

Health and Safety

The full spectrum of physical and mental health services which may include physical fitness, health education and prevention efforts; chronic diseases; mental health resources; emergency medical care and complementary therapy.

Education and prevention for youth, citizen involvement, crime response capacity, homicide and suicide, family violence, emergency preparedness and weapon safety.

A. Health

A.1. Morbidity and Mortality

As can be seen in Table 1 below, Plumas County has a higher age-adjusted death rate than the state. Many of the individual rates are unreliable, due to their small numbers. It has significantly higher rates for all cancers, particularly breast and lung cancer, and unintentional injuries. The rate for motor vehicle deaths is almost twice the state rate and significantly above the Year 2000 objective. However, it has lower rates (again, unreliable rates) for heart disease, stroke, homicide, and drug-related deaths. The suicide rate averaged nearly twice the California average between 1989 and 1997.

Table 1: Age Adjusted Mortality Rates Per 100,000 Population

Cause	Plumas	California Average	Year 2000 Objective
All Causes	458.6	439.9	NE
Heart Disease	73.0	96.9	100.0
All Cancer	124.0	113.3	130.0
Breast Cancer	26.8*	18.9	20.6
Lung Cancer	42.1*	31.0	42.0
Stroke	12.2*	26.1	20.0
Motor Vehicle	21.5*	12.4	14.2
Unintentional Injuries	35.6*	25.7	29.3
Firearm Injuries	23.5*	13.5	11.6
Suicide	19.5*	20.3	10.5
Homicide	8.3*	20.6	7.2
Drug-Related	1.5	7.9	3.0

* Death rate unreliable, relative standard error is greater than or equal to 23%.

Source: Age-Adjusted Mortality rates, SBC County Data, Revised 11/5/1999.

Emergency Room Use. The use of the emergency room for non-urgent care of children has declined in Plumas County from 61% in 1991 to 48% in 1996; however, this still remains above the state average of 39% in 1996. (MCAH Report.) The rate per 100,000 of hospitalizations due to injuries for people 0 – 24 was very low for motor vehicles (140 – ranked 51st out of 58 counties), self-inflicted injuries (7.8 – 54th), and falls (124.4 – 53rd); high for poisoning (15.6 – 12th); average for assault (31.1 – 25th).

Motor vehicle accidents, despite their low rank for hospitalizations, are the primary means of death for children and youth in the county (MCAH Report).

Domestic Violence. There were 151 domestic violence related calls for assistance in the adult population in 1995, and the number grew to 156 in 1999. No firearms were involved, and most involved physical violence, without an external weapon. The Plumas County Crisis Intervention and Resource reports the crisis line in 1997-98 received 144 calls related to domestic violence: 16 in Portola; 66 in Quincy; 16 in Chester; 17 in Greenville; and 29 outside the county. According to these calls, 145 children were affected by domestic violence. There were 90 families in the county referred to the domestic violence shelter in 1997-98. The Health Department reports that 16% of pregnancy test clients have been involved in domestic violence.

Infectious diseases. In 1997/8, Mountain Counties AIDS Consortium conducted a comprehensive needs assessment of the Title II, Ryan White Case Management Programs, local HIV/AIDS programs. The study included a survey of people with HIV/AIDS, a survey of providers, and a survey of consortium members. In general, the results of the assessment confirmed much of what was already known about the region: respondents in Plumas County identified seven unmet needs: back-to-work services, information about clinical trials, dental care, drug reimbursement, prescription drugs, spiritual counseling, and vehicle repair.

There is no known HIV infection among childbearing women in the county. According to the Centers for Disease Control and Prevention, between 1994 – 1998, the following infectious diseases were identified in Plumas County:

Table 2: Infectious Disease Cases, Plumas County, 1994 – 1998

Disease	Cases	Expected
E. coli	1	1
Salmonella	11	12
Shigella	3	3
Hepatitis A	16	
Hepatitis B	8	
Measles	0	0
Pertussis	2	

Source: National Center for Health Statistics, *Community Health Status Report, Plumas County*, July 2000.

A.2. Maternal and Child Health

Prenatal Care. Early prenatal care has been shown to improve birth outcomes and is thus considered an important marker of health status. The Year 2000 National Objective for this indicator (from the *Healthy People National Health Promotion and Disease Prevention Objectives*) is for 90% of women to begin prenatal care during the first trimester.

As seen in Table 3, Plumas County had a higher rate of women not entering prenatal care in the first trimester than the state in 1995 and 1996, although both rates are well within the Healthy People 2000 objective. In 1997, more than 98% of the mothers of the 156 births in the county entered prenatal care in the first trimester, almost twice the rate of the state as a whole. This was a significant improvement from the previous two years (64%). Women who are on Medi-Cal, under 18, white, Latina, or Native American, or have not finished high school are the most likely to not receive adequate prenatal care. A full 60% of childbearing women in the county have one or more of these risks. Access to care is considered a barrier in Greenville and Portola, because they cannot deliver in their local community.

Table 3: Prenatal Care Not Begun in First Trimester of Pregnancy, Plumas County and California, 1995 – 1997

NS = Not Shown	1995		1996		1997	
	Plumas	CA	Plumas	CA	Plumas	CA
All	5.4%	4.6%	5.4%	3.8%	1.9%	3.7%
African-American	NS	5.1%	NS	4.2%	NS	4.5%
Asian	NS	3.2%	NS	2.8%	NS	2.9%
Latino	10.5%	5.8%	0.0%	4.9%	0.0%	4.6%
Native American	NS	9.8%	NS	7.5%	NS	7.2%
White	4.3%	3.2%	5.5%	2.4%	1.5%	2.4%

Source: Children Now. *California Data Book '99*. Oakland, 2000.

Teenage Births. Teen pregnancy and birth is a major problem in California and throughout the nation, with high social and financial costs. Among the adverse consequences of teen births are lifelong loss of schooling, a higher risk of single motherhood and more likely dependency on welfare. Table 4 illustrates the rate at which births are occurring to teenage mothers. The rate is calculated as births per 1,000 female teens under 20.

Table 4: Teen Birth Rates, Plumas County and California, 1995 – 1997

NS = Not Shown Rate per 1,000 females under 20	1995		1996		1997	
	Plumas	CA	Plumas	CA	Plumas	CA
All	41.2	67.2	30.9	61.6	19.1	56.7
African-American	NS	87.7	NS	78.1	NS	74.6
Asian	0.0	26.1	0.0	23.1	0.0	21.6
Latino	21.7	120.5	68.2	112.9	20.4	103.5
Native American	57.1	76.5	62.5	65.4	0.0	69.1
White	41.0	33.1	27.7	29.5	20.2	26.2

Source: Children Now. *California Data Book '99*. Oakland, 2000.

This table reveals that throughout the time period Plumas County had a significantly lower teenage birth rate when compared to California, except among white teens in 1995. The Year 2000 National Objective for teen birth rate is fewer than 50 births per

1,000 female teenagers, which Plumas already exceeds. The number of births to Latina teens was the same as whites in 1997. Again, the small number of births to the small number of Latina teens makes the rate fluctuate widely from year to year, although representing only a small numerical change.

Low-Birth Weight. The Year 2000 National Objective for low-birthweight babies is 5% for the total population of babies and 9% for African-American babies. Low birth weight is defined as weighing less than 2,500 grams or approximately 5.5 pounds. The occurrence of low birth weight varies by maternal age, race and ethnicity, adequacy of prenatal care, and socioeconomic status, as well as by parity (number of children born), the existence of complicating medical conditions and whether a birth is a single or multiple. Low birth weight is considered an important risk factor for poor birth outcomes, and is related to maternal smoking.

As illustrated in Table 5, Plumas had not met the national objective of 5% low birth weight babies until 1997, when it exceeded it. Again, the number of births is small enough to be affected by a small change (a 4% drop is the result of the difference in seven births). It is not possible to draw any conclusions regarding significance.

Table 5: Percent of Low Birthweight Infants

NS = Not Shown	1995		1996		1997	
	Plumas	CA	Plumas	CA	Plumas	CA
All	6.0%	6.1%	6.8%	6.1%	1.9%	6.1%
African-American	NS	12.1%	NS	11.9%	NS	12.1%
Asian	NS	6.4%	NS	6.8%	NS	6.8%
Latino	0.0%	5.5%	0.0%	5.4%	0.0%	5.6%
Native American	NS	6.8%	NS	6.1%	NS	5.7%
White	7.1%	5.6%	7.9%	5.5%	2.3%	5.5%

Source: Children Now. *California Data Book '99*. Oakland, 2000.

Infant Mortality in Plumas County ranged from 6.0 per 1,000 live births in 1995 to 13.5 in 1996 to 0 in 1997. The rate in California was 6.3 in 1995, and 5.9 in both 1996 and 1997. All of the infant deaths were to white mothers. The Portola and Greenville areas have the most infant deaths. There were a total of 13 infant deaths between 1990 and 1996.

Breastfeeding. Plumas County has exceeded both the Year 2000 objective and the state average in this area. In 1997, 77% of mothers discharged from the hospital were exclusively breastfeeding, compared to 43% statewide. However, visiting public nurses report numerous mothers have breastfeeding problems, causing them to choose to stop breastfeeding before the infant is one month old.

Immunization Status. Information on the immunization status of all Plumas County kindergartners entering school is collected. The Healthy People 2000 objective is that 90% of all two year olds be fully immunized. Fully immunized means having received

three or more doses of Polio vaccine, four or more doses of DPT, and one or more doses of MMR. The value of this indicator is weakened by the fact that all children are legally required to be fully immunized before starting school. Nonetheless, the percentage of children fully immunized when entering kindergarten has been steadily increasing over the past four years.

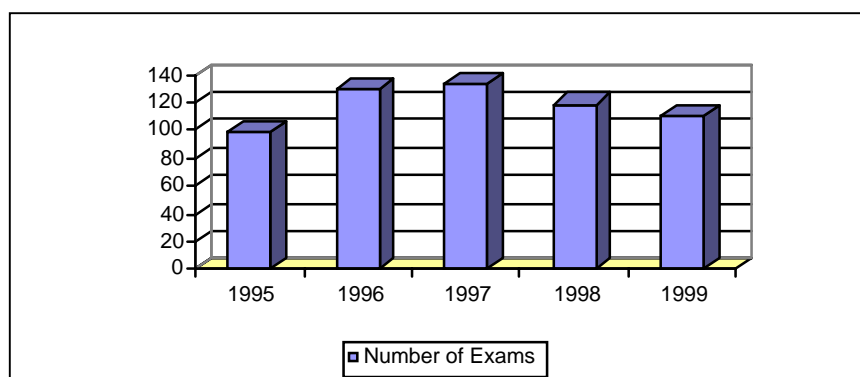
Of the 268 entering kindergarten students in Plumas County in 1997, half of them (119) needed one or more immunizations. Another 6% were exempted either for medical or personal reasons, so that only 44.5% (106 children) were fully immunized by the time they reached kindergarten. According to the Healthy People 2010 objective, full immunization now includes four doses of DTP, 3 doses of haemophilus influenza type B, three doses of Hepatitis B, one dose of MMR, 3 doses of polio, and 1 dose of varicella. However, on further detail, between 90.8% and 94.5% had had their polio, DTP, and MMR vaccinations, while only 49.6% had had their hepatitis B vaccines. The other vaccinations were not tracked in this report.

A 1997 immunization survey showed that 64% of two year old Health Department clients were up-to-date in their immunizations.

Plumas County has been conducting a Kindergarten Round-Up each year to provide physical exams and immunizations to children entering the schools. While the number fluctuates somewhat each year, about half the children entering kindergarten are screened through this program, shown in Chart 1 below. For example, in 1997, 133 children were screened, 56% of the entering class. In 1998, the number dropped to 119, and then further to 111 in 1999.

No vaccine preventable disease has been reported in Plumas County since 1990.

Chart 1: Number of 4 – 6 Year Old Children Screened During Kindergarten Round-Ups, 1995-1999



Source: Internal Document.

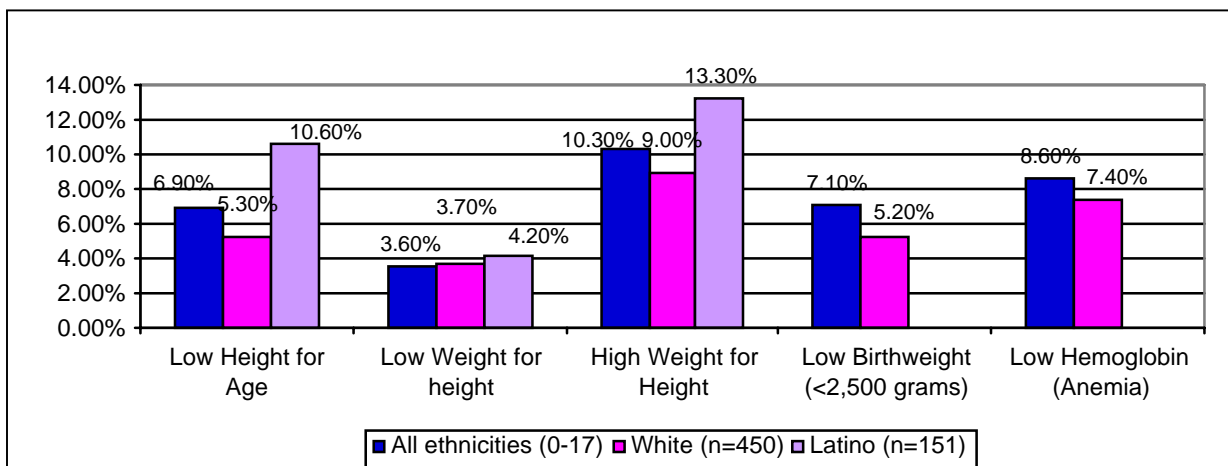
Children's Services. There are 705 children under five receiving Women, Infant, and Children (WIC) nutrition and food supplement services, which operates in all four of the main communities. The California Children's Services (CCS) Case Manager manages a caseload of 45-50 cases per year. The Children's Health and Disease Prevention

(CHDP) Program has a target population of 4,000 – 4,500 children per year. Only 23% of the target population receives preventive medical services.

A.3. Behavioral Risk Factors

Nutrition: The Centers for Disease Control and Prevention (CDC) conducted pediatric nutrition surveillance from 1/1/97 to 12/31/97. The report monitored prevalence of abnormal results for several nutrition related indicators within Plumas County. The report analyzed data for 905 children seen in WIC clinics (21%), EPSDT children's (46%), or well child clinics (32%). Abnormal results are defined as below 5% or above 95%. Chart 2 below shows the prevalence of abnormal findings for all children, and then white and Latino children. The sample size for Latino children in terms of low birthweight and hemoglobin was too small to identify statistical significance. It is important to note that Latino children had considerably higher rates of abnormally low height for age and high weight for height than the general population.

Chart 2: Nutrition Indicators for Children in Plumas County, 1997



Source: Pediatric Nutrition Surveillance, Statewide Summary of Indicators by Age and Ethnic Groups, Table 10, Reporting Period 1/1/97 – 12/31/97.

CHDP surveyed families about exposure to Environmental Tobacco Smoke (ETS – also known as second hand smoke). Of the 1,131 people surveyed in Plumas County, 28.5% responded that their children were exposed to ETS, while 66% were not. (The remainder were unknown.)

A.4. Oral Health

As is seen throughout the state, there is little information about oral health in the county. Local dentists screen school children, but do not keep data on number screened or referred, or of the severity of the dental caries (cavities). A total of 909 dental

assessments were performed on 768 of the 904 children 0 – 18 who received CHDP services in FY 1997-98. The Plumas Children's Network's survey of parents of kindergartners reported 4% of students had never seen a dentist.

In the 1999 California Healthy Kids Survey described below 72% of 7th, 81% of 9th, and 84% of 11th graders reported visiting a dentist in the past year.

A.5. Elder Care

Adult Protective Services provides direct intervention, remedial and case management services to dependent and elderly adults at risk or victims of abuse, neglect, exploitation, or fiduciary abuse. In-Home Supportive Services provides limited domestic and personal care to eligible aged, blind, and disabled persons. The number of clients has risen dramatically from 149 in 1997-98 to 208 in 1999-2000, a 40% increase in two years. It is likely that the rate increase may be due to additional reporting and response. It is also possible that the median age of the county is higher than other communities and there is a higher percentage of seniors in the county. Senior Nutrition Services provided 28,982 homebound and 15,382 congregate meals in 1999. Senior transportation provided 2,078 assisted rides and 29,273 rides. There are no adult day health centers, Multi Service Senior Programs, or Alzheimer's units in Plumas County.

A.6. Access

In Fiscal Year 1997-98, the state Department of Health Services reported that 1,469 children were in the Medi-Cal target group, 40% of whom were served by CHDP. The Department also identified an additional 1,325 children as targeted by state funding for CHDP services, 23% of whom were served by CHDP, for a total of 904 children served from a total target population of 2,794 children (32%). (CHDP 1997-98 PM 160.) The total target population represents 44.5% of all children in the county. (CHDP 1997-98 Table 4.) The Plumas County Children and Families Commission (PCCFC) found that the percentage of children without health insurance appeared to be high, and would be a component of their strategic plan.

The county has no Medi-Cal Managed Care. The 144 children enrolled in Healthy Families as of April, 2000 represent fewer than 40% of the eligible children. There were 2,558 people enrolled in Medi-Cal as of March 31, 2000, about 14% of the county population. About 2% of county (363 people) receives CMSP, the county-funded medical assistance program. Uninsured children live in low and moderate-income working families. These families have poor access to job-based insurance and high uninsured rates. The risk of being uninsured is greatest among people with low family incomes. In 1998, there were 3,360 senior Medicare beneficiaries and 490 disabled Medicare beneficiaries.

The National Center for Health Statistics identified vulnerable populations which may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management in Plumas County in 1997, except where noted. These include:

People with not high school diploma (among adults age 25 and older)	2,520
Unemployed individuals (1998)	1,000
People who are severely work disabled	830
Those suffering from major depression	1,030
Recent drug users (within the past month)	1,240

In 1998, there were 57.3 primary care physicians and 57.3 dentists per 100,000 population, according to the National Center for Health Statistics. As of 12/17/99, the county does not qualify as a Health Professional Shortage Area.

Pediatricians and other specialty physicians visit local providers on a regular basis. There are two obstetricians on staff at Eastern Plumas Health Care. High risk deliveries are transported when possible by helicopter to tertiary centers in Reno, Sacramento, or Davis. High-risk pregnancies, when identified early, are followed by specialists out of county.

There are four hospitals in the county: Plumas District Hospital in Quincy, Eastern Plumas Health Care in Portola, Seneca Hospital in Chester, and Indian Valley Hospital in Greenville. With 179 people per hospital bed, local hospital capacity surpasses the California average of 278 people per bed. (Sierra Business Council.)

Table 6: Hospitals in Plumas County

	Plumas District	E. Plumas	Seneca	Indian Valley
Licensed Beds				
Acute	26	10	10	9
Skilled Nursing	6	14	16	17
Patient Days per 1,000				
Medicare	45	57	40	32
Medi-Cal	16	17	14	4
Other	29	15	8	14
Acute Admits	31	32	22	21
Average Daily Census				
Acute	3.0	3.0	2.1	1.7
Skilled Nursing		15.0	15.8	19.8
Births	9		1	

Source: Internal Document

Plumas District Hospital in Quincy provides obstetrical services and Level I nursery care. It is 45 minutes from Portola and 30 minutes from Greenville. The medical staff is composed of family practice physicians, surgeons, and visiting specialists. In 1997, the

Quincy Hospital opened a dental clinic which provides much needed services for Medi-Cal, CHDP, and Healthy Families children and families.

Eastern Plumas Health Care operates two health clinics, one in Portola and one in Graeagle, a dental clinic in Portola, and a hospital, also in Portola. They also operate an emergency room, ambulance service, skilled nursing facility, and provide home health care, including oxygen and medical equipment, diagnostic imaging, mammography, clinical laboratories, and telemedicine.

Seneca District Hospital in Chester also provides obstetrical services. The hospital's clinic has four family practice doctors, all of whom accept Medi-Cal, CHDP, and Healthy Families clients. No dentist in Chester accepts Medi-Cal, CHDP, or Healthy Families clients.

Indian Valley Hospital, Indian Valley Hospital Clinic and the Greenville Tribal Health Rancheria serve the Greenville area. Pregnant women in Greenville receive prenatal care from a local family practitioner, or a Quincy or Chester doctor. The delivery must be at Seneca District or Plumas District Hospital. Greenville is a fragile medical community, with frequent staff turnover.

The Plumas County Children and Families Commission identified concerns about health care for children in the county. Specifically, the strategic plan raised issues about

- the number of health providers who refer or screen infants and children for impairments of vision, hearing, speech and language and other developmental milestones, which may be low;
- the number of primary care providers who are trained to screen for mental health problems for all ages, which appears to be low;
- the number of primary care providers who are trained to make referrals for parent training on mental health needs of children, which appears to be low; and
- the number of primary care providers who include assessment of cognitive, emotional, and parent-child functioning with appropriate counseling, referral, and follow-up, which also appears to be low.

Telemedicine. Because recruitment and retention of all types of health care providers is a problem in rural areas, and specialty and tertiary (hospital) care are often located many miles away, northeastern California invested effort into a strategic plan for telemedicine in 1996. The plan identified “access to new technology” as a strategy to strengthen local health care systems. They formed the North East California Telecommunications Partnership, “CoNnECTuP.” Its goals are to design a regional system that will meet current and future needs for high-speed video, audio, and data transmission, and share information regarding funding availability and partnership opportunities. A provider survey in 1997 identified “video conferencing” as a top priority to connect with out-of-area specialists, provide continuing education opportunities, and conduct regional network meetings. CoNnECTuP received funding from the Office of Rural Health Policy, through a rural network development grant; California Telehealth/Telemedicine Center; Blue Cross of California Healthy Families Rural

Demonstration Project; UC Davis Health system, Far Northern Regional Center; Regional Health Occupations Resource Center; and Butte Collage Distance Learning and Telemedicine Program. The technology involves PC-based video conferencing system, point-to-point and multi-point conferencing; store and forward capabilities; and diagnostic scopes and cameras. Challenges facing the system include antiquated transmission systems, the pace of changing technology, integration into clinical systems, and of course, sustainability.

B. Safety

B.1. Adult Crime

Crime statistics can provide a useful measure of household and community health, often serving as indicators of social pathology and dysfunction. According to California Criminal Justice Statistics Center data, the crime rate in Plumas County, like the crime rate nationally and statewide, is decreasing. The state FBI crime rate per 100,000 dropped from 6,740 to 3,750 from 1990 – 1999, a decrease of 44%. The county rate dropped from 4,938 to 1,475 during the same period, a decrease of 70%. Table 8 shows data on the number of calls received by the Plumas County Sheriff's Office for selected communities. It is important to note that the data on the number of calls are not equivalent to actual arrests or convictions, as there can be multiple calls for the same crime.

Among the five different areas, Greenville had the highest number of calls related to violent crimes, followed by Quincy. Quincy had the highest number of calls for nonviolent crimes, as well as other calls, domestic violence and drunk driving. When the statistic is adjusted for per capita calls, there is a somewhat different picture. Greenville has almost double the rate of violent crime as Chester, and almost three times the rate of Quincy, although the number of calls is only 15% higher. Quincy has only a slightly higher rate of nonviolent crime as compared to Greenville, with more than double the calls. Chester has a substantially higher rate of other calls, while trailing behind Quincy in number of calls. Chester also leads in per capita domestic violence and drunk driving, although Quincy has more calls.

Plumas County has lower mortality rates than the state for homicide deaths. The suicide rate however averaged nearly twice the California average between 1989 and 1997. However, both of these rates are unreliable due to the small number of occurrences.

B.2. Domestic Violence

There were 100 domestic violence related calls for assistance in the adult population in 1999, according to the California Office of the Attorney General. The rate per 1,000 fell from 7.36 to 6.53 between 1995-1999, while the national rate dropped from 9.8 to 7.5, according to the Bureau of Justice Statistics. The state rate was 7.8 in 1999. No firearms were involved in the county, and most involved physical violence, without an

external weapon. The Plumas County Crisis Intervention and Resource reports the crisis line in 1997-98 received 144 calls related to domestic violence: 16 in Portola; 66 in Quincy; 16 in Chester; 17 in Greenville; and 29 outside the county. According to these calls, 145 children were affected by domestic violence. The domestic violence shelter served 36 women and 45 children in 1999-2000. The Health Department reports that 16% of pregnancy test clients have been involved in domestic violence.

Table 7: Calls for Crime in Plumas County, by Area, Total Number of Calls and Calls Per Capita, by Crime

Community	Violent Crimes		Non-violent Crime		Other		Domestic Violence		Drunk Driving	
	#	Per 100	#	Per 100	#	Per 100	#	Per 100	#	Per 100
Chester	186	8.8	472	22.3	1,401	66.2	26	1.2	32	1.5
Portola	136	4.7	405	14.1	821	28.6	21	0.7	14	0.5
Greenville	469	16.1	415	14.3	917	31.5	21	0.7	36	1.2
Portola Area	92	NA	263	NA	789	NA	14	NA	4	NA
Quincy	408	6.0	1,097	16.0	2,512	36.6	45	0.7	41	0.6

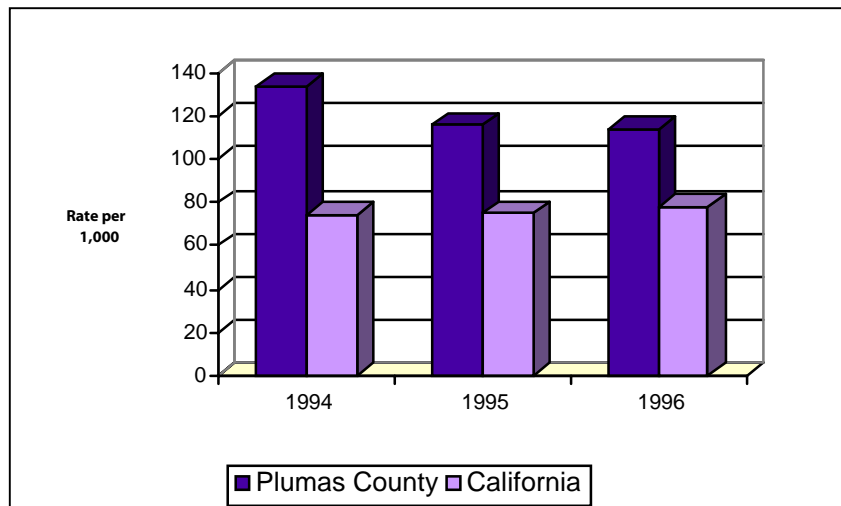
Source: Quincy Library Group, Final Environmental Impact Statement, Appendix S.

B.3. Child Safety

Indicators of children’s safety in the home include child abuse and foster care rates. Chart 3 below shows the number of child abuse and neglect reports in 1995 and 1996. None were available for 1997. Plumas ranked 41st of the state’s 58 counties in the number of reports per capita, showing a much higher, though falling, rate in the county.

Child abuse is found in families across the social spectrum. Substance abuse is often a factor. Financial stress and poverty can also trigger abuse. Younger children are more likely to be victims of abuse. Child abuse results in higher rates of suicide, depression, substance abuse, problems in school, and other behavioral problems in later life. In addition, children who witness domestic violence often exhibit the same symptoms as those who are directly abused and are more likely to be involved in violent relationships as teens and adults. The Plumas County Children and Families Commission noted in its strategic plan that the number of reports of child abuse and neglect appears to be too high for the population. However, it is important to note that we don’t know the degree to which proper reporting occurs in each community, nor do we know how many of the referrals for investigation are discharged as unsubstantiated or inconclusive. These two issues make direct comparisons between communities and counties difficult.

Chart 3: Plumas County and California: Comparison of Rate of Child Abuse and Neglect Reports, 1994-96



Source: Children Now. *California County Data Book '99*.

Child abuse is typically measured by the number of reports to Child Protective Services (CPS). However, child abuse is underreported. Although national estimates indicate that one in four girls, and one in six boys, are abused as children, national statistics in 1993 showed that only 4.5% of children were the subject of CPS reports. According to Plumas County data in the *California County Data Book '99*, about 10% of Plumas County children were the subject of CPS reports in 1996. SRI International, which has tracked the long-term trend of child abuse and neglect in the county confirms the rate of 10%, which is 20% higher than the state's average of 8%. The MCAH Annual Report 1999 reports that the number of CPS emergency responses dropped 17% between 1996 (521) and 1998 (433), showing an ongoing trend of decreasing reports. However, the 1996 rate of 10% was still higher than the rate statewide of 8.4%. According to a recently issued report by the Department of Social Services, the number of CPS emergency responses in Plumas County is again on the rise, having received 523 referrals in 1999. The rate has risen in recent months, such that the department expects 576 referrals in 2000. The department believes that much of this increase is due to more collaboration with the public schools, resulting in more observations by teachers as well as more reporting.

Babies of teen mothers are twice as likely to be abused and/or neglected. The number of high-risk families in Plumas County referred to public health nursing for parenting, bonding, and/or child care concerns of medical personnel averaged about 40 between FY96-97 and FY98-99. These families included babies and siblings.

B.4. Services to Youth

Plumas County provides a wide array of services to severely emotionally disturbed children and youth. The County has an excellent record for collaboration, with cooperation among Mental Health, Social Services, and Probation Departments. Mental Health and Alcohol and Drug use a “mini-treatment team” model when dealing with clients who are engaged with multiple agencies. There is an active referral process, although a mechanism to ensure consistent communication and coordination of services is needed. There is an Early Response Team, comprised of a CPS worker, alcohol and drug counselor, public health nurse, and probation officer. Family preservation strategies are in process of being implemented.

The Probation Department, while understaffed, has virtually every minor in its system on some sort of intensive supervision. All of these youth are seen at least weekly and many are seen three times a week. When hiring is complete, caseloads are expected to decrease to 20 – 30 youth per staff member. They provide intensive attention to children who meet certain at-risk criteria, thereby reducing the chance that that minor and his family will have further contact with the law. The Department uses juvenile halls in Butte, Glenn, Siskiyou, Shasta, Tehama, Lassen, and Yuba-Sutter for the detention and commitment of minors. The average daily population in juvenile halls was 3.9 children. By July 2000, virtually all detained minors will be housed at the new Northeastern California Regional Detention Facility in Susanville.

Probation also runs a Special Purpose Juvenile Hall. About 48% of the juveniles arrested are returned home while 28% are detained in foster homes and 24% are detained in Juvenile Hall. Juveniles account for 53.7% of the total referrals to Probation. The Department used electronic monitoring of 6 minors in 1998 and 1999, and 52 youth were placed on home supervision in 1999, nearly doubling 1998’s total. The Department has continued to work hard to avoid placing youth in group homes, preferring less expensive, local, and often more effective foster homes whenever possible. An average of 16 youth were in placements in 1999, a 13% reduction from 1998. The number of adjudicated delinquency cases nationally resulting in residential placement increased 56% between 1997 and 1998, the most recent comparison year available. The number of youth given curfews in 1999 (44) nearly doubled from 1998. The juvenile caseload has increased slowly but steadily over the last nine years, from 46 to 106.

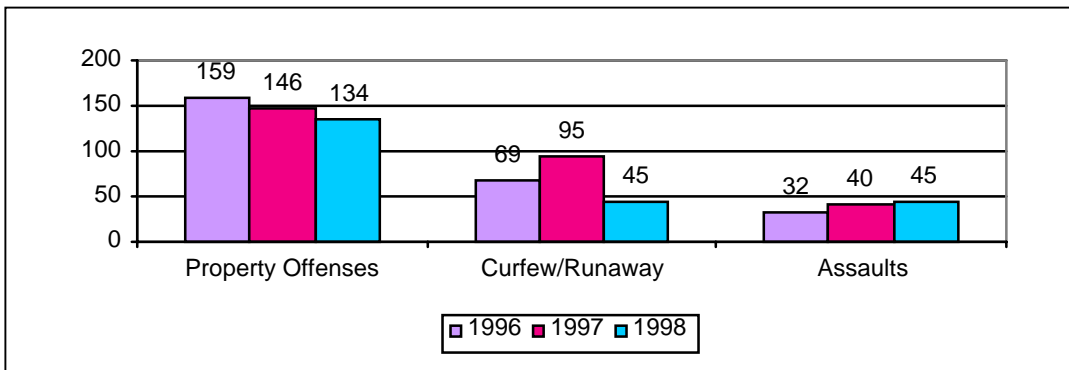
The five most frequent offenses in descending order were burglary, runaway/beyond control, battery assault, petty theft, and consumption of alcohol.

Since implementing a drug diversion program for youth in 1998, Plumas County Alcohol and Drug have served 41 youth who would otherwise be sent to juvenile detention instead of treatment.

Probation Youth Citations. There has been a decrease in property offenses. However, this may be artificial, due to the relatively small numbers. The Probation Department also noted that the number of citations may not accurately reflect the overall behavior of

the minors in the community. In 1999, 50 children were responsible for nearly half of all citations issued. The average age of minors who received citations was 15.1 years in 1999, compared to 14.6 in 1998. There was a drop in the number of citations issued from 307 in 1998 to 259 in 1999, a drop of 18%. Chart 4 shows the number of juvenile citations for property, curfew, and assaults in 1996-1998. While the total dropped, along with property offenses, it is a concern that the number of assaults rose. While juvenile felony arrests declined 5.8% from 1988 - 1998 (with the exception of felony weapons offenses) and the arrest rate dropped 22.8% in California, the number of arrests in Plumas County rose from 34 to 96 in that period. (The State Attorney General's Office does not calculate an arrest rate when the base number is fewer than 50). The rate in 1998 (96 arrests among a population of 2,415 children 10 – 17 is 3,975 per 100,000) is significantly higher than the state rate of 2,041.4.

Chart 4: Probation Juvenile Citations 1996 - 1998.



Source: Pat Leslie, Plumas Children's Network Evaluation Report, 1999.

The statistics in the **Probation Annual Report 1999** show no real trends for the number of individual offenses, although the overall drop is encouraging. Most of the offenses are rather minor. Burglaries are not well planned or executed, most assaults are little more than shoving matches and the drug offenses were nearly all for possession of less than an ounce of marijuana. Most of the offenses, according to Probation, are symptoms of children who are beyond the control of their parents in some way, and seem to have absolutely no impulse control.

In 1998, the school district reported that 31 children were suspended or expelled, for property offenses: property damage (52%), stolen property (39%), received property (3%), or robbery (6%). An additional 374 were suspended or expelled for defying authority, while 428 were expelled or suspended for behaviors showing some form of violence. These include causing injuries (67%), obscene language (14%), threats and intimidation (8%), possession of a weapon (4%), sexual harassment (4%), willful damage (2%), and hate violence (<1%).

B.5. Emergency Preparedness

The Plumas County Office of Emergency Services manages all types of emergencies in the county, such as a hazardous material event, wildland fire, severe winter storm, flooding, earthquake, volcanic eruption, multiple casualties, civil disobedience, national security or terrorism, as well as others. The Office works with the community toward emergency preparedness. The Office also maintains close relationships with other county agencies and offices which must respond to emergencies to maintain collaboration with them for the most effective response to any emergency.

Community Input

Residents of each community in the county participated in community meetings or completed surveys which were tabulated separately for adults and teens. At the community meetings, each participant was asked to name key issues in fourteen areas and then to prioritize their top five local and top three countywide priorities, by using red dots for local and blue dots for countywide priorities. Therefore the number of times an item was mentioned in a community meeting would not match the number of dots. Respondents to the surveys were asked to comment on each of the fourteen areas and to set three priorities for local and countywide improvements. The survey totals show the number of times a topic was commented upon in a survey. Each respondent had several opportunities to comment on each area and generally took that opportunity. The number does not address the range of comments within a topic, for instance, “more police” and “less police” or simply the comment “yes.” The “total” column adds up all the dots, participants and responses from the surveys. Each response was counted and reported in Table 1.

Table 1: Comparison of Input about Community Safety and Health from Community Meetings and Adult and Teen Surveys, by Community

	Community Meetings			Adult Survey	Teen Surveys	Total
	Red	Blue	#			
Chester/Lake Almanor	57	32	110	73	128	400
Indian Valley	29	7	28	40	1	105
Mohawk Valley	67	16	61	144	4	385
Portola	17	14	63	91	36	221
Quincy	29	2	37	54	263	221

Table 2 shows the number of responses in the subtopics mentioned most frequently in the area of community safety and health, by community and type of input. They are listed in the order of most frequently mentioned, from most frequently to least.

Table 2: Most Frequently Raised Issues within Community Safety and Health, by Community and Type of Input

CM = Community Meetings T = Teen Surveys A = Adult Surveys	Total			Chester/Lake Almanor			Indian Valley			Mohawk Valley			Portola			Quincy		
	CM	A	T	CM	A	T	CM	A	T	CM	A	T	CM	A	T	CM	A	T
Hospitals – support	36	48	51	18	10	33	4	6		7	21		6	6	1	1	5	17
More police/24 hr police	33	60	39	12	5	21	7	8		3	19		9	23	2	2	5	16
Everything is OK	1	12	101	1	3	23		4			5							78
Fire Protection	39	61	1	7	13	1	5	7		20	28		2	4		5	9	
Traffic Safety	18	52	15	2	15	9		2			14	1	11	13	3	5	8	2
Better medical care	32	32	19	11		1	7	5		10	11		4	5	1		11	17
Too many police	0	2	66						1								2	65
Mental Health/ drug treatment	16	16	21	8		14				1	3		6	6		2	4	
Emergency Services	25	18	8	10	3	3	5	1		5	9	2	2	2		3	3	3
Health education	21	9	18	8	4	2	4	1		2	3		4			3	1	16
Senior health	20	15	1	1	1		1	2		6	5		2	5		10	2	1
Environmental health	10	12	3	4	3	2				1	3		5	2			4	1
Community involvement	16	5	1	10			1				1		2	3		3	1	1
Don't hassle teens	0	0	21			1			1									19
Affordable health care/insurance	6	7	2	3	1						3		1	2		2	1	2
Juvenile Issues	12	0	2	6		2				1			4			1		
Teen issues	5	3	5	2				2		2			1	1	1			4
Courts	9	3	1	3	1	1					1		2	1		4		
Mobile van	5	2	0	3									2	2				
Home health	3	2	0	1						1	1		1				1	
Alternative health	4	1	0										4				1	

Detail of categories in Table 2:

- Hospitals – support: this includes all comments about local hospitals and hospital districts.
- More police/24 hr police: this includes all law enforcement, extending their hours and coverage.
- Everything is OK: this includes health and safety, and a general sense of well being.
- Fire Protection: this includes fire districts, forest thinning, etc.
- Traffic Safety: this includes enforcement, additional stop signs and traffic lights, signage, and speed limits.
- Better medical care: this includes more medical care, better providers, better access.
- Too many police: this is primarily an issue for teens who express the concern that the law enforcement agents spend too much time worrying about them.
- Mental Health/ drug treatment: this includes both mental health and drug and alcohol treatment, both inpatient and outpatient and community based.
- Emergency Services: this includes access to emergency services, including paramedics, the 911 system, fire and police.
- Health education: this includes classes, internet, and action for health.
- Senior health: this includes all levels of senior health.
- Environmental health: this includes pollution, burning, danger from smoke.
- Community involvement: this includes involvement in community safety, including neighborhood watches.
- Don't hassle teens: this is the request of teens to be left alone by law enforcement.
- Affordable health care/insurance
- Juvenile Issues: this includes issues relating to juvenile crime and behavior, including parental involvement, prevention, probation, etc.
- Teen issues: this includes issues such as risk behaviors and support.
- Courts: this includes enforcement and sentencing.
- Mobile van: this includes specific mention of a mobile health van.
- Home health: this includes specific mention of home health services for others than seniors.
- Alternative health: this includes all types of alternative health, including acupuncture, homeopathy, Chinese medicine, chiropractic, etc.

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