TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT with Y.E.S. PARTNERSHIP

Strategic Plan: FY2008-2013

I. INTRODUCTION

Tuolumne County lies at the southern end of the Mother Lode Region in the foothills of the Sierra Nevada mountain range, about 50 miles east of the city of Modesto. It is a rural county with a few small towns and a population of about 57,000 which is highly dispersed throughout the area. Ethnic diversity is limited, but important, with members of the Me-Wuk Indian Tribe (based near Tuolumne City) and other Native American, Hispanic, Asian and African-American residents scattered throughout the mostly Caucasian county. Public transportation is limited. Social isolation is high. Schools, churches, and some recreational/cultural sites provide the main venues for community interaction. These factors present unique challenges for prevention planning.

In addition, this small county has 13 different school districts, each with its own superintendent and school board. Each district is, understandably, concerned about socioeconomic issues impacting its own students. These issues can vary widely from district to district making broad county-wide prevention strategies a challenge to implement.

Despite the challenges, Tuolumne County has a long history of substantial and sustained prevention efforts, described more in depth in Section III. The strengths of this community—chiefly, substantial prevention experience and committed citizens (both professionals and volunteers) with a willingness to act—increase the likelihood of successful prevention programming.

Capacity to mount prevention activities in Tuolumne County is already high due to a well-organized prevention coalition in existence, the Y.E.S. Partnership. Capacity building continued with this group throughout the strategic planning process. To empower the Y.E.S. Partnership in their process of identifying key AOD problems in the county, considerable effort was made to gather the most helpful social indicator and survey data available.

Section II describes the efforts and outcomes of this extensive review of the problem. Once these data had been compiled, analyzed and reviewed, the process of identifying the major AOD problems and target populations was undertaken.

A logic model (described in Section IV) was utilized to articulate the elements of the plan from a concise statement of the problem (based on survey and social indicator data), through goals, objectives, strategy, broad action plan, and outcome indicators. The county utilized the IOM population categories and various models of high risk conditions/behaviors to clarify the focus of the county's proposed prevention program. Model evidence-based programs were reviewed to find the best fit for addressing the identified needs in this county. The county's major contractor, Kingsview (which has provided prevention services for the last several years) was engaged in a process of developing the plan of action to carry out the proposed program. The contract with Kingsview ended July 30, 2008 and all behavioral health services are provided by the county.

The SPF was integrated into the existing prevention planning process in Tuolumne County through the Y.E.S. Partnership in its capacity as a clearinghouse for coordinating prevention funds coming into the county. The Partnership also serves as a way for member organizations (and others) to access key stakeholders in the community, to build coalitions, to improve overall prevention knowledge through trainings, and, potentially, to leverage resources.

Several principles guided the planning process:

a) Abuse of substances exists within various socioeconomic and cultural contexts.
b) Prevention strategies should address the underlying conditions that promote abuse within these contexts—both reducing risk factors and enhancing protective factors and resilience.
c) Prevention planning should be comprehensive, addressing needs in various geographic communities, age groups, and community settings (though a given strategy may target just one sector).

In summary, this document represents the Y.E.S. Partnership and the Behavioral Health Department's efforts to utilize social indicator and other types of data to select targets of intervention, identify appropriate prevention strategies, and determine methods of monitoring and evaluating the proposed programming. It also demonstrates the ways in which a logic model has been utilized in strategic planning efforts as the Y.E.S. Partnership moves forward in carrying out its mission of "Supporting Tuolumne County youth and families, dedicated to preventing child abuse and substance abuse" and as the Behavioral Health Department maximizes the use of its prevention funding.

II. NEEDS AND RESOURCE ASSESSMENT

Two types of information—each from various sources—was compiled to provide an overview of drug and alcohol-related problems in Tuolumne County: community perceptions and statistical data. The first type, community perceptions, involved extensive opinion surveys of stakeholders (described below) through written open-ended responses to survey questions and informal conversations/forums with existing groups and communities. Statistical data (social indicators) were gathered from a variety of government sources and included health, crime, education, and treatment admissions data, among others.

Community Perceptions

In 2005, Tuolumne County Behavioral Health Department embarked on an ambitious broad-based, community-driven planning process in response to the new Mental Health Services Act. As part of the planning process, 1000 written questionnaires were distributed throughout the county of which 382 were returned, a 38% response rate. This high response rate is remarkable, given the time required to respond to both quantitative (closed-ended) and qualitative (open-ended) questions.

Since alcohol and other drug programs are integrated into behavioral health programs in this county to the greatest extent possible, AOD questions were heavily represented in the questionnaire. Responses to the open-ended questions provide a credible picture of the perceptions of community members with regard to the county's AOD problems, their causes, consequences, and solutions.

In addition, nine community forums (in major communities throughout the county) and 121 informal conversations posed similar questions to various groups from health and social service providers to homeless residents who emerged from their camps to participate in this effort. Every effort was made to be inclusive of all age, ethnic and socioeconomic groups in the county. It was an unprecedented effort to secure broad community input for various strategic planning endeavors, including this plan.

Of the 130 highly open-ended forums and conversations that took place, alcohol and drug problems were noted as a concern of at least one participant in 64% of these meetings. Specific comments echoed those reported below from survey questionnaire responses. Only responses to the open-ended AOD items on the questionnaire were content analyzed for this effort. Findings are summarized below.

Type of substances and abusing populations. It is clear from the findings that participants regard methamphetamine abuse as the county's most pressing AOD problem. Alcohol came in a distant second. Cocaine, heroin, prescription narcotics, and others were rarely mentioned by name. With respect to specific age groups having AOD problems, youth were mentioned by an overwhelming margin, with a few references to the elderly. Another group mentioned frequently was parents abusing substances and serving as negative role models for their children.

Primary causal factors. Note: a number of causal factors can also be viewed as consequences of AOD problems in a circular fashion. In general, participants view ease of accessibility as the foremost causal factor in AOD problems. Related to this factor is the normative nature of AOD use in the county. It is socially accepted or at least tolerated with much apathy exhibited toward its use and abuse, according to respondents. The presence of methamphetamine production locally, which many noted, may be related to both accessibility and tolerance. Also related to these factors may be the observation by a few that adults sometime supply alcohol and drugs to youth at parties.

Parental modeling (as noted above), resulting in intergenerational abuse, is viewed as a major cause of AOD problems in Tuolumne County as is lack of affordable, timely treatment/rehabilitation of those already afflicted. Lack of AOD-free activities, especially for youth and families, was mentioned frequently.

Both internal (emotional/mental health factors) and external (social factors) were noted by respondents. Internal factors include hopelessness, depression, low self-esteem, lack of willpower, and suicidal ideation. Social factors mentioned include homelessness, lack of employment opportunities, poverty, and lack of adequate law enforcement response. It has been noted that the public often believes law enforcement officials can do more than they legally can with respect to arresting and charging people with crimes. In fact, their powers are limited by law. Also, the judicial system plays a major role in determining outcomes related to crimes committed.

Advertising on television and the presence of casinos and gambling in the county were noted only once (ads) or twice (gambling).

Consequences of AOD problems. Six categories of consequences emerged from the content analysis: crime, family instability and dysfunction, social/educational problems, health/mental health problems, financial impact on community, and premature death.

By far, crime was mentioned most often and included references to violent crimes, child abuse and neglect, theft, DUIs, traffic accidents related to drug/alcohol use, vandalism, gangs, and prostitution.

Family instability/dysfunction was a common theme. Divorce, frequent moves, family conflict and relationship problems were coded in this category. The economic impact of AOD problems on families was noted with a concern that AOD-affected parents sometimes use family resources to fund their own addictions and cannot provide adequately for their children. Poor parenting skills, inadequate child care/supervision, and poor nutrition were also noted.

A cluster of social problems related to family dysfunction include a range of educational problems for youth, unemployment (and lack of employability), homelessness, and unplanned pregnancies. Respondents noted that many children and families simply cannot reach their potential or contribute constructively to the community because of AOD problems.

References to health problems were general with concern expressed for emotional and mental health problems resulting from AOD abuse, medical and dental problems, increased hospitalizations and overuse of emergency rooms, birth defects (including FAS), and STDs.

Poor role modeling by both parents was noted frequently. Although related to family instability/dysfunction, this issue merits separate consideration. The consequences to Tuolumne County of generation after generation pursuing a lifestyle revolving around drugs and alcohol were a major concern of respondents.

The financial burden on Tuolumne County—particularly on government programs and services—was addressed by many respondents. The criminal justice system and health services were most frequently mentioned.

Deaths from murder, suicide, overdose, and health problems are considered to be a significant consequence of AOD problems in the county.

Summary. Survey participants, collectively, present a broad view of alcohol and drug problems, as well as their causes and consequences. Some (although not all) of these perceptions are supported by the statistical data presented below. Whether entirely accurate or not, the perceptions of community respondents are important, because—as many noted—solutions will not be sought until the community recognizes that a problem exists. It is clear that these 382 respondents do recognize that a problem exists and want to see action that effectively addresses their concerns.

STATISTICAL DATA

General Social Indicators

Unemployment Rate*

Year	2000	2001	2002	2003	2004	2005	2006
Annual Rate	5.9	5.8	6.5	6.9	6.8	6.1	5.9
CA Annual Rate	4.9	5.4	6.7	6.8	6.2	5.4	4.9

Rank among California counties (six-year average up to 2002) = 26th
Trend = steady, then increase (peaking in 2003), modest decreases through 2006 (state average declining more sharply during same period)

*California Health and Welfare Agency, EDD

Deaths Due to Suicide (Three-Year Averages from 1999 to 2004)*

	1999-2001	2000-2002	2001-2003	2002-2004
Number	8.7	9.3	12.3	14
Age-Adjusted Rate	13.4	14.1	18.6	21.5
CA Rate	9.5	9.5	9.5	9.1
Rank	38	38	50	55

*County Health Status Profiles, 2003 to 2006,
California Department of Health Services

Infant Mortality (Three-Year Averages from 1999 to 2004)*

	1999-2001	2000-2002	2001-2003
Number	3.7	2.3	1.3
Age-Adjusted Rate	8.4	5.4	3.0
CA Rate	5.5	5.5	5.1
Rank	57	30	6

*County Health Status Profiles, 2003 to 2006,
California Department of Health Services

Emergency Response (Child Abuse) Dispositions and Rate per 1,000 Population Under 18 Years*

Year	1998	1999	2000	2001	2002
Dispositions	1321	1234	1528	1436	1597
Rate per 1,000	114.2	106.6	139.1	129.4	142.6
CA Rate	57.2	61.8	68.2	67.6	70.1

Rank among California counties (five-year average ending 2002) = 47th
Trend = Increasing

*California Health and Welfare Agency,
Department of Social Services

Child Abuse Reports (ages 0-17)*

Year	2001	2002	2003
Number of abuse reports	1020	1028	1044
Rate per 1,000	90	91	93
CA Rate	51	52	52

Trend = Stable
*Children Now, California Profile: 2005

Foster Care Placements and Rate per 1,000 Population Under 18 Years*

Year	2000	2001	2002	2003	2004
Placements	130	137	140	135	159
Rate per 1000	11.8	12.3	12.5	11	13
CA Rate	10.8	10.3	9.7	9	8

Rank among California counties (six-year average ending 2002) = 39th
Trend = Increasing

Total TANF Recipients and Percent of Total Population Receiving Assistance*

Year	1997	1998	1999	2000	2001	2002
Recipients	3,039	571	2.276	1,953	1,702	1,352
% of Pop.	5.8	1.1	4.3	3.6	3.1	2.4
CA Rate	6.9	1.4	5.1	4.5	4.0	3.6

Rank among California counties (six-year average) = 28th
Trend = Decreasing (public policy changes may account for this observation)

*California Health and Welfare Agency,
Department of Social Services

Persons Under 18 Below Poverty (2000 to 2003)*

	2000	2001	2002	2003
Number	1864	Not Avail.	1707	1786
Percent in Poverty	17.0	Not Avail.	15.1	15.9
CA Rate	18.0	Not Avail.	19.0	19.6
Rank	27	Not Avail.	25	24

*County Health Status Profiles, 2003 to 2006,
California Department of Health Services

Domestic Violence Calls for Assistance and Rate per 1,000 Population, Ages 18-69*

Year	1996	1997	1998	1999	2000	2001
D.V. Calls	339	303	279	181	208	221
Rate per 100,000	9.0	8.4	8.0	5.0	5.6	5.8
CA Rate	10.4	10.0	9.2	8.5	8.9	8.8

Rank among California counties (six-year average) = 9th
Trend = Decreasing

*California Department of Justice,
Criminal Justice Statistics Center

Domestic Violence Arrests (Spousal Abuse and Spousal Rape), Year 2004 (Rate Not Available)*

	Total Abuse	Male-Abuse	Female-Abuse	Total Rape (All Male)
Tuolumne County*	66	50	16	0
State of CA	46,353	37,235	9,118	200

Only 11 counties had fewer incidents of domestic abuse/rape, but comparison difficult without population adjusted rates

*California Department of justice,
Criminal Justice Statistics Center

Overall Crime Rates (Violent, Property, Larceny-theft, Arson), Per 1,000 population*

	2000	2001	2002	2003	2004	2005
Tuolumne	28.2	30.9	36.1	44.7	48.5	35.7
State of CA	42.2	44.3	51.3	45.6	45.1	43.6

*California Department of justice,
Criminal Justice Statistics Center

Summary of General Social Indicators

During the late 1990s and up to 2001-2002, Tuolumne County had an unemployment rate about equal to the rest of the state and TANF rates slightly lower than the state average. The unemployment rate gradually declined over the next several years, although not as steeply as for the state as a whole.

Domestic violence calls were considerably fewer than for the state as a whole with the county ranking ninth on this indicator. Data for 2004 (arrests, not calls) suggests Tuolumne County continues to have A low domestic violence rate, although some believe the crime is well under-reported in the county.

Statistics related to child welfare paint a different picture. On all child welfare indicators (and from the late 1990s to more recent years), Tuolumne County has much higher rates per 1,000 than the state. Despite average or better indicators of economic health and a crime rate lower than the state, these two important indicators of family functioning invite concern, echoing sentiments

voiced repeatedly by respondents in the MHSA survey that alcohol and drug problems are both caused by and create problems in family functioning.

Alcohol and Drug-Related Indicators

Retail Liquor Outlets Per 100,000 Population*

Year	1997	1998	1999	2000	2001	2002
Liquor Licenses	217	213	209	208	205	202
Annual Rate	415.7	404.2	395.8	379.6	369.4	359.4
CA Rate	201.7	198.5	194.7	194.6	191.6	188.7

Rank among California counties (six-year average) = 44th
Trend = Stable to decreasing slightly

*California Alcoholic Beverage Control (ABC)

More recent liquor license data in aggregate form are unavailable, but only 15 fewer licenses were issued in 2002 than in 1997, suggesting a very slow rate of decline. Licenses throughout California have been on the decline, as well. Tuolumne County continues to have a rate about twice that of the state as a whole.

AOD-Related Crime Statistics

Juvenile Arrests for Misdemeanor Drug Violations and Rate per 1,000 Population, Ages 10-17*

Year	2000	2001	2002	2003	2004	2005
Arrests	11	22	28	36	23	17
Rate per 1,000	2.0	4.4	5.2	6.7	3.8	2.8
CA Rate	4.3	4.3	4.0	3.6	3.5	3.5

Trend = Decreasing after sharp increase in early 2000s

*California Department of Justice
Criminal Justice Statistics Center

Juvenile Arrests for Misdemeanor Alcohol Violations and Rate per 1,000 Population, Ages 10-17*

Year	2000	2001	2002	2003	2004	2005
Arrests	34	32	11	19	47	41
Rate per 1,000	6.2	5.8	2.0	3.5	7.7	6.8
CA Rate	2.7	2.3	2.1	1.9	1.9	1.8

Trend = Increasing to levels from early 2000s after sharp decrease in 2002-03

*California Department of Justice
Criminal Justice Statistics Center

Juvenile Arrests for Felony Drug Violations and Rate per 1,000 Population, Ages 10-17*

Year	2000	2001	2002	2003	2004	2005
Arrests	4	9	7	6	14	4
Rate per 1,000	.7	1.6	1.3	1.1	2.3	.7
CA Rate	1.6	1.4	1.3	1.3	1.3	1.4

*California Department of Justice
Criminal Justice Statistics Center

Adult Arrests for Misdemeanor Drug Violations and Rate per 1,000 Population, Ages 10-17*

Year	2000	2001	2002	2003	2004	2005
Arrests	47	77	92	83	143	123
Rate per 1,000	1.3	2.0	2.3	2.0	3.7	3.0
CA Rate	4.8	4.7	4.7	5.1	5.2	5.4

Trend = Increasing (peak, 2004)

*California Department of Justice
Criminal Justice Statistics Center

Adult Arrests for Misdemeanor Alcohol Violations and Rate per 1,000 Population, Ages 18-69*

Year	2000	2001	2002	2003	2004	2005
Arrests	349	432	405	419	472	390
Rate per 1,000	9.4	11.3	10.2	10.3	12.2	10.3
CA Rate	5.9	4.7	4.7	5.1	5.2	5.4

Trend = Increasing (peak 2004)

*California Department of Justice
Criminal Justice Statistics Center

Adult Arrests for Felony Drug Violations and Rate per 1,000 Population, Ages 18-69*

Year	2000	2001	2002	2003	2004	2005
Arrests	96	138	156	175	239	236
Rate per 1,000	2.6	3.6	3.9	4.3	6.2	6.0
CA Rate	5.5	5.3	5.5	5.8	6.0	6.3

Trend = Increasing (peak 2004)—catching up to state rate

*California Department of Justice, Criminal Justice Statistics Center

Adult Arrests for Felony and Misdemeanor DUI and Rate per 1,000 Population, Ages 18-69*

Year	2000	2001	2002	2003	2004	2005
TOTAL T.C. DUI Arrests	348	463	439	553	551	457
Rate per 1,000	9.4	12.1	11.1	13.6	14.2	11.7
CA Rate	8.2	7.9	7.8	8.0	7.5	7.5

*California Department of Justice
Criminal Justice Statistics Center

CHP Alcohol-related traffic incidents (DUI, accidents)

The following information was provided by the California Highway Patrol for incidents occurring in Tuolumne County in the years 2004, 2005, and 2006. It is useful because age is broken down to show incidents involving teens and young adults, rather than just adults ages 18-69 (as above).

DUI Arrests*

Age Group	2004	2005	2006
Under 21	45	36	30
Over 21	383	357	363
TOTAL	428	393	393

DUI arrests decreased from 2004 to 2005 and remained steady for the next year. Arrests of young people decreased from 11% to 10% to 8% of the total during this time period. For the year 2006, 157 DUI arrests were made by Sonora Police Department per Police Chief Mace, bringing the total for the county that year to 550.

*Includes alcohol and drug use (both street and prescription)

DUI-involved collisions/fatalities

Incident	2004	2005	2006
Collisions	102	89	96
Fatalities	14	5	4

The number of DUI-related collisions and consequent fatalities fell between 2004 and 2005, then remained relatively stable for the next year (replicating the pattern for DUI arrests). Highway Patrol Officer, Brad Schultz, stated that an increase in officers on patrol in 2005 may account for the drop in numbers. He contends that officers riding around the county on patrol act as a deterrent to unsafe driving.

Health/Mortality Statistics

It was difficult to obtain consistent data on health issues and mortality related to alcohol and drug use. The following statistics include some for recent years and others that are more remote. Some sources separated alcohol and drugs, others combined the two. As a result, it is difficult to draw conclusions.

Hospital Discharges for Alcohol and Drug Disorders*

Year	1996	1997	1998	1999	2000
Discharges	72	82	82	112	105
Rate per 100,000	145.3	157.1	155.6	212.1	191.6
CA Rate	173.1	168.9	164.4	164.2	168.7

Rank among California counties (five-year average) = 49th
Trend = Increasing

*California Health and Welfare Agency,
Department of Alcohol and Drug Programs

Deaths Due to Alcohol and Drug Use and Rate per 100,000 Population*

Year	1996	1997	1998	1999	2000
Deaths	28	33	37	8	10
Rate per 100,000	54.3	63.2	70.2	15.2	18.2
CA Rate	48.6	45.0	43.2	18.4	18.0

Rank among California counties (five-year average) = 46th
Trend = Decreasing

*California Health and Welfare Agency,
Department of Alcohol and Drug Programs

Alcohol-Induced Deaths (Three-Year Averages from 1999 to 2004)*

	1999-2001	2000-2002	2001-2003	2002-2004
Number	Not Avail.	Not Avail.	Not Avail.	6.3
Age-Adjusted Rate	Not Avail.	Not Avail.	Not Avail.	9.3
CA Rate	Not Avail.	Not Avail.	Not Avail.	10.6
Rank	Not Avail.	Not Avail.	Not Avail.	Tie for 22nd

*Center for Health Statistics
California Department of Health Services

Drug-Induced Deaths (Three-Year Averages from 1999 to 2004)*

	1999-2001	2000-2002	2001-2003	2002-2004
Number	5.3	7.7	11.0	13
Age-Adjusted Rate	9.4	12.6	19.2	22.1
CA Rate	8.4	8.6	9.4	10
Rank	36	44	53	56

*County Health Status Profiles, 2003 to 2006,
California Department of Health Services

Summary of Alcohol and Drug-Related Indicators

Given the statistics reported above, there is evidence in support of a conclusion that alcohol abuse may be more problematic to the community than drug abuse, although the rate of drug-induced deaths is twice that of the state as a whole (it is unclear if suicides are included in this category).

Drug-related crime rates are generally lower than those for the state as a whole, although in some cases (e.g. adult felony drug arrests), the county is rapidly catching up to the state. All alcohol-related crime rates, including DUI, for both juveniles and adults are higher than state rates, with some as much as double.

While recent liquor outlet rates are unavailable, the rate of outlets in 2002 was twice that of the state, supporting the general perception that ease of obtaining liquor may contribute to substance abuse problems in Tuolumne County.

AOD Treatment Admissions

Data were provided by the California Department of Alcohol and Drug Programs for the year 2003-2004.

	Tuolumne County	California
Total Admissions	319	232,636
for Methamphetamines	36.4%	31%
Alcohol	30.1%	21%
Marijuana	26.0%	12.6%
*All others	7.5%	36.6%

*including about 2% each for heroin and cocaine/crack in T.C.

It appears that people seek treatment for the three most prominently abused substances at a higher rate in Tuolumne County than for the state at-large. Other substances (prescription drugs, designer drugs, etc.) appear to account for a higher rate of treatment admissions across the state.

Of those admitted for treatment in Tuolumne County, almost 30% (29.3%) report that they started using methamphetamines between the ages of 15-17 (versus 23.2% for California). Fewer started use of this substance before age 15 (18% versus 21.5% for California) or as young adults, 18-20 (16.4% versus 17.5% for California).

It is interesting to note below in the California Healthy Kids Survey (CHKS) that very few high school students surveyed indicated they had *ever* used methamphetamines. So, if addicts in treatment started at such an early age (15-17), they may have done so in some other school system years ago prior to moving to the area. Or, perhaps children today have taken the prevention messages about methamphetamines to heart and are avoiding use of the drug. Other possibilities are that they are minimizing their actual use of the substance or that the data collected in the Healthy Kids survey under-represents those youth who are actively involved in methamphetamine abuse (see discussion of parental permission procedures below).

The statistics for first use of alcohol by those in treatment are more consistent with the CHKS data reported below. About 84% began using alcohol before age 18, 95% by age 21 (no state comparison data available). For

marijuana, the statistics are similar with 87% of clients beginning use before 18 and almost all of them (99%) prior to age 21.

Statistics for the age at which clients began any AOD use can be compared with state data. In Tuolumne County, 67% of those in treatment began their AOD use prior to age 18 and 81% prior to age 21, compared with 54% and 70%, respectively for the state as a whole. These statistics provide some evidence of the commonly-held notion that Tuolumne County has a strong drinking and drugging culture and that use starts early.

California Healthy Kids Survey (AOD)

The California Health Kids Survey (CHKS—called "Checks") is a comprehensive health inventory administered to school children across the state every second year. Grades 5, 7, 9, and 11 are included in the survey, which covers many areas of health, including safety, nutrition, and others. Only the responses concerning alcohol and other drugs were utilized for the purposes of this strategic plan.

Initially, "negative" permission slips were utilized by Tuolumne County schools, requiring parents to sign if they wanted their children excluded from the survey. Now, parents must sign for their children to be *included*, a circumstance which many believe may have skewed the sample in recent years. They argue that children in homes where parents are less involved in their education (hence, less likely to return a permission slip) and tend to provide less parental supervision may have been systematically excluded. This is a sub-population linked to higher rates and earlier use of alcohol and drugs. As a result, the survey findings may in some ways underestimate use of substances across grade levels.

All statistics are reported as percentages in the summaries prepared at the state level for each county. Sample sizes are as follows:

	2002	2004	2006
Grade 5	N/A	200	169
Grade 7	291	200	250
Grade 9	445	414	512
Grade 11	304	352	469

Fifth graders

Fifth graders are asked a smaller number of questions than middle and high school students and only a few relating to alcohol and other drug use. Data from 2004 and 2006 were available, revealing that by fifth grade, about one-third of students (31% in 2004, 33% in 2006) have used marijuana, inhalants, or alcohol (mostly one or two sips). In 2004, only 8% reported any use of alcohol in the past month. By 2006, 12% reported using alcohol in the past month.

Seventh, Ninth, Eleventh Graders

Students in middle and high school who participated in the 2002, 2004, and 2006 surveys (for which data were available) were asked many questions related to their use of alcohol, marijuana, inhalants, cocaine, methamphetamines, LSD, Ecstasy, heroin, and other illegal drugs. In addition to the three grades noted above, students in continuation or alternative high schools were also surveyed in 2002.

Lifetime prevalence. As one would expect, lifetime prevalence appears to increase as grade level goes up. In addition, prevalence has increased over the years with 76% of 11th graders in 2006 reporting some lifetime AOD use, compared with 73% in 2004 and only 66% in 2002. The following table provides overall prevalence rates for each grade in each of the three years for which data are available.

	2002	2004	2006
Grade 7	23%	31%	26%
Grade 9	59%	51%	59%
Grade 11	66%	73%	76%
Cont./Alt.	100%	Not Avail.	Not Avail.

Another way to view these data is in terms of three cohorts—Cohort A, the group of students who were in 7th grade in 2002, 9th grade in 2004 and 11th grade in 2006; Cohort B, the group in grade 9 in 2002 and 11 in 2004; and Cohort C, the group in 7th grade in 2004 and 9th grade in 2006. The samples obtained on each occasion were undoubtedly different, but allow for a general view of each peer group.

Of Cohort A, 23% had used some substance during their lifetime by 2002 when they were 7th graders, increasing to 51% by grade 9 and 76% by grade 11. Of Cohort B, 59% had used some substance by 2002 as 9th graders, increasing to 73% in 2004 when they were in 11th grade. Of Cohort C, 31% had

used substances by 7th grade and 59% by 9th grade. This Cohort may top the 76% achieved by current 11th graders (2006) by the time they are 11th graders in 2008 if the current upward trend continues.

One hopeful statistic is that only 26% of current 7th graders (2006) report any AOD use. With stepped up prevention efforts at the high school level, this cohort may be persuaded to buck the trend of previous groups.

The rate of use of other substances, while generally low, shows an uphill trajectory for some substances, as well. Just looking at data for the 11th grade, 8% of these students in 2002 had ever used inhalants, increasing to 9% in 2004 and 11% in 2006 (worrisome statistics given the major consequence of inhalant abuse: brain injury). For cocaine, the percentages are 8% (2002), 6% (2004), and 8% (2006)—generally holding steady.

Lifetime prevalence for methamphetamines increased from 2% in 2002 to 3% in 2004 to 5% in 2006. For LSD, the percentages are 11, 4, and 4 from 2002 to 2006, a downward trend. For Ecstasy, the percentages are 5, 2, and 9 from 2002 to 2006 (the last jump a troubling statistic, given the dangerousness of this substance which can cause psychosis after just one episode of use). Heroin is rarely used, with only 2% of 11th graders in years 2002 and 2004 and 3% in 2006 reporting any use.

A new CHKS question for 2006 concerns lifetime prevalence for the use of prescription painkillers. More than a third (36%) of 11th graders have used this substance. It is not clear if this reflects only recreational use (or also use for a medical condition or injury).

Most commonly abused substances. Marijuana and alcohol appear to be the most commonly abused substances with 41% (Cohort A), 41% (Cohort B), and 23% (Cohort C) having tried marijuana in their lifetime. In general, about 5-10% of seventh graders surveyed in 2002 2004, and 2006 had ever tried marijuana. About a fourth (24%) of ninth graders in the three survey years reported use, suggesting primary prevention interventions to impact use of this substance would need to occur prior to 9th grade.

With respect to alcohol, about 20% of seventh graders in each survey year had used it, suggesting it is likely the first substance to which children are exposed and the gateway substance to other drugs. Lifetime prevalence of alcohol use jumped to 58% of ninth graders and 62% of eleventh graders in 2002, 49% of ninth graders and 71% of eleventh graders in 2004 and 49% of 9th graders and 70% of 11th graders in 2006. The data suggest a trend toward increasing use as more and more students participate in underage drinking.

Use in last 30 days. Data for any AOD use in the last 30 days mimics lifetime prevalence with use increasing by grade level and within the three cohorts (7th to 9th to 11th grade, 9th to 11th grade and 7th to 9th grade) with increased use exhibited over the two or three years each cohort was surveyed. Cohort A with only 10% reporting any recent AOD use in 2002, reported 48% using something within the last 30 days in 2006. Cohort B reported 37% using some substance in the past month in 2002 and 49% using something within the last month in 2004—that's nearly half of eleventh graders engaging in recent illegal substance use at the time of the 2004 survey (this statistic held steady for 2006 with 48% of 11th graders using a substance within 30 days). By 2006, the 9th graders (who were in 7th grade in 2004) had jumped from 16% to 30% having used within the last 30 days.

High risk patterns. By 2006, more than half of eleventh graders (55%, up from 52% in 2004 and 51% in 2002) surveyed reported getting very drunk or sick from drinking alcohol with only 29% (down from 33% in 2004 and 37% in 2002) reporting current binge (episodic, heavy) drinking.

With respect to 11th graders "getting high from drugs," percentages decreased from 47% in 2002 to 38% in 2004 and increased again to 52% in 2006—again, half of 11th graders reporting a high risk behavior.

Perceived harm of substance use. A curious finding from the CHKS data is the extent to which students perceive alcohol and drug use to be harmful, despite their increasing use. Even eliminating those who marked "somewhat harmful" (the center point of a five-point likert scale), most students across all grades in 2002 regarded alcohol as "harmful" or "extremely harmful" (80%, 65%, and 72% respectively for 7th, 8th, and 9th grades). For 2004, the statistics were 73% (7th), 72% (9th), and 64% (11th). For 2006, they were 80% (7th), 67% (9th) and 68% (11th).

With respect to marijuana, 90% (7th), 74% (9th), and 67% (11th) endorsed the harmfulness of the drug in 2002. Statistics were similar in 2004: 90% (7th), 81% (9th), and 68% (11th) and in 2006: 86% (7th), 77% (9th), and 67% (11th). It appears that at least one part of the prevention message ("marijuana and alcohol are harmful to youth") is getting through. The second part ("you shouldn't use them because of the harm that may result to you") is not.

Perceived availability. Tuolumne County school children perceive that alcohol and marijuana are easy to obtain. In 2002, 30%, 73%, and 76% of 7th, 9th, and 11th graders, respectively, thought alcohol was easy to obtain. In 2004, those figures were 37% (7th), 69% (9th), and 81% (11th). In 2006, the figures were 20% (7th), 69% (9th), and 78% (11th).

Marijuana was perceived as easy to obtain, as well with 21% (7th), 60% (9th), and 72% (11th) indicating this view in 2002. In 2004, the figures were 22%, 53%, and 72%. In 2006, they were 20% (7th), 58% (9th), and 70% (11th).

Gender differences. Gender differences are most pronounced in seventh grade with boys reporting more use and more high risk patterns than girls. By eleventh grade, however, girls have "caught up" to boys (and in a couple of instances in 2002, surpassed them). The evidence certainly supports the conclusion that prevention efforts should target both boys and girls (although different approaches may be necessary if risk factors vary by gender).

III. CAPACITY BUILDING

Since 1986, the Tuolumne County Behavioral Health Department and/or its contract agencies have been involved in an extensive community collaboration to prevent (among other concerns) problems related to drug and alcohol abuse and dependence. The Y.E.S. Partnership was established in 1986 in direct response to an alarming number of youth suicides in the county in preceding years. Simultaneously, a group of parents and a group of community business leaders and health, education and human service professionals began meeting to discuss what could be done to prevent future tragedies. Under a Kaiser Foundation grant, the two groups were brought together to form the partnership, initially called the Community Health Alliance.

The partnership received over $500,000 in funding, which was administered by Tuolumne County Mental Health/Alcohol and Drug Services over a five-year period. A "menu" of primary prevention programs was offered to schools throughout the county. Menu components included classroom curricula, parenting programs, peer programs, and alternative activities (such as a ropes course).

Even before the formation of a broad community collaborative, Tuolumne County Mental Health had been involved in primary prevention for nearly a decade with the hiring of a "Mental Health Promotion/Substance Abuse Prevention" coordinator in 1978, one of the first such positions in a public mental health program in northern California. Early prevention efforts included extensive affective education (the "Head and Heart" Program) throughout county schools, youth leadership program, positive parenting courses, stress management training in the workplace, "Get High on Yourself" program, school-based prevention education utilizing performing arts approaches in K-8, and Project Opportunity, a nationally-recognized substance abuse prevention program for women in major life transition.

These efforts—spanning nearly 30 years—provide evidence of Tuolumne County's leadership in building *community capacity* for prevention. The capacity and the will to act continue to be strong and have been nurtured all along by the county's mental health/substance abuse program as it works collaboratively with other agencies and community organizations to respond effectively to emerging concerns.

The Y.E.S. Partnership (see list of members below) has been involved in this strategic planning process from its inception in the Spring of 2005. Several meetings with the Executive Committee and three meetings with the partnership as a whole yielded important contributions to the planning process. Specifically, this body, which acts, in part, as a clearinghouse for prevention activities in

Tuolumne County, assisted in identifying data sources (and problems inherent in using some of these sources), reviewing specific social indicator and survey data gathered by staff, articulating the major AOD problems in the county, identifying potential target populations and venues, and suggesting reasonable goals for FY 2007-08. This organization (with its own paid staff) will continue to guide prevention planning in Tuolumne County and to provide assistance to the Behavioral Health Department in developing its prevention programming.

The broad base of prevention planning in Tuolumne County is evidenced by the involvement of every relevant entity in the public and private sectors—health, education (from preschool to college), child welfare, government (including Tribal), law enforcement, social services, recreation, and others. Lack of resources for new programming remains the major barrier to goal attainment—not insufficient community capacity.

The following is a list of Y.E.S. Partnership members and the organizations they represent:

Name	Address	Phone/Fax	Email address
1. Kathy Amos	Prevent Child Abuse Tuolumne Co.unty 20111 Cedar Road North Sonora CA 95370	533-7403 533-7406	kamos@co.tuolumne.ca.us
2. Debbie Aventi	Sonora Regional Medical Center 1000 Greenley Road Sonora, CA 95370	536-5058 694-0125	aventidl@ah.org
3. Mike Ayala	California Highway Patrol P.O. Box 676 Jamestown CA 95327	984-3944 984-3660	mayala@chp.ca.gov
4 Erin Begley	Tuolumne Co. Recreation Dept. 2 So. Green Street Sonora, CA 95370	533-5663 532-2502	ebegley@co.tuolumne.ca.us
5. Carolyn Buck	Columbia College 11600 Columbia College Dr. Sonora, CA 95370	588-5223 588-5330	buckc@yosemite.cc.ca.us
6. Bill Canning, Councilman	City of Sonora 94 N. Washington St. Sonora, CA 95370	536-0114	billc@c&nconst.com
7. Linda Downey	Tuolumne Co.Child Welfare Services 20111 Cedar Rd. North Sonora CA 95370	533-5755	downel@cws.state.ca.us
8. Friday Night Live Student Member	Student Member c/o Katie Wood 427 North Hwy 49 Suite 103 Sonora CA 95370	533-1397 x271 533-1034	kwood@atcaa.org
9. Cynthia Halman	T.C. Superintendent of Schools 175 So. Fairview Lane Sonora, CA 95370	536-2040 536-2002	chalman@tuolcoe.k12.ca.us
10. Shelly Hance	A-TCAA 427 So. Highway 49, Ste. 103 Sonora CA 95370	533-1397 533-1034	shance@atcaa.org
11. Mia Hansen	Head Start 427 So. Highway 49, Ste. 103 Sonora, CA 95370	533-3612	mhansen@atcaa.org
12. Rhiannon Hendricks	Tuolumne Me-Wuk Tribal Council P.O. Box 699 Tuolumne CA 95379	770-7560 928-1677	youth@mlode.com
13. Samantha Huebner	Columbia College Student Housing 11800 Columbia College Drive Sonora, CA 95370	533-3039 533-3464	ccshstaff@mlode.com
14. Anne Robin/ Sandi Romena (alternate)	TC Behavioral Health Services 197 Mono Way Sonora CA 95370	533-6245	Arobin@tuolco.ca.gov sromena@tuolco.ca.gov
15. Shirlee Juhl/ Leanna Salazar	Tuolumne Co. Probation Department 465 So. Washington St. Sonora CA 95370	533-7500	sjuhl@co.tuolumne.ca.us lsalazar@co.tuolumne.ca.us

16. Mace McIntosh	Sonora Police Department 100 S. Green Street Sonora, CA 95370	532-8141 532-4845	mmcintosh@sonorapd.com
17. Teresa Nelson	Faith Community Nursing Sonora Regional Hospital 1000 Greenley Road Sonora, CA 95370	536-5027 532-8083	nelsonte@ah.org
18. Amy Nilson Baum	Media Rep. 21652 Slope Lane Twain Harte, CA 95383	928-4904	anilson@lodelink.com
19. Robin Perkins	Shared Leadership Network P.O. Box 1955 Twain Harte, CA 95383	586-2605 890-5402	Robinsnest95383sbcglobal.net
20. Donald Segerstrom	District Attorney's Office 41 W. Yaney Sonora CA 95370	588-5450	dsegerstrom@co.tuolumne.ca.us
21. Liz Sewell	Mountian Women's Resource Center P.O. Box 1154 Sonora, CA 95370	588-9305 x108 588-9272	mwrc@sonic.org
22. Leigh Shampain	Summerville School District 18451 Carter St. Tuolumne, CA 95379	928-4291 928-1602	lshampain@sumel.k12.ca.us
23. Joe Silva	TC Superintendent of Schools 175 So. Fairview Lane Sonora CA 95370	536-2010 536-2003	jsilva@tuolcoe.k12.ca.us
24. Todd Stolp	Tuolumne County Health Dept. 20111 Cedar Road North Sonora CA 95370	533-7400 533-7406	ststolp@co.tuolumne.ca.us
25. Evelyn Thompson	Infant Child Enrichment Services 20993 Niagra River Dr. Sonora CA 95370	533-0377 533-4017	evelynt@icesagency.org
26. Mark Thornton	Board of Supervisors 2 South Green Street Sonora CA 95370	533-5521 533-6549	mthornton@co.tuolumne.ca.us
27. Kathleen Walsh	Tuolumne General Hospital 101 Hospital Rd. Sonora, CA 95370	533-7002 533-7273	KWalsh@co.tuolumne.ca.us

YES Partnership Staff:

Shana Monaco YES Projects	A-TCAA 427 N. Highway 49 Ste. 103	533-1397 x226 533-1034	smonaco@atcaa.org

Manager	Sonora CA 95370		
Martha Golay Drug Free Communities Coordinator	A-TCAA 427 N. Highway 49 Ste. 103 Sonora CA 95370	533-1397x224	mgolay@atcaa.org

Program Coordinators/Council Representatives

Michelle Jachetta Tobacco Control Program	Tuolumne County Health Dept. 20111 Cedar Road North Sonora CA 95370	533-7419 533-7406 fax	mjachetta@co.tuolumne.ca.us
Elena Linehan Mentor Program	A-TCAA 427 N. Highway 49 Suite 103 Sonora CA 95370	533-1397x227 533-1034	elinehan@atcca.org
Laura Sunday Domestic Violence Prevention	MWRC PO Box 1154 Sonora CA 95370	588-9305 x109 588-9272 FAX	

IV. PLANNING PROCESS

The selection of an AOD problem on which the Tuolumne County Behavioral Health Department will focus in 2008-2013 and beyond was based on a number of factors, including community needs and implementation practicalities. Using all of the sources of community data described in this document in addition to their collective observations of the impact of alcohol and drug abuse in the community, the Y.E.S. Partnership helped identify those problems of greatest concern.

Not all problems can be addressed in the first year of strategic planning and program development. With several pressing issues having been articulated in the strategic planning process, various agencies and organizations concerned with preventing AOD problems in Tuolumne County can begin to identify funding and policy change opportunities based on these needs.

Four criteria were utilized in selecting the focus for FY 2007-08: 1) the program must address one of the county's top identified needs; 2) it must be realistic and appropriate to implement in a rural county; 3) if possible, it should be evidence-based; and 4) there must be a way to determine the impact of the program.

Problem and Goal Statements

The following AOD problems were determined through the SPF process to be the most pressing for Tuolumne County:

Problem #1
By late high school, a significant number of Tuolumne County adolescents are engaging in high risk behaviors related to alcohol use.

Evidence: In 2006, more than half of 11th graders responding to the CHKS survey reported having engaged in drinking to the point of getting sick, binge drinking, and/or drinking and driving. Juvenile arrests for misdemeanor alcohol violations are more than three times the rate for California (6.8 versus 1.8 per 1,000 population).

Problem #2
Tuolumne County youth begin using alcohol and other drugs at an early age.

Evidence: By 5th grade, 33% of those responding to the CHKS reported lifetime use of alcohol, marijuana, or inhalants.

Problem #3
Tuolumne County has a high rate of misdemeanor alcohol arrests (non-DUI) and moderately high rates of adult DUI misdemeanor and felony arrests.

Evidence: Non-DUI alcohol arrests occur at about twice the state rate (10.3 versus 5.4 per 1,000 population). The rate of DUI arrests (per 1,000 population) is 11.7 compared with 7.5 for the state.

Problem #4
While historically less significant than alcohol problems in Tuolumne County, abuse of drugs (marijuana, heroin, methamphetamines, ecstasy, and others) is increasing.

Evidence: CHKS data show increases in the use of inhalants, methamphetamines, and ecstasy from 2002 to 2006 in high school students. In 2006, 41% of 11th graders reported use of marijuana in their lifetime; 36% reported use of prescription painkillers in their lifetime. Adult felony drug violations in Tuolumne County have increased steadily since 2000 when the rate was less than half that of California as a whole. Now, the rate is about the same as for the state (6.0 versus 6.3 per 1,000 population).

Discussion on Choice of Problem #1

Problem Number One was selected as the focus of prevention programming for FY 2007-08 and beyond for a variety of reasons. First, it relates to one of the problems of greatest concern to the Y.E.S. Partnership and to the community-at-large (based on the MHSA survey results). Preventing youth substance abuse topped everyone's list, given the dangers associated with youthful consumption of substances and the high likelihood of continued abuse/dependence in adulthood. In Tuolumne County, multigenerational substance abuse is a major concern. Focusing on youth is one way to address this need.

Second, social indicator data with respect to this problem—for baseline and outcome measurement—are available currently and expected to be available in the future, making it a problem that can be monitored longitudinally. The statistical data also support community perceptions of the significance of the problem.

Third, given the rural nature of the county and the limited venues at which to implement prevention activities, the problem lends itself to a school-based solution. Tuolumne County schools have a long tradition of collaboration in this regard.

Finally, evidence-based models are available to address this problem, an important criteria for problem selection. Tuolumne County lacks the resources to develop and test an intervention from the ground up. To maximize the likelihood of success, replication of an existing program with evidence of positive outcomes is the preferred approach.

While high-risk behavior related to alcohol consumption is the primary problem to be addressed, the intervention selected will also address other forms of substance abuse as NIDA recommends in its publication, "Preventing Drug Use among children and Adolescents: A Research-Based Guide."

While Tuolumne County has a number of interventions in place focusing on various school-aged groups (including a "Friday Night Live" program in high schools), there is no program in existence with the potential of broad impact on the culture of drinking in this county. Impacting this culture is a substantial challenge, given the effects of adult role modeling and peer pressure on youth. A critical mass of young people who are determined to make constructive decisions with respect to alcohol and other drugs is needed to reverse the disturbing trends observed in the data.

Based on the criteria cited above, the Tuolumne County Behavioral Health Department has selected "Project ALERT," a model Center for Substance Abuse

Prevention (CSAP) prevention program, as the intervention on which it will focus its prevention resources for the next several years. It will conduct a faithful replication of the program with seventh graders in as many middle schools as possible across the county with booster sessions in eighth grade.

In addition, a small portion of SAPT funds will be allocated to Amador Tuolumne County Action Agency (ATCAA) to support existing Club Live/ Friday Night Live (FNL) Programs that serve 7th and 8th grade students.

The enormity of this undertaking should not be underestimated. It is clear from the literature and from local experience that small, fragmented prevention efforts are not having the universal effects desired. The existing prevention efforts in Tuolumne County may be affecting many lives in positive ways, but the cultural norms associated with alcohol and drug use in the county remain unaltered.

A school-based approach, targeting as many members of an age cohort as possible is likely the best approach to altering the prevailing beliefs about using alcohol and drugs among youth and the high risk behaviors that follow from them. It is hoped that over time, the cumulative effects of this program will result in a downward trend in consumption and high risk behaviors among high school students.

One prevention strategy targeting a specific age group cannot be expected to address all of the alcohol and drug problems identified in the county. For example, Project ALERT is not likely to raise the age of first use of alcohol. Other approaches will be needed to address that issue, involving younger students and perhaps families. But, given the unique challenges of conducting prevention programs in a rural county, this program offers the best potential for success and the possibility of creating momentum that can be harnessed for other efforts.

V. IMPLEMENTATION AND EVALUATION

Project ALERT is a curriculum that is based on three scientifically-tested theoretical models used in combination: the "health belief model" (one's behavior follows from one's beliefs), "social learning theory" (people learn by exposure to others' attitudes and behaviors), and "self-efficacy theory" (people are more likely to perform behaviors that they believe in advance they can do). It is administered by the BEST Foundation for a Drug-Free Tomorrow in Los Angeles, California.

Project ALERT has been revised based on findings from research on the model using an experimental design and now includes 14 weekly lessons, including specific material on alcohol misuse and a lesson on helping smokers to quit. There are also parent involvement activities accompanying the curriculum. Two major studies have been conducted on this model with over 10,000 students participating. The first study was conducted in northern California, the second in the Midwest. Rural students have been well-represented in these evaluation efforts.

The results of the Revised Project ALERT are promising with participants exhibiting less alcohol misuse and fewer alcohol-related consequences such as fighting and getting into trouble because of drinking. High-risk participants (those already involved in alcohol misuse) curbed their overall misuse and reduced consequences and high risk behaviors.

Components of the curriculum include:

- Learning the consequences of using alcohol, tobacco, and other drugs
- Identifying both internal and social pressures to use
- Practicing resistance skills
- Understanding that most people do not use drugs
- Recognizing the benefits of not using alcohol, tobacco, and other drugs
- Developing positive alternatives to using alcohol and drugs
- Special sessions on inhalants, smoking cessation, and alcohol
- Home-learning opportunities designed to foster parental reinforcement of key curriculum messages

The broad-scale implementation of Project ALERT envisioned for Tuolumne County has the potential to address at least three of the risk factors noted on CSAP's "Risk Factor to Best Practices Matrix" (and potentially others as well):

- Parent attitudes and involvement in drug use
- Favorable attitudes toward the problem behavior
- Friends who engage in the problem behavior

While the program does not target parental behaviors directly, it does help youth develop their own reasons not to use alcohol and drugs. By exposing an entire age cohort to the same prevention messages, Project ALERT in Tuolumne County will help reduce favorable attitudes toward the problem. As a result, adolescents may find fewer friends engaging in alcohol and drug-taking behaviors.

A modified version of the original Project ALERT curriculum has been utilized in Tuolumne County in a program for high-risk students, an "indicated" strategy based on the Institute of Medicine (IOM) framework. The program described in this strategic plan will be "universal" (targeting all members of an age cohort, regardless of social and academic problems or prior alcohol and drug use). It will also utilize the revised curriculum and structure, replicating them as faithfully as possible.

Using a logic model format, the following sections flow from the problem statement, through articulation of goals, resources, and process objectives through expected short-term, intermediate, and long-range outcomes and how they will be measured (see "Evaluation Plan").

Problem and Goal Statements

Problem Statement:

By their Freshman year, a significant number of Tuolumne County adolescents are engaging in high risk behaviors related to alcohol use.

Goal Statement #1:

By early high school (9th grade), fewer Tuolumne County adolescents will engage in high risk behaviors related to alcohol use than in past years.

Goal Statement #2:

By early high school (9th grade), fewer Tuolumne County adolescents will have started using alcohol than in past years and many of those who had started will have curbed their use.

Resources

The two goals—obviously interrelated—guide the implementation and evaluation of Tuolumne County's proposed prevention initiative. To make a significant impact on the problem, the prevention resources of the Tuolumne County Behavioral Health Department will be shifted to this effort. The Y.E.S. Partnership and its member organizations will continue to have input into the initiative and be able to coordinate their activities with the initiative (and vice versa).

It is anticipated that the 11 county school districts with middle school students will bring considerable resources to bear in the continued planning and implementation of the program, including personnel and material resources. Tuolumne County Behavioral Health provider of AOD and mental health services in the county, will be instrumental in program delivery. The talents and experience of its staff will be essential resources. Potentially, parents and other community members could lend substantial support and assistance to the program.

Process Objectives

Process objectives are the completed tasks that must be accomplished before, during and after implementation of Project ALERT in Tuolumne County to insure program success and meet the intended goals. These objectives constitute the framework for an Action Plan that will be the responsibility of TCBH staff to develop starting July 1, 2007, determining what *action steps* are required to meet the objectives and *who* will do *what* to accomplish them.

Process Objective #1:

By September 30, 2008, staffing needs for the program will have been identified and staff assigned to Project ALERT.

Process Objective #2:

By September 30, 2008, the curriculum will have been acquired and staff training needs determined.

Process Objective #3:

By September 30, 2008, staff will have been trained in the revised version of Project ALERT.

Process Objective #4:

By November 30, 2008, agreements will have been negotiated between TCBH and at least six school districts to participate in the program during its first year of implementation.

Process Objective #5:

By January 1, 2009, parental consent/involvement procedures will have been determined and put into place.

Process Objective #6:

By January 1, 2009, a schedule for delivery of curriculum will have been developed with each participating school.

Process Objective #7:

By January 1, 2009, details of the Evaluation Plan will have been developed and all forms and procedures approved by participating entities.

Process Objective #8:

By June 15, 2009, at least eight schools will have received the complete Project ALERT curriculum for their seventh grade students.

Process Objective #9:

By June 30, 2009, the evaluation will be underway with all pretest and posttest data made available to an independent researcher.

Objective #10:

By January, 2011 the first cycle of CHKS data (following program implementation) will be available to Tuolumne County, having been administered to the first Project Alert cohort who were 7th graders when they received the program and will be in 9th grade for the CHKS survey. These results will be analyzed and disseminated to the state and county stakeholders.

Evaluation Plan

The evaluation of Project ALERT in Tuolumne County will be straight-forward and based on a longitudinal, rather than experimental (treatment versus control group), design. The model itself has a "proven" status by CSAP. It has been shown to be effective in the short-run and, if faithfully replicated, can be assumed to have similar short-term results elsewhere. The task of this evaluation will be to determine if it reduces youth substance abuse in Tuolumne County over time, reversing the current trend of increasing AOD-related behaviors and problems observed in various social indicators.

One problem with using social indicator data in this way is that a critical mass of students (two or three age-group cohorts having completed Project ALERT) will most likely be necessary to observe any substantial changes in social indicators (which can be considered "distal" outcomes). To observe "proximal"

outcomes—results that are closer to the delivery of services—a brief pre/post test of attitudes and behavior will be included in the design.

The expected long-range outcome of Project ALERT is a reversal of trends that show increasing use of and problems associated with alcohol and drugs among youth in Tuolumne County. It will take five to ten years to observe whether this result has occurred. The major long-range outcome measure will be a reduction in lifetime use as fewer high school students begin using alcohol and drugs for the first time. Other prevention efforts targeting younger students may help in this regard as well.

For this evaluation, intermediate distal outcomes will be more helpful along with the proximal measures described below.

Distal (intermediate) outcome measures. By January, 2011 (after two cohorts of seventh graders have been exposed to Project ALERT content and one additional cycle of CHKS has been performed), the following outcomes are expected:

For Goal #1 (reduction in high-risk behaviors related to alcohol):

1. A minimum reduction of 5 percentage points (from 2006 level of 30% down to 25%) in CHKS respondents in the 9th grade who report "getting very drunk or sick from drinking alcohol."

2. A minimum reduction of 4 percentage points (from 2006 level of 14% down to 10%) in the percentage of CHKS respondents in the 9th grade who report current binge drinking.

3. A minimum reduction of 6 percentage points (from 2006 level of 26% down to 20%) in CHKS respondents in the 9th grade who report current alcohol use (in past 30 days).

4. A minimum reduction of 1.5 points in the rate per 1,000 population of juvenile arrests for misdemeanor alcohol offenses from 2005 level of 6.8 down to 5.3.

For Goal #2 (reduction in early alcohol use):

1. A minimum decrease of four percentage points (from 2006 level of 49% down to 45%) in CHKS respondents in the 9th grade who report EVER having used alcohol.

One of the difficulties with the use of CHKS data is the fact that it is only administered every two years. The experiences of certain cohorts of students who complete Project ALERT will not be captured in the findings. These students may, however, influence peers in the desired direction of decreased use and abuse of alcohol. In time as the program expands to all seventh graders in the county and is delivered year after year, the timing of CHKS will matter less, assuming a downward trend in the statistics develops. What could be more problematic is determining the impact of the program if a critical mass of students is not achieved initially. Some benefits will likely accrue to those students involved, but social indicators may not reflect these benefits. Careful program implementation with attention to individual school district needs and parental concerns is anticipated to increase the rate of participation.

Proximal (immediate) outcome measures. Directly following each cycle of Project ALERT, a set of questions that was administered prior to the start of the program will be repeated to determine any changes in attitudes or behaviors among participating students. Once a baseline has been obtained from the initial Project Alert cohort, additional outcome objectives will be determined and entered into CAL-OMS. A set of questions mostly drawn from the CHKS survey will assist program staff and evaluators in linking observed proximal outcomes to the more distal social indicator data.

The following are a few examples that may be used in the pre/post testing of students. The first question is asked only once to establish low and higher-risk groups

1. During your life, how many times have you ever drunk beer, wine or other alcohol? (0 times, 1 time, 2-3 times, more than 4 times)

2. During the past 30 days, on how many days did you use alcohol? (None, 1 or 2 days, 3 to 9 days, 10 to 19 days, 20 or more days (daily)

3. During the past 30 days, on how many days did you use five or more drinks of alcohol in a row; that is, within a couple of hours? (None, 1 to 2 days, 3 or more days)

4. How harmful do you think it is to use alcohol frequently? (Extremely harmful, harmful, somewhat harmful, mainly harmless, harmless)

5. How much would your friends disapprove of you for using alcohol? (A lot, Some, Not much, Not at all)

6. In the past 30 days, have you talked with your parent or guardian about the dangers of tobacco, alcohol, or other drug use? (Yes, No)?

(For Posttest only)

7. Are you different in any way after having completed Project ALERT? (Yes, No); Please explain:

The forms developed for pre and post testing of participants will be administered by the classroom teachers or Project ALERT staff and placed in a sealed envelope. No identifying information will be included on the form—not even gender or ethnicity—to insure anonymity of responses. The envelopes will be provided to a consulting evaluator who will combine responses from all participating classrooms and/or schools, as needed. Parental consent procedures will be developed in consultation with school districts and the County Office of Education.

Simple descriptive statistics and basic hypothesis testing will be undertaken in a way that will enable stakeholders to understand and utilize the results for planning purposes.

Three months after the completion of the program, which will be conducted in the spring semester of each school year (to avoid contaminating the CHKS survey which is always conducted in the fall semester), the independent evaluator will provide a report of findings and conclusions to the Tuolumne Behavioral Health Department. This report will be uploaded into CAL-OMS and disseminated to the major stakeholders in this process—the Mental Health/AOD Advisory Board, the Y.E.S. Partnership, individual school districts involved, the County Office of Education, and other parties through meetings and electronic methods (primarily email). It will be utilized for accountability, program improvement, planning, and resource development purposes.

SUMMARY

Tuolumne County Behavioral Health is planning a significant long-range prevention initiative—one with the potential to impact generations of local young people. The initiative seeks to reduce youthful alcohol use and abuse in Tuolumne County, reversing a trend of increasing use by this population over the last five to ten years. A highly-researched model school-based program, Project ALERT, was selected to eliminate the need for an extended period of curriculum development that this small county lacks the resources to undertake. Project ALERT has been successfully implemented in other rural areas. The initiative will require a year of careful attention to political and logistical challenges as well staff reallocation and training needs which will constitute implementation activities in FY 2008-2013. The impact on social indicator-level outcomes is expected to be observed within two and a half years. More immediate results will be available sooner, but

objectives cannot be articulated and loaded onto CAL-OMS until baseline pre-test data are obtained.

Tuolumne County Older Adult Program

Strategic Plan: FY 2008-2013

I. Introduction

Tuolumne County Behavioral Health (TCBH) has a long history of providing behavioral health services to older adults. Despite the fact the small county status, the population reflects a higher than average number of older adults (18.5% compared to the average per county in California of 10.6%). As the County is attractive as a retirement community, a higher than average number of older adults continue relocating to the mountainous communities to enjoy their retirement years. These numbers of retirees provide an active pool of persons who may be interested in volunteerism in addition to a growing need for support services tailored to older adults. Since 1995, TCBH has been providing Senior Peer Counseling (SPC) through a volunteer program. In 1997, following the development of the SPC Program, TCBH established an Older Adult System of Care (OASOC) initially funded from the California Rural Health Services Collaborative Grants Program. OASOC is now an ongoing behavioral health program for older adults age 55 and over, though is seriously underfunded. OASOC prioritizes persons challenged with barriers to service, such as limitations or restrictions due to disability or hardship and links key collaborative partners in Tuolumne County to provide assessment and in-home treatment, senior peer counseling, medication evaluation/management, individual and family psychotherapy, outpatient psychiatric treatment and case management to older adults.

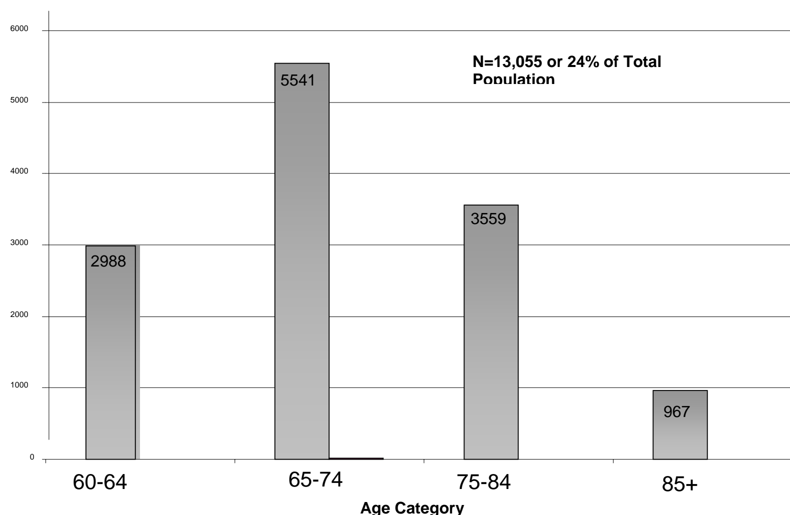
The OASOC program has leveraged two key resources for success: (1) the Senior Peer Counseling Program which trains senior volunteers to provide outreach services to seniors 55 and older, and (2) coordination with case management services for the frail elderly, funded and operated through the Area Agency on Aging. The OASOC program funding cycle was from FY 1998/99 and FY 1999/2000 and served 159 older adults throughout that period. In FY 2001/02 and FY 2002/03, TCBH continued support to OASOC through an Expansion Grant from SAMHSA which specifically targeted older adults with drug and/or alcohol abuse as well as mental health symptoms. Since the end of the SAMSHA funding, the Senior Peer Volunteer Program has continued to provide outreach and support to target older adults with AOD as well as mental health symptoms through Prevention funding. In summary, this document adds an existing evidence-based program to Tuolumne County's current strategic plan to utilize prevention funding.

II. Needs and Resource Assessment

Information compiled from previous OASOC Tuolumne County Behavioral Health grants as well as statistical data (social indicators) gathered from SAMSHA, treatment admissions data, and other sources were used to support this plan and underscore the significance of continuing this program.

<u>General Social Indicators</u>

Tuolumne County ranks third highest in California in the proportion of the population age over age 65. Estimates indicate that 25% (3053 individuals) of the population over 60 years of age will need some type of



[1]

The demographic representation of aging adults in the United States indicates:

- Currently, 13 percent of U.S. population is age 65+;
- The 65+ population is expected to increase by up to 20 percent by 2030;
- There are 78 million 'Baby Boomers' (born from 1946-1964) in U.S.;
- Census 2000 indicates the second wave 'Baby Boomers' (now aged 35-44) contains 45 million.[2]

Based on the data from the 2005 TCBHD Mental Health Services Act planning process, AOD issues and their consequences among the elderly were recognized as an under-identified area of service utilization. Despite a significant representative population of seniors, access to traditional mental health and drug and alcohol services is overwhelmingly low, though there is no indication that incident rates or need for services would be less. On the contrary, due to a lack of easily accessible services and activities, significant geographic isolation and limited transportation options, a higher incidence of substance abuse and symptom logy would generally be predicted.

Table II.

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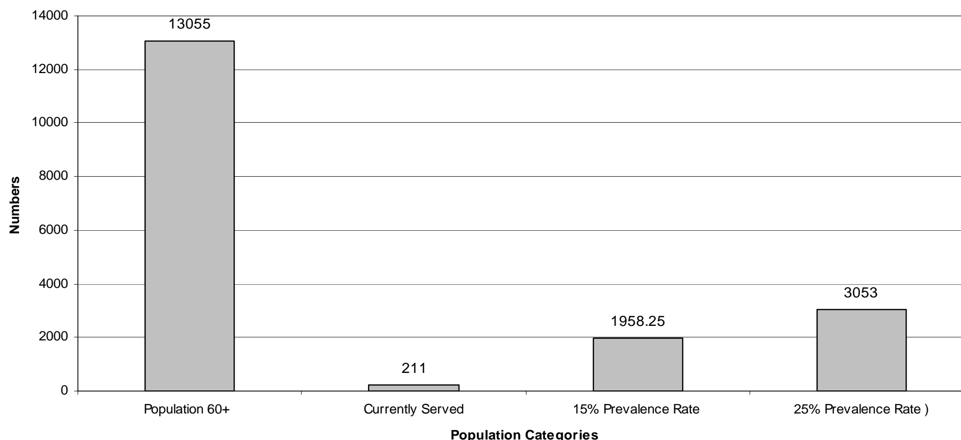
[1] US Census Bureau, American Fact Finder, Profile of General Demographic Characteristics, 2000, Tuolumne County

[2] US Census Data

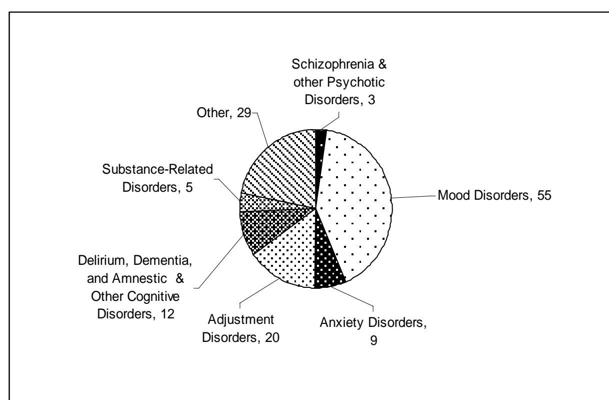


3

Risk Factors related to Comorbidity of Mental Health Disorders and Substance Abuse for Older Adults

- Studies indicate concurrent alcohol use and depression may be more common in late life than in younger adults.
- Concurrent moderate or at-risk use may be a much greater problem than dependence.
- Fragmented care and access to providers is particularly problematic in late life.
- Medication mismanagement may be overlooked as a substance abuse disorder.
- Alcohol abuse more prevalent in older persons who are separated, divorced, or widowed
- Highest rates of completed suicides occur among older white males who are depressed, drinking heavily, and who have recently lost their wives.[4]

Table III. Distribution by Identified Primary Disorder



TCBHD OASOC grant served 133 clients. Five were identified as having a substance related disorder, 55 were diagnosed with mood disorders, 9 with anxiety disorders, 20 with adjustment disorders, 12 with cognitive orders, 3 with psychotic disorders and 29 with other diagnoses.

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[3] Based on Census 2000 estimates

[4]

Table 4: Tuolumne County Treatment Admissions Age 50+

	FY 05-06		FY 06-07	
Years	**%**	**N**	**%**	**N**
51 - 55	18.8	3	51	14
56 - 60	62.5	10	33.3	9
61 - 65	18.8	3	3.7	1
Over 65	0.0	0		1
Total	100.0	13	3.7	25

Tuolumne County admissions data indicates that treatment admissions increased from 13 in FY '05-'06 to 25 in FY '06-'07.

Projected Prevalence

- In 2000/2001, 26% of persons age 50–69 were lifetime illicit drug users (ever-used illicit drugs or used prescription drugs non-medically).
- Of the cohort projected to be age 50–69 in 2020, 56% were lifetime illicit drug users in 2000/2001.
- Lifetime use increases risk for substance dependence or abuse in older adulthood. (NHSDA, Gfroerer et al., 2003)

Summary of General Social and AOD Indicators

As indicated in the current strategic plan, Tuolumne County has a liquor license rate about twice that of the state as a whole, reflecting the cultural acceptance of alcohol in this foothill community and making alcohol easily available. Opportunities for entertainment and social interaction, such as the local Miwuk Indian Casino, provide alcohol free while engaging in gaming. Alcoholic products in many larger discount pharmacies are displayed on front isles on the way to purchase medications at the pharmacy in the back of the store. Small "family owned" bars are frequented by the long term residents and are nestled on corners in virtually every small town throughout the County.

As Tuolumne County is a retirement/recreational community and the needs of the elderly population are expected to increase. The loss of a spouse and/or loved ones, physical impairments, diminished social support and isolation all contribute to the potential late onset elderly alcohol abuse. Other contributions to risk include the increased use of prescriptions and over-the-counter medications coupled with a decreasing ability of the body to metabolize alcohol and other drugs. Combining cultural, social, demographic and physical factors accentuates the value of older adult services in rural or isolated areas to support avoidance of higher levels of care, hospitalization, or premature death.

Program Objectives

Problem:
Despite the success of the current Senior Peer Program and outreach of traditional mental health services, older adults remain significantly underserved in Tuolumne County. Prevalence data (Table II) indicates that only 11% of persons who are likely to need services are being accessed.

Goals:
Increase the accessibility of support services to better identify emergent pathologies arising from compromises resulting from isolation and substance use and/or med mismanagement.

Risks/Contributing Factors:
Problem: Older adults are underserved in existing community and traditional programs.
Determinant: Services rendered reflects extremely low access when measured against national prevalence data.
Risk: Increased isolation and limited access to care increases the use of alcohol and misuse of prescription medications.

Indicators:

- Older Adults will have increased accessibility and access to services.
- Physicians, hospital and community support systems will be more aware of outreach services.
- Community awareness of substance abuse and/or medication misuse will be improved related to physical and emotional risks of intermittent or frequent use.

Objectives:

1. By June 30, 2009, increase the number of Senior Peer Counseling trainings to four (4) per year. Training shall utilize the following format to assure consistency in training:

"Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources" is curriculum developed by the U.S Department of Health and Human Services Administration on aging and SAMHSA.

Curriculum components:

- "It Can Happen to Anyone" video discussing problems with alcohol & medications among older adults
- Challenges faced by adults as they age
- Alcohol and Medication misuse
- Using Medications Wisely
- Keeping a Healthy Outlook on Life

2. By June 30, 2013, increase the number of Senior Peer Counselors by 25% (allowances made for attrition of existing SPC numbers).

3. By June 30, 2013, increase the number of referrals and continuing contacts (seen at least 5 or more times) by 25% from a current 75 persons to 94 persons seen at least 5 or more times.
4. Develop a community pamphlet outlining the dangers of alcohol and/or medication mismanagement as it relates to aging.

Measures:

1. A roster of Senior Peer Counselors shall be maintained that reflects numbers enrolled for training, numbers of persons continuing to provide service and existing assigned older adults.
2. A log shall be kept of all referrals, referring party and disposition of referrals.
3. By June 30, 2009, community pamphlets related to public education on drinking and medication misuse shall be offered in clinic sites at the rural health clinics, including the Indian Health clinics and Sonora Regional.

Outcomes:

❖ Short-term/immediate outcomes

Short-term outcomes are anticipated in an increase of numbers of referrals for SPC due to increased identification of potential needs and issues. Referral increase and outreach to seniors is expected to reduce isolation in persons served and reduce the risk factors leading to more compromises in health.

❖ Intermediate outcomes

Intermediate outcomes are anticipated to improve community awareness and knowledge of risk to older adults related to substance abuse and medication misuse.

❖ Long-term outcomes

Long-term outcomes are anticipated as the increased identification of substance abuse and medication misuse among service providers including physicians, behavioral health specialists and other providers to older adults within the community.