

# Tehama County Drug and Alcohol Division Strategic Plan

## Introduction

### Overview of Prevention Planning

In July 2005, the California Department of Alcohol and Drug Programs adopted a new policy directing counties that receive Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds to use the Strategic Prevention Framework (SPF). The framework is a planning and program design process developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF consists of five (5) steps – assessment, capacity building, planning, implementation, and evaluation – and helps counties plan for and build a community-based infrastructure for effective prevention.

In Tehama County, SAPT funds are administered through the Tehama County Health Services Agency, Fiscal Division. Drug and Alcohol Division is also a part of Tehama County Health Services Agency.

To design and implement an SPF in Tehama County, staff from the Health Services Agency met with collaborating partners throughout the county as part of a process to identify alcohol and other drug (AOD) prevention issues and to develop a framework to guide the community toward appropriate prevention strategies.

### Guiding Principles for Prevention

According to the California Department of Alcohol and Drug Programs (CADP), primary prevention is a strategy using principles to guide the development and implementation of prevention. In its Prevention Strategic Plan<sup>1</sup>, CADP offers the Guiding Principles for Prevention.

**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, manufacturing, distribution, promotion, sales, and use. By prevention providers leveraging resources, prevention programs will achieve the greatest impact.

**The entire community must share responsibility for prevention.** All sections, including youth, must challenge their 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 and governments, and faith-based communities. “Community” also includes associations/affinity groups based on age, social status and

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<sup>1</sup> California Department of Alcohol and Drug Programs, Prevention Strategic Plan, October 2002

occupation, professional affiliation, political or social interest, sexual orientation, and geographic boundaries.

**Prevention engages individuals, organizations, and groups at all levels of the prevention system.** This includes those who work directly and indirectly in the prevention system who share a common goal of ATOD prevention (i.e. law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.)

**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.

**Effective prevention programs are thoroughly planned and delivered.** To create successful prevention programs, one must: use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention action; evaluate and measure results to improve prevention outcomes; and, use a competent, culturally proficient and properly trained workforce.

### **The Strategic Prevention Framework**

The Substance Abuse and Mental Health Administration (SAMHSA) designed the Strategic Prevention Framework (SPF) to assist communities in designing and implementing effective and sustainable prevention programs to reduce ATOD problems. The framework set forth by SAMHSA's Center for Substance Abuse Prevention<sup>2</sup> outlines an approach to prevention planning:

1. **Assessment:** Assess population needs (nature of the substance abuse problem, where it occurs, whom it affects, how it is manifested), the resources required to address the problem, and the readiness to act.
2. **Capacity:** Build capacity at community levels to address needs and problems identified in Step 1.
3. **Planning:** Develop a comprehensive strategic plan. At the community level, the comprehensive plan articulates a vision for organizing specific prevention programs, policies, and practices to address substance abuse problems locally.
4. **Implementation:** Implement the evidence-based program, practices, and policies outlined in Step 3.
5. **Evaluation:** Monitor implementation, evaluate effectiveness, sustain effective activities, and improve or replace those that fail.

By using SPF to design and implement a comprehensive prevention plan, counties that receive SAPT block grant funds will undergo something of a paradigm shift as they establish goals and objectives as a part of the prevention process.

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<sup>2</sup> Center for Substance Abuse Prevention, Identifying and Selecting Evidence-Based Interventions, January 2007

## **County Overview**

The County of Tehama is located in far northern California. The county is a part of the vast Central Valley region – some 450 miles long, averaging 50 miles wide. The Central Valley encompasses two sub-regions, the Sacramento and San Joaquin Valleys. Tehama County is one of ten counties situated in the northern Sacramento Valley and is a rural area with vast open spaces. Created in 1856 from parts of Butte, Colusa and Shasta Counties, Tehama County's 2,951 square miles of land are surrounded by snow-covered mountains including Mount Lassen, Mount Shasta and the Trinity Mountain Range. From the snowy Sierras in the east down to the Sacramento River on the valley floor and increasing in elevation again to the west, Tehama County exhibits incredible diversity. The Sacramento River winds a path through the valley floor and provides numerous recreation opportunities along with valuable water resources. There are three (3) incorporated cities in the county: Red Bluff, Corning and Tehama and all are located on the valley floor. Red Bluff, with its strategic placement on Interstate 5, Highway 99 and Highway 36, is the county seat and is considered a hub for travel to and from the area.<sup>3</sup>

Tehama County has a population of 60,019 people, which has been consistently increasing. The racial makeup of the county is approximately 77.9% Caucasian, 18.1% Hispanic, 2.3% American Indian, 1% Asian and .7% African American. The unemployment rate is 6.4% reflecting a slight decline from previous years. The reported rate of adult arrests for drug violations was 10.9% compared to the state's average of 5.9%. The adult arrests for alcohol violations per 1,000 are 269.7, which is approximately twice California's rate of 191.6.<sup>4</sup>

- The most prevalent illegal drugs in Tehama County continue to be marijuana and methamphetamine (also known as meth, crank, speed, and crystal). Marijuana remains the most widely used illicit drug. Among youth, it is second in popularity only to alcohol. According to data compiled from the 2006 California Healthy Kids Survey students that have used any alcohol or other drugs in their lifetime for 7<sup>th</sup> graders is 38%, 9<sup>th</sup> graders is 66%; 11<sup>th</sup> graders is 76%; and non-traditional schools is 85%. Students that have used cigarettes, even one or two puffs, four or more times for 7<sup>th</sup> graders is 6%, 9<sup>th</sup> graders is 19%, 11<sup>th</sup> graders is 23%, and non-traditional schools is 61%.<sup>5</sup> This confirms the findings of the county's needs assessment as part of this Strategic Prevention Framework.

## **Step One: Assessment**

The assessment process involves a systematic collection and analysis of data specific to alcohol and other drug problems within Tehama County.

The Tehama County Health Services Agency, Public Health Division, conducted a Community Needs Assessment during the spring of 2004. Surveys were conducted throughout Tehama

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<sup>3</sup> Tehama County Report Card 2005-2006

<sup>4</sup> Statistics for this section were compiled from the Tehama County Community Indicators of Alcohol and Drug Abuse Risk Report, prepared for the California Department of Alcohol and Drug Programs, by the Center for Applied Research Solutions (CARS) Inc.

<sup>5</sup> Statistics for this section were compiled from the 2006 California Healthy Kids Survey

County. Data from these surveys was collected and analyzed. The following four issues were determined to be Tehama County's priority problems/needs, as voted by the Tehama County Public Health Advisory Board. They are in order by rank of importance.

- Drug/Alcohol Abuse
- Violence including child abuse and domestic violence
- Teen Pregnancy
- Asthma

As you can see, drug and alcohol abuse is the top priority problem of community health concerns.

The Center for Applied Research Solutions, Inc. (CARS) prepared a "Community Indicators of Alcohol and Drug Abuse Risk" report for the California Department of Alcohol and Drug Programs. This report focused on each of the 58 counties individually.<sup>6</sup>

The purpose of the report is to provide timely, relevant information on the status of alcohol and other drug use problems in California in order to facilitate planning and monitoring of prevention outcomes at the county level. This report compiles data on 26 community indicators, including measures of risk factors associated with alcohol and other drug use, measures of overall substance use prevalence, and measures of consequences associated with these problems. For each indicator, counties are ranked in ascending order based on an average of their three (3) most current years of data. The data revealed the following several high-ranking areas:

- Juvenile Alcohol and Drug Arrests – State Ranking 48<sup>th</sup>
- Adolescent Treatment Admissions – State Ranking 51<sup>st</sup>
- Juvenile Criminal Justice Involvement – State Ranking 51<sup>st</sup>

These three (3) areas demonstrate that Tehama County's rate is high relative to other counties in the State.

The California Department of Education (CDE) funded the 2006 California Healthy Kids Survey to assist schools in preventing youth health-risk behaviors and in promoting positive youth development, resilience, and wellbeing. A thorough understanding of the scope and nature of youth behaviors is essential to guide decision making in developing effective prevention, health, and youth development programs. The 2006 California Healthy Kids Survey for Tehama County completed in the Spring of 2006 brought several areas listed below to our attention:

- Students that have used any alcohol or other drugs in their lifetime: 7<sup>th</sup> grade - 38%; 9<sup>th</sup> grade - 66%; 11<sup>th</sup> grade - 76%; non-traditional schools - 85%.
- Students that have used cigarettes, even one or two puffs, four or more times: 7<sup>th</sup> grade - 6%; 9<sup>th</sup> grade - 19%; 11<sup>th</sup> grade - 23%; non-traditional schools - 61%.<sup>7</sup>

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<sup>6</sup> Statistics for this section were compiled from the Tehama County Community Indicators of Alcohol and Drug Abuse Risk Report, prepared for the California Department of Alcohol and Drug Programs, by the Center for Applied Research Solutions (CARS) Inc.

<sup>7</sup> Statistics for this section were compiled from the 2006 California Healthy Kids Survey.

The Tehama County Department of Education provided information regarding the number of adolescent participants in the “Keep Off the Grass” and “Tobacco Awareness” classes. For the calendar year of 2006 there were 42 adolescents in attendance at “Tobacco Awareness” classes and 31 adolescents in attendance at “Keep Off the Grass” classes. These are first offenders’ classes and cannot be repeated.

As a result of the data collection and the internal analysis, three (3) priority problem areas were identified at the countywide level:

1. Alcohol and drug use in Middle and High Schools
2. High juvenile arrest rates for alcohol and drug use
3. Tobacco use by minors

### **Step Two: Capacity**

The capacity portion of the Strategic Prevention Framework involves mobilization of resources within Tehama County. Tehama County has always been adept at collaboration. Partners are very accessible and willing to be mutually supportive.

Tehama County Health Services Agency, Drug and Alcohol Division has met with various service providers and key stakeholders to discuss and review gaps in services and the future of prevention efforts. We also provided AOD and related issues training for all our partners and community members.

The following groups will continue to partner in planning, implementing, and sustaining prevention activities in Tehama County:

- Tehama County Department of Education
- Tehama County Health Services Agency, Mental Health Division
- Tehama County Health Partnership
- Tehama County Department of Social Services
- Catholic Health Care West
- New Directions to Hope
- Tehama County Drug and Alcohol Advisory Board
- Northern Valley Catholic Social Services
- NCCDI (Head Start)
- Tehama County First 5
- Tehama County Probation
- Tehama County Board of Supervisors
- Tehama County Unified School District
- Tehama County Law Enforcement
- Tehama County Ministerial Association
- Latino Outreach
- Cultural Competency Committee

The foundation of the Strategic Planning Framework was developed through meetings with these groups and agencies and utilizing their data along with other information. There is a wide consensus regarding Tehama County's alcohol and drug problems and community prevention needs. Collectively, we have selected appropriate goals, objectives and strategies to address the priority problems and contributing factors.

### **Step Three: Planning**

The Planning step began in the Spring of 2006. The "California Healthy Kids Survey" came out at that time and gave us an idea of what we were looking at in the way of risk behaviors. We began working with Prevention By Design and networking with our neighboring counties. The consensus was to mobilize our community. Tehama County has several excellent routes in which to bring information to the service agencies that are then disseminated to the community at large. The most efficient way is by bringing information and questions to the Health Partnership. We also share the same purpose with several of our partners. Prevention is a very important issue in our community. We began gathering and reviewing information accumulated by our partners and data collected within our agency. Through the data collection and meetings with longstanding partners, we were able to identify our problem areas. The priority problem areas and their goals and objectives are as follows:

**1. Alcohol and drug use by minors (ages 12 to 18)**

**Goal:** To educate our juvenile population in the negative effects and consequences involved with alcohol and drug use in our junior and senior high schools.

**Objective:** Decrease the number of adolescent drug and alcohol

**2. High juvenile arrests for alcohol and drug offenses**

**Goal:** To educate our juvenile population in the negative effects and consequences involved with alcohol and drug use in our junior and senior high schools.

**Objective:** Decrease the number of juvenile arrests related to drug and alcohol offenses.

**3. Tobacco use by minors**

**Goal:** To increase the awareness of adolescents regarding the aspects of tobacco use.

**Objective:** To decrease the number of adolescent tobacco use.

### **Step Four: Implementation**

Implementing the goals and objectives identified in the Planning Step of the SPF will involve the Primary Prevention Strategies defined by the Center for Substance Abuse Prevention (CSAP).

#### **Information Dissemination:**

"This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and the effects on individuals, families and communities. . . (and). . .increases knowledge and provides awareness of available prevention programs and services."

CSAP characterizes information dissemination as “one-way” communication from the source to the audience. A message is delivered, but there is little opportunity for an exchange of information with those who receive the message. Examples of this strategy include print and electronic media, speaking engagements, resource directories, and clearinghouse or health fairs/promotions.

### **Education:**

“This strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities.”

The services under this strategy aim to “improve critical life and social skills,” which includes “decision making, refusal skills, critical analysis and systematic judgment abilities.” Approaches used in this strategy involve some form of teaching to enhance individual efforts to remain alcohol, tobacco and drug free. Examples include classroom education, educational groups, mentoring, parent/family life skills programs and peer leader/helper programs.

### **Alternatives:**

“This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or remove the need to use these substances.”

Alternative programs and activities redirect individuals from potentially problematic settings and activities to situations free from the influence of alcohol and other drugs. Examples of this strategy include AOD-free social and recreational events, Friday Night Live activities, community service activities and youth-adult leadership activities.

### **Problem Identification and Referral:**

“This strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.”

A key aspect of this strategy is that the service is educational for behavioral change, not therapeutic for ATOD abuse or dependency treatment. Some of the services within this strategy have the potential to bridge into treatment. It is important that providers note that administration of addiction severity instruments, case screening and/or preparation for intervention are not a component of this strategy. Examples of this strategy include workplace prevention education programs, structured prevention education programs intended to change the behavior of youth and adults, risk screening, assessment, and referrals for placement in services and student assistance programs such as support groups.

### **Community-Based Process:**

“This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and other drug disorders. Activities in this strategy include organizing, planning and enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.”

The past decade has seen an increased use of community-based processes for supporting prevention outcomes. The nationally funded community partnerships and later community collaboration grants are evidence of the heightened awareness of the importance of community approaches in addressing alcohol, tobacco and other drugs. This strategy area includes a broad range of activities including assessing community needs, developing community teams, providing technical support and training and organizing community efforts. For many California communities, there will be a close link between community organizing efforts and their use of Environment Strategy approaches.

### **Environmental:**

“This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general populations. This strategy is divided into two (2) subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.”

The first five (5) strategies focus on who was served and the services they received. The Environmental Strategy focuses on places and specific problems, with an emphasis on public policy. A growing body of research and practice supports the environmental approach to prevention. Environmental prevention seeks to reduce AOD availability and use risks associated with local retail, social and public environments.<sup>8</sup>

### **Step Five: Evaluation**

The evaluation of a program identifies the programs effectiveness. The evaluation process determines if identified goals and objectives have been met or if changes should be made to meet goals and objectives. This process involves monitoring data collection and analysis.

Tehama County will use a logic model design for identified problem areas. The tools we will utilize include pre and post tests, participant observations, sign in sheets and other evaluation tools.

The same data sources used in the assessment stage will be used throughout the next several years to create consistency and identify any new emerging issues. The new issues that arise will be addressed in future prevention plans. The data used to identify problem areas include:

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<sup>8</sup> The source for these strategies is the Prevention Activities Data System User’s Guide, published by the California Department of Alcohol and Drug Programs. Definitions are cited from Federal Register, 58:60, March 31, 1993.

- Department of Education cumulative class list
- California healthy kids Survey
- Community Indicators of Alcohol and Drug Abuse Risk

The continuing use of these data sources will help us to identify what prevention activities are working and which may need to be re-evaluated for future changes.

## **Conclusion**

The collaboration and data gathering that was necessary to create the Strategic Prevention Framework has been invaluable. Tehama County now has a greater grasp on the prevention needs of our community. We have always worked collaboratively with our partners and this plan has helped TCHSA Drug and Alcohol Division to increase connectivity with our current prevention providers and identify new stakeholders in the field of prevention. The strengths and weaknesses, gaps and strong points of the prevention activities in our community are now more readily apparent to all people involved and interested in the health of our community. Thus, helping us to be able to address these issues in an informed and productive manner.