



*Mariposa County*  
**Health & Human  
Services Agency**  
*Healthy. Safe. Thriving.*

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# Chapter 1: County Introduction

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## SUD Pv Commitments

Mariposa County Behavioral Health is a unit within the Health Services Division within the Mariposa County Health and Human Services Agency (HHS). HHS's vision is "Enhancing well-being in a safe and thriving community." The Behavioral Health team accomplishes this vision by "promoting hope, trust and wellness through reliable, professional and responsive services." Within the scope of Substance Use Disorder (SUD) treatment and prevention, the County provides each client with services and supports tailored towards their specific needs by addressing trauma, developing resiliency skills, and enhancing natural supports (such as support that flows from family, school, and the broader community) to decrease dependency and use of alcohol and controlled substances.

## County Profile

Mariposa County remains nearly static in its residential population of approximately 18,000. The county averages only 12 residents per square mile, compared to 217 per square mile in California. Approximately 4,000,000 yearly visitors to Yosemite National Park overshadow the small year-round population, all of whom fall within the jurisdiction of HHS and the U.S. Federal Park system. Mariposa, the county seat, is the center for all significant county services, though there are satellite clinics in the North part of the County and in the National Park.

The population in Mariposa County is homogeneous. The majority of our population is 81.7%, White (Caucasian). The growing Latinx population is 10.1%, Native American population is 2.3%, the African-American population is 1.3%, the Asian population is 2.3%, the Pacific Islander/Hawaiian population is 0.1% and people reporting more than one race is 3.3% (U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates).

## **Prior SPP Overview**

The prior Strategic Prevention Plan (SPP) identified alcohol and marijuana use as priorities, particularly regarding youth initiation of using these substances. While prevention efforts raised awareness of these priorities, they continue to be significant problems. In 2018, surveys and community forums conducted for a community health assessment residents consistently placed substance use and addiction among their top concerns.

The prior SPP envisioned a community coalition that would lead to increased capacity to address substance use and addiction. Unfortunately, turnover among key staff and community leaders and the lack of a consistent champion to lead these efforts resulted in a loss of momentum. Despite setbacks, the Community Corrections Partnership (CCP) coalition exists and is in the process of being revived from some time without activity due to turnover among key participants. The CCP includes representation from Mariposa County Behavioral Health, Mariposa Safe Families, and Mariposa County Probation. Further, current stakeholders have reported an increase in communication across agencies, which is a direct product of both the revived CCP and prior planning.

## **Achievements**

Although the County is unable to report a decrease in risk factors, there is some increase in public awareness about the negative impact of substance use. The small size of the Mariposa community makes chronic issues such as substance use relatable to many community members, since substance abuse impacts many people directly or indirectly. The new planning process for developing this SPP represents an opportunity to re-launch efforts identified in the prior plan, with more leadership, direction and accountability across the agencies involved.

Both Mariposa County and Mariposa Safe Families, a contracted provider, have experienced high staff turnover, but both organizations have been successful in hiring new staff in key positions. The process of recruiting new staff and focusing on priorities for the SPP has helped identify opportunities for growth, particularly with increased engagement of community members and underrepresented groups.

## **Lessons Learned**

While the intentions to implement the prior plan were solid, follow-through was less than ideal due to organizational transitions. Action steps were not always completed and, due to staff turnover, follow-through did not occur after individuals left their positions. In this current SPP, the County developed accountability measures to circumvent staff turnover challenges for the future to ensure prevention efforts are not dependent on a single staff member or leader.

Another lesson learned was the importance of making it possible for community members to be engaged in all planning efforts that affect them. For many residents, substance use is often used as a coping mechanism for various life challenges (e.g., unemployment or inconsistent housing). In order to have effective prevention programming, Mariposa County believes it is important to have a holistic perspective that takes into accounts the multiple factors that may lead to substance use and the way substance use affects different community members.

The commitment of new staff and engagement of community members will result in increased saturation for messages developed through this SPP, which will include more impactful interventions, and increased program success.

# Chapter 2: Assessment

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## Assessment Process

The assessment process included a combination of quantitative and qualitative data sources to help identify trends and current risk and protective factors influencing substance use in Mariposa County.

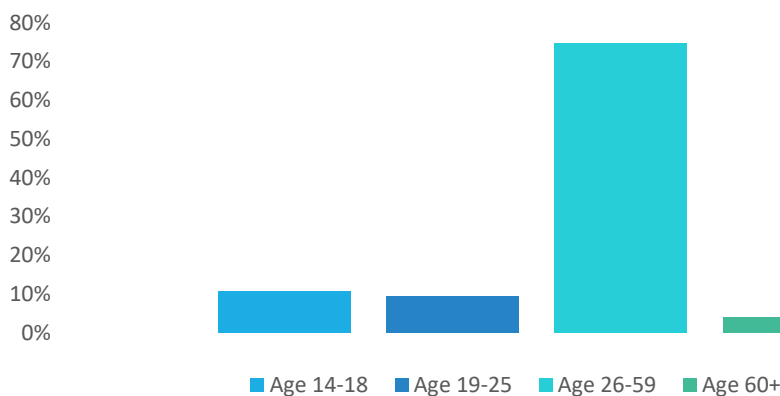
## Data Sources and Findings

### Quantitative Data

#### Data Source: Mariposa County Health & Human Services: Behavioral Health Branch

In calendar year 2019, the County Behavioral Health Branch served 225 unduplicated cases for SUDs. Nearly half of the clients were female (48%) and most were between the ages of 26 and 59. Additionally, HHS data have verified there is an increase of methamphetamine use and meth-induced psychosis. Data also show youth are using vape pens to vape meth on school sites.

**Figure 1: The majority of clients with a SUD seen by County Behavioral Health Services are between the ages of 26 and 59**



**Source:** Mariposa County Health & Human Services: Behavioral Health Branch unduplicated count of clients seen between Jan. 1, 2019 and December 31, 2019.

### **Data Source: Mariposa County Probation Office**

Mariposa County offers a number of court-ordered programs to encourage substance use offenders to pursue treatment:

- **Drug Court** – For persons who have not been successful with other treatment programs and who need closer supervision to maintain sobriety and stay out of jail.
- **Proposition 36** – A Substance Abuse and Crime Prevention Act (SACPA) program for offenders on formal or informal probation who agree to treatment in lieu of jail.
- **PC1000** – Under California Penal Code Section 1000 (PC1000), the Deferred Entry of Judgment program allows the defendant to enter into a drug treatment program in lieu of going to jail. This diversion program is for first offenders who given deferred sentences. The court often drops charges if the offender completes the program.

The table (on page 3) shows the numbers and demographic characteristics of the county's SUD court-ordered program participants.

**Table 1: Court-ordered program participants in Mariposa County are majority white, male, and between 20-50 years old**

	<b>Drug Court (N=46)</b>	<b>Prop 36 (N=44)</b>	<b>PC1000 (N=121)</b>
<b>Race/Ethnicity</b>			
<b>Native American/ Alaskan Native</b>	7%	11%	4%
<b>Asian/Asian American</b>	--	2%	2%
<b>Black/African American</b>	2%	2%	1%
<b>Hispanic/Latinx</b>	7%	7%	13%
<b>White</b>	85%	77%	79%
<b>Sex</b>			
<b>Female</b>	30%	36%	43%
<b>Male</b>	70%	64%	57%
<b>Age</b>			
<b>20-29</b>	30%	14%	13%
<b>30-39</b>	30%	32%	30%
<b>40-49</b>	20%	27%	26%
<b>50-59</b>	17%	23%	23%
<b>60-69</b>	2%	5%	6%
<b>70-79</b>	--	--	2%

**Source:** Mariposa County Probation Office, sent via email dated 30 January 2020.

**Data Source: Mariposa County Sheriff’s Office**

**Mariposa County Controlled Substance Arrests in 2019**

Records from the Mariposa County Sherriff’s Office indicate that in 2019, there were 156 arrests associated with controlled substances. The primary charge associated with each of the arrests from 2019 are contained in the table on Page 7.



**Table 2: Possession of methamphetamine is the most common primary charge among controlled substance arrests in Mariposa County, 2019**

<b>Violation</b>	<b>Percent of arrests</b>
<b>Possession of methamphetamine</b>	38%
<b>Under the influence of a controlled substance</b>	33%
<b>Possession of drug paraphernalia</b>	15%
<b>Possession of controlled substance</b>	6%
<b>Bringing drugs into a California jail or prison</b>	3%
<b>Manufacturing of narcotics</b>	1%
<b>Possession of firearm*</b>	1%
<b>Drunk in public</b>	1%
<b>Possession of methamphetamine with intention to sell</b>	1%
<b>Cultivation of marijuana</b>	1%
<b>Possession of controlled substance while armed</b>	1%
<b>*This arrest included a charge of “under the influence of a controlled substance” in addition to charges associated with firearms.</b>	

**Source:** Mariposa County Sheriff’s Office, personal communication

- 64% of those arrested for charges associated with controlled substances were male
- 77% of those arrested were White
- 13% of those arrested were Hispanic/Latinx

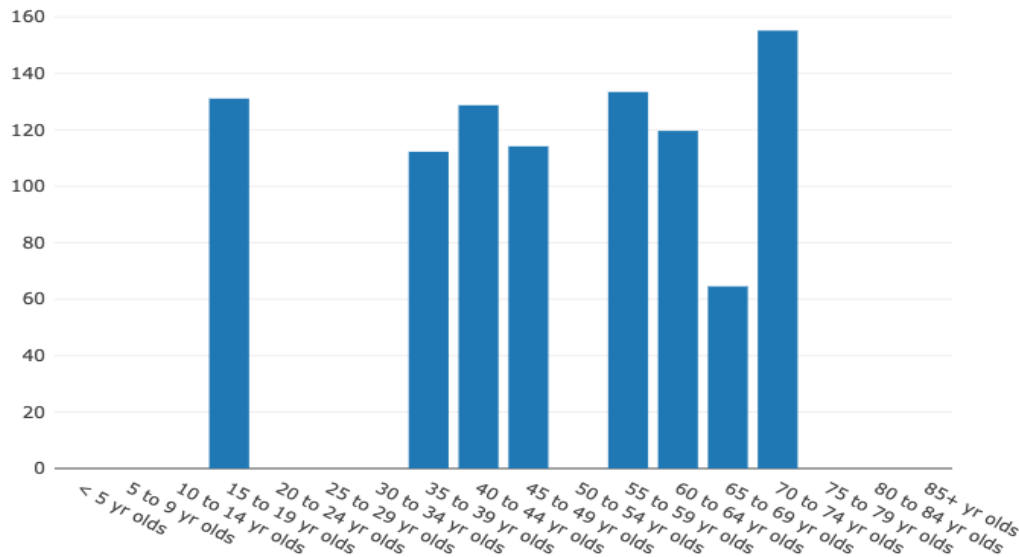
**Data Source: California Opioid Overdose Surveillance Dashboard**  
**Hospitalizations**

In 2018, 12 individuals visited the Emergency Department (ED) for opioid-related overdoses in Mariposa County. This represents 72.3 per 100,000 residents. There were five hospitalizations related to any opioid overdose in Mariposa County, representing 20.9 per 100,000 population. While opioid prescriptions have declined drastically since 2015, Mariposa County prescribed 14,441 prescriptions for opioids in 2018, representing 578.7 persons per 100,000 in the county.

Figure 2, below, illustrates the rate of hospitalizations per 1,000 residents caused by nonfatal acute poisonings due to the effects of all opioid drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Hospitalizations related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.

As the figure demonstrates, hospitalizations occur across a wide variation of age groups. Particularly alarming is the hospitalization rate among transitional-aged youth (15-19 years old), and the spike in the rate among the 70- to 74-year-old age group.

**Figure 1: Drug-related overdose hospitalizations are particularly high among the oldest age group**



**Source:** 2018 California Opioid Overdose Surveillance Dashboard

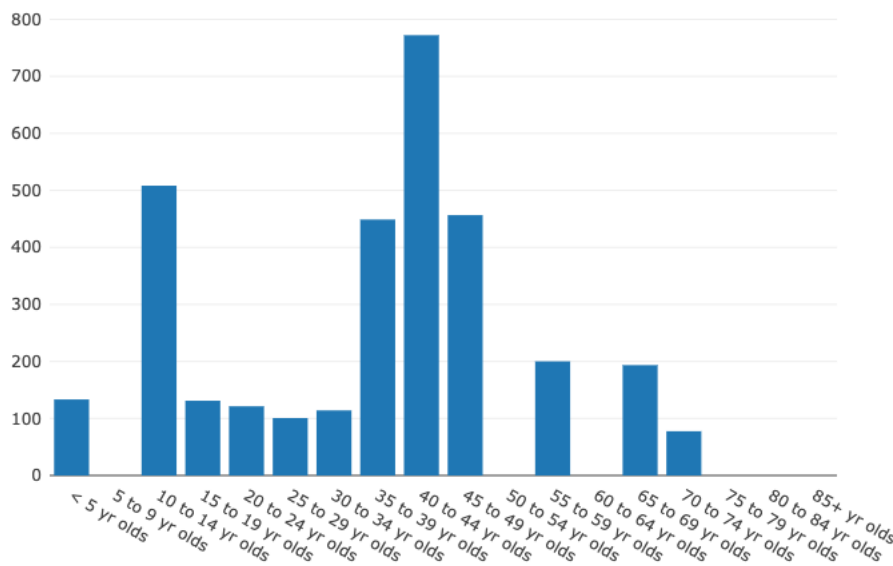
<https://skylab.cdph.ca.gov/ODdash/> California Office of Statewide Health Planning and Development, Emergency Department. Data Prepared by: California Department of Public Health, Injury and Violence Prevention Branch (formerly the Safe and Active Communities Branch).

**Note:** Drugs included in these estimates are opioids, heroin, benzodiazepines, cocaine, amphetamines. Age-adjusted rate per 100,000 residents.

Figure 3 demonstrates the rate of all drug overdose ED visits per 1,000 county residents caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.

It is alarming to note the spike in the rate of ED visits among residents 10 to 14 years old. The rate of ED visits due to drug-related overdose peaks among the 40- to 44-year-old age group.

**Figure 2: All drug-related overdose ED visits are highest among the 40- to 44-year-old age group**



**Source:** 2018 California Opioid Overdose Surveillance Dashboard <https://skylab.cdph.ca.gov/ODdash/> California Office of Statewide Health Planning and Development, Emergency Department. Data Prepared by: California Department of Public Health, Injury and Violence Prevention Branch (formerly the Safe and Active Communities Branch).

**Note:** Drugs included in these estimates are opioids, heroin, benzodiazepines, cocaine, and amphetamines. Age-adjusted rate per 100,000 residents.

### **John C. Fremont Hospital Emergency Room and Inpatient Visits**

In 2019, the John C. Fremont Healthcare District saw 239 patients through the ED or inpatient visits whose primary, secondary, and/or tertiary diagnoses were mental or behavioral disorders due to psychoactive substance use.

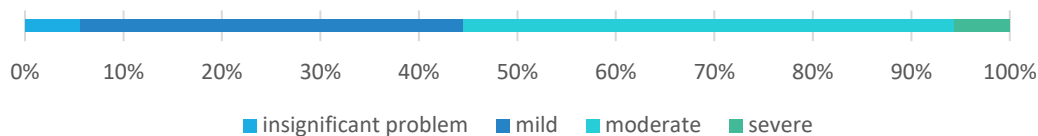
A slightly higher proportion of patients were female (51%), and the vast majority were white/Caucasian (83%). The vast majority of patients (91%) were seen through ED visits, while only 9% were inpatient visits.

### Data Source: California School Staff and Healthy Kids Surveys (WestEd): Youth Alcohol and Other Drug Use

The California School Staff Survey asks school staff to identify the extent of student alcohol and drug use problems at school. Mariposa County survey results only show data from high school staff, and indicate the following:

- 5.6% consider alcohol and drug use an insignificant problem at school, compared to 15% of high school staff across California state
- 38.9% consider this a mild problem in Mariposa County; 45% consider this a mild problem across the state
- 50% consider it a moderate problem in Mariposa County; 32% consider it a moderate problem in the state overall
- 5.6% consider it severe in Mariposa County, compared to 7% of staff who consider it a severe problem at schools across the state.

**Figure 3: A slight majority of high school staff considers alcohol and drug use a moderate problem at school**



**Source:** WestEd, [California School Staff Survey](#). California Dept. of Education (March 2019).

According to the California Healthy Kids Survey (CHKS), which asks youth to self-report their alcohol and drug use, student use increases steadily by each grade level in Mariposa County. This increase is consistent with patterns observed in California. According to CHKS, one in five middle school students in Mariposa County have used alcohol or drugs by the seventh grade. By 11<sup>th</sup> grade, a *majority* (61%) of youth have consumed alcohol or drugs.

Moreover, as illustrated in the following table, high school student use rates in Mariposa County are consistently higher as compared to the state overall. Lifetime alcohol or other drug use is consistently higher in Mariposa County than the state overall, across grades 7 through 11, as is current alcohol or drug use and current heavy drug and alcohol use. However, the prevalence of current alcohol or drug use on school property is slightly lower in Mariposa County than is reported in the state overall.

**Table 3: Prevalence of alcohol and drug use increases with grade level in Mariposa County and in California State (in parentheses)**

	<b>Grade 7 %</b>	<b>Grade 9 %</b>	<b>Grade 11 %</b>
<b>Lifetime alcohol or drugs (excluding cold/cough medicines and prescription drugs)</b>	Mariposa: 21 (CA: 13)	Mariposa: 55 (CA: 32)	Mariposa: 61 (CA: 48)
<b>Current alcohol or drugs</b>	14 (CA: 7)	34 (CA: 20)	37 (CA: 29)
<b>Current heavy drug use</b>	3 (CA: 2)	7 (CA: 7)	9 (CA: 11)
<b>Current heavy alcohol use (binge drinking)</b>	2 (CA: 1)	14 (CA: 6)	24 (CA: 12)
<b>Current alcohol or drug use on school property</b>	3 (CA: 3)	5 (CA: 7)	4 (CA: 7)
<b>Note: "Current" refers to use in the past 30 days.</b>			

**Source:** Mariposa County. California Healthy Kids Survey, 2015-2017: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.

Nearly one in five youth used alcohol or other drugs by grade 7; just over half have done so by grade 9 and 61% of youth have done so by grade 11..

Table 5 reveals a substantial increase in the prevalence of alcohol and marijuana use between the 7<sup>th</sup> and 9<sup>th</sup> grades. Moreover, rates of reported alcohol use are considerably higher in Mariposa County than the state overall. In 7<sup>th</sup> and 9<sup>th</sup> grades, alcohol use rates are double than reported in the state, and by 11<sup>th</sup> grade, 60% of students report having used alcohol, compared to 43% statewide.

**Table 5: Youth lifetime AOD use increases between middle and high school, Mariposa County and State of California (in parentheses)**

	<b>Grade 7 %</b>	<b>Grade 9 %</b>	<b>Grade 11 %</b>
<b>Alcohol</b>	18 (9)	52 (27)	60 (43)
<b>Marijuana</b>	5 (4)	28 (17)	28 (32)
<b>Inhalants</b>	2 (3)	7 (5)	2 (5)
<b>Cocaine, methamphetamine, or any amphetamines</b>	N/A	0 (2)	3 (4)
<b>Ecstasy, LSD, or other psychedelics</b>	N/A	3 (3)	0 (5)
<b>Prescription pain killers, diet pills, or other prescription stimulant</b>	N/A	20 (13)	20 (16)
<b><i>N/A: Not asked of middle school students</i></b>			

**Source:** Mariposa County. California Healthy Kids Survey, 2015-2017: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.

Table 6 shows the percentage of students in grades 7, 9, and 11 who used alcohol or drugs in the past 30 days by level of school connectedness. Consistent with findings from student self-reports statewide, the more school connectedness a student has, the less likely a student is to report having used substances in the past month. However, consistent with findings reported above, the proportion of students reporting use in the past 30 days is consistently higher in Mariposa County than it is in the state overall.

**Table 6: The higher the level of school connectedness, the less likely a student is to have used in the past 30 days**

Level of School Connectedness	Percent Used	
	Mariposa County (CA State)	
	Some	None
<b>High</b>	21.9% (13.5%)	78.1% (86.5%)
<b>Medium</b>	34.0% (22.6%)	66.0% (77.4%)
<b>Low</b>	45.7% (30.3%)	54.3% (69.7%)

**Source:** WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Mar. 2019). <https://www.kidsdata.org/topic/614/alcohol-drug-connectedness/table#fmt=860&loc=353&tf=122&ch=430,432,433,1170,1169&sortColumnId=0&sortType=asc>

### Qualitative Data (124 respondents)

The HHSA consulting team, in consultation with HHSA’s Behavioral Health team developed the interview protocols for both individual and group interviews. The protocols included questions to explore how respondents viewed **how Mariposa County compares** to other places in terms of substance use, **risk and protective factors**, what they felt could be done to **prevent substance use**, the **availability of services** (and gaps), and how people in **recovery** can be supported. Interviewers asked youth about their **relationships with adults**, their perceptions of substance use among **peers**, and the kinds of **activities** that occupy their time after school and on weekends.

- Twenty-two individual **key informants** with representatives from the County’s education, law enforcement (probation and School Resource Officer), health (hospital, public health), parks and recreation, and other service sectors. In line with Mariposa County demographics, the County conducted individual interviews with organizations serving **veterans** and the **Native American population**. Additionally, Native American youth participated in at least one focus group.



- Eight **group interviews** were implemented with **youth** (including alternative school students). These youth were identified by the Miwu Mati Family Healing Center (program of the American Indian Council), Mariposa Safe Families, the Board of Mariposa Safe Families, and members of the County's Behavioral Health Board and opioid coalition (the Living Free Initiative).

### **Interview Protocols**

Through group interviews, it was clear that an inclusive community approach to understand substance abuse through a differing lens is needed, especially for Native American youth who expressed a wish for activities that reflect their cultural heritage. The value of being included and consulted about services is applicable to non-Native groups as well.

Since Mariposa County is a gateway to **Yosemite National Park**, the County conducted interviews with the Park's health clinic administrator and concessionaire union to gain insights about substance use issues among visitors and employees within the Park.

The County ensured survey inclusion from individuals in recovery, to gain insights from those who have lived experience with substance use and recovery. Although previous assessments included representation by people with lived experience, the County was very deliberate to include individuals newly in recovery as well as recovery coaches. Coaches had the opportunity to reflect and understand on a deeper level the issues that drive substance abuse. Insights from those newly in recovery allowed the planning team to examine substance abuse and availability as it currently exists in the County. The level of clarity provided by these groups contributed greatly to this plan.

Those with self-disclosed mental health conditions, lesbian, gay, bisexual, transgender, and queer (LGBTQ) + status, and multicultural identification were included in the interview and focus group cohorts. Many of those interviewed participated in coalitions alongside County staff and are dedicated to behavioral health and other health and wellness issues. The planning team (HHSA staff and

consultants) sought these perspectives as well as others who have not been part of past planning efforts.

Historically, committees and coalitions that drive community input did not include Veterans and Native Americans. This time, the County outreached to Veterans to understand their unique needs, existing resources, and barriers to accessing resources. The County also outreached to Native American adults, youth and former counselors for input.

As noted in Chapter 1, staff turnover across agencies has brought new stakeholders to this work, so it was important to include them as well.

### **Data Limitations**

The main limitation of Mariposa County data collection for substance use and other topics is the small population and resulting sample size, making it difficult to assess trends over time. In addition, some data are not available at all (e.g., from school sources) or cannot be linked across data sources and age cohorts. Identifying more comprehensive, timely data sources will be a priority for building capacity as described in more detail below.

A further limitation was the lack of penetration into the National Park workforce, which includes members of the small, but significant, monolingual Spanish-speaking population employed by the Park Concessionaire. Although the interviewer met with the UNITE Now union representative for hotel and restaurant workers in the Park, this meeting illuminated the need to meet with more workers and program leaders in this population, as they can provide valuable insights into recreational substance use activities that takes place in the park.

### **Findings from Qualitative Interviews**

Children and teens need more options for after-school and weekend **activities** — and many adults would benefit from a broader range of activities as well. A planned Recreation Center should help, but the community can still work with County agencies (including HHSA as well as economic development groups) to provide more affordable, engaging, and multi-generational options.

With the **economy** entering a new phase of extreme volatility and uncertainty, it will be even more important to provide support, compassion, and stability to historically underrepresented populations, as well as struggling families unable to provide for themselves and their families.

### Comparing Mariposa County to Other Places

Ninety-five percent of respondents see substance use in the County as **average** — no better or worse than other places, especially compared to other small, rural counties. “It’s a problem everywhere,” one noted. Anecdotally some observed that *per capita* use may be higher, possibly influenced by isolation, despair, and fewer opportunities for young people.

When asked about particular **pockets** of substance use within the County — geographic or demographic — respondents noted that substance use cuts across all demographics, but people who are homeless or low-income may be more likely to use substances due to their particular state of vulnerability. “I’m not sure which comes first,” one said, “the drug use or the poverty.”

Drugs listed included methamphetamines, especially among employees living year-round in Yosemite National Park, while tourists visiting the Park are more likely to use hallucinogens and marijuana. Across the County, respondents report meth is the most common drug along with widespread marijuana, alcohol, and tobacco use. Some pointed to the northern part of the County as an area of higher drug use; “the more secluded the area, the higher the incidence rate.”

### Risk Factors

Respondents noted the role of underlying family **trauma** or underlying **behavioral health** issues (such as depression and anxiety) as factors leading to self-medication later in life. One respondent believed Adderall (widely used to treat Attention Deficit Hyperactivity Disorder) functions as a gateway drug to other substances. **Poverty** and its consequences of instability, stress, and hopelessness can contribute to substance use.

Youth noted stress from school, family life, and peers, **loneliness** and **isolation**, poor modeling behavior from **parents** who may be users themselves, and **boredom** from lack of available activities. Several respondents mentioned that services and guidance were needed for the population of “**lost boys**” — young men aged 18 to 25 who lack direction, purpose, and consistent work. Among Native American respondents, the generational trauma of genocide and loss of dignity was noted, as well as alcohol use normalized as a ritual (and replacing other rituals and rites of passage).

### **Protective Factors**

Most respondents discussed the support, engagement, stability, and modeling of **families** as a crucial protective factor.

A related factor was strong **social connections** – to other family members, caring adults outside the family, healthy peer groups, faith communities, and clubs. These findings corroborate the quantitative section above that students with strong connections to school are less likely to engage in alcohol or drug use. The importance of **activities** and other interests especially, but not exclusively, for youth is another protective factor. For example, adults noted ways to avoid stress that might lead to substance use, which included exercise and meditation.

**Education** was often described as important, especially in the early years, but insufficient unless other supports and resources are in place as well. However, school staff noted the tobacco education campaign geared to youth was making a difference, especially in reducing vaping.

Having a sense of **purpose** and worth, having access to a stable income and being able to meet basic needs were other protective factors.

Native American respondents cited the feeling of a **cultural connection** to the Tribe through activities, ceremonies, and gatherings.

## Preventing Substance Use

Respondents expressed a need for more **activities**, especially for youth and Tribal members — ranging from recreation and sports, clubs like 4-H and Future Farmers of America, safe and appealing places to work out, and opportunities for different **generations** to be together (such as the Gathering of Native American Communities, or GONAC). **Prevention** and **stigma-reduction** messages could be woven into these gatherings.

Some adult respondents called for other **adults** to be more open, accepting, and understanding of young people and the stresses they face, so they can feel supported instead of judged.

Others raised concerns about **enforcing drug laws**, feeling this was not necessarily happening in ways that hold people accountable, especially regarding supplying drugs to children and adolescents. There was also considerable agreement that change to enforcement laws could create a disservice to individuals who use drugs and who may use enforcement as an incentive and opportunity to get clean (i.e., more lenient policies, they believed, may not push people to treatment and turning their lives around).

Some respondents also felt resources were limited, such as support groups for adults from LGBTQ+ communities or for people of color.

## Availability of Services and Support

Many respondents were able to list a range of **locally available services**, such as Heritage House, Ethos (a recovery program for young people), Friday Night Live, Alcoholics Anonymous, Narcotics Anonymous, HHSA, programs for veterans, and faith-based programs. Respondents noted Drug Court and Prop 36 diversion programs as helpful. Youth and adults noted a strong law enforcement presence at the high school as a benefit to students. Many of these organizations provide **support groups** and help for those in recovery.

Some respondents would like to see more groups that allow a stronger connection to their particular situation or demographic group (e.g., veterans,

Native Americans, the unhoused, people of color), along with groups that differentiate between alcohol and other drugs (i.e., are specific to a substance instead of dealing with all substances at once). However, this degree of specificity is often difficult to convene and sustain in a small community.

A lack of privacy also was mentioned as a barrier to accessing support services;

Nearly every respondent and group noted transportation as a significant barrier.

Some respondents noted that it would be useful to have a non-criminal way to get into **drug court**, which respondents noted as a very helpful program that promoted accountability.

Training and protocols to help people get into **treatment** when they're ready — a "**no wrong door**" approach — would be helpful.

A medically supervised **detox facility, withdrawal management, residential treatment, family/systems treatment, a sober living community** or apartment complex, and more **transitional housing** for people who are "pulling it together" were other needed services mentioned by respondents.

### Youth-specific Themes

The youth focus group discussions affirmed some of the California Healthy Kids Survey results about the **prevalence of substance use**, especially in high school.

Most of the young people who attended the group discussions felt **safe at school** and reported that they had **trusted adults** they could turn to for support and information, such as coaches, librarians, teachers, counselors, and even the School Resource Officer and administrators (though one group warned that administrators could be "grouchy!"). One group called out a health teacher's claims as dubious ("One sip of alcohol and you're hooked"), which could potentially discredit other information.

Youth were less likely to go to a **clinic** or the **County (HHSA)** for information and services, but praised their health teacher, parents, Ethos staff, Mariposa Safe Families, and their school's Resource Officer as trusted sources of information.

After school and on weekends, youth hang out with their friends, play basketball and table tennis, sit in cars, listen to music, and go to the river or on hikes. They would like to see **additional safe, substance-free places to hang out**, including a rec center or gym with indoor basketball and swimming, or even bowling, a movie theater, or classes such as cooking, drama, and self-defense.

Youth in the alternative school also recommended the addition of a boxing ring — or some other active way for youth to productively express their anger.

Native American youth expressed an interest in becoming more connected to their culture through ceremonies, talking circles, crafts, and learning Native languages from their elders.

Both youth and adult participants were nearly unanimous in indicating that “keeping people busy” was a key factor in preventing substance abuse.

### **Data Trends Summary**

The data suggest that several substances are an issue in Mariposa County, including alcohol, opioids, and methamphetamine. Considering the available data, insights from qualitative interviews, and the opportunity to create long-term outcomes, Mariposa County will focus on underage drinking among middle and high school students as the focus population. The increase in alcohol use as students move from 7<sup>th</sup> to 9<sup>th</sup> to 11<sup>th</sup> grades is documented in multiple data sources and leads us to this conclusion. Data on the progression in use from 7<sup>th</sup> to 9<sup>th</sup> to 11<sup>th</sup> grades suggests opportunities to reduce current use rates. Focusing on school climate is an important factor; adult acceptance of student alcohol use includes the attitudes of high school teachers and staff (the only group for which data are available), as well as anecdotal evidence from interviews about parental acceptance of youth drinking.

## Prioritized Risk Factors & Problem Statement

**Table 8: Ranking of Risk Factors for Alcohol Use**

<b>Priority Area: Alcohol Use</b>	<b>Importance</b>		<b>Changeability</b>		<b>Rank</b>
<b>Consumption Priorities: Age of Onset and Current Use</b>					
<b>Risk Factors from Data</b>	<b>Low</b>	<b>High</b>	<b>Low</b>	<b>High</b>	
school staff have a lower perception of harm (school climate)		x		x	2
Youth need AOD free after-school and weekend activities for youth		x		x	1
Adult community members accept alcohol use (norms) among youth		x		x	3
Community members believe that self-medication is an option for dealing with underlying family trauma or behavioral health issues		x	x		n/a
Youth are not accessing behavioral health services (Stigma reduction efforts)		x		x	4

The County ranked **after-school and weekend activities** for youth first among the risk factors because it is an important gap and came up repeatedly in focus groups and interviews. Youth consume and are tempted to consume alcohol when they do not have positive alternatives, are bored, lack adult supervision, and succumb to peer norms). Creating more community-based activities is



changeable; developing a local recreation center is among the economic development priorities highlighted in a recent Community Health Improvement Plan (CHIP) and in this SPP.

**School staff perceptions** of youth alcohol use as a mild to moderate problem reflects common adult and **community attitudes** about alcohol use as a lower perception of harm. The County rated school staff perceptions as changeable because it directly affects students and could address broader social norms. In addition, a targeted message campaign to school staff would be a new intervention. The County ranked **adult community members** – particularly parents – accepting alcohol use by youth as a third priority, also related to the attitudes of school staff and amenable to some of the same messaging and education about the harm that alcohol causes, especially for younger students.

Even though SMC prioritized changing community member norms of acceptance as third, the County does not currently have a method to collect data. Therefore, this task will be included in the Capacity Building plan.

Two lower priorities raised by qualitative data were 1) the role of **stigma** associated with seeking help or acknowledging a substance use problem, and 2) acceptance of **self-medication** (through alcohol and drugs) as a strategy for dealing with unresolved trauma or other issues. Since the County ranked acceptance of self-medication low in changeability, the County does not have the capacity to address this risk factor at this time.

### **Problem Statement**

Underage drinking rates (past 30-day) are a priority for Mariposa County because youth begin drinking at an early age, youth need AOD-free after-school/weekend activities and school staff have a low perception of harm. To support a healthy school climate for youth to be successful, accessing prevention services is critical to decrease underage drinking rates.

## Capacity Assessment

### Current Capacity

#### *County Staff*

Mariposa County Behavioral Health and Recovery Services has a .1 FTE Supervisor and a .2 FTE Analyst in Quality Assurance to oversee the primary prevention program.

#### *County Services and Programs*

The County does not provide services directly, but contracts with Mariposa Safe Families (described below).

#### *County Providers*

**Mariposa Safe Families** provides youth prevention services, youth mentoring programs and strategic prevention services. Staff include:

- 0.5 FTE Supervisor. 50% SABG.
  - Provides direct supervision of the prevention specialist, conducts sessions during prevention specialist's absence, attends monthly compliance calls with the county and DHCS.
- 1.0 FTE Prevention Specialist. 100% SABG
  - Coordinates primary prevention activities, enters data entry for state data entry system, ensures reporting is timely, facilitates sessions, and completes follow up activities as outlined in the program description.

#### *County Coalitions/Groups*

The following county coalitions/groups address prevention. Since Mariposa County is a small rural county, many coalition members participate in the same coalitions and are responsible for intersectional coalition efforts allowing for the integration of prevention into multiple areas of community involvement. For example, the Living Free Initiative and Corrections Partnership are both part of

Mariposa County's Community Health Improvement Plan, which includes an objective related to Medication Assisted Treatment (MAT) for those transitioning from incarceration to prevent relapse. Living Free Initiative Task Force: focuses on issues with addiction and opiate use in Mariposa County, including prevention of first use.

- **Community Corrections Partnership** Chaired by Mariposa County Probation: focuses on reducing risk factors for incarceration, including drug and alcohol use prevention.
- **Mariposa Child Abuse Prevention Council**, Administrator for child abuse prevention funding: focuses on healthy family relationships and reducing risk factors for youth substance use. The Child Abuse Prevention Council is working to bring trauma-informed practices to a variety of agencies.
- **Behavioral Health Board**, Behavioral health funding and programming oversight: focuses on behavioral health programs including substance use prevention. The Behavioral Health Board has a stigma reduction initiative.

### **County Partners**

The **Mariposa County Probation Department** is committed to promoting public safety by enforcing court orders that hold juvenile and adult offenders accountable. Probation programs reduce risk by closely monitoring offenders and offering rehabilitation by way of behavioral health treatment, drug court, behavioral health court, PC 1000, Proposition 36, and other services. Probation staff also participate in the Living Free Initiative, Behavioral Health Board, Mariposa Child Abuse Prevention Council, Community Corrections Partnership, and other initiatives.

The **Mariposa County Sheriff's Office** protects, serves, and enriches the community. Sheriff's Office staff and Adult Detention Facility are active in the Living Free Initiative, Behavioral Health Board, Mariposa Abuse Prevention Council, Community Corrections Partnership, and other initiatives. The Adult

Detention Facility is also a key player in the MAT program with a medical room in their facility to accommodate these services.

### ***Workforce Development***

CEU's are provided to staff to maintain their certifications. In addition, the County requires prevention staff to attend annual training as appropriate to their certifications.

### **Resources and Community Readiness**

Alcohol: There is some recognition that alcohol use among youth is a problem, but there is also a high degree of acceptance of alcohol as a "lesser" drug compared to others. Even many high school staff accept alcohol use among students as a mild problem, despite high rates of use and binge drinking. Therefore, the community overall would be closest to Stage 3 (Vague Awareness). Among providers and partners, recognition of the importance of addressing and preventing alcohol use among youth is closer to Stage 4 (Preplanning). There is recognition of a local problem and the need to do more, as well as interest in doing so, but personnel changes at the school district and HHS have made it difficult to develop and implement specific plans for this student population.

**Table 9: Capacity Challenges and Gaps to Address Underage Drinking**

<b>Priority: Alcohol Use Among Youth</b>	
<b>Community Readiness</b>	<p>Stage 3 for the community overall (because of general acceptance of alcohol use by youth as a “lesser” problem, including lower perceptions of harm among school staff), and Stage 4 for the provider community (which recognizes the need to do more).</p>
<b>Community Resources</b>	<p>Although efforts are underway to develop a recreation center, opportunities for youth to explore programming and activities that prevent substance use are limited at this time.</p> <p>Being a small rural community limits resources, community organizations, and programs. Technology upgrades, such as wireless and mobile capabilities, limits prevention service accessibility. Limited internet bandwidth is a consistent problem for remote areas of the county.</p> <p>Recruiting new providers is difficult.</p> <p>Available and accessible transportation for people who need to travel to neighboring counties/communities to find programming is a challenge.</p> <p>The broader community needs more <b>education</b> about the importance of prevention, parents as role models, the need for community-wide approaches, and the availability of existing services.</p>

	<p><b>Schools</b> are a natural locus for frequent, consistent education about substance use prevention as necessary to sustain a healthy school climate.</p>
<p><b>Organizational Resources</b></p>	<p>Leadership changes within HHSA and among key partner agencies, particularly the school district providing youth prevention programs, slowed the pace of implementing previous plans and services.</p> <p>Identify more comprehensive, timely data sources (13), specifically to measure adult acceptance.</p> <p><b>Cross-sector training about</b> various aspects of substance use prevention</p> <p>Programs need help <b>evaluating</b> the effectiveness of their interventions and services.</p> <p>Cross-agency <b>communication</b> has been improving, but needs to be strengthened</p>
<p><b>Fiscal Resources</b></p>	<p>The County and Mariposa County Unified School District (MCUSD) will continue to look for grant opportunities to expand the work and partnerships available for residents.</p>
<p><b>Human Resources</b></p>	<p>Recruitment and maintenance of staff continues to be difficult for community partners as human resource capacity is limited and recruitment is challenging for a small rural county. Due to limited staffing, there may be some difficulty in expanding services beyond those currently offered. MCUSD and other partner</p>

	organizations have limited funding for staffing, specifically for SUD related activities; limited staffing also makes coordination between partners difficult with each having multiple and sometimes competing priorities.
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## **Cultural Competence and Sustainability**

The focus population for this SPP is youth. However, qualitative data mentioned five focus populations: Native Americans, veterans, transitional age youth, monolingual Spanish speakers, and people of color. The county anticipates fostering relationships with agencies serving the five identified populations and collaborating with bilingual competent community leaders from these respective populations. Staff have some Spanish language capacity — in particular, through Public Health — which is a division of the larger HHSA that includes Behavioral Health programs. HHSA recently adopted a cultural competence plan and training approach to address gaps in responding to needs of Mariposa County residents that aligns with this SPP.

Qualitative data collection methods (key informant interviews and focus groups) recruited additional partners into the assessment process, particularly with new school staff, the Native American community, and veterans. A Native American community member is an active member of the consulting team and conducted interviews and focus groups, as well as participated in the collection instrument design and data analysis. With alcohol use among youth as the new priority area, the planning team will identify techniques to include focus group youth participants, as well as other school partnerships, to participate in planning, implementation, and evaluation activities.

## Chapter 3: Capacity Building

Tables below present courses of action for Mariposa County’s priority to decrease underage drinking.

### Capacity Building Plan

<b>Priority Area: Underage Drinking</b>	
Community Readiness Stage: 3 (Vague Awareness)	
<b>Course of Action</b>	<b>Proposed Timeline</b>
<p><b>Community Resources:</b></p> <ol style="list-style-type: none"> <li>1. Drug-free youth activities: Provide youth engagement opportunities where youth voice and youth-led activities are a priority.</li> <li>2. Collaborate with local partners (particularly school partners and Native American community) to establish a Behavioral Health Youth Advisory Board.</li> <li>3. Develop a communication campaign to increase community and adult awareness about underage drinking and its consequences</li> <li>4. Update the MC Behavioral Health website with campaign messages, including information regarding youth alcohol and other substance use, and highlight efforts to decrease the trend.</li> <li>5. Support countywide efforts to upgrade technology, including bandwidth, wireless, and mobile capacity.</li> </ol>	<p>Year 1-5</p> <p>Year 1</p> <p>Year 2</p> <p>Year 2</p> <p>Year 3</p>



<p>6. Cross-sector collaboration with mental health providers to promote stigma reduction efforts.</p>	<p>Year 3</p>
<p><b>Organizational Resources:</b></p> <ol style="list-style-type: none"> <li>1. Strengthen relationships with school staff and incorporate SUD prevention education and groups in modified formats, since in-person groups are not viable for the foreseeable future.</li> <li>2. Increase interagency collaboration for referrals, especially for youth populations (e.g., youth with DUI arrests and/or co-occurring behavioral health conditions).</li> <li>3. Identify and implement data methods to measure adult acceptance.</li> <li>4. Implement ongoing system of care improvements to help close referral gaps and increase access to both prevention services.</li> <li>5. Increase youth service and behavioral health staff development about communicating substance use issues with their customers.</li> </ol>	<p>Years 1-2</p> <p>Years 3-4</p> <p>Year 5</p> <p>Year 5</p> <p>Year 3</p>
<p><b>Human Resources:</b></p> <ol style="list-style-type: none"> <li>1. Continue recruitment efforts to fill key vacancies.</li> <li>2. Advocate for funding for HHSA and partners to recruit local providers.</li> <li>3. Explore contracting with community organizations to provide prevention/early intervention services in school,</li> </ol>	<p>Years 1-2</p> <p>Years 1-2</p> <p>Year 1</p>

including online formats to accommodate restrictions on in-person gatherings into the fall.	
4. Trauma-informed approaches and trained professionals at all touch points	Years 4-5
<b>Fiscal Resources</b>	
1. Continue to seek funding to increase the scope and number of programs dedicated to youth alcohol and other substance abuse prevention.	Years 1-5
2. Continue to develop partnerships with schools and other youth-based organizations to target the problem.	Years 1-5

## Cultural Competence and Sustainability

As noted in Chapter 2, key informant interviews and focus groups for the assessment process have brought additional partners into the process, particularly with new school staff, the Native American community and among veterans’ groups. More staff time will be allocated to building increased relationships among union leadership, Yosemite National Park healthcare staff and other entities to target the Spanish-speaking population and other marginalized low-wage workers in the Park. They have the potential to be a key helper in youth prevention.

Miwu Mati Family Healing Center hired a new Managing Director. The new director plans to integrate more youth focused services into Miwu Mati. This will help extend the reach and sustainability of HHSA SUD prevention efforts within the Native American community. Yosemite Park has concessionaire staff and experiences fluctuating AOD challenges with seasonal workers who live either in the Park or in the vicinity thereof. The Park also includes an on-site elementary school and an elementary school directly outside of the park where employees’

children attend school. Working with Park staff is instrumental in changing social norms regarding acceptance of substance use/abuse. The ongoing tourism also increases substance use and acceptance further influencing the Park community. Through the COVID-19 pandemic crisis, HHSA staff developed stronger relationships with the Park Service and health center professionals to assist with identifying key survey informants and building a more sustainable prevention service delivery system. With consistent collaboration with school districts and other community partners, the County commits to building a cross-system collaboration to leverage existing funding and resources to develop more programs, avoid duplication of services, and implement selective and indicated interventions.

## Chapter 4: Planning

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### Data-based Strategies

**Table 7: Risk, Protective Factors, and Corresponding CSAP Strategies for Alcohol Use among Mariposa County Youth**

<b>Risk Factor</b>	<b>Protective Factors and Corresponding CSAP Strategies</b>
<p>1. Youth need AOD free after-school and weekend activities for youth</p> <p>2. School staff have a low perception of harm regarding youth alcohol use (school climate)</p> <p>3. Adult community members accept alcohol use (norms) among youth</p> <p>4. Youth are not accessing behavioral health services (Stigma reduction efforts)</p>	<ul style="list-style-type: none"> <li>• No-cost or low-cost engaging, substance free youth activities (1, 3) CSAP Strategies: Alternatives, Education</li> <li>• Parental engagement activities to decrease youth use (3, 4, 5) CSAP Strategies: Education</li> <li>• Create opportunities for youth to connect with trusted adults (1, 2, 3,) CSAP Strategies: Alternatives, Education</li> <li>• Educate and increase adult community awareness to create social norms change decrease adult acceptance of underage drinking (2, 3) CSAP Strategies: Education, Information Dissemination, Environmental</li> <li>• Integrate stigma reduction efforts so youth access prevention services (4)</li> </ul>

	CSAP Strategies: Integrated within all direct service CSAP strategies highlighting Problem Identification and Referral
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These strategies were selected because they match the stage of community readiness (Stage 3 – Vague Awareness) identified in the assessment and capacity building phases. In particular, the information dissemination and education strategies directly address the lack of awareness and are designed to move the community toward preplanning and preparation stages. The highest-ranked risk factor was providing alternative activities for youth. The County will provide alternative programs to address each risk factor. As the County integrates stigma reduction efforts within program delivery, the goal is for more youth to seek help. This support may require selective and indicated prevention interventions where other underlying trauma and/or other behavioral health issues can be identified. Therefore, effective problem identification and referral strategies need to be in place. Community-Based Process and Information Dissemination will be utilized to address every objective noted in the logic model.

## **Logic Model**

A logic model for the priority area — alcohol use by youth — is provided on the next page.

## **Planning Process**

In order to identify strategies and develop the logic model, the planning team consulted with key partners in the school system, Alliance for Community Transformations, Ethos, and Miwu Mati Healing Center. The COVID-19 social distancing requirements prevented in-person gathering, therefore, meetings continued by phone, e-mail, and virtual meetings.

## **Cultural Competence and Sustainability**

Fostering a partnership with the Miwu Mati Health Center and the Youth Advisory Council will contribute to the development of alternative activities that will utilize cultural traditions and beliefs as a protective factor, identified by youth as a need in the assessment.

**Priority Area:** Underage drinking

**Problem Statement:** Underage drinking rates (past 30-day) are a priority for Mariposa County because youth begin drinking at an early age, youth need AOD-free after-school/weekend activities and school staff have a low perception of harm. To support a healthy school climate for youth to be successful, accessing prevention services is critical to decrease underage drinking rates.

**Goal:** Decrease Underage Drinking

<b>Objective</b> <i>(What do we want to accomplish?)</i>	<b>Strategies</b>	<b>What is going to happen as a result of implemented strategies?</b>			<b>Indicators</b>
		<b>Short-term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long-term Outcomes</b>	
<p>By 2025, current alcohol use for 7<sup>th</sup> graders decrease by at least 10% as measured by CHKS. Baseline: 14% to 12.6%</p> <p>By 2025, current alcohol use for 9<sup>th</sup> graders decrease by at least 10% as measured by CHKS. Baseline: 9<sup>th</sup>: from 34% to 30.6%</p> <p>By 2025, current alcohol use for 11<sup>th</sup> graders decrease by at least 10% as measured by CHKS. Baseline 37% to 33.3%</p>	<p>Information Dissemination</p> <p>Education</p> <p>Alternatives</p> <p>Community-Based Process</p>	<p>By 2020, convene Youth Advisory Group to help inform education campaigns/ messaging and alternative activities</p> <p>By 2021, develop youth-led messages from high school students for 7<sup>th</sup>/8<sup>th</sup> graders</p>	<p>By 2022, implement youth-suggested activities/ programming with local partners</p> <p>By 2023-4, highest decrease in 9<sup>th</sup> grade use</p> <p>By 2024, maintain/ increase declines in use (cohort effect as 2020-21 9<sup>th</sup> graders become 11<sup>th</sup> graders)</p>	<p>By 2025, current alcohol use for 7<sup>th</sup> graders will have decreased by at least 10% as measured by CHKS. Baseline: 14% to 12.6%</p> <p>By 2025, current alcohol use for 9<sup>th</sup> graders will have decreased by at least 10% as measured by CHKS. Baseline: 9<sup>th</sup>: from 34% to 30.6%</p> <p>By 2025, current alcohol use</p>	CHKS

				for 11 <sup>th</sup> graders will have decreased by at least 10% as measured by CHKS. Baseline 37% to 33.3%	
By 2025, 10% more high school staff will consider alcohol a moderate or severe problem (rather than an insignificant or mild problem) as measured by CHKS. Insignificant: from 5.6% to 5% Mild: from 38.9% to 35%	Information Dissemination Education Problem Identification and Referral	By 2020, develop workplan with high school to identify information gaps for school staff By 2020, convene school partnership to share information with staff and students	By 2021, develop quarterly presentations for school staff to implement school-specific workplan	By 2025, 10% more high school staff will have considered alcohol and drug use a moderate or severe problem (rather than an insignificant or mild problem) as measured by CHKS.	CDE  CHKS (School Staff Survey)  Focus Groups



## Chapter 5: Implementation

### Implementation Plans

<p>Program: Advisory Youth Group    Focus Population: High School Students          IOM Category: Universal          Objectives: By 2025, current alcohol use for 7<sup>th</sup> graders will decrease by at least 10% as measured by CHKS, By 2025, current alcohol use for 9<sup>th</sup> graders will decrease by at least 10% as measured by CHKS, By 2025, current alcohol use for 11<sup>th</sup> graders will decrease by at least 10% as measured by CHKS</p>			
Major Tasks	Timeline	Responsible Party	Strategy
Convene Advisory Youth Group with input from community partners, including Native American youth	2020; ongoing	HHSA and partners (High School, Miwu Mati Family Healing Center, Mariposa Safe Families)	Information Dissemination  Community Based Process
Support Youth Group development of education campaign and messages	2021	HHSA and partners	Alternatives
Support Youth Group identification of youth-led projects	2021	HHSA and partners (High School; Miwu Mati Family Healing Center; Economic Development; Parks & Recreation)	Alternatives
Implement youth-led education campaign in middle school	2022	HHSA and partners	Alternatives
Implement youth-led activities/programming	2021-22	HHSA and partners	Alternatives

Assess California Healthy Kids data to track cohort progress	Ongoing	HHSA	Community Based Process
<p>Program: School Staff Perception Efforts &amp; Parent Engagement Efforts</p> <p>Focus Population: School Staff and Parents</p> <p>IOM Category: Universal</p> <p>Objective: By 2025, 10% more high school staff will consider alcohol a moderate or severe problem (rather than an insignificant or mild problem), By 2025, current alcohol use for 7<sup>th</sup> graders decrease by at least 10% as measured by CHKS, By 2025, current alcohol use for 9<sup>th</sup> graders decrease by at least 10% as measured by CHKS, By 2025, current alcohol use for 11<sup>th</sup> graders decrease by at least 10% as measured by CHKS</p>			
Meet with High School administrators to develop workplan	2020; ongoing	HHSA	Community Based Process Information Dissemination
Identify gaps in school staff knowledge, information, attitudes, practices that affect school climate	2021	HHSA and High School staff	Information Dissemination Community Based Process
Share gap information with staff and students	2021	HHSA and High School staff; Youth Advisory Group members	Information Dissemination Community Based Process
Develop and implement quarterly presentations with school staff to improve school climate	2021-25	HHSA and High School staff; Youth Advisory Group members	Information Dissemination Education
Assess California School Staff survey data to monitor progress	Ongoing	HHSA	Community Based Process

Conduct qualitative interviews, focus groups, surveys with adult community members to assess changes in adults' attitudes about underage drinking	2022-25	HHSA	Community Based Process
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The assessment identified Native American youth as a specific population in need of prevention messages and services. By including Native American youth who attend the high school in the Advisory Youth Group, with support from the Miwu Mati Family Healing Center, we can ensure that their voices, concerns, and ideas are represented and that any campaign messages and alternative activities identified by the group are responsive to their needs.

For example, Native American youth who participated in focus groups for the needs assessment for this plan expressed a wish for activities that reflect their cultural heritage and a desire to become more connected to their culture through ceremonies, talking circles, crafts, and learning Native languages from their elders. These opportunities provide potential venues for messages about alcohol use prevention among youth, developed and guided with input from the Advisory Youth Group.

Both the implementation plan and evaluation will track the involvement of Native American youth in designing campaign messages and activities and how these interventions are received by their peers.

## **Cultural Competence and Sustainability**

As noted above, a partnership with the Miwu Mati Healing Center will help identify youth to serve on the Youth Advisory Council, which in turn will contribute to the development of alternative activities that will emphasize cultural traditions and beliefs.

Strengthened partnerships with the Miwu Mati Healing Center, school staff and administrators, and relevant county agencies such as Parks and Recreation that can provide more youth-friendly activities and venues, are all part of ensuring the sustainability of the planned activities.

## Chapter 6: Evaluation Plan

Outcomes	Performance Measures	Method of Data Collection	Indicators / Data Source	Roles and Responsibilities	Timeframe
<b>Short-term Outcomes</b>					
Convene Youth Advisory Group	Composition of group, Meeting minutes	Observation; documentation	Youth Advisory Group Members	HHSA and/ or Evaluation Consultant	Quarterly
Develop youth-led messages	Development of messages	Observation; materials review	Youth Advisory Group Members	HHSA and/ or Evaluation Consultant	Quarterly
Develop workplan with high school to identify information gaps for school staff	Development of workplan	Observation; documentation	High School Partners	HHSA and/ or Evaluation Consultant	Annually
Convene school partnership to share information with staff and students	Convening of partnership	Observation; documentation	High School Partners	HHSA and/ or Evaluation Consultant	Quarterly
<b>Intermediate Outcomes</b>					
Implement youth-suggested activities/ programming with local partners	Number, variety of new activities implemented for youth	Observation	Youth Advisory Group and Community Partners	HHSA and/ or Evaluation Consultant	Annually
Decrease in 9 <sup>th</sup> grade alcohol use	Student surveys	Surveys	California Healthy Kids Survey (CHKS)	HHSA	Annually (Baseline, During, and After Plan Period)

Maintain/ increase declines in use (cohort effect as 2020- 21 9 <sup>th</sup> graders become 11 <sup>th</sup> graders)	Analysis of student surveys	Surveys	California Healthy Kids Survey (CHKS)	HHSA	Annually
Develop quarterly presentations for school staff to implement school-specific workplan	Quarterly presentations; content and attendance	Observation; documentation	High School Partners	HHSA and/ or Evaluation Consultant	Quarterly
<b>Long-term Outcomes</b>					
By 2025, current alcohol use in each grade (7, 9, 11) will have decreased by at least 10%.	Student surveys	Surveys	California Healthy Kids Survey	HHSA	Annually
By 2025, 10% more high school staff will have considered alcohol and drug use a moderate or severe problem	Staff surveys	School Staff Surveys  Community adult surveys, interviews, focus groups	California School Staff Survey  Community qualitative data	HHSA and Evaluation Consultant; Community Needs Assessment	Annually

## **Evaluation Plan Summary**

The evaluation will assess our progress in decreasing underage drinking by using ongoing data collection and observation from the Youth Advisory Group and school partners, as well as surveys of students and school staff. HHSA staff will be responsible for collecting and analyzing survey data and may enlist the help of an evaluation consultant to conduct specific interviews and community surveys.

Data from the evaluation will be used to document progress in reducing underage drinking, as well as addressing the attitudes of adults (particularly school staff) and changes in school climate. If progress is not detected by a decrease in current alcohol use rates among students over time, the evaluation team will evaluate the effectiveness of selected activities and will explore potential barriers (e.g., the effectiveness of messages developed by the Youth Advisory Group and/or use of alternative activities designed to provide substance-free alternatives).

## **Dissemination Plan**

All partners will be briefed regularly on findings from each stage of the evaluation, including Youth Advisory Group members and partners such as school staff, Miwu Mati Family Healing Center, Mariposa Safe Families, and Parks and Recreation partners. The goal of sharing information regularly with these partners is to assess progress on an ongoing basis, with the opportunity to fine-tune any approaches that may show signs of struggle (e.g., if the Youth Advisory Group is no longer meeting regularly, or school staff surveys are moving in the wrong direction).

All evaluation products will share available data with partners, suggest key points for discussion, and solicit questions and suggestions from partners to engage them in analyzing the evaluation results as a team. Evaluation findings also will be shared with the broader community (beyond those participating directly in the activities) through social media, print media updates, and HHSA communications with internal and external partners. With a single high school and small community, Mariposa has the advantage of a high degree of interest and a connection that we hope to both rely upon and increase through these activities.

## **Cultural Competence and Sustainability**

The principles of cultural competency and sustainability are incorporated into the Evaluation phase by including Native American youth as key members of the Youth Advisory Group and assessing the degree to which their suggestions for educational campaign messages and alternative activities are implemented and accepted.

In addition, all providers are required to attend annual cultural competency training provided by HHSA and to follow the guidelines for providing culturally competent services.

The implementation and evaluation plans provide mechanisms for ensuring accountability among all the partners to achieve the planned goals. Progress in achieving these goals together is one way to ensure sustainability by creating a track record of success and confidence that our work together can address additional goals in the next planning cycle.