 89 encounters); 79 people approached Community Health Fair Booth; 41 people attended Family Night in BV
Bear Valley Parent Group	Bear Valley Summer Day Camp	Summer day camp with physical activities and values-based curriculum • Character Counts! Themes • Skills Passport	Education, Alternatives	Youth ages 3-12	56 total youth served, 226 encounters over 8 week program, about 28 youth per week
Tahoe Youth & Family Services	Alpine Mentoring Project	One-on-one community-based mentoring as an evidence-based SUD prevention approach	Alternatives, Education, Information Dissemination	Youth ages 4-18	24 total youth served, 283 encounters
Alpine County Behavioral Health Services (ACBHS)	SPF or Adm. Activities	Strategic Prevention Plan development and coordination of the Health and Wellness Coalition	Community Based Process	All Ages	10 events, 19 total hours*
	Community Outreach	Provided information to youth and families on consequences of AOD use • Back to School Night Booth • Health and Human Services Health Fair Booth • Red Ribbon Week at Diamond Valley School • Washoe Community Earth Day	Information Dissemination	Youth of all ages and their families	4 events, 18.5 total hours
	Youth Leadership Program	Recruited youth to participate in the Youth Leadership Program (leadership skill development, SUD education, and outings)	Information Dissemination, Alternatives	Youth in 8th through 12th grade	4 events, 9 total hours*

*Indicates additional events and hours conducted by ACBHS since March 15, 2015. CalOMS Pv data entry on ACBHS' behalf was interrupted temporarily due to staff transition in the Fall '14 and Winter '15.

Current Capacity

ACBHS embarked on three main efforts to enhance its capacity to address the SUD prevention needs of the community in FY 2014-2015. These capacity building objectives are outlined below:

Fiscal Year 2014-2015 Objectives:

Capacity Building Objective	Status
❖ Establish and communicate requirements and protocols regarding data collection on program outputs and outcomes for ACBHS and contracted SUD prevention providers.	✓ In-progress
❖ Convene a Substance Abuse Prevention Planning Coalition with stakeholders representing multiple sectors and demographic groups to increase capacity for addressing substance use and abuse in the community.	✓ Achieved, with modifications
❖ Develop 5-year substance abuse prevention plan for Alpine County including a community-wide needs assessment and data collection.	✓ Achieved, with modifications

FY 14-15 Objective 1: Establish and communicate requirements and protocols regarding data collection on program outputs and outcomes for ACBHS and contracted substance abuse prevention providers.

During the interim 2014-2015 year, ACBHS provided technical assistance to its contracted providers to enter SAP funded program data into the CalOMS Pv database. This data is reported in Table 1 in the previous section. The data entered for the interim year is representative of outputs based on program attendance in unduplicated counts and number of encounters during prevention education and information dissemination events.

Within this objective, ACBHS is making progress towards establishing the tools and protocols to collect and analyze outcome data for SAP program participants. The AOD Program Specialist is being charged with this particular task and incorporated into the Three-Year SAP Plan for 2015-2018 are the steps that will be taken to implement a more robust process to evaluate SAP program effectiveness. The outcomes related to establishing evaluation as a component to the interim plan for 2014-2015 were premature given that the AOD Program Specialist was not hired until late 2014. ACBHS has made a commitment to holding itself and the AOD Program Specialist accountable to carry out the objectives identified in this Three-Year SAP Plan in a timeline that is commensurate with its more robust capacity for the coming three years.

FY 14-15 Objective 2: Convene a Substance Abuse Prevention Planning Coalition with stakeholders representing multiple sectors and demographic groups to increase capacity for addressing substance use and abuse in the community.

In FY 2014-2015, ACBHS partnered with the Alpine County Department of Health and Human Services (ACHHS) to begin the process of engaging a diverse Committee made up of community leaders, agency representatives, County departments, and other community members to make health a priority in all

policy areas for the County. Although the SAP Plan 2014-2015 called for the implementation of the 12-Sector Model of community engagement, ACBHS and ACHHS modified the model to create a coalition that represents sectors including:

- ❖ Behavioral Health Services
- ❖ Alcohol & Other Drug Services
- ❖ MHSA/Native Wellness
- ❖ Early Childhood Services
- ❖ Social Services
- ❖ Workforce Services
- ❖ Public Health Officer
- ❖ Clinic Nurse
- ❖ Health Education/Tobacco Control

- ❖ Emergency Preparedness
- ❖ Office of Education
- ❖ Mentoring Program
- ❖ Outdoor Recreation
- ❖ Environmental Health
- ❖ Woodfords Community Council
- ❖ Law Enforcement
- ❖ Native Temporary Assistance to Needy Families (TANF)

This coalition is called the Health and Wellness Coalition (HWC) and is made-up of 20 members, of which nine are regularly attending meetings who can represent multiple perspectives given their involvement in the areas listed above. In an effort to maintain an interdisciplinary approach without causing stakeholder fatigue in such a small county, ACBHS is partnering with ACHHS to leverage the HWC to achieve its capacity objectives for the Three-Year SAP Plan for 2015-2018. 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 SAP activities.

The HWC immediate next steps are to identify indicators of success in these areas and a process to collect, analyze, and report on their progress towards these objectives.

FY 14-15 Objective 3: Develop 5-year substance abuse prevention plan for Alpine County including a community-wide needs assessment and data collection.

This plan is evidence of ACBHS' progress towards developing a longer-term plan to take the place of the County's interim SAP Plan submitted for the FY 2014-2015. However, based on the evolving nature of the County's staff capacity, knowledge, and skills, it was determined that a three-year time frame will be better suited to Alpine County's needs. As part of developing this Three-Year SAP Plan, ACBHS worked to conduct additional data collection tasks to make a more comprehensive assessment of the community's SAP needs. This plan incorporates additional interviews and survey data to synthesize the unmet SAP need for Alpine County that was detailed in SPF Step 1.

Unmet Need

The community needs assessment identified SUD prevention needs that are not currently met by the existing services available in Alpine County. These unmet needs are areas where strategies are needed for more effective and inclusive SUD prevention. The unmet needs discussed below emerged from stakeholder input and correspond with the risk factors identified as contributing to youth and adult

substance use and abuse. These unmet needs helped inform the prevention priority areas outlined in SPF Step 3.

Children and Adolescents

❖ **There are limited opportunities for children and adolescents to learn about the effect of AOD use and develop life skills that deter them from substance use.** Stakeholders observed that many youth experience high levels of exposure to adult AOD use both within their own families and within the community at large. This exposure is coupled with limited community education on the harmful consequences of AOD use. Youth would benefit from alternative information on AOD use and abuse and SUD as well as opportunities to develop life skills that can support healthy decision making.

> [We] *need to do more education with the younger kids—fourth grade on up. They're starting to do [drugs and alcohol] at all ages in our community. They need to target the schools. (Alpine County Mental Health Board Member)*

❖ **There are limited alternative social and recreational activities available to middle school and high school students.** Stakeholders discussed how the small, rural environment of Alpine County provides limited positive social and recreational activities for youth engagement. Stakeholders expressed that boredom resulting from limited available activities contributes to AOD use among youth.

❖ **Parents and families do not have the information they need to prevent youth substance use.** Stakeholders addressed how the effectiveness of school- and community-based SUD prevention efforts can be undermined when youth receive inconsistent messages regarding AOD use from their school and their families.

Adults and Older Adults

❖ **There is insufficient education and outreach opportunities for adults and older adults to learn about the consequences of AOD abuse and corresponding resources.** Stakeholders discussed the high prevalence of substance use among adults and older adults in Alpine County. In particular, stakeholders expressed concern regarding the substance use within the county's more geographically-isolated communities, including the Kirkwood and Bear Valley resort communities and the Hung-a-lel-ti reservation. Stakeholders from these communities voice the need for more education and outreach regarding available services and the consequences of AOD use and abuse.

> *I'd really like to see* [more] *general awareness—educational opportunities where we do preventive talks, have preventive opportunities, something simple like yoga classes or stretching and relaxation, or nutrition…. We could do a better job of preventing incidents* [of substance use] *with basic education, create*

awareness, and have alternatives for healthier lifestyle options. (Resort Community Representative)

Mountain staff, especially operations personnel, should be educated or re-educated on drinking responsibly and the consequences of alcohol/substance abuse. It should be a required module or class that puts accountability on every employee of Kirkwood to understand the effects and consequences of their actions. (Kirkwood Community Member)

There have been people sent to rehab, and they come back onto the reservation and fall back into the same stuff because everybody's doing it. There's people who go to rehab for alcohol or drugs and they're back into it again. (Alpine County Mental Health Board Member)
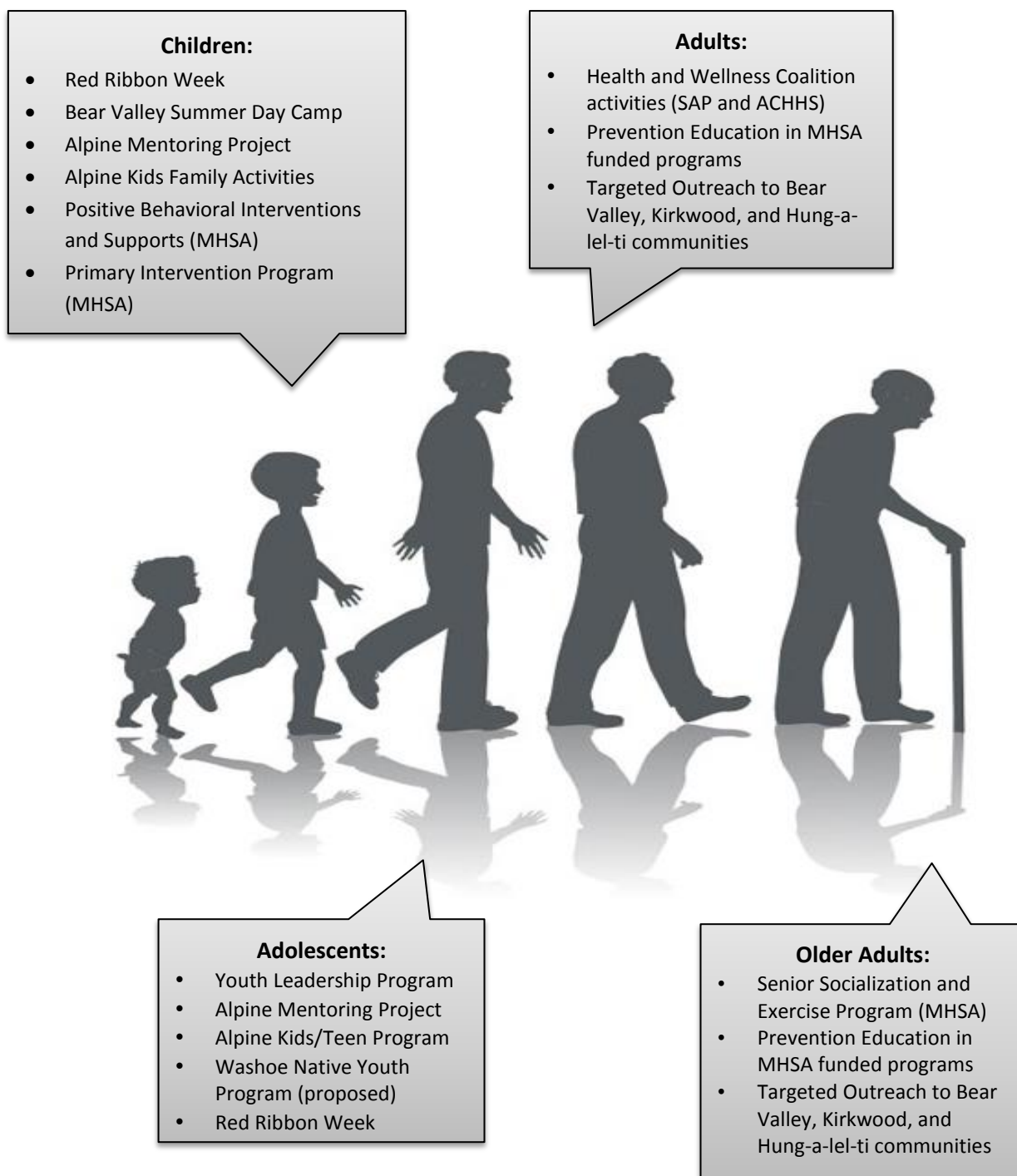
Prevention Priorities and Problem Statements

Based on the key findings described above and the current prevention programs available, ACBHS identified the two prevention priority areas to focus its SAP prevention efforts over the next three years. These priority areas were 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 non-SAP programs, ACBHS is providing a full range of preventative behavioral health services to at-risk populations. Figure 2 below illustrates how ACBHS intends to support all residents in addressing their SAP related needs. The activities included in Figure 2 are SAP funded unless otherwise noted.

Figure 2. SUD Prevention Services across the Lifespan

Children:
- Red Ribbon Week
- Bear Valley Summer Day Camp
- Alpine Mentoring Project
- Alpine Kids Family Activities
- Positive Behavioral Interventions and Supports (MHSA)
- Primary Intervention Program (MHSA)

Adults:
- Health and Wellness Coalition activities (SAP and ACHHS)
- Prevention Education in MHSA funded programs
- Targeted Outreach to Bear Valley, Kirkwood, and Hung-a-lel-ti communities

Adolescents:
- Youth Leadership Program
- Alpine Mentoring Project
- Alpine Kids/Teen Program
- Washoe Native Youth Program (proposed)
- Red Ribbon Week

Older Adults:
- Senior Socialization and Exercise Program (MHSA)
- Prevention Education in MHSA funded programs
- Targeted Outreach to Bear Valley, Kirkwood, and Hung-a-lel-ti communities

Prevention Priority Area 1: Decrease underage drinking

Problem Statement: Alpine County middle school and high school aged youth demonstrate early initiation ages and high rates of alcohol use.

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 limited alternative options for social activities due to the county's isolated geography and small population; youth access to alcohol and other substances at school and through other social sources; youth obtaining prescription drugs from parents or family members; youth access to alcohol from commercial settings and across state lines; limited SUD prevention education for younger children and limited understanding of the harmful effects of substance use; limited parent and adult awareness of the harmful effects of AOD use; AOD use and abuse among the adult population; and community norms reflecting an acceptance of AOD use and abuse.

Prevention Priority Area 2: Decrease binge drinking among adults and older adults

Problem Statement: Alpine County has high levels of alcohol use among adults and older adults.

Within Alpine County, there are high levels of SUD among adults and older adults. The needs assessment identified a number of factors that contribute to this problem. Contributing factors include limited alternative options for social activities due to the county's isolated geography and small population; limited employment and transportation opportunities for residents; high levels of AOD use and abuse in adult and older adult populations; low penetration of adults in treatment for AOD use and abuse; lack of education and information about the harmful effects of AOD use and abuse; low community cohesion in geographically-isolated areas; community norms reflecting an acceptance of AOD use and abuse; limited number of program and staff to reach targeted populations.

SPF Step 2: Capacity Building

Capacity Building 2015-2018

ACBHS prevention staff, in collaboration with the HWC, local services providers, and external consultants, conducted the strategic prevention framework process that culminated in this Three-Year SAP Plan. 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 interim 2014-2015 year detailed in SPF Step 1. Strategies to increase the capacity of prevention providers over the course of the next three years involve training key prevention staff to carry-out prevention strategies, education on primary prevention to key stakeholders, and workshops to increase the skill of prevention staff to monitor and evaluate SAP 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. 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 SAP 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, increasing the internal knowledge and understanding of primary prevention, and the County's ability to monitor and evaluate SAP funded programs.

The AOD Program Specialist will be co-facilitating the HWC to help increase their capacity for primary prevention and to develop the tools to evaluate SAP programming effectiveness. The AOD Program Specialist will select and implement specific trainings and education sessions 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 use 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 is requiring contracted providers to complete and pass the Professional Competency Online Courses series on Assessment, Capacity Building, Planning, Implementation, and

Evaluation (made available by the Center for Applied Research Solutions (CARS)) in order to support their capacity delivering in primary prevention services. ACBHS is seeking out counsel for additional strategies to integrate required trainings and webinar sessions as part of contractor compliance to ensure that providers have the knowledge and skills to implement SAP strategies to fidelity. In addition, the AOD Program Specialist is planning to attend the DHCS sponsored *Substance Use Disorder Statewide Conference: Organizing the SUD Delivery System* to further their knowledge and skill in connecting primary prevention to the continuum of other behavioral health services that exist in Alpine County.

SPF Step 3: Prevention Priorities and Planning Process

Identifying Substance Abuse Prevention Priorities

In developing this Three-Year SAP Plan, ACBHS and RDA conducted a more in-depth needs assessment by incorporating additional key informant interviews with stakeholders and a community SAP needs survey in Kirkwood. RDA and ACBHS also hosted open office hours and a focus group in Bear Valley to complement the additional outreach done in Kirkwood to refine findings related to SAP needs of the more isolated communities in Alpine County. The current SAP Plan for Fiscal Year 2014-2015 served as an interim placeholder for this future Plan, and as a result, the planning process for developing prevention priorities focused on existing SAP programs and activities in Alpine County.

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.

Logic Models

The logic models developed through the above-described planning process are described and presented below. The logic models include objectives in support of each identified priority area and corresponding goal, as well as strategies to pursue the identified objectives. The models also include intended outcomes, available resources, and indicators and data sources to promote effective tracking of SAP implementation. The elements of the logic models are as follows:

1. **Objectives** for each priority area are intended accomplishments that would work toward achieving the SAP goal.

2. **Strategies** are the methods by which each objective will be accomplished.

3. **Resources** are the programs identified to help meet the identified objectives by way of the strategies described.

4. **Outcomes** are a measure of what will happen as a result of implementing the identified strategies.

5. **Indicators** are the means by which Alpine County will be able to track progress in achieving desired outcomes.

Below are descriptions of each of the identified Prevention Priority Areas and their corresponding goals and objectives:

Prevention Priority Area 1: Decrease underage drinking

Goal: Deter youth ages 5-18 from using alcohol or binge drinking currently and in the future.

Alpine County has identified two objectives to support this goal. They are as follows:
- ❖ By June 30, 2018, 80% of K-8 children will demonstrate adequate skills, protective factors, and self-efficacy as measured by pre/post surveys
- ❖ Decrease binge drinking among youth grades 7-12 by 5% by June 30, 2018, as measured by middle and high school aged youth self-report survey

Prevention Priority Area 2: Decrease binge drinking among adults and older adults

Goal: Prevent binge drinking among adults and older adults ages 21 and older.

Alpine County has identified one objective to support achievement of this goal. It is as follows:
- ❖ Decrease reported binge drinking by 3% among adults and older adults ages 21 and older by June 30, 2018, as measured by County Health and Wellness Survey

Prevention Priority Area 1: Decrease underage drinking

PROBLEM STATEMENT 1: Alpine County middle school and high school aged youth demonstrate early initiation ages and high rates of alcohol use.

CONTRIBUTING FACTORS:

- The county's isolated geography and small population leads to limited alternative options for social activities and meaningful interaction, which contributes to AOD use as a default social activity (Stakeholder Input)
- Youth are able to access alcohol at school and from other social sources (Nevada Youth Risk Behavior Survey)
- Youth are able to access alcohol from commercial settings, including across state lines (Stakeholder Input)
- There is limited substance abuse education for younger children (Stakeholder Input)
- Youth may not fully understand the harmful effects of alcohol use (Stakeholder Input)
- Parents/adults may not be aware of new and existing research on the harmful effects of alcohol use (Stakeholder Input)
- Parents/adults may use substances and promote family/community norms that reflect an acceptance of alcohol use (Stakeholder Input)

GOAL: Deter youth ages 5-18 from using alcohol or binge drinking currently and in the future.

OBJECTIVES	STRATEGIES	RESOURCES	OUTCOMES			INDICATORS AND SOURCES
			By June 30, 2016	**By June 30, 2017**	**By June 30, 2018**	
By June 30, 2018, 80% of children in grades K-8 will demonstrate acceptable, good, or excellent skills, protective factors, and self-efficacy, as measured by pre/post surveys	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 • Red Ribbon Week at Diamond Valley Elementary School (grades K-8) • Character Counts! and Keep a Clear Mind curricula or other evidence-based approved curricula delivered during summer camp (grades	*SAP Resources* Bear Valley Parents' Group – Summer Camp Tahoe Youth & Family Services – Mentoring Project ACBHS – Red Ribbon Week; Counselors to provide education in schools External Consultants *Other Community Resources*	100% of children grades K-8 participate in programs that provide life skills and prosocial development	There is a 10% increase in reported skills and self-efficacy from pretest to posttest for targeted children receiving prevention services 80% of targeted children receiving prevention services demonstrate acceptable, good, or excellent survey scores upon first posttest, based on survey scoring criteria	At one-year follow-up, a minimum of 80% of targeted children receiving prevention services maintain or increase positive survey scores, based on survey scoring criteria	CalOMS Pv service records Pre/Post Protective Factors Survey for children and adults (post-survey to be re-administered for two years following)

	K-8) • Mentoring Program (grades K-8)	Tahoe Youth & Families Girls' Group				
Decrease binge drinking among youth grades 7-12 by 5% by June 30, 2018, as measured by middle and high school aged youth self-report survey	Enroll Alpine County youth grades 7-12 in extracurricular programs that provide life skills, prosocial development, and substance abuse prevention education • Mentoring Program (grades 7-12) • Keep a Clear Mind curriculum delivered during summer camp (grades 7-12) • Native Youth leadership program	Alpine County Unified School District – Family Life and Health Curriculum	At least 30 unduplicated youth grades 7-12 participate in extracurricular programs that provide life skills, prosocial development, and substance abuse prevention education	There is a 10% increase in knowledge about the harms of alcohol use from pretest to posttest among targeted youth receiving prevention services There is a 10% increase in reported skills and self-efficacy from pretest to posttest among targeted youth receiving prevention services 80% of targeted youth receiving prevention services demonstrate acceptable, good, or excellent survey scores upon first posttest, based on survey scoring criteria	There is a 5% reduction in reported binge drinking from 2016 statistics among targeted youth receiving prevention services	CalOMS Pv service records Student Pre/Post Knowledge, Attitudes, Skills, and Behavior Survey

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Prevention Priority Area 2: Decrease binge drinking among adults and older adults

PROBLEM STATEMENT 2: Alpine County has high levels of alcohol use among adults and older adults.

CONTRIBUTING FACTORS:

- The county's isolated geography and small population leads to limited alternative options for social activities and meaningful interaction, which contributes to alcohol use as a default social activity (Stakeholder Input)
- Limited employment and transportation opportunities for Alpine County residents (Stakeholder Input)
- High levels of binge drinking in adult and older adult population (Stakeholder Input, CARS data)
- Low penetration of adults in treatment for substance use disorder compared to the State average (approximately 25 people [2.3%] in ACBHS services have current or past substance abuse issues and are being treated for substance use disorder as a primary or secondary issue)
- Limited education and information about the harmful effects of alcohol use and abuse, especially in geographically isolated areas (Stakeholder Input)
- Low community cohesion in geographically isolated areas (Stakeholder Input)
  - Resort areas (Bear Valley, Kirkwood)
  - Native American tribe (Hung-a-lel-ti)
  - Markleeville
- Community norms reflect an acceptance of high levels of alcohol use (Stakeholder Input)
  - Ski area culture encourages substance use
- Limited number of programs and staff to reach targeted populations
- Limited local data and tracking systems

GOAL: Prevent binge drinking among adults and older adults ages 21 and older.

OBJECTIVES	STRATEGIES	RESOURCES	OUTCOMES			INDICATORS AND SOURCES
			By June 30, 2016	**By June 30, 2017**	**By June 30, 2018**	
Decrease reported binge drinking by 3% among adults and older adults ages 21 and older, as measured by County Health and Wellness Survey	Integrate prevention education into a minimum of three existing programs funded by other sources, as measured by County records: • Yoga Classes • Senior Socialization Program • Create the Good Program Disseminate binge drinking	**SAP Resources** ACBHS AOD Program Specialist ACBHS Native Wellness Advocate Alpine County Health and Wellness Coalition External Consultants	At least 50 unduplicated adults and older adults ages 21 and older participate in community programs that provide substance abuse prevention education ACBHS disseminates binge drinking prevention informational materials	There is a 5% increase in knowledge about the harmful effects of binge drinking among targeted adults and older adults receiving prevention services, measured from pretest to posttest	There is a 3% reduction in reported binge drinking from 2016 statistics among adults and older adults ages 18 and older	CalOMS Pv service records Pre/Post Program Surveys County Health and Wellness Survey

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	prevention information materials at existing community programs and events for adults and older adults • Yoga Classes • Senior Socialization Program • Create the Good Program • Health and Wellness Coalition events on the Hung-a-lel-Ti Reservation • Events for resort employees	***Other County Resources*** ACBHS MHSA Program Specialist External Consultants	to at least 65% of the County population		
	Conduct TIPS (Training for Intervention Procedures) outreach and training with bar owners and bartenders in Kirkwood, Bear Valley, and Markleeville at the beginning of winter and summer seasons		Participating bartenders demonstrate at least a 10% improvement in knowledge, attitudes, and self-efficacy, measured from program pretest to posttest 90% of participating bartenders demonstrate acceptable, good, or excellent survey scores upon posttest, based on survey scoring criteria	90% of participating bartenders maintain acceptable, good, or excellent survey scores upon 12-month follow-up, based on survey scoring criteria 70% of participating bartenders report changes in serving practices upon 12-month follow-up, based on survey scoring criteria		TIPS Program Pre/Post Survey (post-test to be administered immediately following training and at 12-month follow-up)

SPF Step 4: Implementation

This section describes the steps and activities through which Alpine County will achieve the goals and objectives in each Prevention Priority Area. Alpine County's SAP Plan includes strategies across four SAMHSA CSAP domains: prevention education, alternative activities, dissemination of information, 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. To decrease binge drinking among adults and older adults, ACBHS plans to integrate prevention education into a minimum of three existing programs funded by other sources; disseminate substance use and abuse prevention information materials at existing community programs and events for adults and older adults; and train Kirkwood, Bear Valley, and Markleeville bar owners and bartenders in responsible serving practices.

In Fiscal Years 2015-2018, Alpine County plans to sustain SAP funded services with all previously contracted providers, with the exception of Alpine Children's Center. In the Community Program Planning (CPP) process for the County's MHSA Annual Update to the Three-Year Program & Expenditure Plan 2014-2017, stakeholders determined that the activities provided by Alpine Children's Center are better suited to the funding objectives under MHSA. ACBHS is instead pursuing the development of a Native-specific initiative with the Washoe Community Council that is reflected in this SAP Three-Year Plan for 2015-2018. For FYs 2015-2018, Alpine County prevention education, outreach, and information dissemination activities will be carried out by contracted providers, the ACBHS AOD Program Specialist, Native Wellness Advocate, and the Behavioral Health Services Director. As mentioned above, Alpine County will also collaborate with MHSA-funded programs and the county's Health and Wellness Coalition (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 AOD Program Specialist.

Within each prevention objective, outcomes are sequenced in order to enable ACBHS to achieve a more robust process for delivering evidence based practices and for evaluating the effectiveness of SAP strategies. Where appropriate, Year 1 outcomes include the identification and implementation of evidence based practices and the development of evaluation data collection tools. Year 2 outcomes build upon the Year 1 outcomes by demonstrating where those practices will be implemented and what outcome data will be collected. 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.

The tables below outline the planned activities for the next three years of prevention services and a timeline for completing activities. Activities are broken down by strategy under each objective. Evaluation-related activities are described in SPF Step 5: Evaluation.

Goal 1: Deter youth ages 5-18 from using alcohol or binge drinking currently and in the future

Objective 1: By June 30, 2018, 80% of children in grades K-8 will demonstrate acceptable, good, or excellent skills, protective factors, and self-efficacy, as measured by pre/post surveys

Strategy 1: 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

Activity	Responsible Party/Parties	Timeline	CSAP Category
Carry out Red Ribbon Week with all students at Diamond Valley Elementary School	ACBHS AOD Program Specialist ACBHS Native Wellness Advocate	Years 1-3	Prevention Education; Alternative Activities
Implement Character Counts! and Keep a Clear Mind curricula or other evidence-based approved curricula during Bear Valley Summer Camp	Bear Valley Parents' Group	Years 1-3	Prevention Education; Alternative Activities
Provide mentoring services to Alpine County youth	Tahoe Youth & Family Services	Years 1-3	Alternative Activities; Information Dissemination
Ensure that all Bear Valley Summer Camp staff members are trained to administer curricula with fidelity	ACBHS AOD Program Specialist	Years 1-3	Community based processes: Training services
Ensure that all contracted providers are trained in techniques to engage youth in conversations about positive life skills and SUD	ACBHS AOD Program Specialist	Years 1-3	Community based processes: Training services

Objective 2: Decrease binge drinking among youth grades 7-12 by 5% by June 30, 2018, as measured by middle and high school aged youth self-report survey

Strategy 1: Enroll Alpine County youth grades 7-12 in extracurricular programs that provide life skills, prosocial development, and substance abuse prevention education

Activity	Responsible Party/Parties	Timeline	CSAP Category
Enroll At least 30 unduplicated youth grades 7-12 in mentoring,	ACBHS AOD Program Specialist	Years 1-3	Prevention Education; Alternative Activities

Bear Valley Summer Camp, and/or Native Youth Leadership Program	ACBHS Native Wellness Advocate Bear Valley Parents' Group Tahoe Youth & Family Services		
Ensure that all Bear Valley Summer Camp staff members are trained to administer curricula with fidelity	ACBHS AOD Program Specialist	Years 1-3	Community based processes: Training services
Ensure that all contracted providers are trained in techniques to engage youth in conversations about positive life skills and SUD	ACBHS AOD Program Specialist	Years 1-3	Community based processes: Training services

Goal 2: Prevent binge drinking among adults and older adults ages 21 and older

Objective 1: Decrease reported binge drinking by 3% among adults and older adults ages 21 and older, as measured by County Health and Wellness Survey

Strategy 1: Integrate prevention education into a minimum of three existing programs funded by other sources, as measured by County records

Activity	Responsible Party/Parties	Timeline	CSAP Category
Determine programs at which ACBHS will provide prevention education	ACBHS AOD Program Specialist	Year 1	Community based processes: Planning
Select evidence-based curricula for prevention education (potentially use the WISE curriculum for older adults)	ACBHS AOD Program Specialist	Year 1	Community based processes: Planning
Work with MHSA Program Specialists to integrate prevention curricula into existing activities	ACBHS Director ACBHS AOD Program Specialist ACBHS Native Wellness Advocate ACBHS MHSA Program Specialists	Year 1	Prevention Education
Carry out prevention education in existing programs	ACBHS AOD Program Specialist	Years 2-3	Prevention Education

Activity	Responsible Party/Parties	Timeline	CSAP Category
	ACBHS Native Wellness Advocate ACBHS MHSA Program Specialists		
Ensure that ACBHS AOD Program Specialist is trained to administer curricula with fidelity	ACBHS Director	Years 1-3	Community based processes: Training services

Strategy 2: Disseminate substance use and abuse prevention informational materials at existing community programs and events for adults and older adults

Activity	Responsible Party/Parties	Timeline	CSAP Category
Determine programs at which ACBHS will provide materials	ACBHS AOD Program Specialist ACBHS Native Wellness Advocate	Year 1	Community based processes: Planning
Develop prevention materials from existing evidence-based resources	ACBHS AOD Program Specialist ACBHS Native Wellness Advocate	Year 1	Community based processes: Planning
Work with MHSA Program Specialist to integrate prevention curricula into existing activities	ACBHS Director ACBHS AOD Program Specialist ACBHS Native Wellness Advocate HSA Program Specialists	Year 1	Information Dissemination
Disseminate prevention materials	ACBHS AOD Program Specialist ACBHS Native Wellness Advocate MHSA Program Specialists	Years 2-3	Information Dissemination
Ensure that ACBHS staff are trained in techniques to engage population in conversations about positive life skills and AOD use	ACBHS Director ACBHS AOD Program Specialist	Years 1-3	Community based processes: Training services

Strategy 3: Conduct TIPS (Training for Intervention Procedures) outreach and training with bar owners and bartenders in Kirkwood and Bear Valley at the beginning of winter and summer seasons

Activity	Responsible Party/Parties	Timeline	CSAP Category
Adopt TIPS (Training for Intervention Procedures) curriculum	ACBHS Director ACBHS AOD Program Specialist	Year 1	Community based processes: Planning
Ensure that staff members are trained to administer curriculum with fidelity	ACBHS Director ACBHS AOD Program Specialist	Year 1	Community based processes: Training services
Carry out prevention education with bar owners and bartenders	ACBHS AOD Program Specialist	Years 1-3	Prevention Education

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 CalOMS Pv. 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 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 3, Year 1-3 outcomes are sequenced in order to enable ACBHS to achieve a more robust process for evaluating the effectiveness of SAP strategies. Where appropriate, Year 1 outcomes include the identification and implementation of evaluation data collection tools. Year 2 outcomes build upon the Year 1 outcomes by demonstrating what outcome data will be collected. 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 CalOMS Pv data on program participation and service delivery, ACBHS plans to implement the following five 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. Training for Intervention Procedures (TIPS) Program Pre/Post Survey; and
5. County-wide Health and Wellness Survey.

Table 2 below lays out the purpose, development, and administration of each tool, as well as the prevention objective corresponding to each tool.

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.

Table 2: Data Collection Tools and Administration

Prevention Objective	Tool	Purpose	Tool Development	Administration	Who Will Administer
By June 30, 2018, 80% of children in grades K-8 will demonstrate acceptable, good, or excellent skills, protective factors, and self-efficacy	**Pre/Post Protective Factors Survey**	Will measure general protective factors among young children such as healthy attitudes and self-efficacy about making healthy decisions	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	• Diamond Valley Elementary School teachers • TYFS Mentoring Program staff and volunteers • BVPG Summer Camp staff
Decrease binge drinking among youth grades 7-12 by 5% by June 30, 2018	**Student Pre/Post Knowledge, Attitudes, Skills, and Behavior Survey**	Will measure middle and high school students' AOD-specific knowledge, attitudes, and behaviors, including binge drinking	ACBHS to develop using existing validated measures	• Completed by children grades 7-12 enrolled in prevention programs	• ACUSD Secondary Community Day School teacher • ACUSD Opportunity School teacher • TYFS Mentoring Program staff and volunteers • BVPG Summer Camp staff • Native Youth Leadership Program Staff
Decrease binge drinking by 3% among adults and older adults ages 21 and older	**Adult Pre/Post Program Survey**	Will measure changes in AOD-specific knowledge among participants in prevention education sessions	ACBHS to develop using existing validated measures	• Completed by all adults participating in county wellness programs	• ACBHS AOD Specialist
	TIPS Program Pre/Post Survey	Will measure changes in knowledge and practices related to substance abuse and alcohol serving practices	Existing instrument from TIPS curriculum	• Completed by all bar owners and bartenders participating in training program	• ACBHS AOD Specialist
	County-wide Health and Wellness Survey	Will measure broad-based health and wellness behaviors across AOD, mental health, and general wellness, including binge drinking	To be developed by the Health and Wellness Coalition using existing validated measures	• Disseminated to all Alpine County households	• Health and Wellness Coalition

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; and
- External contractor will carry out qualitative data collection.

Timeline

For the most part ACBHS will develop evaluation tools in Year 1, drawing on and adapting existing survey tools, with the exception of the TIPS program pre/post survey, which is available from the TIPS curriculum.

Table 3: Data Collection Timeline

Tool	Year 1	Year 2	Year 3
Pre/Post Protective Factors Survey	Develop Instrument	Administer pre/post survey	Administer to newly enrolled youth; Administer follow-up post-survey to children served in Year 2
Student Pre/Post Knowledge, Attitudes, Skills, and Behavior Survey	Develop Instrument	Administer pre/post survey	Administer to newly enrolled youth; Administer follow-up post-survey to youth served in Year 2
Adult Pre/Post Program Survey	Develop Instrument	Administer pre/post survey	Administer pre/post survey
TIPS Program Pre/Post Survey	Administer existing instrument	Administer pre/post survey	Administer to new participants; Administer follow-up post-survey to those served in Year 2
County-wide Health and Wellness Survey	Develop Instrument	Administer to full-time Alpine County residents	Administer to full-time Alpine County residents