



Modoc County

Strategic
Prevention Plan

July 1, 2007

I. Introduction and County Overview

The purpose of this document is to detail a county-wide alcohol and other drug Strategic Prevention Plan for Modoc County for Fiscal Year 2007-2008.

Modoc County is located in the northeastern corner of California and borders Oregon and Nevada. Modoc County is a rural, sparsely populated, isolated county of over 7,800 square miles with a population of 9,449 (Census 2000). The County has been designated by legislation as a "Frontier County," which means that service delivery is hampered by the extremely low density of residents.

According to Census 2000 data, the population density of the county is 1.2 persons per square mile. This compares with 217.2 persons per square mile in the rest of California. Sixty-nine percent of the population in Modoc County live in unincorporated areas throughout the county. The only incorporated city is Alturas, the County seat, with a population of just under 3,000 people.

Modoc County has scenic beauty and abundant natural resources. There are small towns, ranches, farmlands, lava beds, wildlife refuges, caverns, and forests within the borders of Modoc County.

While those who live in Modoc County enjoy all the advantages of rural living, they also face the challenges of a depressed rural economy, a geography that isolates them, and harsh winter weather often lasting into May, which causes further isolation. The sheer size and topography make it difficult for individuals and families to access needed support systems. The lengthy distances are further compounded by the fact that there is *very* limited public transportation in the county.

II. Step 1 – Needs and Resource Assessment

A. The Modoc County Prevention Collaborative

Modoc County Alcohol and Drug Services began gathering data for assessment in summer, 2006. Frequent communication with the Modoc County Office of Education (MCOE) Prevention Coordinator resulted in a plan to invite community partners to participate in the Modoc Prevention Collaborative. The Prevention Collaborative is co-chaired by the Deputy Director of Modoc County Alcohol & Drug Services and the MCOE Prevention Coordinator. The Prevention Collaborative met for the first time on August 3, 2006. The Collaborative has had representatives from the following partner agencies/programs:

- Modoc County Alcohol & Drug Services
- Modoc County Office of Education

- Strong Family Health Center (Modoc Indian Health Project)
- Modoc County Public Health Adolescent/Teen Program
- Surprise Valley School District
- First 5 MODOC
- Independent Living Skills Program
- Boy Scouts
- California Highway Patrol
- CalWORKS Employment Program
- CASA Program
- Child Abuse Prevention Council
- Modoc County Public Health Tobacco Education Program
- Modoc Early Head Start
- Modoc County Social Services – Adult and Child Protective Services
- Senior Peer Counseling Program
- Modoc High School
- Modoc 4-H Youth Development Program
- Modoc County Public Health CHDP Program
- Modoc County Mental Health
- SEALS After School Program

Because of the varied interests and wide representation on the Prevention Collaborative, the Collaborative chose to focus on topics or issues assumed by Collaborative members to be broader than alcohol and drug prevention.

The Modoc County Prevention Collaborative adopted the following Mission Statement:

“The mission of the Modoc County Prevention Collaborative is to promote a full spectrum of health and wellness for all residents of Modoc County through partnering with the community in comprehensive, strength-based, culturally appropriate prevention programs.”

Topics addressed by the Collaborative include a variety of behaviors that tend to “cluster” with alcohol and other drug use and abuse, and are often risk factors for substance use. These include, but are not limited to: teen pregnancy, sexually transmitted diseases, academic failure, lack of bonding to family, school and community, and obesity prevention. In addition, the Collaborative’s focus also includes protective factors, such as encouraging pro-social activities, healthy family and school environments, positive involvement in school and community, social skill development, and exercise and nutrition.

The Modoc County Prevention Collaborative adopted four goals. These goals are similar to the steps of the Strategic Planning Framework (SPF) established by the Center for Substance Abuse Prevention (CSAP). Work by Collaborative members toward these goals contributed to the assessment process for this Strategic Plan. The four goals of the Prevention Collaborative are:

- 1) Identify and coordinate existing community prevention programs.
- 2) Determine current prevention needs and develop program solutions.
- 3) Implement prevention programs.
- 4) Develop processes and procedures for ongoing assessment

The Collaborative is currently compiling a Directory of Prevention Services in the County. Target date for completion of the directory is August 1, 2007.

The Prevention Collaborative serves as an advisory body for the development of this Strategic Prevention Plan. A number of partners in the collaborative provided data to assist with needs and resource assessment.

B. Modoc County Demographic and Economic Data

Modoc County, while not as ethnically diverse as the state of California, over the past 20 years, has had an increase (35%) in the number of Hispanics choosing to live in Modoc County (*2002 Economic and Demographic Profile, Modoc County*). The percentage of Native Americans living in Modoc County is greater than that of California as a whole (4% vs. < 1%). According to the US Census Bureau 2000, the ethnic composition of Modoc County is: 85% Caucasian, 10% Hispanic, 4% Native American, and 1% Other (Asian, African American and Pacific Islander).

Modoc County is characterized by chronic poverty, high unemployment, and low wages. The following data was reported by the US Census Bureau, 2000. Twenty percent of the 9,449 residents in Modoc County are children under the age of 16, and 18 percent of the residents are 65 or over. The median household income in Modoc County (\$27,522) is 42 percent lower than California's median household income (\$47,493). Twenty-eight percent of households in Modoc County are single parent households, compared to 24% in the rest of the state. The Modoc County Office of Education reported to us that 63% of students attending elementary schools in Modoc County are receiving free or reduced lunches. According to statistics compiled by the California Employment Development Department, Modoc County's unemployment rate is consistently higher than the state averages: 7.7% unemployment in 2006 (compared with 4.9% in the rest of the state); 8.0% in 2005, versus 5.4% for California; and 8.5% vs. 6.2% in 2004. The unemployment rate for the town of Alturas is even higher: 12.3% in 2004 and 11.2% in 2005. 2006 data for Alturas were not available.

C. Other Indicators

A wealth of information is contained in the *Community Indicators of Alcohol & Drug Abuse Risk 2004* prepared for the State Department of Alcohol and Drug Programs (ADP) by the Center for Applied Research Solutions (CARS).

Because of Modoc County's small population, it is important to analyze the data carefully. For instance, indicator rates that are listed per 100,000 population become meaningless in a county of fewer than 10,000 residents. One or two incidents (e.g., DUI with injury) in one year might result in Modoc County being rated as the highest risk in the state for the category. Whereas, the next year, there may be zero incidents, resulting in a rating for the County of the lowest risk. Therefore, only those indicators with data provided per 1,000 population (or less), rather than per 100,000, will be considered from this source. Unless otherwise stated, the following data is from the CARS *Community Indicators* report. Some data specific to Modoc County include:

Community Domain

- Modoc County has consistently high rates of adult arrests for Driving-Under-the-Influence, with a 1999-2001 three-year average of 14.3 arrests per thousand population, compared to 8.4 DUI arrests per thousand for the State of California.
- Adult arrest rates for drug violations, however, are lower in Modoc County than in the rest of the state for that same three year period. There was an average of 6.2 drug arrests per thousand population in Modoc, compared to 10.3 for the state.
- Modoc County is a relatively safe community when considering the number and rate of reported crimes overall. The 1999-2001 three-year average of 18.4 reported crimes per 1,000 population is considerably lower than the California average of 38.0 reported crimes per thousand persons. Modoc is ranked second for lowest risk in the state for this indicator.

Family Domain

- 6.4% of the Modoc County population (1999-2001) were TANF recipients, compared to 4.1% for California.
- There were an average of 90.6 per 1,000 population (< 18 years) child abuse emergency response dispositions in Modoc County, 1999-2001. California's average was 68.6 for that same time period.
- Modoc had a higher rate of foster care placement than the rest of the state for that time period – 16.5 per 1,000 population under 18 years, compared to 10.3 for California.
- According to the Modoc County 2004/05 Child Welfare System Improvement Plan (SIP), 88% of families in the Child Welfare system in Modoc County were impacted by substance abuse.
- The rate of re-entry into foster care in Modoc County, as reported in the 2004/05 Child Welfare SIP, was 16.7%, compared to the federal standard of 8.6%.

- The rate of recurrence of maltreatment of children in the Modoc County Child Welfare system was 31.3%, versus the federal standard of 6.1% (04/05 SIP).

School Domain

- For 2000-2002, Modoc County students were more likely to remain in school than students in the rest of the state. The drop-out rate for Modoc County for students enrolled in grades 9-12 averaged 2.1 students per 100, compared to 2.8 for the state.

Individual/Peer Domain

- Modoc County has lower rates than the rest of the state for juvenile alcohol and other drug arrests per 1,000 population ages 10-17. The average for 1999-2001 in Modoc County was 5.4 per 1,000, compared to 9.1 per 1,000 juveniles arrested for AOD offenses in California.
- Conversely, Modoc County had higher rates of adolescent treatment admissions for those three years: 4.9 per 1,000 age under 18, compared with only 1.8 adolescent treatment admissions per thousand for the rest of the state. It is likely that these data are linked to the greater availability of treatment (capacity) for youth in Modoc County.

The *California Healthy Kids Survey* was another valuable source of data. The most recent comprehensive report available for Modoc County is for the *Healthy Kids Survey* completed in Spring, 2004. The survey was administered to grades 7, 9 and 11 in the Modoc Joint Unified School District (Modoc Middle School and Modoc High School). Some of the results include:

School Domain

- 15% of 7th grade students reported being afraid of being beaten up at school at least once in the previous 12 months. 27% of students in grade 9 reported the same fear.
- 44% of students in grade 7, and 47% in grade 9 reported being pushed, shoved or hit on school grounds in the past 12 months.
- 14% of 9th graders and 10% of students in grade 11 reported carrying a gun at school at least once in the previous 12 months.
- 10% of students in grades 7, 26% in 9th grade, and 18% in 11th reported carrying a weapon other than a gun at school in the previous 12 month period.
- During the previous 12 months, 17% of 7th grade students, 29% of students in grade 9, and 27% in grade 11 reported being harassed or bullied because of at least one of five hate-crime reasons (race/ethnicity; religion; gender; sexual orientation; physical/mental disability).

- Of those students who reported having a boyfriend or girlfriend, 14% of 7th grade students and 7% of 9th and 11th grade students reported that, in the previous 12 months, their boyfriend/girlfriend had hit, slapped or physically hurt them on purpose.
- 25% of female students in grade 11 reported being harassed or bullied at school because of their gender.
- 46% of 7th grade students reported they did not feel safe at school.

Individual/Peer Domain

- 46% of 7th grade students, 60% of 9th graders, and 77% of 11th grade students reported using alcohol sometime in their lifetimes.
- 20% of 7th graders reported using marijuana at least once, compared to 43% of 9th grade students and 59% of 11th graders.
- 23% of students in grade 11 reported using methamphetamine, or any amphetamines, at least once.
- Daily use of alcohol was reported by 2% of students in grade 7, and 5% of 9th and 11th grade students.
- Daily use of marijuana was reported by 18% of students in grade 11.
- 18% of 9th and 11th grade students reported drinking five or more drinks of alcohol in a row within a couple of hours in the last 30 days (binge drinking). 18% also responded “Until really drunk” to the question, “How do you like to drink alcohol?”
- 24% of students in grade 9 and 41% in 11th grade reported driving a car after drinking alcohol, or riding in a car driven by a friend who had been drinking.
- 59% of students in grade 7 reported riding in a car at least once with someone who had been drinking.
- 36% of students in grade 11 indicated they smoke cigarettes daily, compared to 7% in the 9th grade.
- 27% of 7th grade students, 43% of students in grade 9 and 32% of students in grade 11 answered “Yes” to the question, “During the past 12 months, did you ever feel so sad and hopeless almost every day for two weeks or more that you stopped doing some usual activities?”
- 29% of students in the 11th grade reported being pregnant, or getting someone pregnant, at least once.
- 4% of 7th grade students and 17% of 9th and 11th graders reported being forced to have sexual intercourse when they did not want to.

D. Protective Factors

The *California Healthy Kids Survey* also revealed some protective factors. The Resilience & Youth Development Module of the Survey measures the external and internal assets associated with positive youth development. Results for youth responding to the *Healthy Kids Survey* suggest that a large majority of these young people are relatively strong in the area of protective factors.

External Assets

According to the *California Healthy Kids Survey Report 2003-04*, “higher levels of perceived external assets are associated with lower levels of risk behaviors.”

Three principal external assets, or protective factors, were addressed in the survey: caring relationships, high expectation messages, and opportunities for meaningful participation and contribution.

Caring relationships were defined as “supportive connections to others in the student’s life who model and support healthy development and well-being.” High expectation messages are “consistent communication of direct and indirect messages that the student can succeed. They . . . communicate belief in the youth’s innate resilience and ability to learn.” Meaningful participation is defined as “the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution.”

Table A demonstrates that the majority of Modoc County students responding to the survey scored moderate to high in external assets across the domains of school, home, community and peer environments.

Table A – Summary of External Assets

<i>Percent of students scoring High, Moderate, and Low in External Assets (%)</i>	Grade 7			Grade 9			Grade 11		
	H	M	L	H	M	L	H	M	L
Total External Assets									
<i>Caring Relationships</i>	57	37	6	45	43	12	57	43	0
<i>High Expectations</i>	62	35	4	50	38	12	48	48	5
<i>Meaningful Participation</i>	43	42	14	29	54	17	48	33	19
School Domain									
<i>Caring Relationships: Adults in School</i>	31	58	12	21	64	14	14	64	18
<i>High Expectations: Adults in School</i>	21	51	17	33	52	14	14	73	14
<i>Meaningful Participation</i>	21	53	26	14	57	29	9	50	41
Family Domain									
<i>Caring Relationships: Adults in Home</i>	53	38	9	45	43	12	62	33	5
<i>High Expectations: Adults in Home</i>	72	25	3	55	43	2	67	33	0
<i>Meaningful Participation</i>	49	43	8	46	41	12	57	19	24
Community Domain									
<i>Caring Relationships: Adults in Community</i>	59	32	9	43	38	19	67	29	5
<i>High Expectations: Adults in Community</i>	62	33	5	50	29	21	62	29	10
<i>Meaningful Participation</i>	52	33	14	48	36	17	57	19	24
Individual/Peer Domain									
<i>Caring Relationships: Peers</i>	52	41	7	52	38	10	62	33	5
<i>High Expectations: Pro-Social Peers</i>	31	64	5	24	71	5	43	52	5

Internal Assets

According to the *California Healthy Kids Survey Report 2003-04*, there are “six internal assets or resilience traits that are consistently described in the literature as being associated with positive development and successful learning: cooperation and communication, self-efficacy, empathy, problem solving, self-awareness, and goals and aspirations.”

The majority of Modoc Middle School students in grade 7 scored high, and 9th and 11th grade students at Modoc High School scored moderate to high, on all six internal assets.

Cooperation and communication refers to the ability to work with others, exchange ideas, and express feelings and needs to others. Self-efficacy is the belief in one’s own competence and in the ability to make a difference. Empathy is being able to understand and care about another person’s experiences and feelings, and is necessary for the development of morality and mutual respect. Problem solving includes the ability to plan, to think critically and creatively, to consider many perspectives, to be resourceful, and to consider possible outcomes before making a decision and taking action. Self-awareness is knowing and understanding yourself – your strengths and challenges, as well as understanding how your thoughts influence your feelings and your behaviors. Goals and aspirations refers to using dreams and plans to focus on the future, to have high expectations and hope for yourself.

In addition, the *Healthy Kids Survey* measured “school connectedness,” using a five-item School Connectedness Scale used in previous studies. The questions in the scale asked students about their feelings of closeness to people at school, of happiness at school, of being a part of the school, of being treated fairly by teachers and about safety.

Most Modoc County students scored moderate to high in school connectedness, although it is important to note the percentage of students scoring low on school connectedness (25% in 7th grade, 29% in 9th grade, and 32% in 11th grade). This is consistent with the percentages of students scoring low in “meaningful participation” in school (Table A) – 26% of students in grade 7, 29% in grade 9, and 41% in the 11th grade.

Table B contains a summary of the results from Modoc Middle School and Modoc High School on internal assets and the School Connectedness Scale.

Table B – Summary of Internal Assets & School Connectedness

<i>Percent of students scoring High, Moderate, and Low in Internal Assets (%)</i>	Grade 7			Grade 9			Grade 11		
	H	M	L	H	M	L	H	M	L
<i>Cooperation and Communication</i>	52	37	11	50	48	2	38	57	5
<i>Self-efficacy</i>	63	34	2	52	48	0	57	43	0
<i>Empathy</i>	54	38	7	48	48	5	55	45	0
<i>Problem Solving</i>	51	37	12	33	60	7	48	52	0
<i>Self-awareness</i>	56	35	10	40	60	0	52	43	5
<i>Goals and Aspirations</i>	74	25	1	83	17	0	71	24	5
School Connectedness Scale	15	59	25	21	50	29	14	55	32

E. Current Prevention Services Available

A number of prevention services are available in Modoc County. There is an active Teen Health Coalition in Modoc High School, which serves as the local Friday Night Live chapter. They provided peer education services regarding high risk behaviors (AOD, STDs, teen pregnancy, etc.) during this past school year. The Teen Health Coalition (Club Live) at the Middle School was less active in the 2006/07 school year due to staffing issues, although they have been very active in the past.

The grant-funded SEALS After School Program provides after school tutoring and enrichment classes (e.g., art, drama) to elementary and middle school students. This past year, they served over 50 students. The program has received funding to offer a summer program in 2007.

Modoc County Alcohol and Drug Services participates in a collaborative process to provide the evidence-based Model Program, “Strengthening Families

Program” (SFP) in Modoc County. The first time it was offered (2006), Modoc County Alcohol and Drug Services staff provided the program for parents and children ages six through twelve. The 16-week program received extremely positive feedback from participant families, as well as staff. However, the program is very labor intensive. We, therefore, sought partner agencies to assist with facilitation when we were planning the adolescent (ages 13-17) version of the program. We helped to provide training for facilitators from Probation, Drug Court, and a community volunteer. The SFP for adolescents was completed in the Spring of 2007, with the collaborative team facilitating.

Results of numerous studies using the Strengthening Families Program demonstrated that, in families who completed the program there was: a) statistically significant reduction in youth AOD use; b) improved family communication; c) improved sense of belonging and bonding to family; d) increase in the quality of time spent between parent and child.

Modoc County Alcohol and Drug Services also provides community education services through small group educational sessions to classrooms, staff of partner agencies, and to parent groups regarding topics related to alcohol and other drugs.

Modoc County Office of Education coordinates prevention programs for the Modoc Joint Unified School District, including The Healthy Kids Survey, and the Modoc Run 40 Developmental Assets Program. MCOE also prepares the District for the state Compliance Performance Monitor.

Modoc Indian Health Project (*dba* Strong Family Health Center) provides small group education sessions to Native American youth designed to foster cultural awareness and bonding to family and community.

Modoc County Public Health has a number of prevention programs and activities. The Tobacco Education Program provides school and community education services. The Public Health Adolescent/Teen Program provides small group and one-on-one education regarding a variety of topics, including prevention of STDs, pregnancy, and bullying.

There are some school and community AOD-free alternative activities for children and families. These include an annual “Children’s Fair” (advertised as being for children age 0 to 99), that is the largest one-day event in the county, drawing up to 5,000 participants. It is a no or low-cost AOD-free day of fun for families. The Children’s Fair is a result of a collaborative effort, with representatives on the planning team from county AOD and numerous other community stakeholders. There is also the local “Project Graduation” – an all-night sober graduation party for high school graduates and guests. Other activities, which vary each year, have included activities for the community-at-

large, or for certain high-risk populations, such as AOD-free camping trips, pow wows, and barbecue picnics at the Alturas Park.

There are also a number of community coalitions that address AOD issues as part of their on-going work. Modoc County Alcohol and Drug Services provides technical assistance services to those coalitions by providing expertise on topics related to AOD prevention, early intervention and treatment. Those coalitions include: Modoc County Prevention Collaborative; Modoc County Child Abuse Prevention Council; Modoc County Maternal, Child, Adolescent Health Committee; and the Drug Courts Steering Committee.

F. Problem Statements

The indicators identified above suggest a number of AOD-related problems in Modoc County. This plan's focus will be on those problems that have been identified by County AOD and the Prevention Collaborative as being of greatest priority, *and* that will be addressed through SAPT and SAPT Special Projects funding.

Problem Statement # 1

The high percentage of families in the Child Welfare system impacted by AOD abuse results in children at higher risk for AOD use.

Children of substance abusers, children in the Child Welfare system, and children who have been neglected or abused are all at higher risk for developing AOD problems. Treatment programs have been developed in Modoc County (specifically the Dependency Drug Treatment Court) to provide assistance to parents in the Child Welfare system. This plan will address prevention services to help the children.

Problem Statement # 2

There is a need to increase awareness of AOD-related issues (e.g., AOD use among youth, the high rates of adult DUI arrests, the effects of parental AOD abuse on children and families, youth development).

The plan will address the need for increased awareness through the provision of: (1) small group educational presentations, which allow for interaction, questions, and tailoring information to the needs of the specific participants; (2) newspaper advertisements and articles. Target populations will include the general population, staff and clients of agencies who target high-risk populations, parents and youth.

Problem Statement # 3

Because of the higher rates of substance related problems in the Native American community, there is a need to provide Native American youth with opportunities to increase bonding to family and community, which includes bonding to traditional Native values.

Through SAPT Special Projects funding, the plan will include contracting with a local Indian health center to provide services to Native youth.

Problem Statement # 4

Many youth and adults include the use of mind-altering substances (especially alcohol) when engaging in recreational and leisure activities.

There is an on-going need to provide AOD-free activities for youth and families to reinforce the understanding that alcohol and other drugs need not be a part of having fun.

III. Step 2 – Capacity Building

Modoc County Alcohol & Drug Services provides prevention, early intervention and treatment services with a total staff of nine (including the director and administrative support staff). This represents 75% of normal capacity for the county AOD department. Three full time positions have been left vacant after the departure of staff because of limited resources. As such, engagement of key stakeholders in the community is essential to fulfill the prevention needs in the county.

County AOD is the only provider receiving SAPT prevention dollars. Modoc Indian Health Project (*dba* Strong Family Health Center) receives SAPT Special Projects funding for prevention through a contract with county AOD. These Special Projects dollars were originally provided to the Modoc Indian Health Project via a direct contract with ADP sometime in the 1980's. In the early 1990's, the funds were added to the county AOD NNA contract allocation, requiring county AOD to contract with the provider.

County AOD and Modoc Indian Health Project have the capacity to address the identified prevention priorities (problem statements), although the focus of the goals and objectives will be somewhat narrow due to limited resources and limited staffing. In addition, for prevention services provided through partnering with other agencies, those agencies provide funding for their staff time and any materials they provide that are used in the provision of those services.

Prior to the establishment of the Prevention Collaborative, some prevention services were facilitated collaboratively. For instance, the Friday Night Live and Club Live (High School and Middle School Teen Health Coalitions) chapters are co-facilitated by county AOD staff and Public Health staff (Tobacco Education Program and Adolescent/Teen Program). The second time the evidence-based Strengthening Families Program was provided, it was facilitated by a team with representatives from several agencies, as well as a community volunteer (retired deputy sheriff).

The Modoc County Prevention Collaborative met for the first time in August, 2006. As noted in the Assessment portion of this document, the Collaborative has had participants representing twenty-one agencies and/or programs. Some participants are more active than others, with about ten individuals consistent in their attendance and input. The Prevention Collaborative will continue to function as an advisory body for the development, implementation and evaluation of this plan.

IV. Step 3 – Planning

Initial planning began in Spring, 2006 when county AOD staff began discussion and basic in-service training on the Strategic Prevention Framework. In the summer of 2006, we began the process of data collection. Local data was difficult to find. Many local agencies and departments do not have electronic systems for the management of data. In addition, most are under-funded and under-staffed so hand tabulation of data was out of the question.

County AOD is also under-funded and under-staffed. There are three vacant positions (representing $\frac{1}{4}$ of our positions) we are unable to fill because of a lack of funding. Therefore, we do not have the capacity required to engage in a process to conduct local surveys or focus groups. Nor do we have the resources to contract with a professional evaluator for data analysis.

We were able to get valuable archival data from a variety of sources – local, state and federal, as noted in the Assessment section. Members of the Prevention Collaborative assisted with this process.

The assessment resulted in identification of five priority areas, reflected in the five problem statements. Specific goals and objectives were developed consistent with assessment and capacity, including an awareness of limited resources and staffing in Modoc County.

Problem Statement 1: The high percentage of families in the Child Welfare system impacted by AOD abuse results in children at higher risk for AOD use.

Goal 1: Prevent AOD use among youth in the Child Welfare System who report no prior use, and reduce use in those who report they have already used.

Objective 1.1: 75% of parents and age-appropriate children in the Child Welfare System whose families are enrolled in the Dependency Drug Treatment Court will complete the Strengthening Families Program (SFP) prior to June 30, 2008.

Objective 1.2: 65% of children who complete the SFP will report no previous AOD use or a reduction in use.

Objective 1.3: 75% of children and parents who complete the SFP will report improved family bonding and cohesion.

Problem Statement 2: There is a need to increase awareness of AOD-related issues (e.g., AOD use among youth, the high rates of adult DUI arrests, the effects of parental AOD abuse on children and families, youth development).

Goal 2: Increase awareness of AOD issues

Objective 2.1: County AOD staff will complete a minimum of eight (8) small group presentations to the general public, partner agency staff and/or clients, parents and/or youth on AOD-related topics prior to June 30, 2008.

Objective 2.2: A minimum of 80% of participants in small group presentations will report an increase in knowledge of AOD topics.

Objective 2.3: County AOD staff will submit a minimum of six (6) AOD-related newspaper advertisements and/or newspaper articles by June 30, 2008.

Problem Statement 3: Because of the higher rates of substance related problems in the Native American community, there is a need to provide Native American youth with opportunities to increase bonding to family and community, which includes bonding to traditional Native values.

Goal 3: Improved bonding to family, community and traditional Native values among Native American youth.

Objective 3.1: Modoc Indian Health Project (*dba* Strong Family Health Center) will provide a minimum of 40 small group sessions for Native American youth focusing on Native American traditions and youth development prior to June 30, 2008.

Problem Statement 4: Many youth and adults in Modoc County include the use of mind-altering substances (especially alcohol) when engaging in recreational and leisure activities.

Goal 4: Increased understanding that alcohol and other drugs are not necessary to enjoy recreational or leisure activities.

Objective 4.1: Prior to June 30, 2008, County AOD will participate in the planning and provision of a minimum of three (3) AOD-free activities, with a minimum of two (2) of those activities targeting high risk populations.

Problem Statement 5: There is an on-going need for community partnering to address AOD prevention issues.

Goal 5(a): The Prevention Collaborative will be sustained in order to maintain an active leadership role in prevention services in Modoc County.

Objective 5(a).1: The Prevention Collaborative will meet a minimum of eight (8) times during FY 2007-08.

Goal 5(b): County AOD will be an active participant on coalitions and councils in Modoc County.

Objective 5(b).1: County AOD staff will participate in a minimum of 20 collaborative meetings prior to June 30, 2008 in order to provide technical assistance on AOD to collaborative partners.

V. Step 4 – Implementation

Modoc County will implement the prevention services included in this plan by employing the resources of County AOD, as well as a number of partner agencies. The prevention services and activities selected include the Strengthening Families Program, an evidence-based Model Program, small group educational sessions, a media (newspaper) campaign, AOD-free social/recreational activities (alternatives), and strengthening community partnerships through the provision of technical assistance as active members of community collaborations.

The following is an outline of the plan for implementation of activities to meet the goals in the five priority/problem areas:

Goal 1: Prevent AOD use among youth in the Child Welfare System who report no prior use, and reduce use in those who report they have already used.

Objective 1.1: 75% of parents and age-appropriate children in the Child Welfare System whose families are enrolled in the Dependency Drug Treatment Court (DDTC) will complete the Strengthening Families Program (SFP) prior to June 30, 2008.

Objective 1.2: 65% of children who complete the SFP will report no previous AOD use or a reduction in use.

Objective 1.3: 75% of children and parents who complete the SFP will report improved family bonding and cohesion.

Strategy: Education: Strengthening Families Program (SFP)

The Strengthening Families Program is an evidence-based Model Program for family skills development that has been found to significantly decrease child maltreatment among parents, as well as AOD use, problem behaviors and delinquency among children. The SFP has also been found to improve children’s social competencies and school performance.

IOM Strategy Classification: Selective

Children of parents enrolled in the Modoc County Dependency Drug Treatment Court are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment, in this case, children of substance abusing parents.

Action Steps	Target timeline
1. Review and revise, as needed, SFP program pre and post questionnaires to include items on family bonding and cohesion, and, for children, on use of AOD.	July 31, 2007
2. Finalize 6-person SFP facilitation team.	July 31, 2007
3. Conduct pre-program family interviews with prospective participants.	July 31, 2007
4. Provision of 16-week SFP for families enrolled in the DDTC, including completion of pre and post questionnaires.	December 31, 2007

Measures:

1. Percentage of DDTC families with age-appropriate children who complete the SFP.
2. Pre and Post SFP questionnaires, which are completed by parents and children enrolled in the program.

Goal 2: Increase awareness of AOD issues

Objective 2.1: County AOD will complete a minimum of eight (8) small group presentations to the general public, partner agency staff and/or clients, parents and/or youth on AOD-related topics prior to June 30, 2008.

Objective 2.2: A minimum of 80% of participants in small group presentations will report an increase in knowledge of AOD topics.

Objective 2.3: County AOD staff will submit a minimum of six (6) AOD-related newspaper advertisements and/or newspaper articles by June 30, 2008.

Strategies: Education

1. Small group educational presentations
2. Newspaper advertisements and/or articles

IOM Strategy Classification: Universal

The strategies address the entire population of Modoc County, which may include sub-groups of the general population. There is no prior screening for substance abuse risk.

Action Steps	Target timeline
1. Design small group presentation feedback form(s) to include item(s) to ascertain whether the participant gained knowledge in AOD-related issues.	July 25, 2007
2. Complete the first small group presentation on AOD issues.	August 15, 2007
3. Acquire or design newspaper media campaign.	September 30, 2007
4. First newspaper ad/article published	October 15, 2007
5. Complete small group presentations	June 30, 2008
6. Completion and publication of newspaper media campaign	June 30, 2008

Measures:

1. Completed sign-in sheets for small group presentations to document the number of groups.
2. Completed feedback forms from small group presentations to document percentage reporting an increase in knowledge.
3. Completed newspaper ads and/or articles.

Goal 3: Improve bonding to family, community and traditional Native values among Native American youth.

Objective 3.1: Modoc Indian Health Project (*dba* Strong Family Health Center) will provide a minimum of 40 small group sessions for Native American youth focusing on Native traditions and youth development prior to June 30, 2008.

Strategies: Education and Alternatives

1. Small group educational sessions
2. Small group AOD-free alternative activities

IOM Strategy Classification: Selective

Native American youth are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment. Native Americans are at higher risk for substance abuse than the general population.

Action Steps	Target timeline
1. Schedule youth in program	September 15, 2007
2. Plan monthly schedule of activities	On-going, beginning 9/15/07
3. Provision of activities in small group sessions	On-going, beginning 10/1/07

Measures:

1. Number of sign-in sheets documenting youth attendance & activities.

Goal 4: Increased understanding that alcohol and other drugs are not necessary to enjoy recreational and leisure activities.

Objective 4.1: Prior to June 30, 2008, County AOD will participate in the planning and provision of a minimum of three (3) AOD-free activities, with a minimum of two (2) of those targeting high-risk populations.

Strategy: Alternatives: Alcohol and other drug-free alternative activities

IOM Strategy Classification(s): Universal, Selective and/or Indicated

The specific activities have not yet been determined. There will be at least two activities that target high-risk populations (selective and/or indicated).

Action Steps	Target timeline
1. Plan and implement 1 st activity	December 31, 2007
2. Plan and implement 2 nd activity	March 31, 2009
3. Plan and implement 3 rd , and any additional, activity(ies)	June 30, 2008

Measures:

1. Sign-in sheets documenting participation
2. Flyers, ads or articles documenting activity

Goal 5(a): The Prevention Collaborative will be sustained in order to maintain an active leadership role in prevention services in Modoc County.

Objective 5(a).1: The Prevention Collaborative will meet a minimum of 8 times during FY 2007-08.

Strategy: Community Based Process: Provision of leadership and technical assistance to small group collaborative meetings

IOM Strategy Classification: Universal

Action Steps	Target timeline
1. County AOD will coordinate to schedule meetings & notify participants of dates & location	Ongoing

Measures:

1. Sign-in sheets, agendas & notes from meetings

Goal 5(b): County AOD will be an active participant on coalitions and councils in Modoc County

Objective 5(b).1: County AOD staff will participate in a minimum of 20 collaborative meetings prior to June 30, 2008 in order to provide technical assistance on AOD to collaborative partners.

Strategy: Community Based Process: Technical assistance on AOD to community partners on coalitions and other partnership groups

IOM Strategy Classification: Universal

Action Steps	Target timeline
1. Verify known councils and coalitions are active & request to be included in notification of meetings	August 31, 2007
2. AOD staff to attend meetings, providing input on AOD issues	June 30, 2008

Measures:

1. Staff calendars
2. Minutes of meetings, when available

VI. Step 5 – Evaluation

When designing this Strategic Prevention Plan, the very real issues of extremely small county size and availability of resources were of primary consideration. The goals and objectives reflect those concerns. Initial thoughts about the plan were somewhat ambitious, and were scaled back considerably in order to reflect what is possible and realistic for the county.

Given the limitations in size and resources, the evaluation component will rely on tracking the numbers of services, numbers of participants, and participant self-reports of AOD use, family bonding/cohesion, and knowledge gained.

VIII. Conclusion

Starting the Modoc County Prevention Collaborative was a significant step toward the coordination of prevention programs and activities in the county. Partnering with the Modoc County Office of Education helps to ensure sustainability of the group. The Collaborative will continue to play an advisory role in the implementation and evaluation of this plan, as well as in the development of ongoing strategic prevention plans for future years.

The Strategic Prevention Framework (SPF) is proving to be a valuable process in Modoc County. The Prevention Collaborative's work on developing a directory of prevention services will assist with ongoing efforts to document capacity. Part of the agenda for future Collaborative meetings will be to ensure the directory is updated periodically.

County AOD has set an example in the county by adopting an evidence-based model program, and by bringing in other stakeholders to collaborate in the implementation of the program. Partner agencies in the Prevention Collaborative have begun to research and consider other evidence-based prevention programs.

We recognize that SPF is an outline for the ongoing process of prevention program planning, service delivery and evaluation. This plan provides a framework for starting that process.