Moving Towards a Continuum of Services

Plumas County Alcohol Tobacco & Other Drug Program Continuum of Services Strategic Plan

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Introduction

This document serves as the Plumas County Alcohol Tobacco and Other Drug Program Continuum of Services Strategic Plan. It provides the information necessary for Plumas County to make informed decisions about programs and services to prevent the use and abuse of alcohol, tobacco and other drugs. This effort is the first step in a journey towards a comprehensive continuum of robust alcohol and drug prevention, treatment and recovery services.

Substance use, abuse and addiction range in intensity from experimentation to severe and life-threatening chronic medical conditions. Therefore, alcohol, tobacco and other drug-related problems can be most effectively prevented, treated and/or managed through providing a continuum of prevention, treatment and recovery support services.

After nearly four years without county alcohol and drug services, Plumas County is ready to serve the needs of our communities with a comprehensive continuum and alcohol, tobacco and other drug (ATOD) services. The problems associated with alcohol, tobacco and other drugs impact our county in countless ways and across all sectors, taking an enormous toll on the health, economy, and viability of our community.

Plumas County Public Health Agency was given the responsibility of planning, coordinating and managing a continuum of publicly funded alcohol, tobacco and other drug prevention, intervention, treatment and recovery services that are responsive to the needs of the Plumas County residents.

The need and demand for services, coupled with the economic challenges before us, require a clear direction, and that we allocate resources and deliver services in the most efficient, effective, and high quality manner possible.

What we are striving for – a comprehensive, integrated continuum of alcohol, tobacco and other drug services - is groundbreaking work that will prepare Plumas County for new opportunities, including increased access to services under the new low income health program, Path 2 Health, and health care reform.

The development of a Strategic Plan will help to ensure that our efforts are thoughtfully addressed in a comprehensive and coordinated manner.

Sincerely,

Mimi Khin Hall
Director, Plumas County Public Health Agency
County Alcohol and Drug Program Administrator

Acknowledgements

The Plumas County Strategic Plan for Alcohol Tobacco and Other Drug Prevention is a result of the coordinated efforts of many who contributed their expertise, time, experience and guidance. Members of the Continuum of Services Strategic Planning Committee, representing various critical community sectors, brought their rich experiences, knowledge and history into the process. They volunteered several hours reviewing data, reviewing draft documents, assessing community strengths and barriers, identifying contributing factors/influences in the community and providing a voice for the unique needs of Plumas County. Their investments as individuals, organizations and community partners in furthering our collective readiness are truly appreciated.

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Providing the Context

Local Initiative: A Public Health Approach to Quality ATOD Services by Mobilizing Action Through Planning and Partnerships

Faced with an opportunity to plan for the provision of alcohol and other drug programs "from scratch", Plumas County Public Health Agency elected to implement a strategic planning process to design an integrated continuum of alcohol, tobacco and other drug services in alignment with the state and federal initiatives.

Purpose of the Strategic Planning Process:

- Develop a public health model that embraces an "upstream" approach
- Streamline service delivery, improve efficiencies, and enhance client outcomes while maximizing resources.
- Recognize the preponderance of co-occurring conditions and ensure a collaborative systems approach that maintains focus on client outcomes.
- Move towards a strategic, sustainable and outcome/evidence-based approach.
- Align with federal and state initiatives that deliver a comprehensive and integrated continuum of services.

County Alcohol Tobacco and Other Drugs Program Vision and Mission:

Vision - A community where all individuals are healthy and free from problems related to alcohol, tobacco, and other drugs.

Mission - To plan, coordinate and provide a continuum of publicly funded alcohol, tobacco and other drug prevention, intervention, treatment and recovery services that are responsive to the needs of Plumas County's communities.

State Initiative: California Department of Alcohol and Drug Programs Continuum of Services Statewide Reengineering

In 2006, the California Department of Alcohol and Drug Programs convened a Continuum of Services Statewide Reengineering (COSSR) Taskforce to plan, design and implement a process for developing and fostering a continuum of services. Based on overwhelming research regarding the chronic relapsing nature of substance use disorders, the Strategic Planning Framework, a federally endorsed planning model grounded in public health theory and research, was chosen as the standard for strategic planning across the entire continuum of alcohol, tobacco and other drug prevention, treatment and recovery services throughout California.

Federal Initiative: Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Planning Framework

With the recent passage of the **"Patient Protection and Affordable Care Act."**, the initiatives in the Continuum of Services Strategic Plan support local efforts to begin developing the infrastructure to prepare for, respond to and align with the new federal

healthcare law that includes provisions aimed at improving coverage for and access to substance use disorder prevention, treatment and recovery services. SAMHSA and other federal partners have also provided resources and leadership on initiatives that support a continuum of services approach to alcohol, tobacco and other drug issues, including:

- Requiring primary prevention programs to engage in strategic planning, using the Strategic Planning Framework
- Recommending evidence-based, holistic, population-based approaches for prevention
- Launching Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Providing resources and research on evidence-based approaches to preventing, treating and recovering from alcohol, tobacco and other drug problems, including addressing issues such as co-occurring disorders and homelessness
- Supporting Recovery Oriented Systems of Care

Purpose of the Strategic Planning Process:

- Develop a public health model that embraces an “upstream” approach
- Streamline service delivery, improve efficiencies, and enhance client outcomes while maximizing resources.
- Recognize the preponderance of co-occurring conditions and ensure a collaborative systems approach that maintains focus on client outcomes.
- Move towards a strategic, sustainable and outcome/evidence-based approach.
- Align with federal and state initiatives that deliver a comprehensive and integrated continuum of services.

Guiding Principles

Continuum of Services

- Ensuring a full Continuum of Services/Care, from prevention and early intervention through treatment and recovery, creates environments which reduce the adverse social, health and economic consequences associated with the use and abuse of alcohol, tobacco and other drugs.

Prevention

- Prevention and early intervention saves and changes lives and reduces future demand for treatment services.
- Acknowledges that individual choices regarding use and abuse of alcohol, tobacco and other drugs are shaped by social and cultural norms.
- Effective prevention utilizes universal, selective and indicated approaches to reduce the access to and appeal of alcohol, tobacco and other drugs.

Treatment

- Treatment should be accessible, affordable, driven by client need and guided by high standards of practice utilizing evidence-based approaches.
- Treatment should provide a comprehensive continuum of services through collaborative efforts with justice programs when applicable.
- Treatment is tailored to serve individuals and families with a commitment to every client's success.
- Treatment strategies seek to engage substance abusing individuals in an effort to assist them in moving through the stages of change toward recovery and often improves other health and social related outcomes.

Recovery

- Ancillary services should be made available to all clients to help facilitate continued recovery from active addiction as a means of maintaining sobriety and providing a supportive network of resources.
- Recovery from alcohol, tobacco and other drug use is a lifelong commitment that requires self-management and integration of recovery principles into one's lifestyle.
- A continuum of services recognizes relapse can be an integral part of the disease process and is an opportunity for the provision of additional or alternative supportive services.

SAMSHA Strategic Planning Framework Five Steps

Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds are awarded to counties by the California Department of Alcohol and Other Drug Programs (ADP). Federal law requires twenty percent of the State's SAPT Block Grant funds to be dedicated to primary prevention. Primary prevention addresses the availability, manufacturing, distribution, promotion, sale and individual use of alcohol, tobacco, and other drugs. Primary prevention services result in healthier, safer and stronger economic conditions for communities.

Federal funding received by counties through ADP also requires that counties use the Strategic Planning Framework (SPF), based on the Mobilizing for Action for Planning through Partnerships (MAPP) tool. The MAPP tool was developed by the National Association of City and County Health Officials in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is:

"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

The following seven principles are integral to the successful implementation of MAPP:

1. *Systems thinking* — to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
2. *Dialogue* — to ensure respect for diverse voices and perspectives during the collaborative process.
3. *Shared vision* — to form the foundation for building a healthy future.
4. *Data* — to inform each step of the process.
5. *Partnerships and collaboration* — to optimize performance through shared resources and responsibility.
6. *Strategic thinking* — to foster a proactive response to the issues and opportunities facing the system.
7. *Celebration of successes* — to ensure that contributions are recognized and to sustain excitement for the process.

While ADP funding requires the SPF /MAPP framework be used only for Strategic Prevention Planning, Plumas County seized its unique position of starting an ATOD program from scratch to undertake a strategic planning process across the broad continuum of publicly funded services.

Strategic Planning Framework Process

Overview of the Assessment Process

The first step in the Strategic Planning process was to conduct a community needs assessment in order to systematically identify and address local alcohol, tobacco and other drug issues. The purpose of the assessment process was to:

- Identify and prioritize environmental, social, underlying, and individual factors that contribute to alcohol, tobacco and other drug problems
- Establish consensus about the alcohol, tobacco and other drug problems
- Increase the likelihood that the Strategic and Implementation Plans will include approaches, policies and practices that will reduce the identified problems
- Establish baseline information to track progress.

Structure, Roles and Responsibilities

Three subcommittees of experts and key stakeholders were convened in the areas of Prevention, Treatment and Recovery, and the Criminal Justice System to conduct the community needs assessment. Subcommittees were responsible for:

- Collecting, sharing and reviewing data
- Identifying additional data needs and potential sources
- Developing problem statements specific to Plumas County
- Making recommendations on system needs and priorities to the Strategic Planning Advisory Committee.

A Strategic Planning Advisory Committee was also established, consisting of the three Sub-committee chairs, Public Health staff assigned to ADP services, Health and Human Services Cabinet members, one Board of Supervisor member, and the Executive Director of the Plumas County Children and Families Commission. The Advisory Committee provided the following:

- Review recommendations from subcommittees on strategies/evidence-based best practices to address the identified priorities
- Provide any direction and/or recommendations to subcommittees
- Ensure that the recommendations reflect the full continuum
- Review updated subcommittee recommendations on strategies and service delivery standards, practices and policies
- Make final recommendations

Based on the collaborative work of the Subcommittees and Advisory Committee, the County Alcohol and Drug Program Administrator and staff were responsible for

- approving priorities recommended from the Advisory Committee
- securing and allocating funding
- determining implementation timeline
- managing the Planning Process

Collecting, Sharing and Reviewing Data

To ensure that all participants of the strategic planning process had the tools and skills necessary to collect and review data, PCPHA and its consultants facilitated three separated meetings regarding data collections and needs assessment. The purpose of these meetings was to collect and share Plumas County ATOD indicator data, inform subcommittee members on the data associated with the needs assessment process—including gaining and understanding of indicator data and the different forms it takes when analyzed—and providing tools and strategies for exploring and interpreting data.

Assessment Methodology – Four Components

1. Secondary Data Collection: gathered alcohol, tobacco, and other drug use indicator data across 10 indicator areas;
    - Health Care
    - Mental Health Care
    - Alcohol and Drug Treatment Capacity
    - Alcohol and Drug Treatment Admissions & Discharge
    - Child Welfare System
    - Adult Protective Services
    - Criminal Justice System
    - Education
    - Environmental/Cultural/Social Conditions
    - Plumas County Demographics

2. Primary Data Collection: conducted 11 focus groups, with 67 participants, and 10 key informant interviews
3. Prioritization: Subcommittees identified and prioritized 11 key issues, Recommendations: Based on assessment work to date, the Advisory Committee further recommended a strategic, concentrated focus on families and children across the three priority areas for the first 3 years; subcommittees agreed.

Timeline

July 2011

- County accepted Negotiated Net Agreement with California Department of Alcohol and Drug Programs (ADP)
- Plumas County Public Health Agency (PCPHA) worked with state ADP to clear audit exception from FY 2008-2009

August 2011

- PCPHA began Continuum of Services Strategic Planning Process for publicly funded alcohol and drug services
- PCPHA requested technical assistance and training from ADP and begins developing administrative infrastructure to administer, plan and implement programs and services that meet NNA requirements

September – December 2011

- PCPHA staff and consultants worked through regular meetings with Strategic Planning subcommittees and conduct comprehensive Needs Assessment
- PCPHA Administrative team, with guidance from ADP Analysts, developed administrative infrastructure for ADP funded program implementation including: departmental and program specific standards, policies, procedures and guidelines to meet state and federal requirements outlined in NNA.
- PCPHA received notification from Plumas Rural Services, the Drug Court Treatment Provider, that it withdraws interest in continuing contract for services to provide substance use disorder services to Drug Court participants effective November 18, 2011

January – March 2012

- PCPHA requested site visit from ADP Monitoring Branch to review program administrative and operational infrastructure developed to date for implementing ADP funded services under the NNA.
- ADP Monitoring Branch provided PCPHA with a list of Corrective Actions to be addressed by June 30, 2012
- Strategic Planning partners utilized finding from the Needs Assessment to rank planning priorities
- PCPHA worked with Drug Court Team (Superior Court, District Attorney's Office, Probation Department), with direction from the Community Corrections

Partnership Executive Committee, to develop and release Requests for Proposal for Drug Court Treatment Provider; the review team with members from Health and Human Services, Superior Court, Probation, and Strategic Planning Advisory Committee did not select a successful applicant.

April – June 2012

- PCPHA completes requirements for all elements of Corrective Action Plan provided by ADP Monitoring Branch, setting the foundation for implementing treatment services
- Strategic Prevention Subcommittee and PCPHA Prevention staff finalize Strategic ***Prevention*** Plan for 2012-2015 and internal Scope of Work and submit to state by May 31, 2012 due date

July 2012

- PCPHA issues Requests for Proposals for General Population, Perinatal and Youth Treatment Services
- PCPHA re-issues Drug Court Treatment Provider Request for Proposal as part of a larger Drug Court re-design effort

August 2012

- Alcohol and Drug Continuum of Services Strategic Plan to be finalized and approved by Strategic Planning stakeholders and Board of Supervisors
- Requests for Proposals reviewed and selection of treatment Providers

Priority Areas

Based on the overall findings of the needs assessment (see Attachment A, Needs Assessment), the Plumas County AOD Strategic Planning Committee identified eleven problems areas to be addressed in order to minimize the problems associated with alcohol, tobacco and other drug use and abuse. The intergenerational breakdown of the family and parental role failure resulting from substance use and abuse ranked as the single most important priority. Furthermore, all of the remaining ten priority areas are inter-related to substance use and abuse issues affecting children and families.

The planning stakeholders recognized that families with young children are a population in greatest need and potentially have the most to gain from a continuum of ATOD services. More importantly, impacts from the familial cycle of addition most appeared as a root problem that increases costs and taxes limited resources across multiple systems in Plumas County – child welfare and other social services, economy and workforce, education, probation, law enforcement, the courts, jail, the health care system, and the community at large.

Because the need and demand for services far exceeds available resources in the county, key stakeholders recommended a concerted focus on families with young children.

Priority Problem Areas
ATOD abuse causes high family dysfunction. Intergeneration Parental Role Failure.
Treatment is not universally accessible/affordable/available
High rates of relapse and/or criminal recidivism
Service & Heath Care Providers need training regarding addiction science
Services provided in silos and isolation without coordination resulting in duplication of services/resources
Different ages have different problem substances and all ages lack awareness of inherent dangers. Denial of problems/dangers
Families with 0-5 year olds are not aware of inherent dangers to children from ATOD abuse
K-12 use and access to ATOD on campus
High rates of crime rooted in ATOD use/abuse
Few positive things for kids after school
ATOD use has become acceptable. Social norms & learned/observed behavior

Strategic Direction

Based on the findings of the needs assessment, the Plumas County AOD Strategic Planning Committee grouped eleven problems areas into Strategic Directions for the next three years. These are broad approaches to be addressed in across ongoing planning and implementation efforts in order to minimize the problems associated with alcohol, tobacco and other drug use and abuse. The intergenerational breakdown of the family and parental role failure resulting from substance use and abuse ranked as the single most important priority. Furthermore, all of the remaining ten priority areas are inter-related to substance use and abuse issues affecting children and families.

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Because the need and demand for services far exceeds available resources in the county, key stakeholders recommend a concerted focus on families with young children.

With this in mind, the eleven priorities ranked by the strategic planning stakeholders are addressed within four overarching Strategic Directions:

By providing a full continuum of services with an emphasis on families with children, we believe the results will be more impactful: greater family stability, resilient and healthy children, less crime, improved community viability, and improved health

***Strategic Direction #1*: Focus on families as a priority population to break the familial cycle of addiction and strengthen families**

Goal: Children live in safe, supportive and stable family and community environments.

Goal: Substance abusing parents are targeted for ATOD harm reduction, treatment, recovery and family strengthening services.

Goal: Prioritize treatment services to perinatal women, parents of young children, and adults in the criminal justice system who are custodial parents of minor children, particularly children under the age of 12.

Goal: Youth exiting the juvenile justice system, in the dependency system and emancipated foster youth are targeted for screening, harm reduction and treatment services.

In the course of developing this plan, a number of issues emerged that cannot be addressed without involvement of multiple stakeholders. The entire community feels the impacts of problems associated ATOD and shares the responsibility and addressing these problems with a unity of purpose.

***Strategic Direction #2:* Systems Improvement to broaden and deepen the involvement of multiple stakeholders on policy, service, and assessment issues**

Goal: Move beyond a historic reliance on county resources available for ATOD prevention and treatment towards a model of multiple public and private community resources.

Goal: Implement consistent and universal early identification, screening and referral to treatment of alcohol, tobacco and other drug problems in school, health and human service, medical, criminal justice and community settings.

Goal: Provider capability and interagency integrated services for clients with co-occurring disorders. Treatment for Dually Diagnosed clients is coordinated across systems.

Goal: Client-focused system of case management, ancillary and aftercare services across multiple systems throughout the assessment, treatment and recovery process.

Goal: Develop consistent and standardized data collection and access improved technology to increase the ability to collect data, measure outcomes, in the ATOD multi organizational system that supports a continuum of care model to show needs, prevalence, and impact of services.

A clear theme from primary data collection and practitioners in the field was that planning and implementation of programs and services must be grounded in best practices that are community and client centered, evidenced based, gender specific, and ethically and culturally appropriate

***Strategic Direction #3:* Implement effective, evidence based best practices across the continuum of services which includes multiple sector public and private partners**

Goal: ATOD prevention, treatment, recovery and family support programs and services consistently utilize evidence-based practices.

Goal: School curricula, programs and strategies incorporate the latest in science and research, are implemented with fidelity, are consistent as youth age and use increases, and assess effectiveness or measurement of impact.

Goal: Earmark substance abuse treatment services for adolescents and their families.

Several of the ATOD strategic planning focus groups cited specific capacity needs – better access to treatment, adolescent treatment, aftercare, transitional housing, family involvement and integrated mental health and ATOD services.

Strategic Direction #4: Build infrastructure and capacity to set and improve the quality of services within the county infrastructure and across the ATOD continuum of care.

Goal: Categorical and Discretionary funds are leveraged efficiently and effectively across the system of services and partners so that there is broad access to a range of prevention, treatment and recovery services regardless of funding source.

Goal: Increase public agency (HHS, Law Enforcement, Courts) capacity to identify, refer, and treat clients with Alcohol and other drug issues, including co-occurring disorders

Goal: Utilize highly trained and diverse staff and providers to provide quality, client and community centered services.

Goal: Use data, technology and outcome measures effectively for continuous quality improvement and to insure investments in programs produce measurable change.

Prevention Planning and Implementation

Within the context of the four Strategic Directions, PCPHA ATOD Program submitted a Scope of Work (Attachment E) to the California Department of Alcohol and Drug Programs on May 30, 2012, to show the objectives, activities, timelines and evaluation measures to address the Priority Areas and Problem Areas identified in the Strategic Planning Process.

Recommended Next Steps

1. Focus first and foremost (next 1-6 months) on developing a treatment model that includes an emphasis on serving sub-populations within the Priority Population of families with young children (i.e. pregnant women; mothers of children born with positive tox screen/FAS; adults in the criminal justice system with children up to age XX, parent of children 0-5 removed from the home; Parents of children up to age XX in CalWORKS

    a. Pursue recommended de-centralized model of treatment, with private practice providers in all communities contracting on a fee for service basis to provide treatment

    b. Develop standardized materials, tools, reporting policies and procedures required for all providers

    c. Provide annual or semi-annual provider training and technical assistance on required tools, materials, strategies, and reporting as well as current best practices.

2. Establish a prioritized and phased in timeline for planning/addressing non-treatment goals and developing strategies across Strategic Directions, to be launched after treatment model is well is underway

    a. Consider consulting with subject matter experts to recommend and provide technical assistance and review in developing specific strategies across all goals.

    b. Create agreements and secure resources necessary to implement strategies in 2012-2013

FY 2012/13

Alcohol & Drug Funding

Realigned State General fund	$ 100,000.00
SAPT (Discretionary)	$ 324,149.00
Prevention	$ 76,277.00
Friday Night Live	$ 6,000.00
HIV Set-Aside	$ 7,500.00
Total Funding Available	**$ 513,926.00**

PLUMAS COUNTY PUBLIC HEALTH AGENCY

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Mimi Khin Hall, M.P.H.
Director

PLUMAS COUNTY ATOD CONTINUUM OF SERVICES STRATEGIC PLANNING
KEY STAKEHOLDER SUBCOMMITTEE ROLES AND RESPONSIBILITIES

Prevention; Treatment and Recovery; and Community Corrections Partnership Subcommittees

Subcommittees will take into consideration issues that extend across categories, such as intervention, dual diagnosis, juvenile/criminal justice involvement, homelessness, cultural competency and sustainability, as well as will review data for diverse populations, considering how strategies/individuals served can be linked across the continuum of services.

KEY STAKEHOLDER SUBCOMMITTEE ROLES- PHASE I (ASSESSMENT and PLANNING)

- Review and analyze system capacity and indicator data; Identify additional data needs and methods of collection (e.g. focus groups, key informant interviews); Make recommendations to the Advisory Committee, through the Subcommittee Co-Chairs, on system needs.
- Based on data, relevant literature and decision-making criteria, make recommendations to Advisory Committee on priority populations/areas to be served/modalities of service.
- Review and recommend to the Advisory Committee, through the Subcommittee Co-Chairs, which evidence-based practices shall be used to address the priority populations/areas; Research, develop and provide to the Advisory Committee standards and practices for how services are delivered (e.g. staffing qualifications; service models; and reimbursement for services).

KEY STAKEHOLDER SUBCOMMITTEE COMMITMENT

- Meet 1-2 times per month, September through December 2011
- Subcommittee Co-Chairs will participate in monthly Advisory Committee meetings. This is intended to serve as a vehicle for reporting on progress, sharing subcommittee recommendations and ensuring ongoing communication and cross-collaboration between the elements of the continuum.

TIMEFRAME

Phase I: Identify the Current Alcohol, Tobacco and Other Drug System Capacity and Needs

August	Kick-Off Meeting. Review Mission, Vision, Values, and Overview and Purpose of the Planning Process; Identify other Stakeholders to Engage; Sign-up for Subcommittees
September	Review current system capacity and indicator data and determine additional data needs and methods of collection.
September – October	• Collect additional data (existing data sets, focus groups, key informant interviews, etc.) • Develop preliminary recommendations for the Advisory Committee on key areas of need • Review and address as appropriate any feedback from the Advisory Committee • Report Back to and Solicit Feedback from Key Stakeholders • Identify Priority Populations to be Served (and the Rationale) and Priority Strategies with Division Funding • Based on data and literature, formulate recommendations for the Advisory Committee on priorities.
November – December	• Report Back to and Solicit Feedback from Key Stakeholders • Develop Standards and Practices for how Prevention, Intervention, Treatment and Recovery Services are Delivered
January	Review Final Plan, and Present to the Board of Supervisors and Key Stakeholders.

Phase II: Implementation - February 2012 and Beyond
Phase III: Evaluation – Ongoing

PLUMAS COUNTY ATOD CONTINUUM OF SERVICES STRATEGIC PLANNING ADVISORY COMMITTEE ROLES AND RESPONSIBILITIES

ADVISORY COMMITTEE MEMBERSHIP

- Two Representatives from each Subcommittee (Subcommittee Co-Chairs)
- Ad Hoc ATOD and or HHS Department representatives
- One Representative from the Plumas County ATOD Coalition

ADVISORY COMMITTEE ROLE- PHASE I (ASSESSMENT and PLANNING)

- Analyze and prioritize recommendations from Subcommittees
- Assure recommendations reflect connections between the elements of the continuum of care model
- Participate in trainings including the Strategic Planning Process and the Continuum of Care Model presentations
- Provide input and/or strategic direction to the subcommittees and Oversight committee.

ADVISORY COMMITTEE COMMITMENT

- Meets Monthly - September through February 2012

TIMEFRAME

Phase I: Identify the Current Alcohol, Tobacco and Other Drug System Capacity and Needs

August	Kick-Off Meeting. Review Mission, Vision, Values, and Overview and Purpose of the Planning Process; Identify other Stakeholders to Engage; Sign-up for Subcommittees
September – October	• Provide any direction and/or recommendations to subcommittees on formulating key areas of need; • Review process/parameters for decision-making and prioritization • Review recommendations from the subcommittees and identify any additional information that needs to be collected • Articulate criteria and process for selecting priorities
November	**Report Back to and Solicit Feedback from Key Stakeholders** • **Identify Priority Populations to be Served (and the Rationale) and Priority Strategies with Division Funding** • Reiterate criteria and process for selecting priorities • Utilizing needs assessment data, subcommittee recommendations and ADT research, select priorities • **Report Back to and Solicit Feedback from Key Stakeholders** • **Develop Standards and Practices for how Prevention, Intervention, Treatment and Recovery Services are Delivere**
December - January	• Review recommendations from subcommittees on strategies/evidence-based best practices to address the identified priorities • Provide any direction and/or recommendations to subcommittees • Ensure that the recommendations reflect the full continuum • Review updated subcommittee recommendations on strategies and service delivery standards, practices and policies • Make final recommendations
January	Finalize Plan, Present to the Board of Supervisors and Key Stakeholders.

Phase II: Implementation - February 2012 and Beyond
Phase III: Evaluation - Ongoing

Plumas County Public Health Agency

ALCOHOL AND OTHER DRUG PROGRAMS

POLICIES AND PROCEDURES

Revision Date: *July 1, 2012*

Plumas County Public Health Agency
Alcohol and Other Drug Programs
POLICIES AND PROCEDURES

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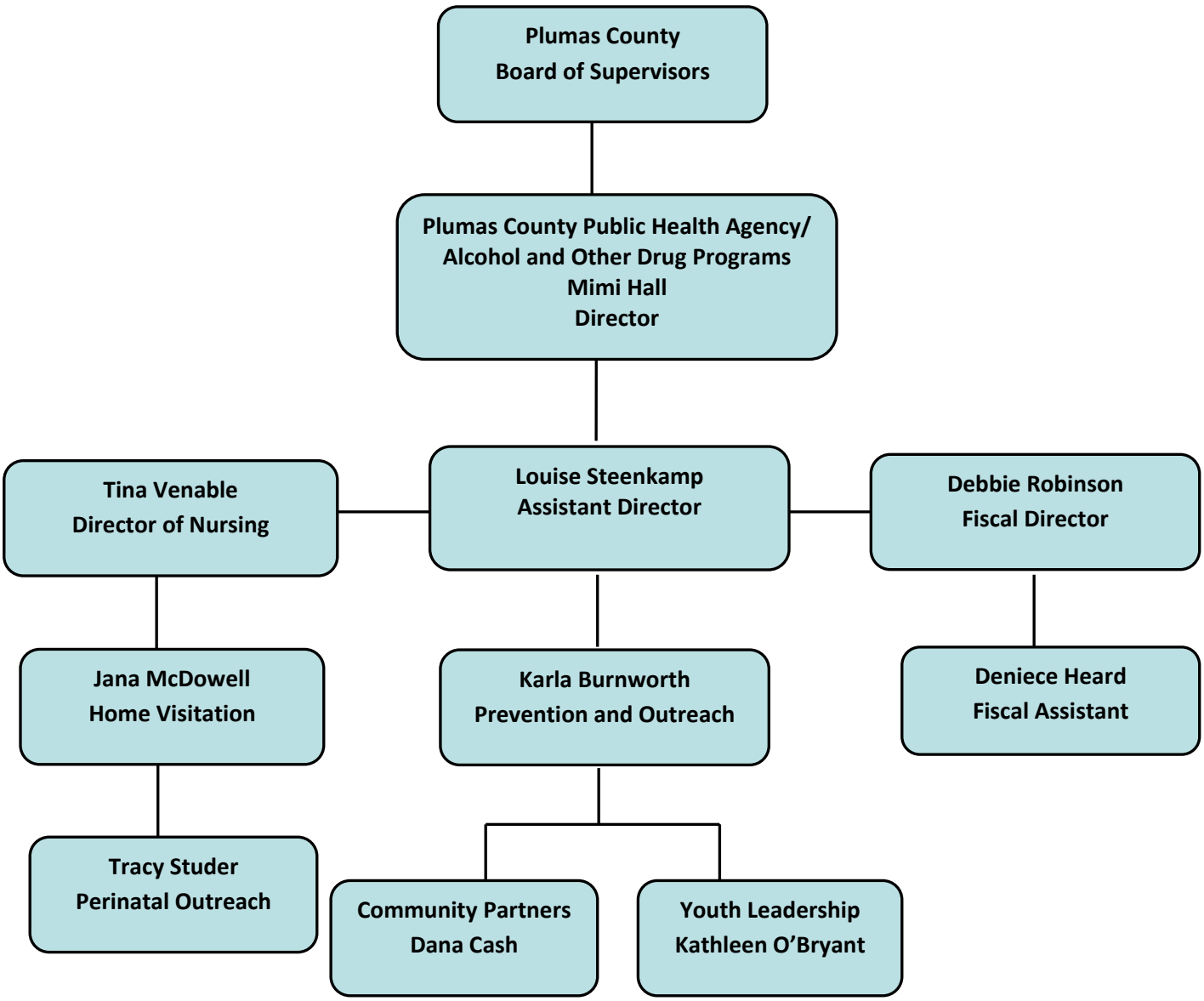
Plumas County
Board of Supervisors
Plumas County Public Health Agency/
Alcohol and Other Drug Programs
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Director
Tina Venable
Director of Nursing
Louise Steenkamp
Assistant Director
Debbie Robinson
Fiscal Director
Jana McDowell
Home Visitation
Karla Burnworth
Prevention and Outreach
Deniece Heard
Fiscal Assistant
Tracy Studer
Perinatal Outreach
Community Partners
Dana Cash
Youth Leadership
Kathleen O'Bryant

Introduction

Counties receiving Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funds are required to develop written policies and procedures as outlined in the Negotiated Net Amount (NNA) Contract, Article 1 (B)(1) and as required under Title 42, USC and Title 45, CFR. Counties are also required to develop written policies and procedures for the following programs supported with SAPT BG funds:

- Admission for Substance Abuse Treatment
- Adolescent/Youth Treatment
- CalOMS Treatment Data Collection
- Cultural Competency
- Human Immunodeficiency Virus (HIV)
- Interim Services
- Perinatal Treatment
- Primary Prevention
- Tuberculosis (TB)

Plumas County Public Health Agency/Alcohol and Other Drug Programs' written policies and procedures for SAPT BG funds and for the above listed programs supported with SAPT BG funds are set forth in this document, Plumas County Public Health Agency/Alcohol and Other Drug Programs (PCPHA/AOD) Policies and Procedures. Management decisions made pursuant thereto shall be subject, at a minimum, to annual review by the PCPHA/AOD Director. A contract with the State Department of Alcohol and Drug Programs, containing program goals and objectives to be measured is developed with community input via the PCPHA/AOD Director, the County Board of Supervisors, and various planning and collaborative bodies.

Internal program development, designed to meet County goals and objectives, may be determined by, but not limited to:

- Input and suggestions from staff meetings
- Input and suggestions from management meetings
- Follow-up data as it relates to outcomes

Board of Directors (Plumas County Board of Supervisors)

Terry Swofford, District One
Robert Meacher, District Two
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Mimi Hall – Public Health Director
Mike Kirk – Community ATOD Coalition Chair
Barbara Palmerton – Community Member
Sharon Reinert – Chief Probation Officer
John Sebold – Mental Health Director
Lori Simpson – Board of Supervisor Member
Elliot Smart – Director of Social Services
Louise Steenkamp – Prevention Subcommittee Chair
Ellen Vieira – Executive Director, Plumas First Five Commission

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: ADMISSION AND RE-ADMISSION CRITERIA

POLICY: PCPHA/AOD has written admission and readmission criteria that meets the requirements of the State Standards for Alcohol and Drug Treatment Programs. PCPHA/AOD does not discriminate in the delivery of services due to race, religion, ethnicity, national origin, gender, sexual orientation, disability, or ability to pay. All persons over the age of eighteen will be considered for services, and individuals from fifteen years of age to seventeen years of age will be considered for services. It is the policy of PCPHA/AOD to determine whether an individual meets the admission criteria by having an intake appointment to evaluate if potential clients meet the admissions criteria. All individuals admitted to services shall meet the admission criteria, and this shall be documented in the client file.

Admission Criteria:

1. Individual must have an identifiable pattern of substance abuse or pathological use that interferes with his/her life, or exhibit related alcohol or other drug problems.
2. Participants who are admitted into a treatment program must be physically and mentally able to comply with the program rules and regulations.
3. Admissions to services shall not be denied on the basis of ethnic group identification, color, religion, gender age, sexual preference, disability, or an inability to pay.
    a) The above criteria shall not preclude this agency form emphasizing services for specific populations; and
    b) Whenever non-disability-related needs of the applicant cannot be reasonably, accommodated, every effort shall be made to refer to appropriate services.
4. In the event of reduced capacity, admissions will be allowed in the following order:
    a. Pregnant intravenous drug using women;
    b. Pregnant substance-abusing women;
    c. Other intravenous drug users, and
    d. All other substance abusing individuals.
5. No individuals shall be admitted who, on the basis of staff judgment:
    a) Exhibits behavior dangerous to staff, self, or others; or
    b) Requires an immediate medical evaluation, medical attention or nursing care.

PROCEDURE: An initial interview with a treatment provider shall determine whether an individual meets the admission criteria.

1. The treatment provider will evaluate based on an interview with the individual whether s/he meets the above criteria.
2. The treatment provider will identify alcohol and illicit drugs used and document in the individual's file.
3. The treatment provider will also provide the documentation social, psychological, physical and/or behavioral problems related to substance abuse.
4. The treatment provider will provide individual with a statement of non-discrimination at the conclusion of the interview.
5. The treatment provider will make a follow-up appointment for a full assessment within two weeks.

The client must be willing to address their respective alcohol and other drug issues, and as appropriate, any co-occurring issues. Clients need to be willing to consider the alternatives to continued use. It will be incumbent on the treatment staff to adopt and employ current evidenced based treatment protocols in order to engage individuals. Interventions utilized may include motivational interviewing, harm reduction and other pre-contemplative strategies as appropriate. Abstinence will always remain the ultimate goal.

REFERENCE: 45 CFR, Section 96.126 and 96.131

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: ADOLESCENT AND YOUTH TREATMENT

POLICY: PCPHA/AOD treatment services for adolescents and youth will be provided by subcontractors. Treatment providers will be required to follow the Youth Treatment Guidelines established by the California Department of Alcohol and Drug Program.

PROCEDURE: Establishing and implementing adolescent and youth services will follow the following guidelines:

A) Alcohol and other drug abuse and dependence are complex problems, and as such services will address:

1) Biological predisposition
2) Psychological factors such as depression or distress
3) Social factors like family, community and peer relationship

B) The adolescent criteria in ASAM's Patient Placement Criteria for the Treatment of Substance Abuse related disorders will be used to determine appropriate placement.

C) There will be a full continuum of care available to address the varying levels of services needed by youth, including but not limited to pre-treatment, relapse prevention (during the course of treatment), and aftercare services.

Target Population
A) The target population for youth treatment is individuals ages 12 through 17 (inclusive).
B) To serve youth over age 18 and younger than age 12, treatment providers will:
1) Document clinical appropriateness individually for each client; and,
2) Have a written protocol that addresses developmentally appropriate services for that age group.
C) Admission priority will be based on program design, client assessment, and clinical judgment.

Outcomes
A) Treatment providers will assess the desired system level outcomes, such as:
1) increases in youth-specific programs/treatment capacity;
2) increased access to youth specific services;
3) increased quality of services; and,
4) achieving and maintaining a continuum of care for youth.

B) Treatment providers will assess the desired client level outcomes for youth in treatment, such as:
1) reduction and/or elimination of AOD use;
2) improved level of functioning in major life domains; and,
3) placement and safe treatment in the most appropriate, least restrictive settings.

Service components may include outreach, screening and initial/continuing assessment, diagnosis, placement and treatment planning, counseling, youth development approaches to treatment, family interventions and support systems, educational and vocational activities, structured recovery-related activities, alcohol and drug testing, discharge planning, and continuing care.

REFERENCE: NNA contract, Exhibit C, Article 1. Formation and Purpose, Paragraph B. Control Requirements, Item 9 states: Contractor shall follow the guidelines in Document 1V, incorporated by this reference.

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: CAL OMS TREATMENT DATA COLLECTION

POLICY: It is the policy of PCPHA/AOD and its subcontractors to submit PCPHA/AOD CalOMS treatment data to the State Department of Alcohol and Drug Programs (ADP) as soon as possible but not later than 45 days after the end of the report month.

PROCEDURE:

a) PCPHA/AOD and its subcontractors may submit monthly electronic CalOMS treatment data as soon as it is available, either during or after the end of the report month (i.e., the calendar month in which the admissions, discharges, or annual updates occur). PCPHA/AOD and its subcontractors may submit CalOMS treatment data in one or more batch files, as PCPHA/AOD deems fit.

b) PCPHA/AOD and its subcontractors shall correct data errors identified by ADP and resubmit corrected CalOMS treatment data to ADP as soon as possible but not later than 75 days after the end of the original report month.

c) Annually, not more than five percent (5%) of individual admission reports and ten percent 10%) of individual discharge reports shall be submitted from months prior to the current report month.

d) PCPHA/AOD and its subcontractors shall account for all (100 percent) of treatment providers in monthly CalOMS treatment batch file.

e) PCPHA/AOD and its subcontractors shall account for all (100 percent) of treatment providers, including providers with transaction records, (e.g. admissions, discharges, or annual updates) as well as providers that show no activity.

f) All treatment providers shall submit CalOMS data for all admissions, discharges, or annual updates every month. All providers must report each month. If a provider has no reportable CalOMS activity, the provider must report “No Activity” as defined in the CalOMS Input Data File Instructions and the CalOMS Data Dictionary.

g) PCPHA/AOD and its subcontractors shall submit CalOMS treatment data that contains valid entries in every field of every record.

h) The rate of fatal record errors detected shall not exceed five percent (5%) for each CalOMS treatment data batch file submitted.

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Programs

SUBJECT: CHARITABLE CHOICE

POLICY: It is the policy of PCPHA/AOD to meet the requirements of the Net Negotiated Amount (NNA) contract with the State Department of Alcohol and Drug Programs (ADP) and Title 42, Code of Federal Regulations, Part 54: Nondiscrimination and Institutional Safeguards for Religious Providers.

PROCEDURE: PCPHA/AOD shall comply with Title 42, CFR, and Part 54 by:

- Identifying religious providers in the county
- Incorporating the applicable Part 54 requirements into county/provider contracts with religious providers, including a notice to client
- Establishing a referral process, to a reasonably accessible program, for clients who may object to the religious nature of a program.

To ensure compliance with Title 42 CFR, Part 54, all PCPHA/AOD contracts shall include language prohibiting discrimination against individuals on the basis of religion. In addition, religious organizations shall be equally eligible for receipt of contracts through PCPHA/AOD for the provision of alcohol and drug treatment or recovery services. PCPHA/AOD will send all referral information pertaining to Charitable Choice Organizations utilized on an annual basis. Contracts with religious organizations shall require that the organization establish a referral process to a reasonably accessible program for those clients who may object to the religious nature of the program, and shall require that contractors not use funds provided through the contract for religious program content.

REFERENCE: Net Negotiated Amount (NNA) contract with the State Department of Alcohol and Drug Programs (ADP) and Title 42, United States Code (USC), Section 300x-65; Title 42, CFR, Part 54, and Title 45, Code of Federal Regulations, Part 96, Section 96.122 and Section 96.132 (b).

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: CONFIDENTIALITY OF CLIENT RECORDS

POLICY: It is the policy of PCPHA/AOD to have on the premises a copy of the federal regulations. Also, all employees will be educated on confidentiality requirements and be informed that disciplinary action may occur upon inappropriate disclosures of confidential information of any participant past or present that has or has had involvement with this agency. Confidentiality Laws prohibit employees, agents, or representatives of this agency from disclosing any information identifying a participant as an alcohol or drug abuser, unless:

1. The participant consents in writing: OR
2. The disclosure is allowed by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluators; OR
4. The participant commits or threatens to commit a crime either at the program or against any person who works for the agency.

Federal Laws and regulations do not protect any information about suspected child abuse.

PROCEDURE: Any violation of Confidentiality Laws and/or Regulations regarding persons or their protected information under such Laws and Regulations may be reported to the United States Attorney in the district where the violation occurs.

A copy of the federal regulations can be obtained from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

REFERENCE: Title 45, Code of Federal Regulations, Part 96, Section 96.132 (e), Title 42, Code of Federal Regulation, Part 2. State of California Health and Safety Code, Sections 11812(c) and 11977. This requirement cannot be waived.

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: CONTRACTOR COMPLIANCE

POLICY: It is the policy of PCPHA/AOD to utilize only those contractors which are in compliance with the standards established by the California Department of Alcohol and Drug Programs. All contracted services will be monitored receiving regular State reports on compliance and/or site visits to insure that standards are in place. In the event a contractor becomes out of compliance, steps will be taken to address the compliance issues.

PROCEDURE: When we receive the State NNA Contract Compliance Monitoring Report which shows a contractor out of compliance, a written letter will be sent to the contractor stating that PCPHA/AOD will not use their services until such time as we receive confirmation of their compliance with the State.

REFERENCE: NNA Contract, Exhibit C, Article III, Paragraph E.3.

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

POLICY: It is the policy of PCPHA/AOD and its subcontractors to provide services to all eligible persons in accordance with all federal and state statutes and regulations. Standard seven of the nationally-recognized standards for culturally and linguistically appropriate services (CLAS) states: "Healthcare organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area." PCPHA/AOD will require that educational materials and other resource materials related to PCPHA/AOD and its subcontractors for treatment services will be made available, when necessary, (by interpretation or whatever means) to all eligible persons in need of such services.

PROCEDURE:
a) Lack of fair and equitable access to public health information for people with limited English proficiency places residents at high risk of adverse health outcomes and contributes to health disparities among these vulnerable populations. Many of these populations also face extreme barriers when accessing health and social services. Misinformation due to low-quality translations further exacerbates the risk to adverse health outcomes for these vulnerable populations. PCPHA/AOD and its subcontractors will promote fair and equitable access to culturally and linguistically appropriate health promotion information produced by PCPHA/AOD and its subcontractors for people with limited English proficiency.

b) PCPHA/AOD and its subcontractors will make every effort to ensure any and all barriers to treatment services are addressed. In particular, trainings are provided regularly regarding cultural and ethnic barriers.

c) PCPHA/AOD and its subcontractors will provide Spanish speaking clients' services by means of an on-call interpreter or will access interpreters from the local community to provide interpretation for those individuals. In addition, PCPHA/AOD will make accommodations to provide sign language services as needed.

REFERENCE: NNA contract, Exhibit C, Article IV, Paragraph B. 2.

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: HIV SET-ASIDE

POLICY: It is the policy of PCPHA/AOD to offer education to all clients about HIV/Aids in the course of treatment services. Also, all individuals at high risk for HIV/Aids will be referred to Plumas County Public Health Agency for voluntary HIV pre-test, testing and post-test counseling. Clients identified as HIV positive will be referred to appropriate programs that provide linkages to community clinics and private health care.

PROCEDURE: At the time of intake all treatment providers, when encountering individuals who admit to high risk behaviors verbally or through the health assessment, will adhere to the following procedures:

a) Information will be given to the client regarding confidential testing.

b) A referral will be filled out and sent to Plumas County Public Health Agency

c) Counselor will be required to follow-up with client regarding outcome of appointment.

REFERENCE: 45CFR, Parts 96.128 and 96.121 and ADP Bulletin 04-12

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: INTERIM SERVICES

POLICY: It is the policy of PCPHA/AOD to provide interim services within 48 hours to pregnant IV drug using woman, substance abusing pregnant women, and all IV drug users.

PROCEDURE:

1) When a client completes the intake packet, a treatment provider will note whether the client is a pregnant drug user and/or an IV drug user (pregnant or not).
2) The treatment provider will meet with the client at that time for an intake and an assessment.
3) The treatment provider will place the client into the perinatal program, or an appropriate out-patient or residential program; at the very least ensure that that said clients are provided interim services which include but are not limited to counseling and education about:

- HIV and TB
- the risk of needle sharing
- the risk of transmission to sexual partners and infants
- steps than can be taken to ensure transmission does not occur
- referral for HIV or TB treatment if necessary

For pregnant IV drug using or substance abusing women, interim services will also include counseling of the effects of alcohol and drug use on the fetus, as well as, a referral for prenatal care.

REFERENCE: 45 CFR, Sections 96.121(4), 96.126 and 96.131

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: NONDISCRIMINATION IN THE PROVISION OF SERVICES

POLICY: Pursuant to the State and Federal Codes, Laws and Regulations outlined in the reference, PCPHA/AOD Policies and Procedures, its employees, agents, representatives, or its contracted facilities shall not in policies, activities or services to individuals discriminate on the basis of age, race, color, sexual orientation, ethnic group identification, national origin, religion, physical or mental disability.

PROCEDURE: Any person who feels they have been unlawfully discriminated against by PCPHA/AOD, its employees, agents, representatives, or its contracted facilities has the right to file a formal complaint. Information on nondiscrimination in the provision of services and how to go about filing a complaint will be posted in facility lobby and each counselor's office. Complaints of Discrimination may be discussed with the following person, at this agency, who will supply you with a written statement summarizing your rights in this area.

Louise Steenkamp, Assistant Director
270 County Hospital Rd., Suite 111
Quincy, CA 95971
Phone: (530)283-6330

In accordance with Title 9, Chapter 4 Section 10544 (c), of the California Code of Regulations, any individual may request an inspection of an alcohol or drug abuse recovery or treatment facility. Complaints should be directed to:

Department of Alcohol and Drug Programs
Licensing and Certification Branch
1700 K Street Sacramento, CA 95814-4037
Attn: Complaint Coordinator
(916) 322-2911

REFERENCE: Section 504 of the Federal Rehabilitation Act of 1973, Pursuant to Title VI of the Federal Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code), the Federal Age Discrimination Act of 1975, Section 11135 et. Seq. of the California Government Code and Regulations, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code), the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code), Section 11135 of the California Government Code, and Chapter (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: PAYMENT OF LAST RESORT

POLICY: It is the policy of PCPHA/AOD to collect fees for services, and/or utilize benefits under any other programs which provide such benefits to clients, to ensure that the expenditures of SAPT BG funds are the "payment of last resort" for services for Pregnant and Parenting Women, Tuberculosis, and HIV.

PROCEDURE: PCPHA/AOD has in place an established system for treatment providers for eligibility determination, billing, and collection, to collect reimbursement for any and all costs of providing services to persons who are entitled to benefits under any other benefit program. In addition, PCPHA/AOD and its subcontractors will secure from clients payments for services in accordance with their ability to pay. The following items are in place to ensure compliance in this area:

- Clients fill out a fee schedule at time of intake to establish ability to pay for services.
- Clients are assessed for eligibility for other program benefits at intake.
- Clients in need of services for Tuberculosis or HIV (testing, treatment, etc.) are referred to the Plumas County Public Health Agency (PCPHA) and are eligible for those services through programs available at the PCPHA.

REFERENCE: Title 45, Code of Federal Regulations, Part 96, Section 96.137

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: PERINATAL TREATMENT SERVICES

POLICY: It is the policy of PCPHA/AOD to provide Perinatal Treatment Services for pregnant and/or parenting substance abusing women that ensures the protocols and requirements of the NNA Contract regarding SAPT Block Grant Perinatal Set-Aside Funds and/or Perinatal State General Funds are met. PCPHA/AOD will treat the family as a unit and admit both women and their children into treatment services if appropriate. Perinatal programs will also provide all required perinatal services to pregnant women and women with dependent children including women who are attempting to regain custody of their children.

PROCEDURE:

1. Pregnant and or post-partum women who are using or are in substance treatment programs and mothers with children from birth through 17 years of age who are using or are in substance treatment programs will receive priority admission.

2. Gender specific substance abuse treatment and interventions will include:
   - Group and individual counseling on substance abuse
   - Parenting education
   - Education and counseling on healthy relationships
   - Health education and referrals provided by staff and/or community agencies such as the Plumas County Public Health Agency, Plumas County 12 Step Program, Plumas Rural Services, Women, Infant and Children (WIC), and Women's Mountain Passages.
   - Domestic violence and/or sexual assault education provided by staff and/or community agencies such as Plumas Rural Services Domestic Violence Prevention.

3. Childcare will be provided for children while mothers attend treatment services and/or medical appointments.
4. Perinatal treatment programs will arrange for the provision of primary medical care for women including referral for prenatal care.
5. Perinatal treatment programs will arrange for the provision of primary pediatric care including immunizations of children.
6. Perinatal treatment programs will arrange for therapeutic interventions for children in custody of women in treatment to address their developmental needs and issues of sexual and physical abuse and neglect.
   - Perinatal programs will coordinate therapeutic interventions for families with children with special needs through community services such as Plumas Unified School District's Special Education, Feather River College Pre-School, Early Intervention Specialists, Plumas County Public Health Agency's nurse home visiting program and California Children Services.

7. Perinatal treatment programs will provide sufficient case management and transportation to ensure that women and their children have access to childcare, primary medical care, primary pediatric care and other therapeutic interventions.

Referrals are accepted from hospitals, social services, Women, Infants and Children (WIC), probation and jail services, faith based communities, family planning and healthcare providers.

How to Access Services

- Contact the Plumas County Public Health Agency at (530) 283-6330 or 1-800-801-6330
- Contact the Drug and Alcohol Office at (530) 283-6427

REFERENCE: 45 CFR, Section 96.124(e)(1-5) Needs of Families, Title 22, Section 51341.1 Drug Medi-Cal Regulations, and 42 CFR, Part 2 Confidentiality Regulations

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: PRIMARY PREVENTION SET-ASIDE

POLICY: It is the policy of PCPHA/AOD to fund only those providers, using the Primary Prevention Set-Aside, who follow Guidelines that incorporate the approved strategies for primary prevention as established by the California Department of Alcohol and Drug Programs. In addition, only individuals not identified to be in need of treatment shall receive these services. The comprehensive program shall be provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse. Currently only county AOD Program employees deliver prevention services.

PROCEDURE: Establishing and implementing any prevention programs and/or activities will use only approved strategies for primary prevention that include social marketing, education, and outreach; needs assessment and community engagement; information and resource referral; and policy and systems change. Services will be provided in a variety of settings for the general population, and for targeted sub-groups at high risk for substance abuse.

REFERENCE: Title 45, Code of federal Regulations, Part 96, Section 96.125

Plumas County Public Health Agency
Alcohol and Other Drug Programs
Policies and Procedures

SUBJECT: TUBERCULOSIS (TB) SERVICES

POLICY: (a) It is the policy of PCPHA/AOD to screen for and provide Tuberculosis information and referral to all individuals presenting at this agency, whether or not such individuals are admitted for AOD services. It is our policy to identify and refer to Plumas County Public Health Agency, as well as provide case management, to all individuals who are at high risk of becoming infected for Tuberculosis.

(b) All facilities that have contracts with PCPHA/AOD for residential services will be in compliance with the above requirements.

PROCEDURE: (a) At the time of intake, all individuals presenting for services will be required to complete a Health Screening Assessment. Information will be given to the client on Tuberculosis, and individuals at risk for infection will be identified and referred to the Plumas County Public Health Agency for services. Case management to ensure individuals are seen and provided treatment is the responsibility of Plumas County Public Health Agency.

(b) All clients who are being referred to any residential facility we contract with will be required to receive a TB test and have the results submitted with admission application to the facility. An exception may be granted with permission of the contracted facility to provide the service when the client arrives.

REFERENCE: Title 45, Code of Federal Regulations, Part 96, Section 96.127 and Title 45, Code of Federal Regulations, Part 96, Section 96.121

Plumas County
Alcohol, Tobacco, and Other Drug Use Planning Process Needs Assessment
November 2011

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Purpose

Plumas County Public Health Agency (PCPHA) provided oversight for the development of a strategic plan for a continuum of alcohol, tobacco, and other drug prevention, treatment, and recovery services for Plumas County. The first step in the planning process was to conduct a community needs assessment to systematically identify and address local alcohol, tobacco, and other drug issues.

The purpose of the assessment process was to:

- Identify and analyze environmental, social, and individual factors that contribute to alcohol, tobacco, and other drug problems in Plumas County
- Identify underlying factors that contribute to the problems
- Establish consensus about the alcohol, tobacco, and other drug problems in Plumas County
- Increase the likelihood that the plan includes approaches, policies, and practices that reduce the identified problems
- Establish baseline information to track progress

Methodology

The Plumas County Alcohol, Tobacco, and Other Drug (ATOD) needs assessment included five components: alcohol, tobacco, and other drug use indicator data, focus groups, key informant interviews, discussion of key areas with planning committee members, and development of problem statements by the planning committee members. Three subcommittees of experts and key stakeholders were convened in the areas of Prevention; Treatment and Recovery; and Community Corrections Partnerships to conduct the community needs assessment. With support from PCPHA staff and consultants subcommittee members were responsible for: (1) collecting, sharing and reviewing data; (2) identifying additional data needs and potential sources; and (3) making recommendations on needs and priorities to the Strategic Planning Advisory Committee.

ATOD Indicators

Data gathered from state, regional, and local sources was summarized to provide the current context of ATOD use and the degree of impact such use has on the community. Data included indicators for eight system domains: health care, mental health care, alcohol and drug treatment capacity, alcohol and drug treatment admissions and discharge, child welfare system, adult protective services, criminal justice system, education, environmental/cultural/social conditions, and Plumas County demographics.

Focus Groups

The purpose of the focus groups was to understand the range of opinions and ideas within Plumas County regarding ATOD use, impacts, and how to address them. A total of ten focus groups were conducted in October and November 2011. The focus groups included five key stakeholder groups: youth, jail inmates, veterans, Native Americans, and service providers and administrators.

Key Informant Interviews

Ten key informants participated in interviews in October and November 2011. Key informants were community leaders from a broad array of public and private systems including health, mental health, education, ATOD service provision, social service provision, faith community, and law enforcement. The interviews covered ATOD use, impacts, and how to address them.

Planning Committee Inputs

Information on ATOD use, concerns, impacts, and how to address them was solicited from the Plumas County ATOD Planning Committee in two formats. Committee members were asked to identify their top three concerns in a written document. The members also participated in a focus group discussion of ATOD issues and possible strategies to address them.

Identification of Priority Problems

The ATOD Planning Committee wrote problem statements based on the data from indicators, focus groups, key informant interviews, and committee inputs. The problem statements were ranked by each committee member as critical, very important, or important in addressing the ATOD use needs in Plumas County. Final rankings were based on the average ranking for each problem statement.

Findings/Data

Focus group participants, key informants, and Planning Committee members were in agreement on several topics.

- Key factors contributing to the use of ATOD identified by all three groups included the community acceptance of alcohol, tobacco, and other drug use; and self-medicating by people suffering depression and/or other conditions.
- Impacts identified by all three groups included devastation to families; loss of health, family, and finances by individuals; and strains on community services.
- There was also general agreement that alcohol, tobacco, and other drugs are widely available from both legal and illegal sources.

- While all groups identified "everybody" as benefiting from services, two key groups were singled out: youth for prevention and early intervention services; and users and their families for a variety of support, intervention, treatment, and recovery services.

Focus Groups

Focus group participants represented a wide variety of Plumas County residents including youth, incarcerated men and women, family service providers, local veterans, Native Americans, and county social services staff and administrators. Over 65 people participated in the focus groups; most have lived in Plumas County over five years. Sixteen of the 42 adults have lived in Plumas County more than 20 years.

Focus Group	Number Attended	Average Years in Plumas County
Youth: 7-8th Grade	17	Most of their lives
Youth: High School	10	Most of their lives
Lifeskills/SIFE	7	7 years
Roundhouse Council	10	28.3 years
Jail Inmates: Men	4	22 years
Jail Inmates: Women	4	4.8 years
Veterans	8	20 years
Family Service Providers	7	Not asked
County Department Administrators	5	14.6 years
County Social Services Staff	7	10.1 years
People in Recovery (12-Step Group)	3	11 years

Focus group participants were asked to identify aspects of alcohol, tobacco, and other drug use including:

- Contributing factors to alcohol, tobacco, and other drug use
- Impacts of use
- Where people obtain and use alcohol, tobacco, and other drug use
- Resources in the community that could be mobilized to address use
- Groups that would benefit from services
- Effective strategies to address use

Comparison of Themes by Focus Group

Not all focus group themes were represented in all focus groups. The following table summarizes themes by focus group participant populations: youth, jail inmates, veterans, service providers and administrators, and Native Americans.

Topic	Youth (3 focus groups)	Jail Inmates (2 focus groups)	Veterans (1 focus group)	Service Providers & Administrators (3 focus groups)	Native Americans (1 focus group)
Factors	ATOD accessible	ATOD accessible	ATOD accessible	ATOD accessible	ATOD accessible
	Cultural acceptance			Cultural acceptance	Cultural acceptance
		Boredom leads to use	Boredom leads to use	Boredom leads to use	Boredom leads to use
		Economy	Economy	Economy	
	Self-medicating	Self-medicating	Self-medicating	Self-medicating	
	Curiosity and experimentation			Curiosity and experimentation	Curiosity and experimentation
Impacts	Devastating/destructive to families	Devastating/destructive to families	Devastating/destructive to families	Devastating/destructive to families	Devastating/destructive to families
	Health/mental health negatively affected		Health/mental health negatively affected	Health/mental health negatively affected	
	Negative economic impacts			Negative economic impacts	
			Criminal activity or personal danger	Criminal activity or personal danger	
Use: Where People Get ATOD	Legal sources	Legal sources	Legal sources	Legal sources	Legal sources
	Adults supply minors			Adults supply minors	Adults supply minors
	People steal from family members			People steal from family members	People steal from family members
Use: Where	Outdoor public spaces (park, woods)	Outdoor public spaces (park, woods)		Outdoor public spaces (park, woods)	Outdoor public spaces (park, woods)
	Schools		Schools	Schools	Schools
	Home		Home	Home	

Topic	Youth (3 focus groups)	Jail Inmates (2 focus groups)	Veterans (1 focus group)	Service Providers & Administrators (3 focus groups)	Native Americans (1 focus group)
Target Population	Families	Families	Families	Families	Families
	Everybody	Everybody	Everybody		
Strategies	Prevention/education			Prevention/education	
	Rehab, outpatient, residential services	Rehab, outpatient, residential services		Rehab, outpatient, residential services	Rehab, outpatient, residential services
	Ongoing treatment programs	Ongoing treatment programs	Ongoing treatment programs	Ongoing treatment programs	
	Youth activities	Youth activities		Youth activities	Youth activities
			Service access/affordability	Service access/affordability	Service access/affordability
					Native Americans serve Native Americans

Contributing Factors

All focus groups were asked, "From your perspective, what contributes to using alcohol, tobacco, or other drugs?"

Several themes emerged:

- Social acceptance, including media, that supports alcohol and drug use (5 focus groups)
- Boredom and isolation (6 groups)
- Self-medicating for stress, depression, and other internal conditions (6 groups)
- Family and intergenerational support for use (6 groups)
- The economy (6 groups)
- Curiosity and experimentation (4 groups)

Social acceptance

> "*We find there is an interconnecting network that supports alcohol and drug use".*
>
> *"Something to do socially because others do it, and then it becomes a lifestyle."*

Participants in almost all focus groups noted that there is a general acceptance of alcohol, tobacco, and other drug use. Advertisements for alcohol and tobacco; television and movie references to people drinking, smoking cigarettes, and using drugs; and the general accessibility contribute to an overall acceptance of use as a relatively normal activity.

Youth are particularly vulnerable to peer and social pressure. Youth and adult participants noted that teens often start in order "to be cool" or to fit in with a desired social group.

Boredom and Isolation

> *"It's difficult for teens to stand on their own with a lack of things to do."*

Participants in almost all focus groups noted that there is nothing to do in Plumas County, especially for teens. Several adults who had used alcohol or other drugs also commented on the need for something to do.

Self Medication

> *"[People use] to escape how they feel."*
>
> *"You can go in for a foot problem and get a prescription for narcotics."*

Participants in almost all focus groups commented on alcohol, tobacco, and other drug use as a response to loneliness, stress, problems at home or in relationships, and mental illness such as depression.

Additionally, participants in four focus groups commented on the overuse of prescription medications, whether prescribed for the user or stolen from the family medicine chest.

Family

> "*Parents attitudes influence their children; more and more parents don't know how to be parents."*
>
> *"One thing that makes it worse is you grow up in an addictive home. You don't know anything different because of family dynamics."*
>
> *"The father gives their kid a beer after a football game so they won't smoke dope."*

Participants in six groups remarked on parental and family support for alcohol, tobacco, and other drug use. Some parents may supply their children with alcohol. Some youth live in multigenerational use households where alcohol, tobacco, and other drug use are accepted and encouraged. One high school student, eager to quit smoking, was unable to do so given the family dynamics. He said adult family members mocked him for wanting to quit and blew smoke in his face. One participant noted that very young women having children constituted a risk factor.

Economy

> *" As the economy goes down, the DUIs go up, and when the economy is better, the number of DUIs goes down."*
>
> *"[People are] motivated by money; kids obtain and sell to other kids."*

Participants in five focus groups identified the economy as a contributing factor. As unemployment rises, and the economy dips, use increases. Illegal drug sales provide people with income.

Curiosity and Experimentation

Participants in four groups identified curiosity and experimentation as an entry to alcohol, tobacco, and other drug use, especially among youth.

Impacts of ATOD Use

All but one of the focus groups were asked, "From your perspective, what are the consequences or impacts of alcohol, tobacco, or other drug use?"

Focus groups participants identified several impacts:

- Family impacts including intergenerational ATOD use, domestic violence (spousal, child, elder abuse), parental role failure, "ruins families" (7 groups)
- Health and mental health impacts including death, lack of motivation, suicide, altered brain chemistry, cancer, poor physical health, low self esteem (6 groups)

- Economic impacts including costs to provide services (health, law enforcement, social services); personal financial impact; decreased revenues due to underground economy (5 groups)
- Criminal activity and personal danger (2 groups)

Family

"It is devastating to families and kids."

"If parents are passed out, they don't know what the kids are doing."

"Most of my family disowned me because of alcohol and pain killers."

Participants in seven focus groups identified family disruption as a primary impact. Intergenerational use perpetuates dysfunction from grandparent to parent to child. In three groups, participants noted that "parental failure" was a critical component of long term impacts on families and communities. When parents are not available to their children, children do worse in school, are more likely to drop-out, and to eventually use alcohol, tobacco, and other drugs. Use leads to domestic violence, including spousal, child, and elder abuse. One participant noted that use also contributes to the cycle of poverty, addiction, and dysfunctional families.

Physical and Mental Health

"Alcohol, drugs and tobacco make obesity, heart disease, hypertension all worse."

Participants in six focus groups listed a variety of physical and mental health impacts from alcohol, tobacco, and other drug use. When people use, they do not take good care of their other needs, which can result in poor health and disease. Drugs impact brain function and impair judgment, motivations, and ability to be an effective employee. Participants noted specific effects such as tobacco can lead to cancer and marijuana can lead to a lack of motivation. Other impacts included low self esteem, suicide, and death.

Economy

"Substance use disorders are costing us money."

"Decreases taxes—underground economy"

"[Drug use] takes probation and sheriff resources and resources of local 501c3s from other needs."

"DUI costs thousands of dollars."

Participants in four groups identified a range of economic impacts from alcohol, tobacco, and other drug use. At the individual and family level, use impairs health, can lead to job loss, home loss, and a downward economic spiral.

At the community level, use creates resource strains throughout the health, social service, law enforcement and court systems. Illegal trafficking creates an underground economy which substitutes for legitimate revenues and decreases the available taxes.

Criminal Activity

> *"It's not mom and pop operations cooking meth in the bathtub, but sophisticated organizations."*
>
> *"Gangs are more low key in Plumas, but [there is an] issue of foster kids who join gangs in Chico and come back to Plumas and blend in but continue sales of drugs."*

Participants in two groups identified criminal activity and personal danger as impacts from use. Some of the drug manufacture and growing was identified as coming from organized criminals and organizations. Participants were concerned about people who used and therefore have impaired judgment which put their coworkers in danger. Marijuana growing on public lands is dangerous for the public.

Where People Obtain and Use Alcohol, Tobacco, and Other Drugs

All focus groups were asked, "Where in your community do people get alcohol, tobacco, and other drugs? Where do people use drugs?" The responses grouped into three categories: (1) where people obtain alcohol, tobacco, and other drugs, (2) where people use alcohol, tobacco, and other drugs, and for youth, (3) what substances are used.

Where People Obtain Alcohol, Tobacco, and Other Drugs

> *"The liquor store, everywhere, any corner, a user will find whatever they want, wherever they want."*

Participants agreed that alcohol, tobacco, and other drugs are readily available in Plumas County. They identified a variety of sources:

- Legal sources such as stores, gas station, casino, bars, medical providers (8 groups)
- Adults either give or buy alcohol, tobacco, or other drugs for minors (5 groups)
- People steal from family members, especially prescription drugs (5 groups)
- Other sources: friends or parties (3 groups), grow or make your own (3 groups), medical marijuana providers (2 groups)

Legal Sources

> *"We have stores that sell these things – alcohol and drugs."*
>
> *"It is a touristy place; restaurants have turned into pubs or wine bars where you can bring your family and everyone gets satisfied."*

The most commonly mentioned source of alcohol, tobacco, and other drugs was legal sources, such as stores, restaurants/bars, gas stations, casinos, or medical providers. The consensus across focus groups was that alcohol in particular was readily available and use encouraged in multiple settings. (see Cultural Climate above.)

Adults Supply Minors

> *"18 year olds buy tobacco and 21 year olds buy alcohol to provide for younger kids."*
>
> *"People who are of age buy alcohol for the under-age kids, it increases the rate of drinking and kids start early."*

Participants in five of the focus groups identified adults providing alcohol and tobacco to minors as a source. Adults or older youth buy tobacco or alcohol for minors. Parents supply their minor children at home (see **Contributing Factors: Family** above).

Steal from Family Members

> *"Elder abuse – opportunity comes when caregiver takes or abuses patient's prescriptions."*
>
> *"Emergency room gives to parents or adults who allow access by kids who take them to school, kids sell them at school."*

Youth take prescription drugs from the family medicine cabinet, or alcohol from their parents' supply. Some caregivers steal their elder's medications. Those who steal from family members may use the alcohol, tobacco, and other drugs themselves, or sell them to friends and others.

Other Sources

> *"People aren't out on the street corner selling and buying drugs, they are exchanging through social networks of friends and at parties."*

Participants identified other sources as friends or parties (3 groups), grow or make your own (3 groups), medical marijuana providers (2 groups).

Where People Use Alcohol, Tobacco, and Other Drugs

People use ATOD in a variety of places:

- Outdoor public spaces such as parks and the woods (5 groups)
- In schools (4 groups)
- Home or friend's home (3 groups)

Public Spaces

> *"If I were to drink, I would probably be on a camping trip, nowhere around this town."*
>
> *"At FRC, there are trails on the hillside where people drink, smoke, do things."*

Participants in five groups noted that public spaces, such as the parks, woods, hiking trails, abandoned buildings, and Forest Service roads are popular place to use. People can drink, smoke, or use with a small probability of being caught due to the large amount of forested and undeveloped land in Plumas County.

Schools

> *"Kids bring alcohol to school in water bottles. You can smell alcohol on some kids when you walk down the hallways of the high school. One piece of the puzzle is if you told on a kid, some parents get mad at the school or teacher, not the kid."*

Participants in four groups identified the schools as a place where youth drink, smoke, or use other drugs. Participants noted seeing youth drinking at school, smoking tobacco, and "smoking a joint after school" at the bus stop. One person noted that use among youth included "junior high school to college."

Home

> *"Indoor use mainly – not visible."*

Participants in three groups stated that people use at home and at friends' homes.

Substances Used

Youth and county social service providers were specifically asked what substances were used. In other groups, some participants volunteered this information. Alcohol was mentioned most often, followed by tobacco. Also mentioned were marijuana, prescription drugs, and methamphetamine. A few participants mentioned hallucinogens, heroin, and cocaine.

County social service providers identified prescription medications, methamphetamines, alcohol, and marijuana as the top four substances used by child welfare and in-home supportive services clients.

Currently Available Services to Address Alcohol, Tobacco, and Other Drug Use

Seven of the focus groups discussed "From what you know, what do you already have in the community to address alcohol, tobacco, and other drug use?"

A wide range of currently available services were mentioned. Participants in three groups mentioned Alcoholics Anonymous. Participants in two groups mentioned the DUI program, rehab, Narcotics Anonymous, college programs. One group each mentioned counselors, law enforcement/courts, MADD, PCPHA, EDD, and Native groups/activities.

Who Would Benefit from Services

Six groups—youth, veterans, social services providers, and jail inmates—discussed this question, "From your perspective, who in the community would most benefit from services for alcohol, tobacco, and other drug use?"

Participants in five of the groups responded that "everybody" would benefit from services; the community as well as the families and individuals directly affected. All groups identified families as benefitting from services. There was no other consensus among the focus groups about who

would benefit, although many specific groups of people were identified: addicts, youth, 5th-7th graders, first offenders, schools, and law enforcement. Specific geographic areas mentioned included Quincy, Chester, and "people in the flats."

Suggestions for What Would Work Best

All focus groups addressed the question, "What do you think would work best to deal with alcohol, tobacco, or other drug issues?"

Ideas that were mentioned in two or more groups included:

- Prevention and education about alcohol, tobacco, and other drugs (4 groups)
- Rehab, outpatient, and residential services such as halfway house, sober living environment (5 groups)
- Treatment programs (6 groups)
- Youth activities (4 groups)
- Improved access to services including affordability of services and approachability of services providers (3 groups)
- Detox (3 groups)
- Counselors (3 groups)
- Native Americans serve Native Americans (1 group)

Prevention and Education

> *"Medical provider education – stop the flow."*
>
> *"Parents need to listen to their kids about their curiosities, what they want to know."*
>
> *"Full-time prevention program (drugs, sex…) in elementary school."*
>
> *"Do a "Vagina Monologues" about addiction, alcoholism."*
>
> *"Schools need to educate, bring special speakers in to tell their story, someone close to their age range – someone who has been in the community, trustworthy."*

Participants in four groups identified a variety of prevention and education efforts. A key component of effective efforts directed at youth was trustworthy and honest adults who listen to and engage with youth. Participants in one group suggested prevention activities in the schools at all levels from elementary school through college. Participants in another suggested the increased use of media such as audio, video, or plays as part of education.

Rehab and Residential Services

> *"Could we have a variety of sober living environment rentals, so there might be a three or four bedroom house in each community similar to the decentralized model of treatment providers discussed?"*
>
> *"Need outpatient and residential rehab facilities."*

Participants in four groups identified rehabilitation and residential services as needed and effective tools for addressing use and addiction. Participants in two groups identified sober

living environments as effective, and participants in three groups identified some form of rehab as important.

Treatment Programs

"We really need professional level treatment, individualized therapy and intensive programs to help parents break the cycle."

"We need one on one trained counselors for low income that is readily accessible. "

Participants in six groups identified a variety of treatment options as needed and effective tools. The emphasis was on programs with professional staff that provide ongoing, intensive, long term treatment.

Youth Activities

"Juveniles need more to do—arcade, sports, other recreation."

"We should have a YMCA in this town."

Participants in four groups noted that youth need something to do. Providing additional healthy activities for youth would be an effective prevention and intervention tool.

Improved Access to Services

Participants in three groups emphasized the need for improved access to services. Transportation was mentioned as a significant barrier to services, even when they are available. Affordability was another concern. Often people who desire help are not able to afford the fees for the services such as class fees, or associated costs, such as for child care.

Some people do not access services due to credibility or confidentiality concerns.

Detox

"We need to hold a spot in hospitals for detox."

Participants in three groups specifically mentioned the need for local detox services. In one group, participants mentioned the need for longer detox services.

Counselors

*"It would help to have someone to talk to them about doing something with their lif*e."

Participants in three groups mentioned the need for professional counselors. Places for counselors included schools and mental health.

Native Americans Serve Native Americans

"We need to instill in children's minds that they are beautiful, provide them positive role models, value children and families."

"Vision Quest, traditional Women's Circle, Sweats, White Bison Curriculum are some groups/activities they might be able to relate to…"

The Roundhouse Council participants emphasized the effectiveness of Native Americans serving other Native Americans, especially through the use of traditional cultural elements. For example, one participant noted that traditional culture does not include alcohol or drugs.

Another participant noted that Native Americans with alcohol, tobacco, and other drug use issues would be better able to relate to Native American groups.

Additional Ideas

A variety of additional ideas were suggested by participants including:

- Community based supports such as community suppers, AA
- Jobs
- Law enforcement/courts to get people into recovery
- Case management
- Credible and competent organizations to provide services
- Drug court
- Juvenile drug court
- Mentors
- Ongoing services for people in recovery
- A variety of treatment options beyond AA/NA
- Collaboration and team approaches

Key Informant Interviews

A total of ten key informant interviews were conducted in October and November 2011. Key informants represented a broad range of disciplines and services provision within Plumas County.

Key informants were asked the same questions posed to focus groups. They identified a number of factors about alcohol, tobacco, and other drug use including:

- Contributing factors to alcohol, tobacco, and other drug use
- Impacts of use
- Where people obtain and use alcohol, tobacco, and other drug use
- Resources in the community that could be mobilized to address use
- Groups that would benefit from services
- Effective strategies to address use

Contributing Factors

"From your perspective, what contributes to alcohol, tobacco, or other drug use?"

Key informants identified several contributing factors:

- Boredom, particularly for youth who have "nothing to do" and depression among all age levels, including isolated elder depression
- Economics. Key informants specifically mentioned unemployment and the current economic conditions as a contributing factor. One person pointed out that the drug market itself is profitable.
- Social acceptability of use contributes to early drinking and to intergenerational use of alcohol, tobacco, and other drugs.
- One person commented that it is human nature to experiment. Others noted that youth experiment with substances.

Boredom and Depression

> *"When people don't have what they need, financially, emotionally and particularly if they feel victimized, they [turn away] from reality."*
>
> *"We start seeing a problem in junior high going up to adults. There's nothing for them to do but get in trouble."*
>
> *"Main thing is there's a lot of so called boredom in this area, worse in the winter; winter depression."*

Key informants expressed concern about the boredom and depression that seem to go together, particularly in the winter when there are fewer opportunities for work and fewer

places for people to go. The result of this combination is an increased consumption of alcohol, tobacco, and other drugs, which can lead to addiction.

Economics

> *"The economy is contributing to adult problem, people are out of work and frustrated and discouraged."*
>
> *"Kids that get out of high school, especially the dropouts, tend not to flourish. They get a part time job, and they get laid off and it's a downward spiral that they cannot get out of."*
>
> *"Drug market is profitable."*
>
> *"Surely at some point economics has a role; I am aware of Greenville has increasing trouble with youth and substance abuse and some of that has to do with the downturn of the economy."*

The downturn in the economy has contributed to the increased consumption of alcohol, tobacco, and other drugs. Additionally, many people in Plumas County rely on seasonal employment, compounding the "winter depression" that sets in as work, then money, become scarce. The combination of little or no work, the stress of not being able to provide for one's family, and an increase use of ATOD creates a downward spiral that affects youth and adults. No work leads to increased use, which can lead to difficulty or an inability to obtain employment when opportunities arise. This in turn leads again to depression and a self-medicating stance that becomes increasingly destructive over time.

Social Acceptance

> *"[Alcohol, tobacco, and drug use is] promoted on all levels, it's accepted. We say we don't want you doing this, yet alcohol is easy to obtain, glamorized by media, and accepted by peers."*
>
> *"Everywhere you turn you feel a lot of pressure to engage in drinking—on TV, go out to dinner—it's so prevalent."*

Key informants commented that alcohol, tobacco, and other drug use have become an accepted part of mainstream culture. Alcohol in particular is promoted, whether visiting a friend, dining in the restaurant that provides a drink menu with the food menu, or watching television or movies. This acceptance and promotion extends to the next generation in families.

Experimentation

> *"First and foremost, humans desire to experiment with altering their consciousness. And then on top of that people find out it does this, does that, and from that basic urge, all kinds of things—stress, financial stress, interpersonal conflict, trauma, peer pressure, social norms [contribute to use.]*

One key informant noted that it is natural for people to experiment and that what happens after that is dependent on a number of factors, such as biology, social situation, mental health, and economic conditions. Others noted that youth experiment, often beginning with alcohol and cigarettes.

Impacts of ATOD Use

"From your perspective, what are the consequences or impacts of alcohol, tobacco, or other drug use?"

- All key informants agreed that the impacts were devastating to families. Family impacts included domestic violence (child abuse and neglect, spousal abuse), dysfunction passed on to the next generation, and parents who are unable to be effective parents, so children are left on their own. As one person commented, "Families are the biggest sufferers."
- Individual impacts included health deterioration, loss of interest in being a productive participant in the community, inability to work, financial problems. One person commented that impacts can be both positive and negative. For example, medical marijuana is effective for some people, while others see it as a way to use/abuse drugs.
- Community impacts mentioned included students unable to get their education and strains on local community services and resources.

Key informants stressed the interaction of these impacts: individual use and addiction impacts families and communities; and family dysfunction has consequences for the individual, family members, communities, and resources.

Family

> *"I would say it makes families dysfunctional and that is passed onto their kids and grandkids."*
>
> *"The kids are not supervised, are not paid attention to, are put in charge of younger ones when they're kids themselves, a lot of anger. The adults are so preoccupied with getting their own needs met they don't have anything left to give."*
>
> *"It affects the families, the schools, the kids; only the [individual] person gets something through criminal justice, but not families. I think the families are the biggest sufferers in this whole thing."*

Key informants were in agreement that addiction, particularly alcoholism, was devastating to families. Children and youth whose parents cannot provide supervision, guidance, and care are more likely to follow the destructive paths of previous generations. Family members often continue codependent patterns that effectively maintain the family dysfunctional dynamic and allow the alcoholic or addict to continue their behaviors.

Individuals

> *"Death of lots of younger potentially productive members of society. We've seen people in their 20s dying because of end stage liver from alcohol; or people in their 40s-50s with lung cancer from tobacco."*
>
> *"Alcohol dampens creativity, puts the fire out for creative impetus in young people. And then it goes on to dysfunction as far as home and school, violence in the household and in the community and outgoing destructive health."*
>
> *"[Alcoholism is] absolutely destructive. Destructive to health, mental health, devastating to their families, people getting in fights, robbing and stealing, turn their backs on their families, strong correlation with abuse and domestic violence and crime, clogs up the court system."*

The impacts on individuals range from impairment to death. Youth who use are more likely to drop out of school and impair their ability to become productive. Parents who use are unable to effectively parent, impacting their children's future. Adults who use suffer a variety of illnesses and a shortened lifespan.

One person commented that impacts can be both positive and negative. For example, medical marijuana is effective for some people, while others see it as a way to use/abuse drugs.

Community

> *"The more unhealthy dysfunctions affect the community, family, work environment, social demographics of community, willingness to come into community, real estate, and social services."*
>
> *"We see many parents having a very chaotic life, unstable, and then being addicted. They are either abusing or neglecting their children then the social services take children so it impacts on the community."*

Community impacts include strains on resources, a less productive workforce, and an unattractive community image. Resources required to address the consequences of alcohol, tobacco, and other drug use include child protective service, medical care, mental health care, law enforcement, and the courts. One key informant noted that the vast majority of law enforcement calls relates to alcohol or other drug use.

The workforce is affected in two ways. Students who do not complete their education have fewer skills and may not be qualified when jobs do become available. People in the workforce who use are less productive, reliable, and have more illnesses than other workers.

The overall community image suffers when alcohol, tobacco, and other drug use rises. People are less likely to want to live in such a community. Businesses are not attracted to communities with high levels of use.

Where People Obtain and Use Alcohol, Tobacco, and Other Drugs

"Where in your community do people get alcohol, tobacco, and other drugs? Where do people use alcohol, tobacco, or other drugs?"

> *"A better question is 'where couldn't you get it?'"*

Key informants identified several ways people obtain alcohol, tobacco, and other drugs:

- Appears prevalent but some key informants unsure where minors obtained alcohol or other drugs.
- Youth get ATOD through friends, family, on the street
- Legal sources such as stores and bars
- Overused pain medications
- Marijuana is easily obtainable. While there was support for medical marijuana, two people expressed concerns about the use and availability of recreational marijuana.

People use in the home (4 people) and in outdoor public places (2 people).

Youth and ATOD Sources

Key informants were in general agreement that alcohol, tobacco, and other drugs are readily available in Plumas County. Identification of where youth obtained ATOD varied. Several informants commented that they were certain that youth could get whatever they wanted, but were unsure where or how they did this. Other informants reported that youth were able to buy tobacco and alcohol through older youth and adults. Other sources for youth included the family medicine cabinet, family, friends and "on the street."

Legal Sources

Key informants noted the many places to obtain alcohol and tobacco in the county: stores, restaurants, gas stations, mini-marts.

Overused Pain Medications

Several key informants commented on the increasing issue of overused pain medications. Overuse comes about for many reasons. Doctor may prescribe without knowing that the patient has received the medication from another doctor. A person may receive pain medication for a legitimate need, but then become dependent on the drug and seek it out. People may seek out pain medications for their own use or for sale to others. Youth steal pain medications from their parents' medicine cabinet.

Existing Resources that could be Mobilized to Address Alcohol, Tobacco, and Other Drug Use

"What existing resources might be mobilized to address ATOD use?"

> *"Plumas County is really lucky in that we have the framework for services with the resource centers, not utilized enough, but there are ways to build in more programs locally."*
>
> *"Counseling resources are really important. So many people using alcohol and other drugs are depressed and treatment for depression is essential."*

A variety of resources were identified by key informants as potentially offering or expanding services to address alcohol, tobacco, and other drug use. Four resources—mental health, resource centers, school programs, and AA—were mentioned by more than one person.

- Mental health
- Resource centers
- School programs
- Two people suggested expanding AA into all communities and another suggested the expanding the model to include elements of the cancer support model which helps people connect to and utilized additional resources.

Additional resources mentioned by individual key informants included:

- Expand services to the communities
- Faith community
- Nonprofits expand to meet need
- Expand PCPHA and DSS current outreach to seniors
- Hospital detox program
- Rancheria has the potential to expand
- Home visiting
- WIC Eugene model which includes baby weighing and photo
- Community suppers expand to include more interaction during the meal around relevant topics
- Increase recreation/activities
- Change the DUI checkpoints to a Norway model (no pre-announcement, fail and lose license)
- Cultural change so ATOD use is not acceptable

Who Would Benefit from Services

"From what you know, who in the community would most benefit from services for alcohol, tobacco, and other drug use?"

> *"We all benefit because, for example, sheriff's department resources are not directed to bar fights, or the meth user who goes crazy in the store. Not only resources, but our own*

> *personal safety, improved role models for kids, may change the life of the kids when parents overcome alcoholism in their 40s. The trickle down to all aspects of our lives."*
>
> *"It's better to deal with it when its small, when people are younger. Much more effective to get a grip on it with teenagers than when they're in their 40s."*

Key informants identified community wide benefits and target populations.

- Everybody, the whole community because crime would decrease, community resources would not be as strained, the hospital emergency rooms would have fewer visits.
- Addicts/users
- Youth
- Families of substance abusing people
- Elders

Key informants identified community wide benefits from services for alcohol, tobacco, and other drug use issues. Individuals would use less and be healthier. Families would be more functional and healthy. Community resources could be used to address other issues, rather than going to deal with ATOD use issues.

Some key informants mentioned specific target groups for services. Youth would benefit from prevention; addicts and users would benefit from intervention and treatment; families of substance abusing people would benefit from support and counseling; isolated elders would benefit.

Effective Strategies

"What strategies do you think would be most effective in addressing alcohol, tobacco, and other drug issues?"

Key informants identified effective strategies and principles.

- Collaboration
- Increase prevention and treatment services and match them to the people in need
- Hire the right people
- Referral and resource information needs to be known and available to the community
- Community strengthening projects such as time bank or community suppers.

Collaboration

> *"Strategies that Mimi is doing, bring everybody together, come to some sort of consensus, look at the budget, and coordinate the efforts."*
>
> *"We see the problem as a county problem and we address it with the intent of having a county solution: that's a great strategy, takes a lot of coordination."*

While collaboration was specifically mentioned by four key informants, all of them identified cross agency or organization programs and strategies as vital for addressing the issues in

Plumas County. Some commented on the need for multidisciplinary approaches. Several people commented on how pleased they were that there is a collaborative approach to the planning process.

Prevention and Treatment

> *"People have to be straight up with kids, pot may not kill you, but you are going to be slowed down, waste time staring at the wall."*
>
> *"Treatment is essential, has to be individualized and tailored and who the person is is more important than the type of service they offer."*
>
> *"If somebody needs assistance, there should be some sort of follow up….The whole family unit has to get looked at, not just the abuser."*
>
> *"Addiction is a disease and I don't think that people are willing to accept that it's a psychiatric and medical problem."*

Key informants identified an array of prevention and treatment services and principles. Prevention with youth needs to include truthful and realistic materials and messages. Working with youth means being trustworthy and honest about alcohol, tobacco, and other drug use impacts and consequences. Specific educational components mentioned included

- Realistic drug education about the effects of substances
- The DARE program
- School programs that demonstrate the effects of DUI
- Groups where youth can openly and safely discuss their feelings and lives

Key informants identified community education and clear messaging as a prevention and treatment tool. People need to know DUI consequences. The community needs to understand that alcoholism is a disease.

Underlying principles for services were mentioned by some key informants. Two principles in particular were emphasized:

- Provide services that match the need, not one size fits all
- Help people who want to change.

Additional ideas included

- Support groups for youth and for adults
- Integrated care model
- Central database of medications prescribed
- Multidisciplinary approaches

Competent Service Providers

> *"Our social workers at the hospital need qualified, quality service people who will follow up. Sheriff's dept needs that too."*
>
> *"Treatment is essential, has to be individualized and tailored and who the person is is more important than the type of service they offer."*

Several key informants emphasized the importance of having the right people available to do the work. This included the hiring of competent, highly qualified people who could help people get to services as well as competent healers who could help people in treatment and recovery.

Referral and Resource Information

Key informants expressed their frustration at not knowing what services were available or who to call to get that kind of information. They recommended having referral and resource information available to service providers and to the community.

Community Strengthening and Supports

> *"In terms of recovery, the community piece is vital and a huge piece of what we need to do. Making sure that as people are changing who they are hanging out with that they have groups and activities."*
>
> *"Prevention has to be targeted toward building communities, and I think in the long run that's where prevention is going to happen. Five Protective Factors in communities is what will help."*

Key informants identified the community as an essential piece of effective strategy. Community attitudes impact people's views of the acceptability of alcohol, tobacco, and other drug use, which impacts prevention and other efforts. Community outreach to people in recovery can help them solidify their gains and find new people with clean and sober values.

For community efforts to be effective, communities need to be strong. One informant recommended specific community building efforts: volunteer opportunities, use of community suppers as supports and outreach, and increased use of resource centers as locations for services.

ATOD Planning Committee

The ATOD Planning Committee includes a cross section of Plumas County service providers, public and private organizations, and concerned individuals. In September, 2011, committee members were asked to review data and identify their top concerns. In October, 2011 committee members responded to the focus group questions in order to garner their perceptions of need and possibility in Plumas County.

Planning Committee Input

After the September 21, 2011 subcommittee meeting all individuals on the ATOD mail list were emailed the data presented and asked to complete a written document with the following information:

- What issues/concerns you have about ATOD that need to be addressed
- What factors contribute to these issues/concerns
- What data sources support the issues/concerns
- Rank your top three issues/concerns

Seven (7) individuals submitted written documents. The following is a summary of the top 3 issues/concerns and contributing factors.

Rank	Issue/Concern	Contributing Factors
1	Percentage of Males vs. Females arrested for DUI	
	Rate of kids trying alcohol at a young age	Easy access. Economic issues.
	Limited indicator data for Plumas County only	
	Inmates who want help with alcohol/drug addiction are released back into their old environment.	Optional SLE (Sober Living Environments) not available in Plumas County
	Alcohol/drug treatment for adult criminal defendants	
	Released inmates who have nowhere to live. Exit interviews could be done prior to release date to place them. They don't ask for help easily.	Addiction, socio-economic, dysfunctional family. Homeless addicts WILL re-offend because they are hungry and desperate.
	One-on-one therapy sessions	Vital this is with A&D and not mental health—two different subjects
2	No suicide data	
	Age range of males being arrested for DUI 21-30 years of age. (Extremely High)	Is it because we are in a college town, or are young males using alcohol more?

Rank	Issue/Concern	Contributing Factors
	There is a lack of assets for resiliency and community development	This can affect both youth and adults.
	Family members of those who are in jail are addicts as well, therefore releasing them to home environments leads them back to use again.	Family members who are addicted are not tested to see if they qualify as responsible guardians. Jail policy releases inmates at midnight. In winter this puts some people out in the cold or forces them to rely on addict family/partner to pick them up.
	Alcohol/drug treatment for juveniles involved in criminal cases	
	Expanding Drug Court to take in many more felons, willing or not. Sanction relapses with job training or internships instead of jail when appropriate. A sanction plan should also have an incentive plan with it. (other counties have done this – find a good one and adopt it – ask DC Coordinators)	DC has been limited to willing participants and by limited funding. AB109 will create the need for a much larger program to keep the jail population down. (or other mandated treatment programs)
	Group sessions not necessarily connected with AA/NA practices	A growing number of users are disenchanted with AA/NA practices
	No reporting of cases and conditions in which ATOD use is a causal factor	
3	Plumas County's felony and drug offences have doubled	Is this because we have a bigger problem or because there is more of a focus on it by law enforcement?
	Some inmates are content with staying in jail. They get a bed, food and clothes with no responsibility. No punishment duties. Need to provide community service options at no cost to community but a cost to inmates if they **want** to reduce their sentence.	No incentive to get cleaned up and be responsible. No accountability.
	DEJ/Prop.36/Drug Court drug services	
	Funding for Prop 36 drug testing	P36 funding doesn't allow for testing but the program rules do allow it to be done. It is impossible to hold clients accountable if you don't know if they are using.
	Regular contact with clients	One meeting a month isn't enough for A&D too easy for people to drift/get caught up in old habits/too much ground to cover
Additional issues	• Treatment Sessions available in all 4 major communities • SBIRT doctor assessment: providing addicts	

Rank	Issue/Concern	Contributing Factors
	with treatment options at doctor's office PLUS hand them a 12-step schedule. • Drug arrest rates were highest among Blacks, however the county has a very minimal African American population ~1% • The highest rate of alcohol related arrests was for the age group of 18-24 years old • A large proportion of the drug arrests were for Marijuana • A greater amount of females participated in binge drinking than in the state of California	

Planning Committee Focus Group

The Planning Committee met on October 19, 2011 and were asked the same questions posed to focus groups. They identified a number of factors about alcohol, tobacco, and other drug use including:

- Contributing factors to alcohol, tobacco, and other drug use
- Impacts of use
- Effective strategies to address use
- Groups that would benefit from services

Contributing Factors

"Based on your perceptions and experience working in or serving this community, what contributes to ATOD use?"

The Planning Committee identified four main contributing factors to alcohol, tobacco, and other drug use:

- Predisposition
- Self-medication
- Community acceptance
- Inappropriate prescription medication use

Predisposition

Planning Committee members identified alcoholism and addiction as family diseases with genetic predispositions. Once a person is addicted, there are biological changes within the brain and overcoming these are extremely difficult.

Self-Medication

Planning Committee members identified self-medication as a contributing factor. People with depression or other mental health issues, use alcohol, tobacco, and other drugs as a way to feel better and to deal with the underlying conditions.

Community Acceptance

> *"There's a community acceptance—wine walk or people walking around the fair with beer in their hands."*
>
> *Wine Walk, Country Picnic, Girls Night Out—these events are social glue that is acceptable.*
>
> *"We have a lot of outdoor type employment, but when you work 14 hours a day then off for the winter, it's an easy way to fill in the time, to be drinking, socializing with fiends, have a beer with friends after work."*

Committee members identified the acceptance of alcohol and tobacco as a contributing factor. Many community events are centered around alcohol or have alcohol as a component. This can create difficulties for people in treatment and recovery to be part of the community.

Inappropriate Prescription Medication Use

Planning committee members identified several conditions that can lead to inappropriate prescription medication use arises out of several conditions: chronic pain, physicians responding to specific medication requests from patients, inadequate review of prescription medications, patient continues to take medication beyond need.

One committee member told the story of a senior family member who was taking a variety of medications for depression. One was a muscle relaxer that was not to be given long term or to seniors. Once the family member stopped taking that particular drug and had the other medications adjusted, many of the symptoms went away.

Impacts of ATOD Use

"From your perspective, what are the consequences or impacts of alcohol, tobacco, or other drug use?"

The Planning Committee identified impacts of alcohol, tobacco, and other drug use:

- People lose everything
- Families heavily impacted
- Costs and benefits

People Lose Everything

> *"People can lose everything, finances, family, body parts, lives, children, you name it, you can lose it. For some in recovery that's a reminder and keep them in check when times get tough, others not."*
>
> *"Complete unraveling of one's life, everything that you hold dear."*
>
> *"Personal growth stops at the point addiction starts."*

Planning Committee members identified the loss of everything that an individual values as a key impact of use. One member noted that jail inmates express "genuine grieving for their losses." At this point they ask for services.

Another committee member told of the youth who took the prescription medications from a family member, shared them with school mates, and two people died.

Family

> *"Everyone in the family waits for the shoe to drop, then when sober, the family doesn't know what to do, so they will sabotage just to get it back to 'normal'."*

Committee members identified codependent family dynamics as a key factor in the impact on families of alcohol and other drug use. The impacts on families of having an alcoholic or addict are severe and long lasting. Not only for the current family, but for generations as people repeat the dysfunctional patterns they learned as children.

Costs and Benefits

Committee members identified benefits and costs of alcohol, tobacco, and other drug use. Selling drugs can provide an economic benefit for the seller. Using can provide a benefit to people who feel better, if only for a short time.

Costs to the community include the jail costs. One committee member noted that it is more cost effective to provide treatment than incarceration.

Effective Strategies

"What strategies (and best practices) do you think would be most effective in addressing ATOD issues?"

Prevention Committee members identified several effective strategies to address alcohol, tobacco, and other drug issues.

- Role of law enforcement
- Role of medical providers
- Alternative activities for youth and adults
- Peer counseling and school programs
- Sober living environment
- Additional ideas: assessment and alternatives to AA/NA

Law Enforcement

> *"Some of the most successful drug court programs have had the officer involved with offender/addict."*
>
> *"If you can arrest the suspect then the court can address family [issues]…. officer sees that there are issues and puts the guy in the system so the treatment can happen."*

Committee members discussed the role of law enforcement. While some committee members expressed concern about law enforcement's focus on arrest, others identified a broader role for law enforcement. Arrest can be the first step in providing treatment for some people. Keeping an arresting officer engaged with the family can be a successful strategy for treatment and recovery. For any of this to occur, law enforcement personnel need appropriate training through training days and awareness of new programs as they are developed.

Medical Providers
Committee members identified medical providers as having a key role in alcohol, tobacco, and other drug use issues. To improve that role, they suggested training for medical providers on ATOD issues and developing detox coordination with physicians.

Alternative Activities
Committee members identified alternative activities for youth and adults as a way to counter the contributing factor of community acceptance. Something like the Christmas Sparkle, but for adults as well as kids.

Peer Counseling and School Programs
Various forms of peer role modeling and peer counseling were suggested, such as Each One Teach One, or a sober teen group. Another approach to developing peer counselors is through law enforcement. Law enforcement is often the point of first contact with youth. If youth received court mandated education and information from the officer, that youth could become a good peer/role model for other youth.

Other school programs could be developed for younger children. A committee member noted that there was research indicating that kindergarten and first grade teachers have a 95% success rate identifying children at risk for trouble in junior high. This suggested an earlier prevention and intervention approach.

Sober Living Environment
Development of sober living environments for people in recovery would allow Plumas County residents to remain in Plumas County. It would provide a service for people coming out of the jail. Currently, there is no alternative environment for people released from jail, who often end up back in the same living environment with the same connections they had before going to jail.

A committee member noted the Napa County experience with sober living environments and their coordination with the county as a possible model.

Additional Ideas
Committee members noted that for any of these strategies to be effective, adequate and consistent assessment is needed.

Committee members also commented on the need for a variety of treatment strategies beyond the AA/NA model. Alternatives included involvement of churches and development of recovery and support groups.

Who Would Benefit from Services

"From what you know, who in the community would most benefit from services for alcohol, tobacco, and other drug use?"

"It takes a village, in every community bring community together to bring an evidenced based focus that is family focused to build up families….We need to get together as agencies and communities."

The Planning Committee identified several populations/geographies for service provision.

- All four geographic communities in Plumas County
- Children and youth would benefit from prevention efforts
- Both individual and family approaches for alcoholics and addicts
- Treatment for people with Child Protective Service involvement

Committee members identified treatment benefits as accruing to the most dire situations: people with Child Protective Service involvement and those with addictions.

Prevention was identified as a benefit to families and children. A suggestion was made to start with very young children and their families. Another suggestion was to provide school based program from preschool through high school utilizing youth groups, afterschool programs, and peer counseling.

Summary of Key Findings

Topic	Focus Groups	Key Informants	Planning Committee
Factors	• Community acceptance • Self-medicating for stress, depression, and other internal conditions • Boredom and isolation • The economy • Family and intergenerational support for use • Curiosity and experimentation	• Community acceptance • Depression • Boredom • Economics. • Experimentation	• Community acceptance • Self-medication • Inappropriate prescription medication use • Predisposition
Impacts	• Family impacts: intergenerational ATOD use, domestic violence, parental role failure • Individual impacts: death, lack of motivation, altered brain chemistry, cancer, poor physical health, low self esteem • Economic impacts: service costs, personal financial loss; decreased revenues due to underground economy • Criminal activity and personal danger	• Family impacts: intergenerational dysfunction, domestic violence ineffective parenting • Individual impacts: health deterioration, inability to work, financial problems. • Community impacts: students drop out, strains on local community services and resources.	• Families heavily impacted • People lose everything • Costs and benefits
Prevalence	• Legal sources such as stores, gas station, casino, bars, medical providers • Adults either give or buy alcohol, tobacco, or other drugs for minors • People steal from family members, especially prescription drugs • Other sources: friends or parties, grow or make your own, medical marijuana providers • Where Use: Outdoor public spaces, schools , Home or friend's home	• Appears prevalent but some key informants unsure where minors obtained alcohol or other drugs. • Legal sources such as stores and bars • Friends, family, on the street • Overused pain medications • Marijuana is easily obtainable • Where Use: Home, outdoor public places	*[Question not asked]*

Topic	Focus Groups	Key Informants	Planning Committee
Target Populations	• Everybody • 5th-7th graders, first offenders, schools, and law enforcement. • Specific geographic areas: Quincy, Chester, and "people in the flats."	• Everybody: crime would decrease, community resources would not be as strained, the hospital emergency rooms would have fewer visits. • Addicts/users • Youth • Families of substance abusing people • Elders	• All four geographic communities in Plumas County • Children and youth would benefit from prevention efforts • Both individual and family approaches for alcoholics and addicts • Treatment for people with Child Protective Service involvement
Effective Strategies	• Prevention and education about alcohol, tobacco, and other drugs • Rehab, outpatient, and residential services such as halfway house, sober living environment • Treatment programs (ongoing, long-term) • Youth activities • Improved access , affordability to services and approachability of services providers • Detox • Counselors • Native Americans serve Native Americans	• Collaboration • Increase prevention/ treatment services; match to people in need • Hire the right people • Referral and resource information known and available to the community • Community strengthening projects, e.g. time bank or community suppers.	• Role of law enforcement • Role of medical providers • Alternative activities for youth and adults • Peer counseling and school programs • Sober living environment • Additional ideas: assessment and alternatives to AA/NA
Community Assets	• DUI program • Rehab • AA/NA • College programs • Counselor • Law enforcement/courts • MADD • PCPHA check of stores • EDD • Native American groups/activities.	• Mental health • Resource centers • School programs • AA (expand services) • Faith community • Rancheria • Home visiting • Community suppers	*[Question not asked]*

Prioritized Problem Statements

The Plumas County ATOD Planning Committee developed problem statements based on their review of the data from indicators, focus groups, key informant interviews, and committee inputs. Problem statements were developed individually, then discussed and, where feasible, combined. This process yielded 12 problem statements.

The problem statements were ranked by each committee member as critical (problem is critical to addressing the issue of ATOD use); very important (addressing this problem will make a very big difference for the people of Plumas County); or important (addressing this problem will make a difference). Each ranking was assigned a value and the final score reflected the average ranking for each problem statement.

The table below lists the problem statements and their ranking scores in highest to lowest priority.

Problem Statement	Critical = 3		Very Important = 2		Important = 1		Total Votes	Average Score
ATOD abuse causes high family dysfunction. Parental Role Failure. Intergenerational	13	93%	1	7%	0	0%	14	**2.93**
Treatment is not universally accessible/affordable/available	10	71%	2	14%	2	14%	14	**2.57**
High rates of relapse and/or criminal recidivism	9	69%	2	15%	2	15%	13	**2.54**
Service & Heath Care Providers uneducated regarding addiction science	7	54%	5	38%	1	8%	13	**2.46**
Services provided in silos and isolation without coordination resulting in duplication of services/resources or lack of serves	8	53%	5	33%	2	13%	15	**2.40**
Different ages have different problem substances and all ages lack awareness of inherent dangers. Denial of problems/dangers	5	33%	8	53%	2	13%	15	**2.20**
Families with 0-5 year olds are not aware of inherent dangers to children from ATOD abuse	4	31%	7	54%	2	15%	13	**2.15**
K-12 use and access to ATOD on campus	4	29%	5	36%	5	36%	14	**1.93**
High rates of crime rooted in ATOD use/abuse	0	0%	8	62%	5	38%	13	**1.62**
Few positive things for kids after school	1	10%	4	40%	5	50%	10	**1.60**
ATOD use has become acceptable. Social norms & learned/observed behavior	1	7%	4	29%	9	64%	14	**1.43**

Appendix: Supporting Data for Indicators

Alcohol, Tobacco, and Other Drugs Indicators

A variety of ATOD indicators collected from state, regional, and local data provided background information for ATOD planning.

Indicator Data and Sources

System Domain	Indicator Data	Source
Health Care Indicators	• Alcohol-involved motor vehicle accident fatalities; alcohol and drug use hospitalizations; deaths due to alcohol and drug	• *Draft Indicators of Alcohol and Other Drug Risk and Consequences for California Counties 2010*
Mental Health Care Indicators	• Mental and behavioral disorders due to specific drug use	• *Draft Indicators of Alcohol and Other Drug Risk and Consequences for California Counties 2010*
Alcohol and Drug Treatment Capacity	• 12 step programs currently meeting in Plumas County • Plumas Sierra Community Solutions L.L.C. (DUI program)	• Meeting Data
Alcohol and Drug Treatment Admissions & Discharge	• Admissions to AOD treatment (total admissions, primary drug, age, race/ethnicity, gender, other characteristics) • Current drug court and Prop 36 participants	• *Draft Indicators of Alcohol and Other Drug Risk and Consequences for California Counties 2010*
Child Welfare System	• Drug Exposure Removal Chart 2010-2011 • CPS investigations 2009-2011 • Children in CWS system	• *"Social Services Trends Jun 2011"*
Adult Protective Services	• In-Home Supportive Services A&D Stats: Point in time • IHSS cases by month 1999-2011 • APS referrals 2006-2011	• *"Social Services Trends Jun 2011"*
Criminal Justice System	• DUI traffic collisions, DUI arrests, public intoxication arrests • Arrests for alcohol- and drug-related offences and DUIs	• *Draft Indicators of Alcohol and Other Drug Risk and Consequences for California Counties 2010* • "Plumas County Area CHP DUI Reports 2009-2011" • Sheriff Drug Intoxication Report Sept 2010-August 2011

System Domain	Indicator Data	Source
Education	• Self reported ATOD use; perceptions of health risk, 2002-2008, • School suspensions, expulsions, truancy rates 2005-2010	• *California Healthy Kids Survey* • *"School Experience Indicators" (Excerpt from Teen Pregnancy Prevention Report)*
Environmental/Cultural/Social Conditions	• Prevalence of past month alcohol use; binge drinking • Underage sales rates for tobacco 2011	• *Draft Indicators of Alcohol and Other Drug Risk and Consequences for California Counties 2007* • *California Healthy Kids Survey* • *Plumas County Tobacco Use Reduction Program STAKE Act Survey Results*

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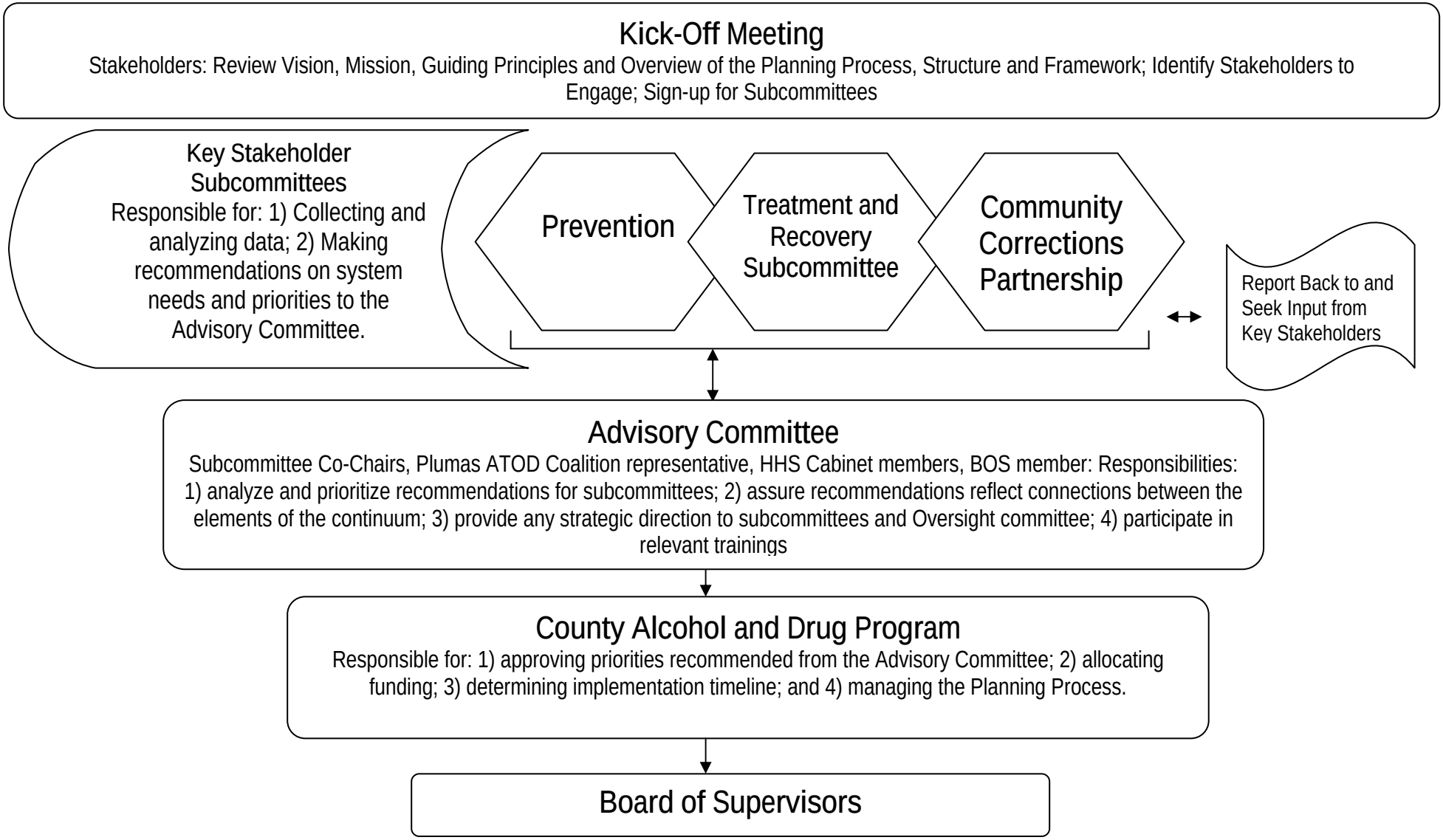
Attachment E: Planning Organization Chart

Plumas County Alcohol & Drug Programs Strategic Planning Process



Plumas County ATOD Prevention Program Scope of Work 2012-2015

Prevention Priority Area 1: Impact community, family and individual risk factors and norms and regarding the use of alcohol, tobacco and other drugs
(Addresses Strategic Planning Problem Areas 6, 8, 10, and 11)

Identified Problem: Norms and perceptions regarding acceptable behavior and use of ATOD have the power to encourage or discourage ATOD use, including illegal ATOD use by minors and high risk alcohol and drug use. Unfortunately, social acceptance of ATOD use and limited education and awareness contribute to early, frequent and high-risk use of ATOD. Research shows that a triple aim of strategies aimed at 1) social norm change, 2) access and availability, and 2) policy and enforcement impact community norms and can reduce early and high risk use of ATOD.

Contributing Factors:

- Plumas County residents live and spend time in environments with heavy alcohol, tobacco and other drug promotion and availability
- Plumas county students begin using alcohol, tobacco and marijuana earlier and have higher rates of ATOD use and high risk behaviors related to ATOD, particularly binge drinking and driving after drinking, than California
- Limited capacity for resource development

Assessment Tool(s): Key Informant Interviews, Focus Groups, CHKS data

Goal: Increase The Strong Disapproval of Peers Using Alcohol Daily among 9th & 11th Graders from 39% to 55%. *(Percentage increase is estimate)*

Goal Narrative: Plumas County ATOD Program will reduce the acceptance of underage and binge drinking by all ages, change adult attitudes regarding supplying alcohol to underage drinking, and affect local environmental practices regarding the availability and presence of ATOD in the community.

Strategies:

- Social Norm change
- Access and Availability
- Policy and Enforcement

Measurement Indicators: Youth Perception
Measurement Tools: CHKS – California Healthy Kids Survey (Table A4.16 – Personal Disapproval of Using Alcohol)

Objective:	Activity	Timeline:	Evaluation Measure	Responsible Party
1. Develop a plan and implement strategies that focus on shifting norms/acceptance in the following areas: 1)youth access to alcohol 2)service and sale of alcohol 3)binge drinking among youth	1. Develop Social Marketing Campaign in support of all strategies, coordinated with county-wide prevention efforts of other programs and partners, to increase public education and awareness on alcohol and drug issues.	Each Fall	Campaign developed, budgeted and launched by Fall 2012, and yearly updated through June 2013	PCPHA ATOD staff
	2. Work with Coalition, Law Enforcement, Schools, and FNL to expand the reach of existing events such as Sober Grad night and/or Every 15 Minutes activities throughout the year by linking them with the social marketing campaign,	May 2013	Expansion plan to link one time events with Campaign and school curricula developed and implemented	PCPHA ATOD Staff, ATOD Coalition, and partners

	school based curricula, and other efforts to ensure consistent message is delivered and sustained throughout the year.			
	3. Engage FNL programs in environmental support for anti-ATOD use attitudes by sharing accurate information, encouraging ATOD free activities, and engaging youth to advocate for laws and policies related to illicit ATOD use and abuse	June 2013	Youth Access Policy Education Post Survey Results	FNL staff and members
	4. Work with local schools to a.) identify, b.) train, and b.) implement evidence-based substance abuse curriculum for elementary, middle school, and high school.	a) June 2013 b) June 2014 c) Fall 2014	Curriculum Implemented	PCPAH ATOD & School Staff

Prevention Priority Area 2: Implement effective, evidence based ATOD Prevention programs and strategies that target the community, families, pregnant women and individuals and are coordinated across the continuum of services
(Addresses Strategic Planning Problem Areas 1, 4, 5, 6 and 7)

Identified Problem: Prevention curricula and educational programs exist in community and school settings across Plumas County. However, these activities do not universally incorporate families and the service providers serving families. Additionally, best practices based on science and research, are not always implemented with fidelity, and do not have rigorous or systematic standards to measure effectiveness or outcomes.

Contributing Factors:

- Lack of resources and funding for community programs and school staff
- Technical Assistance and training is needed for prevention and outreach staff, teachers and peer educators such as FNL members
- Youth report early initiation of alcohol and tobacco use.
- Needed for enhanced collaboration and partnership between community organizations and institutions to coordinate resources and services
- Staff and volunteers involved in all programs and services need ongoing training and access to resources regarding best practices, science of addiction, and implementing evidenced based practices
- Providers, parents and other adults are unaware of new/existing research on the impacts of adolescent AOD use.
- Family risk factors contributing to the cycle of ATOD use and abuse extends from one generation to the next and are increased with family dysfunction and adult substance use and abuse behaviors

Assessment Tool(s): Key Informant Interviews, Focus Groups

Goal: Create a coordinated and educated Prevention Program Network that uses services and evidenced based strategies, programs and practices implemented by trained and competent staff in a manner that is appropriate based on age, gender, and culture. Utilize data to assess needs, prioritize and commit to the purpose, establish actions and measurements, be grounded in evidence based practices by using proven prevention strategies and curricula & evaluate measured results to improve prevention outcomes.

Goal Narrative: Successful prevention programs must utilize data to assess needs, prioritize and commit to the purpose, establish actions and measurements, be grounded in evidence based practices by using proven prevention strategies and curricula, evaluate measured results to improve prevention outcomes, and use a competent, culturally proficient and properly trained workforce.

Strategies:

- Provide early interventions of evidence based, scientifically accurate and age-appropriate ATOD prevention messages and other interventions and reinforce these strategies in families. Reinforce these practices over time to ensure that skills, norms, expectations, and behaviors learned earlier are maintained over time. Such developmental stages and life transitions can involve
- Ensure prevention programs, policies, and messages are consistent, compatible, and appropriate across the community.
- Provide regular training to staff, partners and volunteers to ensure that prevention programs and services are delivered appropriately and with fidelity
- Monitor and evaluate programs to ensure that goals and objectives are being achieved

Measurement Indicators: ATOD Community Network Organizations & Services participation
Measurement Tools: Direct Community Observations/Data: ATOD Community Network Organizations & Services

Objective:	Activity	Timeline:	Evaluation Measure	Responsible Party
1. All county ATOD funded programs and services, as well as those provided by ATOD program partners, implement evidenced based, outcome oriented services provided by a competent, culturally proficient and properly trained workforce	1. Identify, train and implement an evidence-based universal screening assessment tool appropriate to programs that target young children and families including home visitation and case management, Maternal Child and Adolescent Health, WIC, Early Head Start, family resource centers, other social support services, etc.	Start: July 2012 End: June 2015 Ongoing: for new Partners & Refresher Courses	TBD	PCPHA ATOD staff, TA resources (i.e. CARS)
	2. Develop formal relationships (MOU) and processes with county departmental partners, community institutions and FNL that result in utilization of evidence based, outcome oriented services		TBD	PCPHA ATOD Staff, FNL advisors /members, Other Partners
	3. Assign ATOD program staff members coordinate information sharing, training and technical assistance among FNL, the community ATOD coalition, and other partners.	June 2013	Training & Assistance Schedule (coordination for county ATOD program & partners)	PCPHA ATOD staff

Prevention Priority Area 3: Increase the capacity of the county ATOD Program, partner organizations, community groups, and individuals to address ATOD issues and develop the infrastructure necessary to provide a coordinated system of services to prevent and reduce ATOD use (Addresses Strategic Planning Problem Areas 1, 3,4,5,6,7)

Identified Problem: Limited internal capacity of the organization and individuals responsible for implementation, oversight and management of the Plumas County ATOD prevention Program. Increasing organizational and community-wide capacity is essential for the successful monitoring and sustainability of prevention services critical to the success of the strategic plan).

Contributing Factors:

- Limited staffing/human resources
- ATOD programs and services were recently transitioned into the existing work of Plumas County Public Health Agency
- Limited local data and/or tracking systems
- Limited collaboration across prevention service providers
- Limited capacity for resource development

Assessment Tool(s): Key Informant Interviews, Focus Groups

Goal: Establish and strengthen collaboration among individuals, communities, private nonprofit agencies, schools, and local governments to support the efforts of the Plumas County ATOD program to prevent and reduce ATOD use and abuse.

Goal Narrative: Establish and strengthen collaboration among individuals, communities, private nonprofit agencies, schools, and, local governments to support the efforts of the Plumas County ATOD program to prevent and reduce ATOD use and abuse.
The objectives under this section are divided into four strategies, assessment, collaboration, capacity building and resource development.

Strategies:

- Assessment
- Collaboration
- Capacity Building
- Resource Development

Measurement Indicators: County ATOD partner increase
Measurement Tools: Direct Community Observations/Data: Plumas County ATOD Partners

Objective:	Activity	Timeline:	Evaluation Measure	Responsible Party
1. Implement annual data collection system.	1. Current Data Needs Assessment	12/30/12	TBD	
	2. Choose or create Develop data collection tool/system.	12/30/12		
	3. Implement data collection process	1/1/13 and Ongoing		
2. Increase AOD prevention funding among partners & Funding streams from 100% to 150% *(increase*	1. Identify potential grant opportunities	Ongoing		
	2. Sign up for grant list serves and funding announcements.	Fall 2012 & ongoing		
	3. Identify grant writers.	Fall 2012		

is estimate)	4. Identify coalition sub committee to review/contribute to grant writing.	Ongoing		
	5. Develop and submit grant proposals	Based on grant due dates		
3. Increase Plumas County Community ATOD Coalition membership among Plumas County from 100% to 150% *(50% increase)*	1. Identify current level of involvement	Fall 2012	TBD	
	2. Identify potential partners, including volunteers and youth	Fall 2012		
	3. Support communication system for the prevention community (i.e. list serve, meeting schedule, coalition newsletter).	Ongoing		
	4. Administer annual survey to coalition members to assess coordination and cohesion and identify areas for improving coordination and cohesion of group.	Yearly		
	5. Earmark a portion of SAPT block grant prevention funding to support ATOD coalition	Fall 2012		
4. Provide quarterly training opportunities and support to coalition members and partners	1. Develop a training plan to include topics such as: • ATOD Use/Abuse Prevention • Cultural Competence • Community Leadership • Evaluation Capacity (such as convening meetings and workshops with key stakeholders, coalitions, FNL and others) • coalition development and sustainability • youth development and youth/adult partnerships • evidenced based practices • environmental prevention • data collection	Yearly	TBD	

Prevention Priority Area 4: Increase Youth Involvement and Leadership to Better Address ATOD Issues
(Addresses Strategic Planning Problem Areas 1, 6, 8, 10, 11)

Identified Problem: There are limited opportunities for young people to contribute to ATOD prevention in the areas of leadership, advocacy and skill building.

Contributing Factors:

- Limited opportunities for youth involvement in leadership activities
- Limited opportunities for youth advocacy
- Limited skill building opportunities available
- Lack of resources to support youth training/conferences

Assessment Tool(s): Key Informant Interviews, Focus Groups, Friday Night Live Chapters in Plumas County, CHKS data

Goal: Increase youth leadership, advocacy and skills

Goal Narrative: Plumas County ATOD Prevention Program will work with FNL, youth, schools and community partners to increase the leadership, advocacy and skill building opportunities for young people in Plumas County.

Strategies:

- Youth Development
- Youth Leadership & Advocacy
- Environmental Prevention

Measurement Indicators: Increase of opportunities for young leadership and programs in Plumas County
Measurement Tools: Direct Community Observations/Data: Plumas County Friday Night Live Chapters

Objective:	Activity	Timeline:	Evaluation Measure	Responsible Party
1. Engage FNL Chapters in environmental prevention projects	1. FNL will receive annual training on environmental prevention	Annually	1. Training delivered	Health Education Specialists, FNL Chapters
	2. Annually Chapters will identify their own projects (a list will be provided in support of the SPF plan)		2. Projects identified	
	3. Annually Chapters will implement projects		3. Projects implemented	
	4. Chapter members will have the opportunity to present their project/experience to coalition		4. Presentation delivered	
2. Increase leadership, advocacy and skill building opportunities for	1. Identify and/or provide opportunities for youth to: • Build skills	Ongoing	1. Trainings, conferences, and workshops attended	Health Education Specialists, FNL Chapters, youth

youth	• Develop their roles as leaders and advocates • Build relationships with peers and adults • Engage with and contribute to their schools and communities • Experience safe environments • Implement youth led ATOD prevention projects • Implement youth led environmental prevention projects			
	2. Youth driven/led ATOD prevention projects implemented/completed		Projects developed and implemented	
3. Increase active Friday Night Live Chapters from 100% to 400%.	1. Annually identify active/established FNL/CL Chapters and Advisors	July 2014	Developed roster/list	Health Education Specialist
	2. Annually identify potential sites for expansion	December 2014	Sites identified	
	3. Annually identify FNL/CL Chapter Advisors and youth leaders.	December 2014	Developed roster/list	
	4. Complete necessary CFNLP forms/paperwork annually.	January 2015	Paperwork submitted	
4. Obtain Members In Good Standing Status for Friday Night Live & Club Live Programs.	1. Annually review Members In Good Standing criteria.	July 2012	Criteria reviewed	Health Education Specialist
	2. Establish FNL County Coordinator.	July 2012	County Coordinator identified and submitted to CFNLP.	
	3. Establish official FNL/CL Chapters & Chapter Advisors.	Ongoing	Chapters established.	
	4. Submit necessary paperwork/reporting to CFNLP/CFNLC.	Ongoing	Paperwork submitted	

Prevention Priority Area 5: Reduce Youth Access to Alcohol and Other Drugs (Alcohol problems such as underage drinking, drinking and driving, violence, safety problems, and health problems are linked to easy access/availability of alcohol).
(Addresses Strategic Planning Problem Areas 5, 6, 8, 10, 11)

Identified Problem: Ease of youth access to alcohol from social and commercial settings

Contributing Factors:

- Ease of youth access to alcohol and other drugs through **social** sources/settings (parents, siblings, older buyer)
- Ease of youth access to alcohol through **commercial** sources/settings (merchants, retailers)
- Youth report early initiation of alcohol and tobacco use.
- Limitations in consistent enforcement of alcohol/drug policies in schools/community.
- Adults and youth view violations of underage drinking laws as acceptable.
- Parents/adults provide alcohol and others drugs to youth in home/social settings.
- Adults are unaware of new/existing research on the impacts of adolescent AOD use.

Assessment Tool(s): Key Informant Interviews, Focus Groups, CHKS, Indicators of Alcohol and Other Drug Risk and Consequences for Plumas County 2010

Goal: Decrease the percentage of youth reporting initiation of alcohol use before the age of 15 among Elementary, Jr. High and High School Youth from 30.5% to 20%

Goal Narrative: Plumas County AOD Community Coalition will reduce alcohol use among youth by addressing the points of access and availability of alcohol and creating a zero tolerance for hosting parties where alcohol is provided to minors The objectives under this section are divided into three strategies, access and availability, norms, policy and enforcement. Plumas County AOD community coalition will implement the SPF 5 step evidence-based planning process for community planning and decision making.

Strategies:

- **Access and Availability**
- **Norms**
- **Policy and Enforcement**

Measurement Indicators: Reduction of Plumas County youth's age of onset for alcohol use
Measurement Tools: California Healthy Kids Survey 2008-2009 (Plumas Table A4.2 – Age of Onset Grades 9&11)

Objective:	Activity	Timeline:	Evaluation Measure	Responsible Party
1. Increase the perception of 7th, 9th, & 11th Graders that it is fairly or very difficult to obtain alcohol among the community and youth from 8.5% to 20%	1. Research existing laws and social host ordinances holding individuals responsible for providing alcohol to underage youth.	Oct. 2012	TBD	ATOD staff, coalition members, FNL youth
	2. Create a mechanism to notify law enforcement (i.e. tip line for both private citizens and merchants) about parties where underage drinking is suspected, or suspiciously high sales of alcohol.	March 2013		

	3. Work with coalition and community partners to establish policies for 1-2 community organizations or local community events/fairgrounds to restrict alcohol sales to designated areas, train staff selling alcohol, limit hours of sale, limit volume per sale, warning signs posted, and making sure alcohol-free drinks are provided. Work with 2-3 community organizations annually	June 2015		
	4. Research model policies regarding effective school campus strategies to reduce access to and use of alcohol on or around campus (i.e. closed campus).	Oct. 2012		
2. Create a 20% decrease in youth access to alcohol from commercial sources in Plumas County.	1. Provide annual merchant education and training to local retailers.	June 2015	Training delivered	ATOD Program staff, FNL advisors, FNL officers/members, law enforcement/ABC, coalition members TA resources (i.e. CARS)
	2. Conduct compliance checks of licensed alcohol retailers (after receiving merchant education).	June 2015	Compliance checks implemented	
	3. Convene one meeting with law enforcement/judges to review and discuss the limitations to enforcement of policies/citations and associated penalties for providing alcohol to minors.	June 2015	Meeting convened	
	4. Provide annual environmental prevention training to stakeholders on the importance of environmental approaches to reducing underage drinking).	June 2015	Training completed	
	5. Provide annual Responsible Beverage Service Training	June 2015	Training delivered	
	6. Provide retailers with counter advertising on youth purchase laws and local law enforcement intent to cite and prosecute.	June 2015	Increased retailer awareness	