

Mariposa County Department of Human Services

Division of

Alcohol and Drug Programs



Strategic Plan for Alcohol and Other Drug Prevention

2007-2012

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District 1 - Brad Aborn, District 2 - Lyle Turpin, District 3 - Janet Bibby,
District 4 - Dianne Fritz, District 5 - Bob Pickard.



Mariposa County Board of Supervisors

We also wish to thank the Alcohol and Drug Advisory Board:

Yolanda Cheley, Erika Deal-Wildt, Steven Delk, Miles Gleason, Paul Jacobs,
Catherine Lara, Dusty Luker, James Mason, Gail Neal, Dave Nelson, Tisa Ruport,
Inez Terra and James Tucker.

Alcohol and Other Drug staff members:

Linda Murdock, AOD Specialist IV Brian Blew, AOD Specialist II, Pam Hawkins, AOD
Specialist IV Buck Cregger AOD Specialist II

These staff believe in and support prevention in the community and others who have provided input, support, and data from local sources.

MARIPOSA COUNTY ALCOHOL AND OTHER DRUG PREVENTION COLLABORATORS

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VISION

A healthy community free from alcohol and drug problems.

MISSION

To enhance youth and family health through leadership and coordination of community-based alcohol and drug initiatives using Environmental Strategies.

INTRODUCTION

Methods

Mariposa County has developed an Alcohol and Other Drug Prevention Strategic Plan which consists of coordinated alcohol and drug prevention funded by Substance Abuse Prevention and Treatment (SAPT) funds. Mariposa County developed this plan with the help of many other county and community agencies such as local schools, child welfare, law enforcement, and Probation.

The County has existing collaborative relationships within local agencies such as, Brian Muller, Undersheriff; Paul Jacobs, Special Projects Director with the Mariposa County Schools; Dr. Tom Brownell with the alternative school, Spring Hill; The Alcohol and Drug Advisory Board, Jim Tucker (AODB member) who is retired from the Yosemite National Park Service; and Child Welfare Services. All of these individuals were essential as resources for our assessment stage of the strategic plan. We also plan to work with these partners for capacity building, planning, implementation, and evaluation of our prevention plan.

Several one-on-one interviews have been held with local community members, including Brian Muller and Alcohol and Other Drug Advisory Board members Inez Terra and Catherine Lara. We also interviewed five (5) students: three (3) students from the main high school campus and two (2) students from the alternative high school, Spring Hill. We also interviewed one (1) administrator from the Spring Hill campus.

Core Datasets

Data was compiled and reviewed from multiple sources, including State of California Department of Criminal Justice, California Healthy Kids Surveys (CHKS), Mariposa County Behavioral Health and Recovery Services, Mariposa County Sheriff's Department, and Community Indicator's of Alcohol and Drug Abuse Risk (CARS, 2004).

In Mariposa County, we have the exciting opportunity to impact every youth and family in the county. At the community level, Mariposa County will continue to participate in outreach and education while implementing evidence-based strategies. Outcomes of prevention efforts will be assessed on an ongoing basis. Efforts that are not effective over time will be re-evaluated and revised as necessary, or will be discarded for more promising practices.



Mariposa County was one of the original counties of California, created at the time of statehood in 1850. While it began as the state's largest county, over time territory that was once part of Mariposa was ceded to twelve other counties: Fresno, Inyo, Kern, Kings, Los Angeles, Madera, Merced, Mono, San Benito, San Bernardino, San Luis Obispo, and Tulare. Thus, Mariposa County is known as the "Mother of Counties" (From Wikipedia, the free encyclopedia).

Mariposa is a small, mountainous region located within a 1,455 square mile area of the Central Region of California. Mariposa's elevation rises from 300 to 11,000 ft. above sea level, with geological features ranging from rolling foothills to mountain forests and alpine terrain. Mariposa County's 18,000 + residential population averages 12 persons per square mile compared to 217 persons per square mile in California. Our population is overshadowed by the almost 4,000,000 yearly visitors to Yosemite National Park, all of which fall within the jurisdiction of the County Human Services Department and the US Federal Park system. Mariposa, the county seat, is the center for all significant county services, though there are outreach clinics in the North part of the County and in the National Park.

Demographics

The population in Mariposa County is homogeneous as indicated in the pie chart 1 below. The majority, ninety-two point six percent (92.6%), of our population is White (Caucasian). The Hispanic population makes up almost nine percent (8.91%) of our population. The Black population is one percent (1%); the Asian population is less than one percent (0.9%); the American Indian population is almost four percent (4%); and a little over one percent (1.36%) is included in the "other" category. (Population statistics were taken from the 2004 U. S. census).

Race In Mariposa County

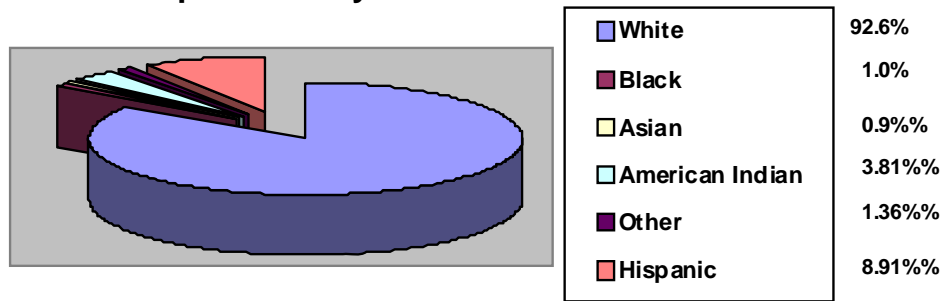


Chart 1

Historically, Mariposa County has had a logging, mining, ranching and a tourism-based economy; but today its main resource is tourism. The service industries underpinning local tourism provide for twenty-four percent (24%) of the total work force. Yosemite National Park, the largest employer in the county, payrolls over twenty-six hundred (2,600) people during the summer months.

Mariposa County's economy is represented by a median family income from 2004 Census (estimate) of thirty-five thousand three hundred fifty-nine dollars (\$35,359); this is thirty-two percent (32%) below the state mean of fifty-one thousand one hundred eighty-five dollars (\$51,185) in the 2004 census (estimate). The per capita income for the County was eighteen thousand one hundred ninety dollars (\$18,190); while the per capita for the state was twenty-two thousand seven hundred eleven dollars (\$22,711). In 1992 Mariposa ranked fifty-third (53rd) of the fifty-eight (58) California counties in the lowest personal income level (2004 U.S. census).

Economy

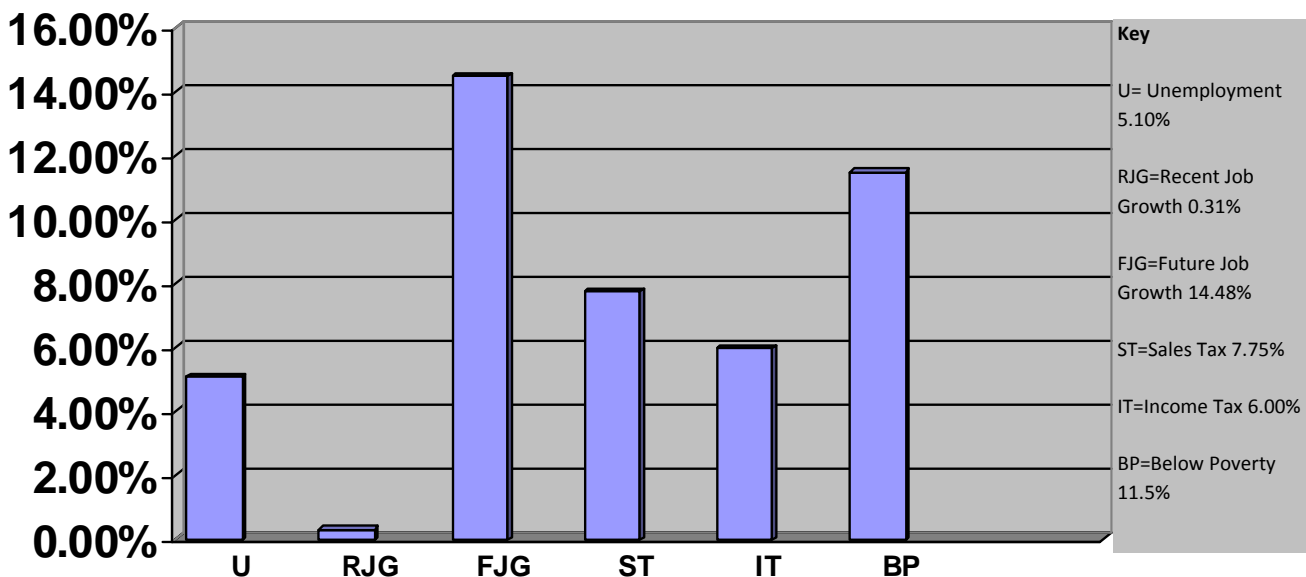


Chart 2

As seen in Chart 2 above, our unemployment rate (**U** on the chart) is a little over five percent (5%). Our recent Job growth (**RJG**) is less than one percent (1%). Mariposa’s future Job Growth (**FJG**) is over fourteen percent (14%) fourteen point forty-eight percent (14.48%). Our sales tax (**ST**) is almost eight percent (8%) at seven point seventy-five percent (7.75%), and our income taxes (**IT**) are six percent (6%). Almost twelve percent (12%) of our population is below the poverty level (**BP**).

The rural nature and near homogeneous ethnic makeup of Mariposa County plus low income figures contribute to alcohol and drug issues. Since there are few organized activities and limited employment opportunities for young people, local youth become bored with the community and many migrate out of the county after graduation from high school. While in county, a significant percentage of these teens become involved in recreational drug use that results in alcohol related problems in the community.

Mariposa County High School and the alternative High School, Spring Hill, are currently the two (2) schools with active Friday Night Live (FNL) chapters. In the past Mariposa County Behavioral Health and Recovery Services has been responsible for FNL and the Mentoring program. Negotiations were taking place between the Mariposa County

Office of Education and Mariposa County Behavioral Health and Recovery Services to work with the schools on a contract basis so that these FNL programs could be conducted by the school district. However, due to unforeseen changes in school funding, the school system has declined taking over the FNL and the CL activities, thus Mariposa County Behavioral Health and Recovery Services will continue to oversee and provide these services to the schools. Since Mariposa County is a minimum based allocation (MBA) county based on size, careful consideration is taken when determining how funds will be used in creating and implementing prevention programs in order to provide our youth and adults in the community with the most cost effective program.

Approach to the Strategic Plan

The state of California has adopted the five (5) Step Strategic Prevention Framework (SPF) as the requisite process for Prevention strategic planning by counties. In developing this strategic plan, Mariposa County adheres to the five (5) components of the Strategic Prevention.

These are:

1. Assess prevention needs
2. Build prevention capacity
3. Develop a strategic plan
4. Implement effective prevention programs
5. Evaluate efforts for outcomes

As far as current funding allows, project sustainability and cultural relevancy are integrated into all prevention services.



General Plan Development

Mariposa has existing collaborative relationships with community agencies that served as resources for our assessment stage of the strategic planning. One such relationship exists between Behavioral Health and Recovery Services and the Alcohol and Other Drug Advisory Board. This board has provided members to assist in a solid connection with the community. Board members have assisted staff in reaching out to members of the community. The AOD Board encouraged community members to participate in one-on-one interviews, and the Board held a training meeting with

**Substance Abuse Mental Health Services
Administration (SAMHSA) Strategic Prevention
Framework (SPF)**

<http://prevention.samhsa.gov/about/spf.aspx>

community members and solicited their buy-in and feedback to AOD staff from a community perspective.

The Sheriffs Department has also been a good resource to provide local statistics concerning the amount of alcohol and drug use. This has led to involvement of key members of the community in AOD services.

Overview of the Assessment Process

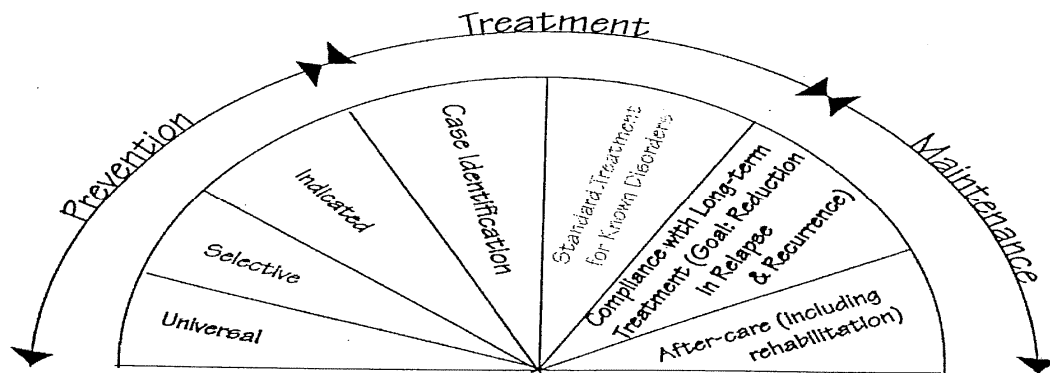
The assessment process for Step One of the Strategic Plan involved collecting and analyzing data to define AOD problems within a specific geographic area and gathering statistics on community needs, resources, and readiness to address problems and gaps in current services.

The following collaborative partners were involved in gathering data:

- Alcohol and Other Drug Board;
- Mariposa County School District
- Mariposa County Sheriff’s Department

The State of California, Alcohol and Drug Programs supports the Institute of Medicine (IOM) prevention categories that Mariposa County has integrated. We will offer Universal services as part of our comprehensive prevention strategy. IOM categories are noted in the California Outcome Measurement System (CalOMS), as described below:

Institute of Medicine Prevention Categories



Center for Applied Research Solutions (CARS) 2006

Prevention Principles

The following principles were adapted from the California Department of Alcohol and Drug Program's Prevention Strategic Plan. These principles served as a guide in developing the AOD Strategic Prevention Framework for Mariposa County (Adapted from the Sonoma County SPF.)

1) Prevention Fosters safe and healthy environments for individuals, families and communities. To create safe and healthy environments, prevention must reduce adverse personal, social, health, and economic consequences by addressing problematic alcohol, tobacco and other drug (ATOD) availability, manufacture, distribution, promotions, sale, and use. By having prevention providers leverage resources, prevention programs will achieve maximum impact.

2) The Community shares responsibility for prevention. All sectors, including youth, must challenge ATOD standards, norms, and values to continually improve the quality of life within the community. "Community" includes organizations; institutions; ethnic and racial communities; tribal communities; local, State, and the Federal governments; individual residents; and faith communities. Community also includes associations/affinity groups based on age, social status and occupation, professional affiliation, political or social interest, sexual orientation, and affiliations determined by geographic boundaries.

3) Prevention engages individuals, organizations and groups at all levels of the prevention system. This involves those who work directly or indirectly in the prevention system who share a common goal of ATOD prevention (e.g., law enforcement, emergency shelters, emergency medical technicians, health professionals, hospitals, teachers, employers, community members).

4) Prevention utilizes the full range of cultural and ethnic wealth within communities. By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales, and use of ATOD.

STEP 1

NEEDS AND RESOURCE ASSESSMENT

Methodology used to conduct the needs assessment

Mariposa County reviewed and conducted an analysis of the following data sets:

- **Community Indicators of Alcohol & Drug Abuse Risk**, prepared by the Center for Applied Research Solutions (CARS), for the State of California Department of Alcohol and Drug Programs (2004);
- **Alcohol and Beverage Control (ABC) Statistics**
- **Sheriff's Department Statistics** The Undersheriff, provided our department with statistics on alcohol and marijuana use and problems in Mariposa County on October 5, 2007. Undersheriff Brian Muller also participated in a one-on-one interview whose results are included in this document.
- **California Healthy Kids Surveys (CHKS)**
- **Interviews.** Much of our information was collected by meeting with representatives from the community partners which includes: AOD advisory board members; the Sheriff's department; high school students; high school special projects director, Paul Jacobs; community leaders who work with alcohol and drug abuse including Probation; Mountain Crisis Center, which provides our local Domestic Violence Services; and Child Welfare personnel..

In conducting the Needs and Resource Assessment component of the Strategic Prevention Framework, data was examined from many resources including:

- The input of key community leaders and local youth was crucial to the needs and resource assessment.
- Our local Alcohol and Other Drug County department as well as local agencies mentioned earlier have supported prevention efforts in Mariposa County.
- The Mariposa Friday Night Live, and other youth participated in the needs and resource assessment and one-on-one interviews.

Core Questions

The core questions investigated and addressed by the needs and resource assessments include:

- 1) What is the nature and extent of drug use in the county?
- 2) What drugs' use rates are increasing?
- 3) What are the harmful consequences of drug use in our county?
- 4) Which drugs are having the greatest impact?
- 5) What are the existing prevention efforts?
- 6) What is the most critical gap in prevention services?
- 7) What evidence-based prevention approaches are needed?

According to CalOMS reports available in our county, FNL and Club Live are among the current prevention services that address these specific issues for the target population and/or community groups.

Alcohol Findings Spring 2007

Referring to Chart three below, (CHKS, 2007) alcohol use in the past 30 days, among seventh graders (7th) was twelve percent (12%); twenty-two percent (22%) among ninth (9th) graders; and forty-four percent (44%) among eleventh (11th) graders. If these statistics are correct, as our youth in Mariposa move into the eleventh grade, the use of alcohol increases by twenty-seven percent (27%). One explanation for the higher alcohol consumption may be the ease of availability. According to the Alcohol Beverage Control (ABC) report there are twelve (12) establishments in Mariposa who currently have a license to sell liquor and alcohol. In addition, there are thirty (30) restaurants and bars in Mariposa County who sell alcohol.

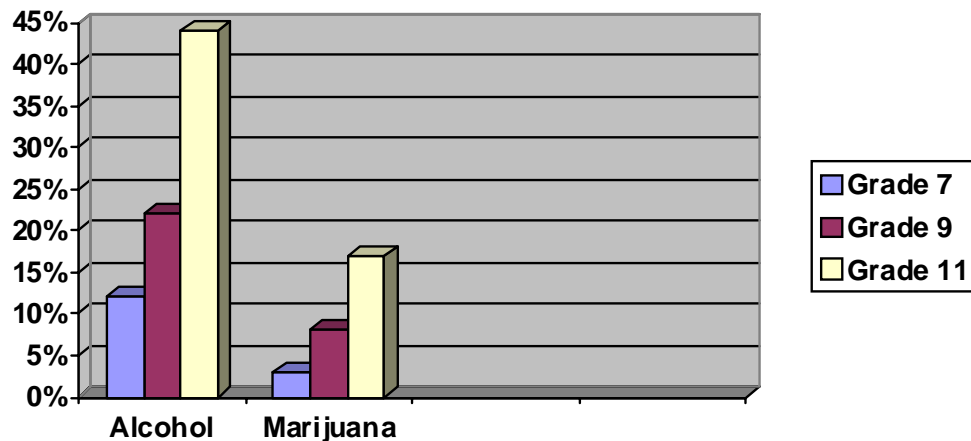


Chart 3
Alcohol use in past 30 days

According to Sheriff's department statistics, alcohol arrests (Chart 4 below) for public intoxication over the past five (5) years have fluctuated somewhat. In 2003 the arrest rate was one hundred nine (109), In 2004 the arrest rate was one-hundred-fifty-eight (158), forty-nine (49) more than the previous year. In 2005 the arrest rate for public intoxication increased by sixty-two (62) and was one-hundred-seventy-one (171). In 2006 it dropped to 128 which was still higher by nineteen (19) than 2003. In 2007 as of September 20th, the number was one-hundred (100).

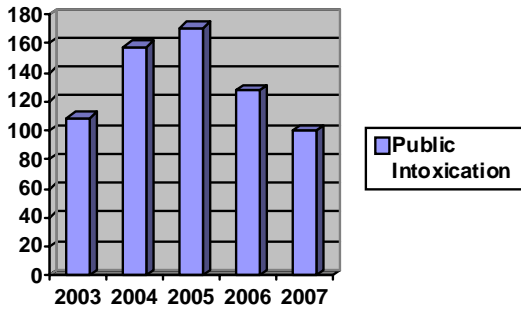


Chart 4

In a one-on-one interview on October 9, 2007, Undersheriff Muller ranked major alcohol issues for youth in order of importance: 1) Availability; 2) Acceptance by youth; 3) Lack of parental guidance, and/or mentoring; 4) lax local justice system, he said, "Not much teeth in the law." As a result he said that there is no real fear of the system by youth. He also said, "Many of the problems have been dealt with informally contributing to the lack of fear by local youth." When asked about the locations, most alcohol drinking by under age youth occurs primarily at a residence. He added, "Many local parents feel that if they have their children and friends at home they can monitor their behavior better."

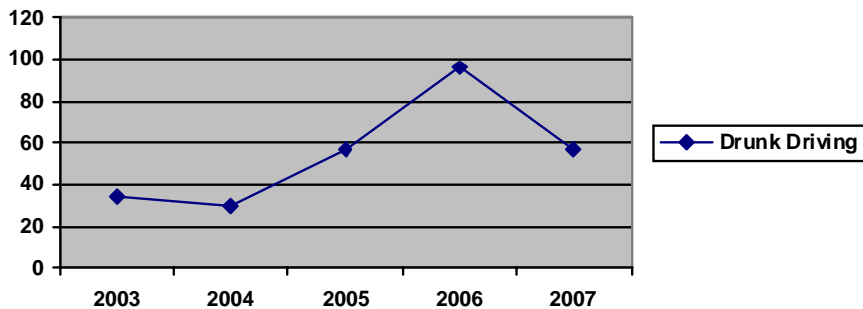


Chart 5

Chart #5 (above) was created from the Sheriff's department statistics and it indicates that drunk driving, like public intoxication, has also fluctuated somewhat but has shown a steady increase over the past five (5) years. In 2003 the number arrested for drunk driving was thirty-four (34), in 2004 it dropped to thirty (30), from this point on it has shown an increase. In 2005 it was fifty-seven (57).

in a phone conversation, the District Attorney, Bob Brown, talked about Social Host issues. In an interview with the local paper, *The Weekly Mariposa Gazette*, Wednesday, October 3, 2007, he stated that "no fewer than eight (8) local adults, have had misdemeanor charges filed against them, Brown hopes the entire community gets the message." One couple was charged with four (4) counts of contributing to the delinquency of a minor.

Other organizational indicators include the difficulty of recruiting and retaining staff to work in a small rural area. This makes working with prevention difficult since our limited staff must work with treatment and relapse prevention groups to help those who have substance use and abuse problems. Another community indicator that affects our ability to effectively meet the needs for prevention in the community is a lack of transportation to the main clinic in Mariposa. While about eighteen-hundred (1,800) people live in the town of Mariposa, the population of Mariposa County is eighteen thousand four hundred one (18,401) as noted above, which leaves over seventeen thousand (17,000) people spread out over one thousand four hundred fifty-one point twelve (1,451.12) square miles, meaning there are eleven point eight (11.8) people per square mile compared to two hundred seventeen point two (217.2) in the rest of California. The agency has limited personnel, vehicles and resources to transport clients into town for prevention on a consistent basis.

Another community indicator that affects our ability to do effective prevention work is our need for training in Prevention. In the past we have employed a staff member devoted to the Prevention program. That person is no longer an employee, and we are relying on limited staff to perform prevention. Most of them have not had adequate training in this area. We plan to address this lack of training in our list of identified problems.

Gaps in our prevention include a lack of data on the rate of prescription drug abuse in Mariposa County. Research regarding prescription drug abuse will be targeted as a part of ongoing data collection in the county. We need community data (focus groups, key informant interviews, one-on-one's etc.) to gain a better idea of the extent of the prescription drug problem.

There is a lack of indicated prevention services available for individuals identified as being at high risk. This is due to a constant need for personnel and an absence of

funding streams that specifically target high-risk youth who are not involved with existing entities such as social services, mental health, or the criminal justice system. A majority of youth who have circumstances that put them at risk for substance abuse do not meet criteria for involvement with an existing agency.

The key findings (with a focus on consequences and consumption relative to specific populations and communities) are

- Availability of alcohol in the community; and
- Lack of appropriate consequences for underage drinking by parents and other adults.

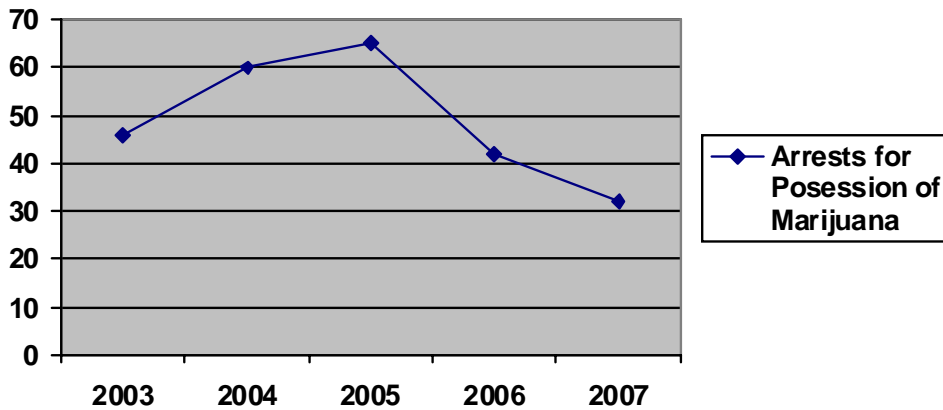
Based on key data findings and current prevention approaches the prevention priorities identified for the county include alcohol use and resulting problems.

Marijuana Findings Spring 2007

According to the CHKS Survey representing years 2005 to 2007 (Chart 3), Marijuana use during the past thirty (30) days among seventh (7th) graders was three percent (3%) among ninth (9th) graders, eight percent (8%) and it rose to seventeen percent (17%) percent among eleventh (11th) graders. The statistics for Marijuana use, although lower than alcohol use among students shows that there is an eighty-two percent (82%) increase from seventh (7th) grade to eleventh (11th) grade. Marijuana is a problem in the mountain regions because of its availability. In 2006, according to 2006 Campaign against Marijuana Planting Statistics, Mariposa County had twenty-five thousand six hundred sixty-three (25,663) plants seized and ranked twentieth (20th) among thirty-four (34) counties. Mariposa County is in the process of developing a Medical Marijuana Policy and Procedure. We currently have several people who hold Medical Marijuana Certificates. It is an increasing problem when they are involved in our groups that deal with Marijuana use and the problems associated with it.

Chart 6

It should be noted according to Sheriff's data (See Chart 6 below) that the arrests for possession of Marijuana also fluctuates, but seems to be on a steady rise. In 2003 there were forty-six (46) charges for possession of Marijuana. In 2004 it increased by fourteen (14) to sixty (60), in 2005 it increased by five (5) more to sixty-five (65). In 2006 it decreased lower than the 2003 level to forty-two (42). Then in 2007 it decreased to thirty-two (32). The fluctuation can be accounted for when we consider the fact that the



county has recognized medical marijuana cards and the alcohol and other drug unit has no policy at the present time concerning

this. It is unclear at this time if this is a viable reason or not.

Marijuana gardens remain a problem in Mariposa. According to a *Mariposa Gazette* article dated Thursday, October 4th, 2007, reporter Jill Ballinger stated that, on September 26, Mariposa County Sheriff's Office, the U.S. Forest Service, the California Department of Justice Bureau of Narcotics Enforcement and Yosemite National Park rangers destroyed four (4) Marijuana gardens for a total of forty-three thousand five hundred thirty-six (43,536) plants with a street value of over forty-three million dollars (\$43). The article went on to say that in August a similar bust was made totaling over seven thousand (7,000) plants.

Mehtamphetamine Findings Spring 2007

When Undersheriff Brian Muller, was asked about the Meth problem in Mariposa County he sighed. He said that he and his officers believe it is a real problem in Mariposa County. He added that they do not have hard facts on Methamphetamine arrests but there is an increasing concern in the adult population about the number of people who are actively using. For the present time, most of our youth are still using alcohol and marijuana, but there is a fear that meth will spread to the adolescent population in the near future. The adults in this community seem to be stating that they do not believe **youth** should be using meth (while for many of the adults, it is the drug of choice). It is unclear at the present time what the statistics are on meth use in Mariposa County. When asked about meth labs the undersheriff said, "they are becoming more difficult to find." "In the past" Muller said "it took several days to cook a batch of meth". "Now," he said, "the operation is much smaller and much simpler". He said "now a meth lab can be set up in a motel room and a batch can be prepared within 24 hours, where it used to take days".

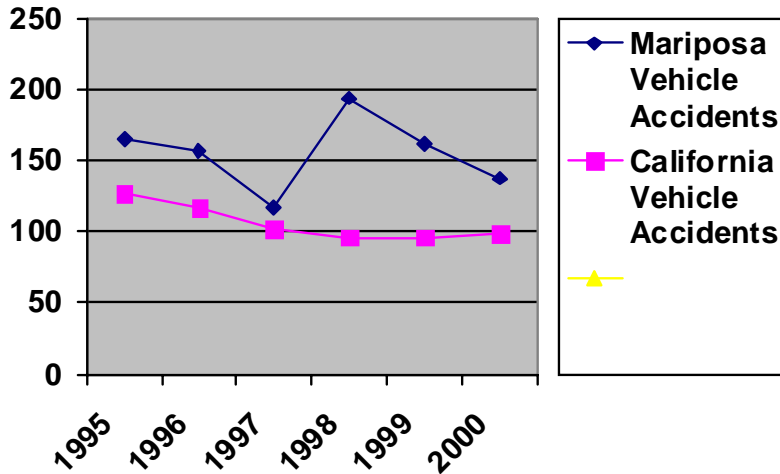


Chart 8

As can be seen from Chart 8 (above) According to the Community Indicators 2004, P.13 Indicator 1.9, the number of California Alcohol-Involved Motor Vehicle Accidents has tended to decrease from 1995 to 2000. In 1995 the State had one hundred twenty-eight (128), compared to one hundred sixty-five (165) for Mariposa in 1995. The State dropped to one hundred sixteen (116) in 1996 and Mariposa also dropped to one hundred fifty-six (156) in that same year. In 1997 the State dropped to one hundred two and Mariposa also dropped to one hundred sixteen point three (116.3). Then in 1998 the State continued to drop registering ninety-nine point nine (99.9) but Mariposa went the other way and increased to one hundred ninety-three point eight (193.8). In 1999 the State dropped again to ninety-six (96) but Mariposa remained high at one hundred-sixty point nine (160.9) and in 2000 the State dropped again to ninety-eight point one (98.1) and Mariposa dropped almost thirty points (137.3) but still remained high. While we are not sure how many of these arrests were for teens, this high number of arrests compared to the State indicates that alcohol-involved motor vehicle crashes is a community indicator.

Step 2- Capacity

Current Level of Capacity that Addresses Identified Prevention Priorities

- County program and executive staff are new. There are new staff dedicated to prevention, but they are not yet trained.
- County operations are currently under enhancement processes with software conversion. The old software will be replaced with new that will interface better with CalOMS.
- Recruitment and retention of staff is also difficult due to the rural area, low pay, and a small pool for recruiting qualified staff.
- Community support for The AOD Prevention Plan and high enthusiasm exists among Advisory Board Members and local agencies such as Sheriff, Schools, Law Enforcement, AOD Board, Park Service, County Departments, the local schools, and Probation.
- In the process of developing the Strategic Prevention Plan, the Mariposa County Prevention Coalition will be developed. It will consist of a cadre of committed community leaders and partners. Membership will be strategic according to those that can move our goals forward and may include representation from the following entities:
 - 1) The Mariposa County Sheriff's Department;
 - 2) The Mariposa County Department of Probation;
 - 3) The Mariposa County Department of Mental Health;
 - 4) Local AOD program
 - 5) The Mariposa County Office of Education;
 - 6) Friday Night Live (FNL);
 - 7) Local parents; and
 - 8) Community volunteers.

The Capacity that was Built During the Initial Assessment and Planning Phase

The last 45 days have been intense and a great deal of work has gone into prevention to support our Prevention Planning Process. Outreach to community and ADAB members with one-one-one interviews, other data gathering and SPF training and TA to help support the assessment process was accomplished by staff with assistance from a CARS consultant. We see these services as building capacity internally.

Efforts the County will Engage in to Continue to Build Prevention Capacity

The County wants to organize a coalition and to be able to offer them training and support with dedicated prevention staff. The County will continue to seek learning opportunities such as participation with the California Prevention Collaborative and California Council on Alcohol Policy.

The Current and Future Role of Prevention Advisory Groups to Guide Prevention Efforts

The current ADAB is an experienced group of volunteers with a background in ATOD prevention and treatment. Those members that have been born and raised in the county are significant “authentic voices” to address and participate in the future of prevention.

Plans and Efforts to Establish County-Wide Prevention Systems and Infrastructures to Foster Sustainability Include:

- Political support is needed in the county and in the community that would enhance sustainability.
- Efforts will be made to enhance current structure with additional funding sources to augment this plan.
- Attending a grant writing workshop and learning about novel work with law enforcement will be efforts that focus directly on sustainability.

The County has Just Begun to Prepare and Establish Agreements and responsibilities with Partner Agencies and Stakeholders. These Efforts Include:

- No current MOU's are on file as the county prevention efforts are implemented "in house".
- The County does not have subcontractors currently but may choose to take this option if the prevention efforts grow fiscally.

The Type of Training and Technical Assistance needed to Further Build Capacity Includes:

- Prevention Basics for Staff,
- Environmental Prevention and training on each of the elements (applied data and research, intentional community organizing, policy, enforcement, etc.),
- Grant writing,
- Working with Youth, Youth focus groups,
- TA on campaign development
- TA on a comprehensive Social Host Action Plan.

Current Budget for AOD and Other Drug Programs

- Substance Abuse Prevention and Treatment (SAPT) Prevention Set-Aside: \$79,000
- Friday Night Live: \$3,000
- Club Live: \$3,000
- FNL Mentoring Grant: \$33,500
- Mariposa County intends to pursue alternative funding opportunities in the interest of enhancing capacity for prevention services.
- One full time equivalent (FTE) staff member is now funded through SAPT Prevention Set-Aside, which has primary responsibility for prevention activities in Mariposa County. Extra Help employees have been utilized to assist with prevention activities, as needed.

Step 3- Planning

Community Members Were engaged in Planning Process in the Following Ways

- Solicited feedback from key members on vision, mission, and problem statements.
- Provided data to support logic models.

Alcohol and Other Drug Members Were Engaged in the Assessment and Interpretation of Needs Data in the Following Ways:

- Training attendees were asked their opinion about priorities on issues and data.
- One-on-one questionnaires were utilized to gather first hand information.
- Many offered data sources and help in completing the assessment.

The Following Criteria Was Used to Establish Prevention Priorities:

Staff and community members discussed realistic goals and achievements in two (2) main areas for the strategic plan: alcohol and marijuana (it was decided that alcohol was the number one priority to begin with) Marijuana will be tracked and efforts to become more involved with law enforcement will also be considered. We also plan to monitor the Meth problem and the prescription drug issue.

The Process for Selecting Priority Issues, Populations and Communities was based on :

- Data driven problem statements,
- achievable potential,
- addressing Universal, populations per IOM to serve the entire county.

Populations and Community Sectors Being Served Include:

- Services would address issues in Mariposa which is the main population center in the county.
- Yosemite National Park plus the north side of Mariposa County which includes the communities of Coulterville, Greeley Hill and other small community sectors. (Yosemite is shared among three other counties Madera, Mono, and Tuolumne).

Specific Problem Statements, Corresponding Goals and Objectives and Prevention Strategies Are Addressed In the Following:

- These are illustrated in the logic model and/or other tabular format (please refer to Part III of the document for examples).
- See Logic model tables below

Long Term Sustainability of Prevention Efforts Taken Into Account During The Planning Phase Include:

Future efforts will be considered to address sustainability. These include grant writing efforts, future plans after groups are established and/or trained, and we plan to address policy change and community assets.

The Approach to Foster Sustainability will be Accomplished Through:

- Training on sustainability to develop a plan after the coalition is organized.
- Sustainability will also be addressed in the Implementation Phase of the plan.

Cultural Relevance of Services has Been Assessed and The Conclusion is:

- Native American and Hispanic groups exist but do not meet threshold (not enough percentage five-percent (5%) or three-thousand (3,000)).
- Mariposa County also oversees a grant with the Native American community via SAMHSA. The grant allows for mental health and alcohol and drug services in Mariposa for the Native American Community.
- As the minority populations increase in Mariposa County, the plan will make every effort to take this into account and make adjustments for it.

#1 Identified Problem:

The County of Mariposa Alcohol and Drug Department structure was not designed to fully support the Strategic Prevention Framework (SPF) and Environmental Strategies.

Contributing Factors

1. A current coalition does not exist to support prevention efforts.
2. SPF is newly introduced to the county as a method to operationalize prevention work.

Goal	Objectives	Strategies (What methods we plan to use)	Expected Outcomes/Objectives (What we project will happen as a result of our efforts?)			Measurement Indicators/Tools (Specifically, how will we know what happened?)
			Short-Term	Intermediate	Long-Term	
1) Hire a dedicated prevention coordinator	By October 30, hire/move existing staff to a full-time PC position	Review budget, approval, announcement, interview, etc.	Increase strength to engage in prevention in county and community	Ability to advance strategic plan	Strong prevention system	Job announcement, applicants/existing transfer of staff

2) Increase county capacity to engage in Environmental Prevention (EP) with the community	By December 7, 2007 provide training in Prevention Basics and EP to staff and partners	Training from CARS/CPI	Increase in knowledge and resources, use of same terminology	Greater capacity to do effective work	Solid county and community structure for prevention	Sign-in sheets, evaluations of training
	By Nov. 15, 2007 identify county needs. Request TA/Trg from the State/CARS	Continue with CARS TA	Increase in advice	Ability to engage in Prevention and EP projects	Advancement in EP	County satisfaction of services to advance work

	Attend CADPAAC frequently (and/or listen to conference calls and read email updates) to receive legislative information and other resources	Actively engage and participate in CADPAAC to leverage more resources for Mariposa	Information received	Ability to participate and advocate for small counties statewide	Increased understanding of key issues in Prevention	Agendas, Minutes, achievements of legislative goals measured by bill passage
	By Oct 30, 2007 join California Prevention Collaborative (CPC) and California Council on Alcohol Policy (Cal Council).	Membership forms on-line; budget, attendance and participation in planned meetings	Information gained at Conferences and meetings; Cal Council legislative information on alcohol policy	Bolster alcohol policy goals related to local control and youth access with information on what others are doing in these areas	Impact legislative change by providing support and working with community partners to advocate with elected officials at the local, regional and state level	Minutes

	Attend Alcohol Policy 14 Conference in January, 2008	Conference program review, travel request to attend, etc.	Information and networking in Environmental Prevention	Increased knowledge of evidenced-based strategies used for EP	Application evidenced-based strategies in youth access to alcohol, etc.	Conference program, information sharing at staff inservice to transfer information, ADAB Presentation, business cards
	Create a data warehouse to store all information collected during the Assessment by December 30, 2007	Assess evaluation resources in the community (evaluator); request TA from CARS for evaluation services	Clear area for data gathering	Ability to track and monitor data changes	Evaluation system for measurement and outcomes	Tools, databases, List of what data is available and exists
	Strengthen county system as needed) per growth and development	Develop an organizational chart of county funded programs	Understanding of resources in prevention	Demonstrated capacity to gain prevention dollars and add to system	Potential for innovative growth appropriate to county size and culture.	Organizational chart of prevention system

#2 Identified Problem:

Underage drinking and youth access is a major problem which results in health and safety problems, violence other crime.

Contributing Factors

1. Retail and social availability of alcohol to minors.
2. Misperception among youth and adults that alcohol consumption is not a problem.

Goal	Objectives	Strategies (What methods we plan to use)	Expected Outcomes/Objectives (What we project will happen as a result of our efforts?)			Measurement Indicators/Tools (Specifically, how will we know what happened?)
			Short-Term	Intermediate	Long-Term	
	Meet with Board of Supervisors Representative and Law Enforcement rep re: social host policy ideas	Community input and research on data, policy expertise	Community input in the process	Relations with elected officials, law enforcement	Solid ordinances on social host	Meeting agendas and notes

1) Reduce youth access and drinking in the county	Develop and meet with a youth Access Coalition that includes agencies, community members, youth and parents by February 15, 2008	Email/write/verbal communication and invitations to possible participants using intentional community organizing techniques Hold introductory meeting to share data, and project goals	Increase strategic community participation	Capacity of participants to engage in environmental prevention; intentional community organized group based on goal	Increased likelihood of sustainability of task force and ongoing related work/outcomes	One-on-one interview form for community participation assessment; Community interest (readiness surveys, capacity. inventory of interest surveys)
	Train at least five to ten (5-10) members of the coalition on EP and SPF, by March, 2008	Design a training for community partners with assistance from CARS; use of case studies for learning	Understanding of AOD issues and methodology for implementing EP projects	Increase potential for community input and activism	Increased community skills in EP and SPF	Understanding of EP and SPF (training surveys)

	Plan and implement a presentation to the BOS to share strategic plan and youth access goals	Develop a PowerPoint presentation with the Coalition, handouts, schedule presentation on docket	Informed BOS	Support for policy change	Increased investment in prevention and understanding of community change policies	Agenda, minutes
	Plan and launch one (1) campaign to address youth access to alcohol from social and/or retail sources by April 2008 and implement on an on-going basis until June 30, 2012,	Hold one meeting with the Task Force to design/propose an action plan for campaign roll out; timeline; meet as needed over the duration of five (5) years.	Research appropriate strategies to address youth access; document in a summary to the Task Force	Campaign implementation and monitoring that consists of use of data, media, policy, community organizing, law enforcement	Community readiness	Staff and task force skill increase in prevention. CHKS, law data on youth access, shoulder taps, decoys, Park Data measures (TBA)

	4) By March 30, 2008 hold one networking meeting for other local counties near Yosemite to share resources	Apply for resources from CARS for event and support for follow-up quarterly conference calls.	Gain information on regional activities and other county work	Potential for leveraging resources	Opportunity for regional strategies and data sharing; grant opportunities	Staff skill increase in prevention and networking
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#3 Identified Problem:

Marijuana use and availability documentation about this drug is currently limited

CONTRIBUTING FACTORS

1. Marijuana availability is known for self-report data (CHKS) only.
2. Drug paraphernalia issues are not reported.
3. Medical marijuana dispensaries and associated availability is not documented in the county.

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS/TOOLS (Specifically, how will we know what happened?)
			SHORT TERM	INTER-MEDIATE	LONG TERM	

Increase information on marijuana availability to further define the problem countywide	1) By June 30, 2008, profile existing marijuana data indicators and trends with one (1) draft/final report card	Research statistics and develop a list of indicators; compiled data	Increased knowledge of the issue from multiple sources; mobilization of additional partners	Clear ability to define problem locally; strengthening of law enforcement relationships	Ability to draft goal and use data to leverage other funding	Marijuana availability, associated paraphernalia, number of dispensaries and use
	2) By December 15, 2008, hold between 5-10 one-on-one interviews focus group with teens to address availability at smoke shops/head shops	Develop questions and recruit youth for sessions	Referrals from Friday Night Live (FNL) or other sources; , questions and recruitment of key youth for session; including incentives	Increased information on marijuana; data for report card and forthcoming report on findings	Youth involvement/investment in issue by some youth	Increased youth advocacy on marijuana; definition of associated concerns

	3) Track marijuana statistics with Campaign Against Marijuana Planting Statistics (CAMP) and finalize a report card by November 15, 2009	Contact and plan/implement meeting/s with local law enforcement to review data	Tracking tool for marijuana; increased relations with law enforcement	Law enforcement perception of issue beyond traditional incarceration methods	Drafting of goals to address marijuana	Meeting summaries
	4) By December 30, 2010, draft a media plan and timeline to engage the media to educate them and the public to define the problem	Work with a group of advocates; draft/send a press release/journalistic release and follow-up with interviews (consider opinion editorial and/or letters to the editor as needed)	Media outputs	Increase in understanding of issue in public and media	Shift in perception from medical marijuana focus	Measure of mentions in media, progression of journalist understanding of framing issue

	4) By June 30, 2012 plan one (1) youth/community led campaign to address marijuana availability	Campaign outline; list of key partners	Campaign kick-off with media event	Implementation and tracking of campaign efforts such as operations and events	Change in marijuana availability	Reduced marijuana use and access to paraphernalia (CHKS; one-on-one interviews)
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#4: Identified Problem: Methamphetamine (Meth) availability issues are not clearly defined in Mariposa County.
CONTRIBUTING FACTORS

1. Local data collection efforts are at the starting point.
2. Relationships with law enforcement at introductory stages.

GOAL (or Aim)	OBJECTIVES (What do we have to help meet our goal?)	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS/TOOLS (Specifically, how will we know what happened?)
			SHORT TERM	INTER-MEDIATE	LONG TERM	

<p>Define and track Meth availability within the target community (to be chosen based on data and readiness)</p>	<p>1) By, December 30, 09 secure endorsement and participation of law enforcement to address access and use regarding meth.</p>	<p>List of law enforcement agencies, 1-2 meetings with agenda and presentation to address, strategies; consult with CARS for TA and training support.</p> <p>Matrix of data that is collected to date</p>	<p>Increased knowledge of effective law enforcement-based strategies among county staff</p>	<p>Potential for innovation</p>	<p>Effective outcomes</p>	<p>Review of list by law enforcement and administrators</p> <p>TBA</p>
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	<p>2) By April 15, 2010 plan and implement a presentation to the Board of Supervisors and plan/launch one (1) media advocacy training and campaign in support of meth goals</p>	<p>One PowerPoint presentation to Board of Supervisors/partners on Meth and EP; discussion; updates annually as needed</p> <p>Media training</p>	<p>Support for meth EP work</p> <p>Skills from Media advocacy training;</p> <p>Meth Campaign; media input and output</p>	<p>Implementation of scope of work; increase in awareness of issues among officials public and journalists</p>	<p>Decreased meth related crime</p>	<p>Increased readiness by leaders and media; increased readiness by law enforcement and general (measure content and length/policy focus policy stories)</p>
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	3) By February 28, 2011 host one (1) public forum on Meth to launch current data for tracking support	<p>Forum agenda and list of speakers (community and law enforcement)</p> <p>Collect data on problem, develop a draft report card, press releases, media timeline, story etc.; media advocacy training; assess potential for hotline</p>	<p>Increased information on meth</p> <p>Media products, timeline</p>	<p>Support for EP strategies to address meth</p> <p>Media stories published/aired, timeline implementation</p>	<p>Increased readiness to address meth using EP</p> <p>Change in media readiness by the press/electronic media and community in perception of problem and solution</p>	<p>Increased understanding and readiness (forum evaluations)</p> <p>Report Card indicators such as meth labs, possible meth hotline calls (Draft Report card, Evaluations at event)</p>
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	4) By, February 15, 2012, assist law enforcement and partners complete one (1) campaign with monthly media advocacy input on meth to address a public policy goal (TBA)	<p>Campaign plan, policy goal and timeline law enforcement, youth, community members, agencies, etc., press release, Community Organizing</p> <p>Environmental strategies and techniques innovative to meth prevention using Strategic Environmental Prevention Model (policy, media, data, enforcement, community organizing)</p>	<p>Increase knowledge of meth problem in county; interest among participants and the public</p> <p>Media stories, community involvement, partner involvement, law enforcement cooperation</p>	<p>Increased collaboration and potential for EP policy work; partners seen as credible in media view;</p> <p>Campaign progress per timeline, momentum and understanding on the issue of meth prevention</p>	<p>Track and evaluate campaigns, media output and data effectively</p>	<p>Decrease in meth use and availability</p> <p>Evaluation of media advocacy in the print and electronic mediums, readiness for change (readiness tool); public opinion poll (pre and post) on public perception</p>
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5 Identified Problem: Prescription Drug Problems

Mariposa County has high rates of adults using prescription drugs not prescribed to them that result in health and safety problems.

CONTRIBUTING FACTORS

1. Pharmacy availability
2. Individuals who share medication with other individuals who have not been prescribed the medication
3. Doctors who may over prescribe
4. Prescription drug abuse a confounding factor for youth in Court

GOAL (or Aim)	OBJECTIVES	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES/OBJECTIVES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT TERM	INTERMEDIATE	LONG TERM	
Decrease associated problems resulting from prescription drug problems (OxyContin, etc.)	1) Increase information known about the prescription drug problem locally and assess readiness for policy change	Collect available data from Sheriff who serves as Coroner, etc.	Meet with Coroner and hospital to pursue more detailed data collection	Begin tracking data	Assess data and plan a means to release data to public	Analysis of data summary

	starting on 6/15/08 until 6/30/10 as needed	Conduct key informant interviews with doctors, pharmacists and youth	Data to clarify issue of any pharm parties and other related concerns by 12/30/08		Communicate the dangers of unprescribed use of medications as in the context of "Pharm Parties" in media with two stories by 2010.	Log of media coverage
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STEP 4

IMPLEMENTATION

The specific prevention services that have been selected are a combination of the Border Binge-Drinking Reduction strategy and the Communities Mobilizing for Change on Alcohol (CMCA) intervention.

These services were chosen because they integrate what is applicable for novel strategies such as law enforcement and media (Border) and instruments from CMCA (one-on-one) interviews that have already been incorporated. CMCA is for social host and Border is for retail addressing access of alcohol in bars, impaired driving and other issues. We also plan to work with a consultant to receive TA on Mono SIG adoption of CMCA and Border Project intervention. The Border project was chosen because we feel its process for changing the social and community norms associated with underage and binge drinking will have a good chance of success in Mariposa County.

Strategies such as education and presentations will be included within policy initiatives. This will keep us moving forward. These two evidence based interventions seem to be the best choice for Mariposa County in terms of resources, and they offer services to the entire community.

The strategies and services chosen will respond to the needs of a rural community. Cultural competency of staff and partners will be addressed as services are delivered to all of our populations, including sensitivity to low-income residents. The County culture also includes the Board of Supervisors which is the only elected body to approve laws. We will also be sensitive to those from this community who have deep roots here. This history of ownership and long-term investment in the public health and safety of the community is a force to be considered when creating the Strategic Prevention Plan.

Based on the success of the CMCA Model, the prevention strategies in environmental management that we have identified are expected to have a similar successful impact in our county. Given that we will use a combination of approaches ranging from media to policy, the net result of these will produce several outcomes that shall lead to long-term impact. Furthermore, policy measures have produced good outcomes in other counties, thus we expect similar results. The Border Binge-Drinking Reduction Strategy is based on a successful program intended to reduce binge drinking among underage youth and to work hand in hand with law enforcement, both local (Sheriff's department) and Federal (Yosemite National Park Law Enforcement).

Given our current staff structure, the accomplishment of our goals and objectives is possible, given the support available from CARS/CPI. A sustainability plan will be developed in our second year by 12/30/09 and will address what projects need to be kept in addition to funding and resources.

Our prevention coordinator will assist the Advisory Board and future Coalition to develop action plans that involve specific tasks to occur. This will ensure community involvement and buy-in for the related tasks to be accomplished. This supports sustainability.

According to our logic model, measures will be taken using the tools noted in parenthesis. Measures will be taken at several intervals by our evaluator, including short-term (1 year), intermediate (2.5 years) and long-term (4.5 years).

STEP 5

Strategic Prevention Framework EVALUATION

The evaluation design will be developed with input from any community members with expertise (i.e.: persons with a degree) in evaluation, and by assistance from CARS with a PhD level evaluator and a consultant knowledgeable of Assessment, SPF and EP. Our methods will also be included in our forthcoming Evaluation Plan which will support this Strategic Plan.

Methods will include using the tools and measures noted in our logic model, in addition to other techniques known to be effective. When appropriate, formal statistical analysis will be done to assess the impact of intervention. Survey data and target populations will consist of a large enough sample size to be statistically viable for scientific analysis, which may be a challenge for us since our population is approximately 18,000. .

Mariposa County intends to work with other local counties (Madera, Mono, Tuolumne) on youth access, thus evaluation efforts may be pooled to ensure effective measurement.

Statistical data bases which will be included in evaluation of program efficacy include the following:

- California Healthy Kids Surveys (CHKS)
- Local law enforcement
- Advisory and Coalition surveys
- Community survey

By implementing this strategic plan, we expect to see a reduction in youth access to alcohol over time and an increase in our county capacity to address AOD issues using environmental management. Short-term, intermediate, and long-term outcomes as well as measures and tools are noted in our logic models contained in the Implementation Section of this plan.

Our objectives are measurable based on common prevention practices and realistic given our staff and county partner resources. The proposed time frames give the staff and community an opportunity to learn and practice environmental prevention within an adequate amount of budgeted project resources.

Further definition of data collection procedures will occur with professional expertise. The resources of CARS/CPI will be requested to support our process. Gathering qualitative and quantitative data that exists or is new will be a focus both on the local level and per agencies. This effort will lend sophistication to county internal operations in developing a “data warehouse” of available AOD data that is stored and available in one location. Having information from community members themselves via one-one-one conversations and other methods as well as interviewing key informants will be essential to our evaluation plan.

Our timeline will be designed by those working on the evaluation and will consider our cycle for measurement and the scope of the five years of projected work. Forecasting for the next cycle of five years will also be accomplished. Outcomes for all interventions will be based on assessments for change in measurable objectives:

- A. Over time
- B. Before and after a designated activity or campaign

The evaluation data and findings will provide feedback into the planning phases to adjust what is not working in our logic models and adopt different tools and measures if needed. Such efforts will support appropriate resource application of staff time to accomplish our goals. Continuous improvement of our methods and scope of work will be implemented based on available research from the field and groups such as CARS. Our Implementation processes will be documented with our campaign plans, and the results shared with others at conferences and networking events as appropriate.

SOURCES THAT WILL BE UTILIZED FOR EVALUATION PURPOSES INCLUDE:

- Survey Data
- Focus Group Data
- Participant Observations
- Key Informant Interviews
- Statistical Data Bases
- Others per our evaluators' and/or CARS recommendation

PROGRAM MONITORING

As a small rural county with a limited budget, Mariposa County prevention staff will be the direct service provider, in many cases. Prevention staff will, continue to input activities into CalOMS, per state requirements.

PUBLICATION AND DISSEMINATION

Evaluation information such as key findings and results will be disseminated to county staff and key partners in public forums, meetings, in writing, by sending press releases to local media, and drafting an Annual AOD Prevention Report to the Mariposa Board of Supervisors which will be shared with the Mariposa County Prevention Coalition, and other interested community members. Mariposa county staff will work with CARS to develop case studies based on novel work and outcomes accomplished. In addition, these successes will be shared at prevention conferences such as California Prevention Collaborative and others.