

County of Santa Cruz Health Services Agency
Alcohol and Drug Program **DRAFT STRATEGIC PLAN**
for Substance Use Disorder Treatment
and Intervention Services
2014-2019

acknowledgements

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Community Conversation Forums

- Host Sites:
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 - Simpkins Swim Center
 - Santa Cruz Community Foundation
 - City of Watsonville
 - Santa Cruz County Office of Education
 - Santa Cruz Health Services Agency
- Contractors and Services:
 - Santa Cruz Residential Recovery
 - Si Se Puede

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1 executive summary

Introduction

This Executive Summary provides relevant background and research information, and describes intended goals/outcomes, the process undertaken, and recommendations resulting from a rigorous countywide strategic planning process to address substance use disorders (SUD) in Santa Cruz County.

This is the first comprehensive Countywide SUD treatment and intervention services strategic plan for Santa Cruz County in more than a decade which has involved a broad range of interested and involved stakeholders throughout the community. As the SUD subject matter is rather complex and it impacts residents at all levels, for ease, the Strategic Plan document and presentation will be presented in a systematic and organized fashion.

The first phase (to be released in November 2014) includes sharing of relevant information regarding the purpose, process, priorities, intended goals/outcome and rationale. In addition, information about stakeholders' input will also be provided in the first phase of document.

The second phase (aimed for release in February 2015) will include information discussing relevant research and findings, prevalence rates of SUDs, evaluation of current system outcomes, and an update on the latest proposed changes from federal and state agencies regarding the Drug Medi-Cal program.

The last phase (aimed for release in late April/early May 2015) will include a summary and synthesis of the first two phases, and recommendations including a financial model for short- and long-term success for SUD treatment services.

The Santa Cruz County Health Services Agency (HSA), Alcohol and Drug Program (ADP) is responsible for planning, coordinating and managing a continuum of publicly-funded alcohol, tobacco and other drug prevention, intervention, treatment and recovery services that are responsive to the needs of the community. In light of the increasing concern about the myriad of impacts associated with substance use disorders (SUDs), the HSA is analyzing substance abuse issues, and the need for a long-term strategic plan for substance abuse treatment and intervention.

The strategic planning process was the collective effort of ADP, County partners, community-based agencies, and local residents. Through a systematic planning approach that included ongoing and inclusive community input over eight months, the resulting design reflects broad community consensus on the direction of substance abuse treatment and intervention services. This strategic plan was developed to closely align and is poised to coordinate with other related planning and system improvement efforts in the County. Furthermore, it aligns with the California Department of Health Care Services' proposed Drug Medi-Cal Organized Delivery System Waiver Amendment specifications for SUD care designed to optimize the treatment of beneficiaries, and with the Federal Substance Abuse and Mental Health Services Administration's description of a research-based, modern system of SUD services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010).

Current conditions are favorable to the timing of this strategic plan. Increased opportunities for expansion of services through the Affordable Care Act (ACA), AB109, and other funding sources have combined with the availability of research on best practices in treatment and interagency partnerships. These efforts are converging with lessons learned from the recent economic recession, including the need for efficient delivery of effective treatment methods. Existing service gaps, coupled with the direction of local, state and federal initiatives, drives us to organize resources into a systemically integrated, co-occurring capable, wellness-oriented continuum of alcohol and other drug services.

The purpose of the Strategic Planning process was to:

- Optimize current resources while leveraging additional resources wherever possible
- Improve efficiencies and enhance client outcomes
- Recognize the complexity of needs and conditions experienced by individuals with SUD and/or co-occurring substance use and mental health disorders (COD) and thereby ensure a more collaborative model of care that eliminates "silos" and supports parity of SUD services with other health care services
- Advance standards for quality of care and evidence-based approaches
- Align with successful local, statewide, and federal initiatives that deliver a comprehensive and integrated continuum of client-centered services based on a public health-oriented, chronic care service delivery model that embraces an upstream prevention and early intervention approach.

Strategic Planning Process

To develop the Strategic Plan, ADP engaged hundreds of community residents, service providers, partner agencies, and service consumers both in treatment and recovery to define the landscape of need and to articulate the call to action. The resulting strategic plan (Plan) includes the following:

- A review of the research literature on evidence-based practices for SUD treatment, intervention and inter-agency collaboration (available at RecoveryWave.com)
- An extensive assessment of qualitative and quantitative needs and resources (including a cross-sector analysis of opportunities for alignment with other current planning and action initiatives (see RecoveryWave.com for the quantitative needs assessment and qualitative data highlights)
- Data-driven priorities, problem statements and key outcomes

Essential to success is sustained momentum of interagency partners and community members to drive the translation of this plan into action. Proactive and consistent engagement from all sectors is at the root of transforming outdated or isolated efforts into an evolving mechanism that is agile and responsive to both threats and opportunities that affect individual and community wellbeing.

Santa Cruz County Health Services Agency Alcohol & Drug Program Mission Statement

The mission of the Health Services Agency Alcohol and Drug Program is to provide opportunities to the diverse population of Santa Cruz County for the education about, prevention of, intervention into, and recovery from alcohol and other drug related problems. Alcohol and Drug Program services will address the broader community environment as well as individual and family needs to support prevention, intervention, and recovery from alcohol and other drug problems. The Alcohol and Drug Program will provide these opportunities through working with partner organizations and community members to plan, implement, administer and evaluate a comprehensive, strengths-based, evidence-based, and culturally responsive County-wide system of contract and County-operated alcohol and other drug program services that is integrated with other needed services, such as mental health, medical care, housing, employment, education, and mutual self-help groups.

Recommendations for Collective Action

Methodical synthesis of data, including community input, generated a vision statement projecting what is possible for our community when SUDs are effectively prevented, treated, and recovery maintained: **A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.** Achieving this vision is contingent on progress toward specific and measurable outcomes. These outcomes are organized into four distinct but related action areas:

Outcome Area 1: Inform and Engage the Community and Stakeholders

- 1.1 Reduced stigma associated with SUD/COD, including an increase in sister agencies' and other partners' capacity to demonstrate services/supports that are sound and compassionate approaches to SUD/COD needs
- 1.2 Increased community support for SUD/COD resources
- 1.3 Partner agencies conduct increased numbers of screenings, assessment, interventions, and referrals for SUD/COD treatment
- 1.4 Increased number of requests for information and intervention assistance from families and community members
- 1.5 Decreased number of new youth and adults experiencing SUD/COD

Research notes that stigmatization of illness and lack of accurate information about an illness are barriers to connecting to and maintaining engagement in treatment and ongoing recovery maintenance management (SAMHSA, 2004). Stigma may include self-stigma, perceived stigma by others, or veritable

stigma imposed by others, including family, friends, community, and/or individuals who are part of the system of care experience. In Santa Cruz County, qualitative and quantitative data substantiate stigma and lack of accurate information at all three levels (see *Databook* available at RecoveryWave.com). Evidence shows that this confounds efforts to (a) identify, engage and retain individuals with or at risk of SUD into intervention, treatment and/or support services, (b) match individuals to appropriate treatment types/levels, (c) provide high caliber quality of SUD and ancillary services, and (d) promote public understanding of the efficacy and return on investment of SUD treatment and intervention services. Best practices to effectively manage chronic diseases, including SUD, include widespread public anti-stigma initiatives that promote fact-based information about nature of the illness, debunk myths and misunderstandings, and share resources that encourage active response to addressing health needs of self and others (Link, Struening, Rahav, Jo, et al., 1997; Luoma, Twohig, Waltz, Hayes, et al., 2007). This element of the Plan is a foundational element to achieving the other three outcome areas.

Outcome Area 2: Increase the Availability of SUD and COD Prevention, Treatment, and Recovery Services

More SUD Treatment and Intervention Services, including: admission to an appropriate level of SUD treatment is available when there is a client request for services

California's Department of Health Care Services (DHCS) estimated that there were 21,682 individuals in Santa Cruz County with a SUD in the past year. Of those, an estimated 3,209 were seeking treatment, and the HSA Alcohol and Drug Program served 1,288 clients in FY 12/13. This means that only 5.9% of those individuals who had a SUD received any kind of treatment for their illness. Of those actively seeking treatment, 60% were unable to access any treatment through ADP.

The impact of untreated SUD on Santa Cruz County is enormous: Untreated SUD costs County residents over \$207 million per year in health care, criminal justice, motor vehicle crash, and other property damage impacts (DHCS, 2012), which translates to an estimated \$765 of economic impact to each County resident every year. If Santa Cruz County is to reduce the current immediate and long term economic, safety, and health impacts, more treatment services are in order. By providing increased access to screening/assessment, intervention, treatment, and recovery maintenance services in a timely manner, Santa Cruz County can expand its response to this public health crisis. Increasing availability of services is designed in conjunction with pursuit of outcome area #3.

Outcome Area 3: Improve the Quality of SUD Prevention, Treatment, and Recovery Services

- 3.1 Increase in successful completion of treatment episodes and increased periods of wellness after completion of acute treatment
- 3.2 Increase in periods of stabilization and decrease recidivism for youth and adults involved in compulsory treatment

3.3 Improve and measure client outcomes for all program components

Clinical research on treatment practices for individuals suffering from SUD/COD has expanded and advanced substantially in the last decade. This creates an opportunity to expect enhanced outcomes for afflicted individuals (National Quality Forum, 2005). In order to maintain a high caliber of care, quality standards for systems and services must advance with the science. In doing so, ADP and partners will have the capacity to promote health and safety. For instance, of individuals provided SUD treatment services by SCC in the 2013/14 fiscal year, 47.9% reported that they had social supports for their recovery at program admission (e.g., 12 step group attendance, clean and sober housing, aftercare) and 74.4% reported engagement in social supports for their recovery at program departure. Although this is a substantial improvement, there were still over 25% of clients departing from programs who reported no social supports for their recovery, despite research showing that having a supportive social environment is a key element of sustaining long term recovery (SAMHSA, 2005). Currently, there are gaps in optimal acute care and long-term supports for self-managing recovery maintenance. There is a need for better integration, collaboration and comprehensive “wrap around” case management between SUD treatment and other agencies that people with SUDs come into contact with (e.g., mental health, criminal justice, child welfare services) in order to promote entry and retention in treatment, and to ensure that multiple needs associated with SUDs are addressed (housing, employment, healthcare, criminal justice involvement, etc.). For instance, several partner agencies do not consistently screen their clients for SUD, or only screen a portion of their clients, and thus miss opportunities for intervening earlier in the progression of SUD, which has been shown to be more cost effective than later stage treatment. The need for improved screening, assessment and care coordination is one example of an opportunity to implement research-based, higher quality services.

Outcome Area 4: Reduce Costly SUD Impacts to Individuals, Families, and the Community

- 4.1 More recovering people are engaged in productive activity (e.g., education, employment)
- 4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a “revolving door”
- 4.3 Decreased alcohol and drug-related crime
- 4.4 Decreased ED/hospitalizations/911 result in cost savings
- 4.5 Fewer parents have rights terminated for substance use related reasons

Findings from the planning process and the research literature consistently support the call for increased opportunities for prosocial engagement by individuals in treatment and recovering from SUD/COD, and for reform in systems in order to discourage a “revolving door” phenomenon in terms of repetitious cycling through costly public services such as jail, the emergency department and hospital. Implementation of the Plan’s outcome areas #1-3 are designed to yield a multi-tier increase in productivity and efficiency, and consequently minimize unnecessary collateral costs and impacts. That is,

individuals with SUD will experience the benefits of health, including supports for education and/or employment, while services and systems for SUD and related needs are better positioned to advance their shared and respective missions around wellbeing. As a result, the community, across the board, will experience better quality of life.

chapter 2: **strategic plan**

Health Services Agency Alcohol and Drug Program
Draft Strategic Plan for Substance Use disorder
Treatment and Intervention Services
2014-2019

2 strategic plan

Methods

This section will outline methods used in the overall strategic planning process, including data collection approaches that provided both community input/guidance and informed the assessment findings. This section reviews methods related to accessing community voice, identifying opportunities to align with existing initiatives, and engaging in community-driven development of Plan contents.

Community Voice

The strategic planning process prioritized input from diverse sectors of the community and through multiple sources over the course of the assessment and planning phases. The following sections outline the methods used, focus of input, and summary of contributions made. All input was analyzed and factored into the development of the Plan, including community input forums, focus groups, stakeholder interviews, online/email input, and media coverage.

Community Input Forums

ADP used press releases, mailing lists, flyers, and word of mouth recruitment strategies to convene four public forums during the strategic planning process. Board of Supervisors representatives participated in respective events, as did other elected and appointed leadership.

1. March 6, 2014 in Aptos: Who Suffers from Substance Abuse? A Community Conversation. About 238 people attended.
2. May 8, 2014 in Live Oak: Needs and Solutions for Substance Abuse: A Community Conversation. 136 people attended.
3. June 11, 2014 in Watsonville: Telling the Story of Substance Use: Data Review & Community Conversation. 84 people attended.
4. November 5, 2014 in Live Oak: Safe and Healthy Santa Cruz: Strategic Plan for Substance Abuse Treatment and Intervention. TBD people attended

Spanish translation was available at all sessions. There was consistent representation across sectors including leadership, service providers and clients from: Health/health care, Mental Health, SUD Treatment, AOD Prevention, Recovery, Housing/homelessness, Law Enforcement, Probation, Social Services, Education; in addition there was representation from youth, community residents, elected officials, and others.

Over the course of these sessions, and using online forums, the prompts were used to gather input on topic areas that included: Public Safety & Justice, Health & Healthcare, Mental Health & Co-occurring Disorders, Education: Elementary through Higher Education, Housing/Homelessness, and Social Services/Child Welfare Services.

Prompts:

- What are the issues and how can our community solve them? (specific to topic areas)
- Discuss the highest priority needs or critical problems related to substance abuse in this context [group's topic area].
- Describe (existing or potential) supports or opportunities that effectively address substance abuse needs in this context? What solutions do you recommend?
- Highlight themes or trends you notice in the discussion. Explain insights that can be made based on hearing the various perspectives, ideas, and opinions.
- If we do a good job, what does it look like or how do we know for {specify data finding/need}?
- What do we need to do to achieve or maintain effectiveness in this {specify} area?
- What will you (personally) contribute to this?
- What is another point of view? How does this issue intersect with any of the other topics represented by a group here today?
- Thinking about the substance abuse issues highlighted by the data presented today, what *ONE* area do you most want to see change in? (please select from the "highlighted needs list").
- Considering your response, what community partners or agencies need to be involved for change to be effective in *that* area?
- Now that you've had time to discuss the findings, is there *another* area of need that you feel is important an area of focus for change? (add *one* other – from the list of highlighted needs, or something else specific).
- This needs to be a community-wide effort. What will you do to help make the change you want to see in our community?

Focus Groups

Four focus groups were facilitated as part of the strategic planning process.

1. Substance use disorder (SUD) Service Providers (10 from an estimated five agencies; both county-funded and others) on April 24, 2014.
2. Family Members of Substance Abusers (three individuals) on April 24, 2014.

3. Residential Treatment Clients (10 individuals from Santa Cruz Residential, Encompass) on May 6, 2014.
4. Family Preservation Court Clients (eight individuals from Sobriety Works) on May 8, 2014.

Focus groups entailed facilitated small group discussion using pre-designed questions and prompts to guide the conversation. Tailored focus group question protocols were designed for each audience, but included the following areas:

Question 1. Describe what substance abuse issues are present in SCC.

Probe: What does substance abuse look like for the community? For the individual suffering from substance abuse?

Question 2. What is the biggest problem or consequence of substance abuse in SCC?

Probe: Describe that... What impact does substance abuse have? What kinds of things are critical? Which are a priority?

Question 3. What needs do individuals with substance abuse have?

Probe: What needs must be met? Describe challenges they face?

Question 4. In your experience, what supports are effective in addressing substance abuse...

Probe: For individuals..... For communities.....

Question 5. Describe ideas for other supports or solutions that address substance abuse issues.

Question 6. How do you think the County division in charge of treatment (ADP) should decide what systems and services they use for addressing substance abuse?

Probe: What criteria? What method? What standards? What works now? What innovations would improve things?

Question 7a. How do you think other County agencies should address substance abuse?

Probe: What makes you think that? Do you think it is important to get other County agencies involved? Why or Why not?

Question 7b. How do you think community-based agencies should address substance abuse?

Question 8. Describe the public perception of substance abuse in SCC?

Probe: How do people talk about it? Who do you think knows about or prioritizes it as an issue? Where do people get information about it?

Question 9. If there were no substance abuse issues in SCC, what would be possible?

Probe: What would life here look like? How would people live?

Stakeholder Interviews

Stakeholder interviews were conducted as part of the strategic planning process:

- 15 individuals from HSA (including Mental Health), law enforcement, Probation, Education, community/neighborhood groups, SUD treatment providers, community-based organizations, UCSC, and elected local leaders.

Stakeholder interviews were conducted in confidential telephone or in-person interviews with individuals identified as having expertise, experience, and/or point of view that would lend perspective to the role of SUDs in Santa Cruz County. The following protocol guided the conversation:

Topic I: Needs/Problems

1. What do you see as the county's critical needs or problems regarding substance abuse?
2. How are substance use disorders impacting the county?
3. What factors are contributing to each of the needs/problems you mentioned? Why are they a problem in Santa Cruz County/what is the nature of the issue here?

Topic II: Opportunities/Resources

4. What are the most effective resources available in the county for addressing the issues you mentioned? (Prompt: population specific; community specific; systems/infrastructure)
5. Are you familiar with any other models or approaches that have been effective in addressing the issue(s) you mentioned, but are not currently available here in SCC? (Prompt: population specific; community specific; systems/infrastructure)
6. Do you have any ideas for innovation or advancement that might help address the issue(s) you mentioned?
7. What does SCC have going for it that will help us improve in addressing this need/problem?

Topic III: Cross-sector Alignment

8. From your perspective, what opportunities does MH/ADP have to (a) strengthen, or (b) build collaboration with other sectors/partners?
9. (for agencies/departments) What would an ideal partnership with ADP look like?
(for all) What role does or should ADP play in cross-sector coordination to address substance abuse?
10. Any questions that I should have asked you or that you would've wanted me to ask? Anything else you want me to know?

Web Input and Other Sources

Strategic planning included internet-based community input. Over 30 community members used this medium to contribute feedback.

ADP provided continuously updated planning process information on the County's website, recoverywave.com. This website consistently offered an online "input" forum; contributions were reviewed and addressed in a timely manner. Additional sources of public feedback were online comments and conversations that organically emerged in response to Santa Cruz Sentinel articles. Finally, anonymous content via was received via email in limited instances.

Media coverage specific to ADP strategic planning process:

1. http://www.santacruzsentinel.com/News/ci_25293104/Santa-Cruz-County-leaders-begin-plan
2. http://www.santacruzsentinel.com/News/ci_25727864/Meeting-seeks-answers-on-drug-alcohol
3. <http://www.gtweekly.com/index.php/santa-cruz-news/good-times-cover-stories/5824-picture-of-health.html>
4. local television news coverage of June 11th Community Conversation by KSBW on evening news program

Alignment with Existing Initiatives

As part of the systematic approach to establishing collaborative efforts in addressing SUD needs, the planning process included a cross-sector analysis of available plans and initiative documents. In addition, an accounting of available resources was included in the assessment phase. The methods for each of these are outlined here, and detailed within their respective sections.

Cross-Sector Analysis Summary

In addition to gathering community voice through interactive methods, documentation of current and developing initiatives were consulted in an effort to identify intersection and common ground. The far-reaching consequences of alcohol and other drug (AOD) use, SUD treatment programs and services overlap and interact with supports located within other sectors including public safety/criminal justice, mental health, physical health and healthcare, social services (including homeless services and child welfare), education, and employment, among others. In order to leverage momentum for change, the following documents were reviewed for relevance to addressing substance abuse issues:

1. Santa Cruz County Alcohol and Drug Program. Strategic plan for alcohol and other drug prevention 2013-2017.
2. Santa Cruz County public safety realignment and post release community supervision (2011).
3. United Way of Santa Cruz County. Go for health! Strategic plan 2010-2015.
4. Applied Survey Research. (2013). Santa Cruz County status on youth violence 2013 data report: Santa Cruz County Criminal Justice Council.
5. Applied Survey Research. (2013). Santa Cruz County Community Assessment Project 2013 comprehensive report.
6. County of Santa Cruz Human Services Department Family and Children's Services (2012). Santa Cruz County Child Welfare system improvement plan progress report year one.
7. Santa Cruz County. Smart solutions to homelessness and the homeless action partnership long range strategic plan.
8. Santa Cruz County Office of Education. Strategic Plan 2012-2015
9. City of Santa Cruz Public Safety Citizen Task Force (2013). Research, findings and recommendations.
10. Santa Cruz Public Libraries. 3-5 year strategic plan 2010-2015
11. City of Santa Cruz. Three year strategic plan goals and objectives 2012-2014
12. City of Santa Cruz. (2010). Housing and Community Development consolidated plan 2010-2015 and 2010-2011 action plan.

13. Technical Assistance Collaborative, & Human Services Research Institute. (2013). California mental health and substance use systems needs assessment and service plan. Volume 2: Service plan.
14. First 5 Santa Cruz County. Strategic Plan 2012-2015
15. California Department of Health Care Services. Strategic plan 2012-2017
16. Janus of Santa Cruz. Strategic plan (in progress)
17. Envision UCSC (in progress)

Findings highlight opportunities for ADP Treatment Services intersection and/or alignment with components of strategy from of AOD Prevention; public safety, police, criminal justice, and the probation department; mental health, health, housing, education (including K-12, higher education and adult education); jobs and economy; and environmental/recreation sectors.

Needs & Resources Assessment Summary

The SCC HSA ADP 2014 Substance Use Disorder (SUD) Treatment and Intervention Services Needs and Resources Assessment utilized qualitative and quantitative methods to substantiate needs and issues in related to substance abuse, substance use disorders, and the impacts on individuals and communities across contexts. The Databook of quantitative findings and highlights of qualitative data has been previously released to the public and is available at RecoveryWave.com. The findings are based on results substantiated from multiple, credible sources including but not limited: to archival records, database review, focus groups, interviews, and community input forums.

Community-driven Development of Plan

In addition to using community voice to inform the planning process, a variety of partners and residents contributed to formulating the recommendations proposed within the Plan. ADP staff and leadership participated in an organizational assessment in order to ascertain their capacity to contribute to the Plan. A Planning Team, including representation from ADP, partnering sectors, and community residents was convened to develop the basis of content for the proposed Plan. Planning Team participants are listed the Acknowledgements section of this plan.

ADP Organizational Capacity Assessment

In January 2014 staff and leadership of ADP participated in an organizational assessment session of structured dialogue about ADP's functional capacity to achieve success. The primary purpose was to leverage the perspective of ADP staff and leadership in order to define desired agency outcomes, and outline existing and potential facilitators of success. Specifically, an outside facilitator used a structured group discussion format to assess:

1. How ADP defines success
2. What factors are currently contributing to success
3. What additional opportunities, innovations and activities can further strengthen success.

The organizational assessment process used is based on a modified SWOT analysis. The traditional SWOT model addresses agency strengths, weaknesses, opportunities, and threats. Rather than creating mutually exclusive categories using a binary structure, the modified model employs a spectrum for multi-faceted dimensions of organizational function. The spectrum gauges the temporal range from “now” to “future” and the group defines and populates dimensions of agency success, assets, according to what is and what is possibly influential for achieving desired outcomes. This latter part of the process is an innovation on the “ranking” process used to identify key factors populating the SWOT quadrants. The modified SWOT used for the current report is grounded in effective practice and produces a strengths-based and progress-oriented perspective on an organization’s functioning and capacity for effectiveness.

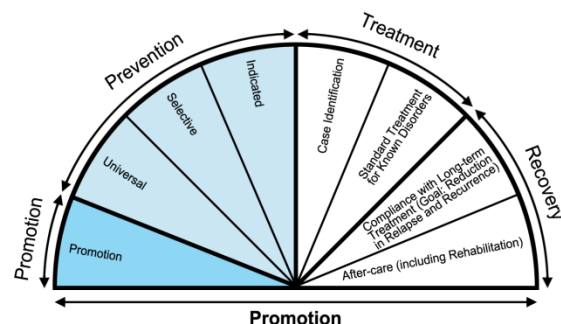
Planning Team

ADP invited over 35 partners and community members to join a Planning Team to convene for three sessions devoted to analyzing the findings from the needs and resources assessment phase and organizing a structure for the strategic plan. The group of 25 (see Acknowledgements for a list of Planning Team participants) was comprised of individuals from diverse sectors of the community, including County and community-based SUD prevention, treatment, and recovery, law enforcement, courts system, probation, County and community-based mental health agencies, Dominican Hospital, education, social services, city managers, faith community, community-based organizations/non-profits, and community members.

Through interactive working sessions, the members reviewed substantiated needs and solutions, determined how to frame the concepts into actionable strategies and measurable outcomes, and provided input on proposing recommendations for ADP, partner agency and community action areas for treatment systems and services.

The Planning Team convened on June 25th, July 8th, and August 6th of 2014. The following were key frames for the group’s approach:

- Social innovation
 - No more “business as usual”
 - But “don’t throw the baby out with the bath water”
- Community ownership
 - Create recommendations for the ADP plan for treatment services, but also community’s plan (i.e., delineate multiple scopes of work within the overall goals)
- Collaboration across sectors & systems
 - Promote accountability for change
- Conceptualize Substance Use Disorders within



IOM Continuum of Care for Mental Health (because everyone is somewhere on the continuum all the time)

Synthesis of Problem Areas and Need for Transformation

The Planning Team relied on criteria (endorsed at the June 11th Community Conversation prior to the Planning Team sessions) to verify and distill the data-substantiated needs and community priorities into problem statements. These criteria are described below and were used to identify (1) SCC HSA ADP and (2) community goals and objectives for addressing AOD treatment needs.

Table 1: CRITERIA FOR DETERMINING SUD/COD PRIORITIES FOR ACTION

CRITERION <i>(The extent to which the need/issue/problem is or has:)</i>
I. Consistent with HSA & ADP vision and mission.
<input type="checkbox"/> Consistent with ADP’s vision and mission. It will not undermine HSA or ADP’s vision and mission. <input type="checkbox"/> Non-divisive and consistent with the group’s/County’s values
II. Importance of problem/issue to ADP and SCC communities/citizens.
<input type="checkbox"/> Decision to address the need/issue/problem is data driven and aligns with community’s calls to action.

Need may be measured by:

- Scope:
 - *Narrow/Deep* impact (i.e., Issues that impact a *narrow* population/region, but have *deep* consequences or needs.
 - *Broad/Diffuse* impact (i.e., issues that impact a broad sector of population/region and address diffuse or common consequences or needs.

Including the following considerations:

- Cost (e.g., social, health, economic costs)
- Magnitude of problem (e.g., frequency, incidence, trends)
- Severity (e.g., level of impact on community health & well-being)
- Size of the population at risk (i.e., who would benefit).

Priority may be measured by:

- Immediacy of the concern (i.e., urgency)
- Degree of concern (e.g., visibility; priority of local &/or State government; public &/or political will)
 - Extent to which issue is widely and deeply felt
 - Resonance with the public and stakeholders
 - Status as an unmet need/gap in service (i.e., no one else is addressing the problem).

III. Availability of solutions for problem/issue.

- Solutions are available and real improvement is achievable.

Determine whether:

- Causes/reasons are identifiable
- Risk factors/barriers are modifiable
- Evidence-based strategies to effectively address problem/issue exist. And if not, strategies to effectively address problem/issue can be designed.

Consider:

- Impact or size of effect if problem/issue is addressed effectively.

IV. Feasibility of program/policy implementation and sustainability.

- Feasibility includes confirming that necessary concrete and intangible resources/structures are currently in place.

Confirm concrete resources:

- Existence of infrastructure (e.g., staff and facilities, resources availability)
- Funding available/sustainable
- Fits into (or should be added to) existing organizational structure/activities.

Confirm intangible resources:

- Authority/accountability/responsibility to implement is held or obtainable
- Political and cultural acceptability (degree of public concern, political will and community readiness)
- Workforce knowledge and skills (and/or opportunities for training and technical assistance for professional development).

V. Evaluation of program or policy

- Action must achieve specific change through measureable impacts.

Confirm:

- Ability to evaluate/measure outcomes and impacts
- Benefits outweigh the costs of implementation and sustainability
- Collateral benefits as a result of implementation (i.e., increases readiness, decreases attrition, reduces other health problems).

VI. Cross-sector momentum

- Multiple sectors within community will benefit.

Determine how:

- Aligns with priorities in other sectors

- Impact of change benefits multiple sectors
- There are opportunities for cross-sector partnerships to contribute to change.

Confirm:

- If a solution requires interagency partnerships to implement, all essential partners are committed to the solution (NB: this relates to feasibility Section IV, as well).

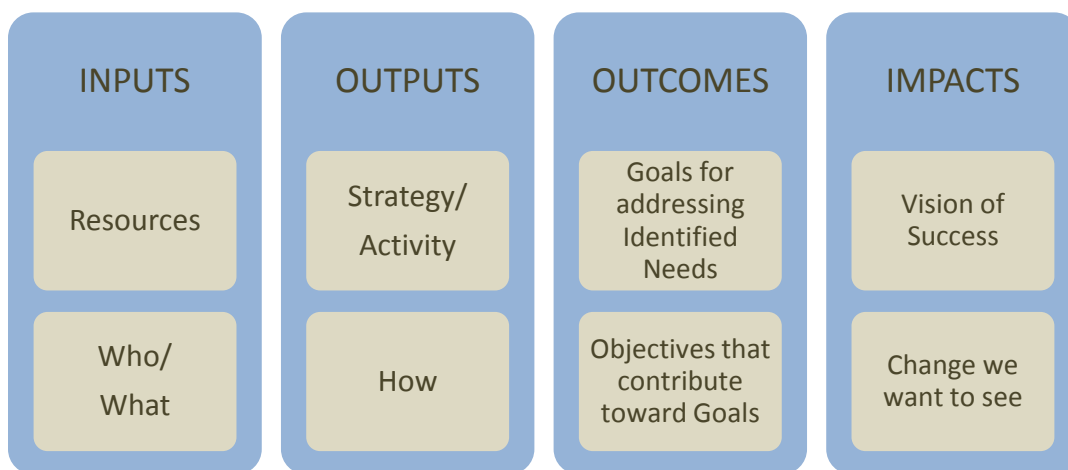
Other considerations

- Geographic/Demographic Factors Geographic/Demographic Factors
- Timeliness
 - Time to implementation
 - Time to results/outcomes
- Alignment with the field’s calls to action
- Other: _____

Once the Planning Team arrived at consensus on data-based problems and associated needs, next steps focused on determining how to address them. An assortment of tools was used to synthesize the data and arrive at a theory of change and logic model for the strategic plan. This included:

- Opportunity Analysis: Compare known needs/issues to existing and potential resources and solutions
- Strategic Plan/Prevention Framework (SPF): USDHHS Substance Abuse and Mental Health Services Administration’s recommended paradigm (SAMHSA, 2009)
- Adapted Results Chain from the Results-based Accountability (RBA) model of strategic planning: Defining a vision for effectively preventing, treating, and supporting recovery related to alcohol and other drug abuse, then determining the outcomes, outputs and inputs that will culminate in that vision.

Figure 1: RBA RESULTS CHAIN ILLUSTRATION



RBA Results Chain and discussion guide:

- What CHANGE needs to happen to get there? What needs to be different in order for these OUTPUTS to be viable and sustainable and effective in contributing toward IMPACT?
- Given the highlighted needs (OUTCOMES), what does IMPACT look like if we achieved them?
- How (OUTPUTS) do we do that?
- What is the overarching model/system/frame for the “how”?

The final component of the Results Chain determines the “INPUTS” and identified additional “OPPORTUNITIES for INPUTS” (based on what’s missing and possible as additional resources/supports that will generate the target Outputs)

- Who and what (INPUT) make the change happen?
 - What’s in place (INPUTS) now?
 - What is possible to put in place?

Between and subsequent to the Planning Team sessions, ADP’s internal team processed and refined the group’s input with their consent. Planning Team members were invited to participate in an ad-hoc evaluation planning session on August 8, 2014 (eight members participated). The Planning Team was advised on the ongoing development of the proposed Plan content via email, with their input continually integrated into draft revisions and decision making by ADP staff and contracts finalizing the document. As a final step to the process, the proposed draft Plan was presented to the community for review and feedback online and at a public forum (November 5, 2014) prior to presenting the final document to the Board of Supervisors. TBD community members attended, and there was online/email input from TBD that informed the final proposed Plan. The resulting Plan reflects content generated through this multi-method process and is in keeping with the community’s voice.

Logic Model

The previous sub-section titled *Methods* outlined the approach to identifying primary substance use issues within Santa Cruz County. Included in this section are the community-driven priorities, the synthesis of those priorities into problem statements, and the theory of change and proposed actions to address each of the issues.

Community-driven Identification of Priority Issues

On June 11, 2014 a public forum was convened to present findings from the Databook. The document presented in this report that illustrates the needs and resources associated directly and indirectly with SUD. Participants reviewed key highlights from the data and asked to identify areas where they most wanted to see change.

-
Legend for priorities in table below:

- Areas that elicited the most immediate reaction for greatest number of people
- Areas that elicited the most immediate reaction for notable number of people
- Areas that resonated with the most people, but with less immediacy
- Additional areas determined to be of great need by Planning Team (6/25/14)

Table 2: COMMUNITY-DRIVEN IDENTIFICATION OF PRIORITY ISSUES

Priorities to be Ranked	Rank				Sum
	1 st	2 nd	3 rd	4 th	
Treatment services appropriate for:					
1. Co-occurring disorders in order to address both SUD and mental health	4	6	1		11
2. Adults with SUDs who want treatment and are not Medi-Cal or AB109 can't get services	9	0			9
3. Women	1	0			1
4. Parenting/perinatal adults with SUDs [CWS cases; generational risk]	3	0			3
Need to address systems mis-alignment between SUD Treatment and:	0	1			1
5. Timeline and/or approach to recovery/wellness	1	2	1	1	5
6. Mental Health services	3	4			7
7. Justice System	7	3			10
8. Child Welfare System	0	1	1		2
9. Serial inebriates/high risk alcohol abuse	0	0			0

Treatment-specific housing for:	0	3	1	4
10. Sober living	5	3	1	10
11. Long term treatment	4	2	1	7
12. Individuals experiencing homeless	4	3		7
13. Women	0	0		0
14. Women with children	4	2	1	7
Need for humanity (de-stigmatized) systems and services:				
15. Immediate access to support/treatment	9	3		12
16. Easy to/support to navigate social services [coordinated care; case management]	1	1	2	4
17. Trauma informed & trauma-specific services	3	3		6
18. All services provided with dignity and compassion	3	1		4
19. Understanding SUD treatment/recovery is life long process	0	2		2
Need for more AOD & SUD informed/educated:				
20. Youth & their families	8	2	1	12
21. Public	0	0		0
22. Professionals: treatment providers, medical professionals, law enforcement, judges	0	1		1

(N=84 June 11, 2014 Community Conversation town hall participants)

The Planning Team’s synthesis yielded a summary of problem statements and priority needs related to SUD. These ultimately serve as the foundation for the four proposed action areas identified in the Plan.

Table 3: PROBLEM STATEMENTS AND PRIORITY NEEDS

Problem 1	
Timely access to treatment services and services for specific needs, including among populations that experience high risk need or high stakes consequences of SUDs, are insufficient.	
Need:	Within ADP there is a need for treatment on request, and more and better treatment services for specific populations, including:
Individual Treatment services	<ul style="list-style-type: none"> • Youth • Individuals with co-occurring disorders • Adults with SUDs who want treatment and are not eligible through Medi-Cal or AB109 • Parenting/perinatal adults with SUDs [i.e., CWS cases; families with generational risk] • Serial inebriates • Individuals with long-term treatment needs

- Individuals in need of sober living environments.

Problem 2

Individuals with SUDs often experience a diverse range of problems or needs that require supports and services from multiple sectors. Currently, it is complicated or impossible to navigate cross-sector services for complex needs which results in inadequate care for individuals and inefficiency/redundancies that are costly across systems.

Need:

Interagency
SUD
supports

There is a need to optimize collaboration between SUD Treatment and other systems, including:

- Mental Health
- Child Welfare Services
- Healthcare
- Justice System (including education of law enforcement, courts; transitional support for those returning to community life; optimal duration of monitoring/support; mandates to appropriate treatment levels; system for addressing SUD as a health issue among offenders/revolving door)
- Workforce.

There is a need optimized interagency coordination of care for complex individual needs (e.g., interagency coordination of care or case management).

Problem 3

There are costly but avoidable consequences of SUDs to individuals, systems, and communities due to lack of knowledge and/or counter-productive attitudes.

Need:

Community
SUD
supports

There is a need for a community-wide/systemic shift in culture that supports sound and compassionate approaches to SUD needs in order to minimize costly consequences.

Including the need to/for:

- Develop “core competency” of stakeholders
- Prevention & Early Intervention for those vulnerable to SUD
- Anti-stigmatization of SUD/MH; educated public re nature of chronic illness.

The problem statements were further synthesized and structured according to the following four primary issues and proposed actions:

Issue #1: Underdeveloped Capacity Related to SUD/COD

Proposed Action: Inform and Engage the Community and Stakeholders

Issue #2: Need for More SUD/COD Services

Proposed Action: Increase the Availability of SUD and COD Prevention, Treatment, and Recovery Services

Issue #3: Need for Better SUD/COD Services

Proposed Action: Improve the Quality of SUD Intervention, Treatment, and Recovery Services

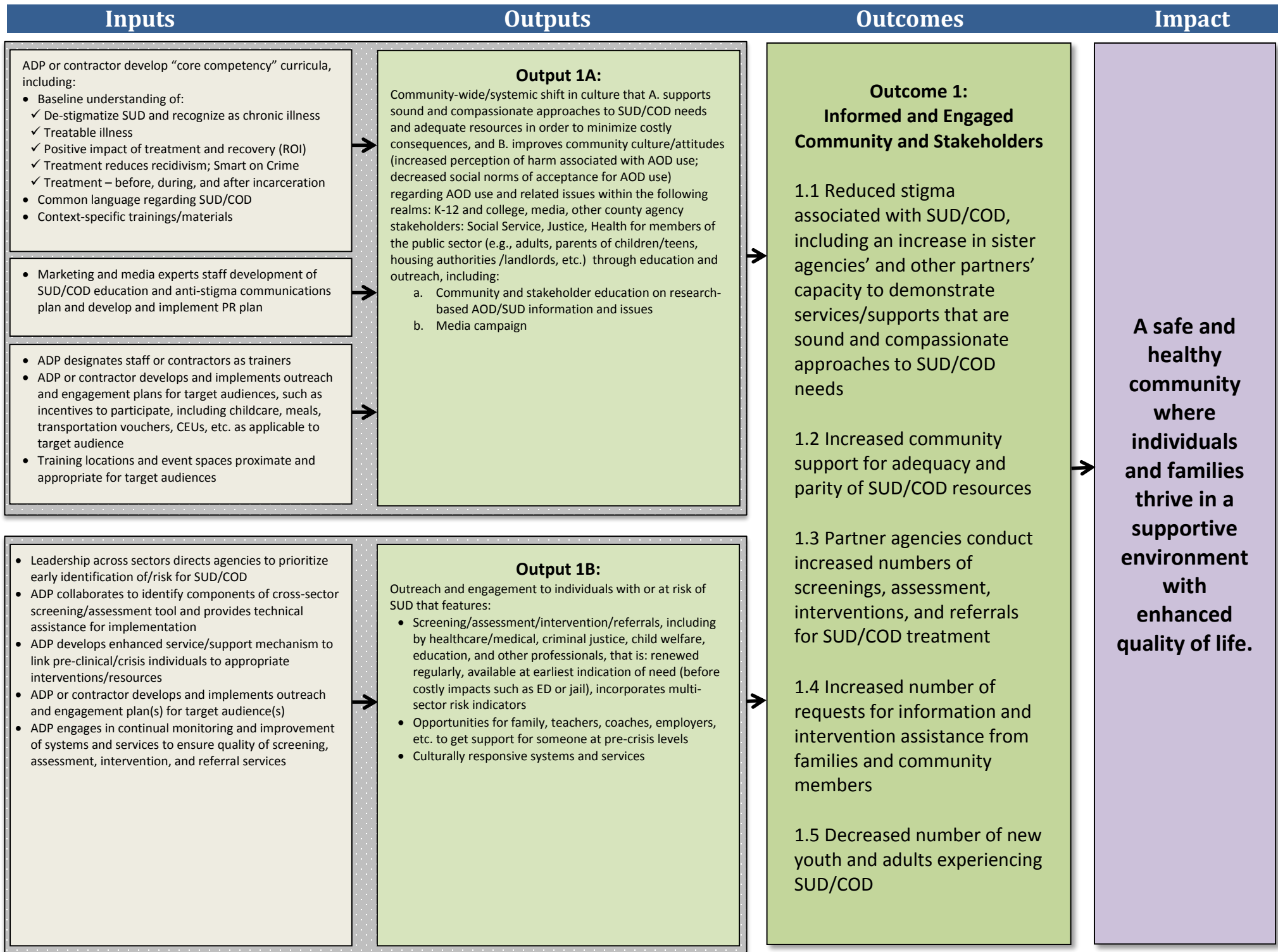
Issue #4: Costly Impacts of SUD/COD

Proposed Action: Reduce Costly SUD Impacts to Individuals, Families, and the Community

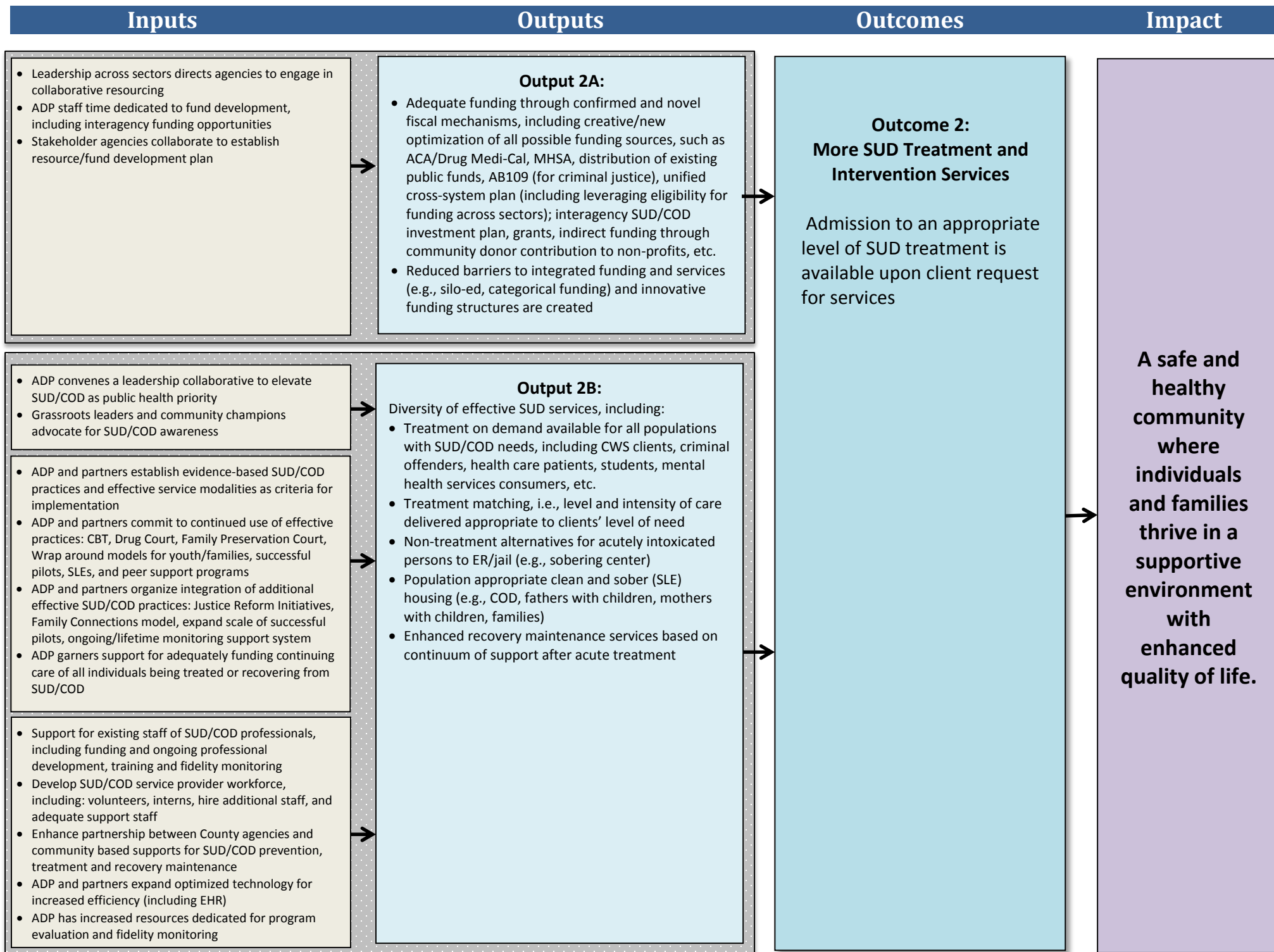
Logic Model Graphic

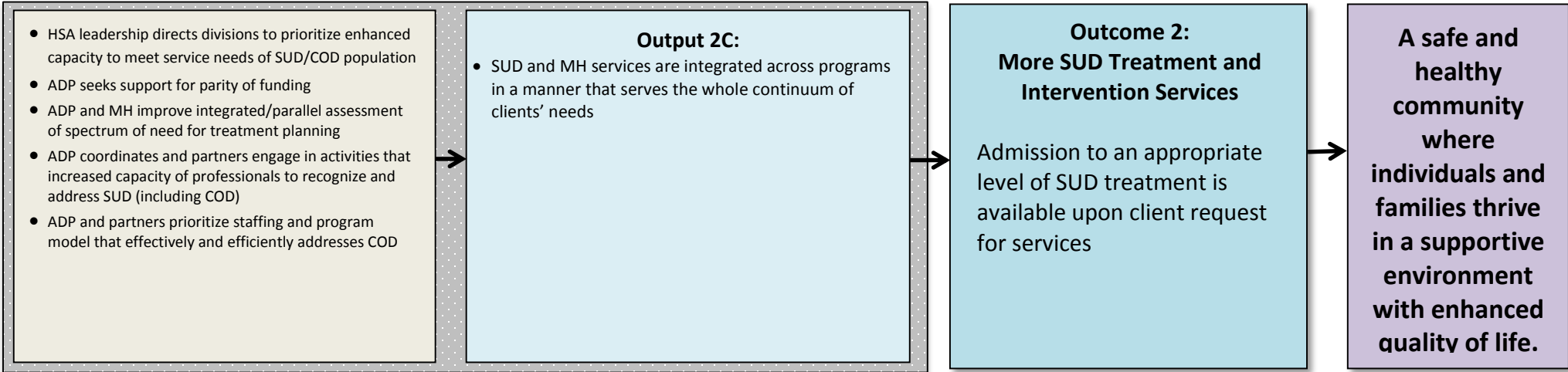
The *Logic Model* section is organized into two sections. The first section provides a graphic representation of the Strategic Plan's *inputs*, *outputs*, *outcomes*, and *impacts*. The second section provides a narrative description of how each of the four primary issues outlined above map to the proposed actions. Included in the second section are explanations for how each proposed action will be completed and measured.

#1 Inform and Engage the Community and Stakeholders

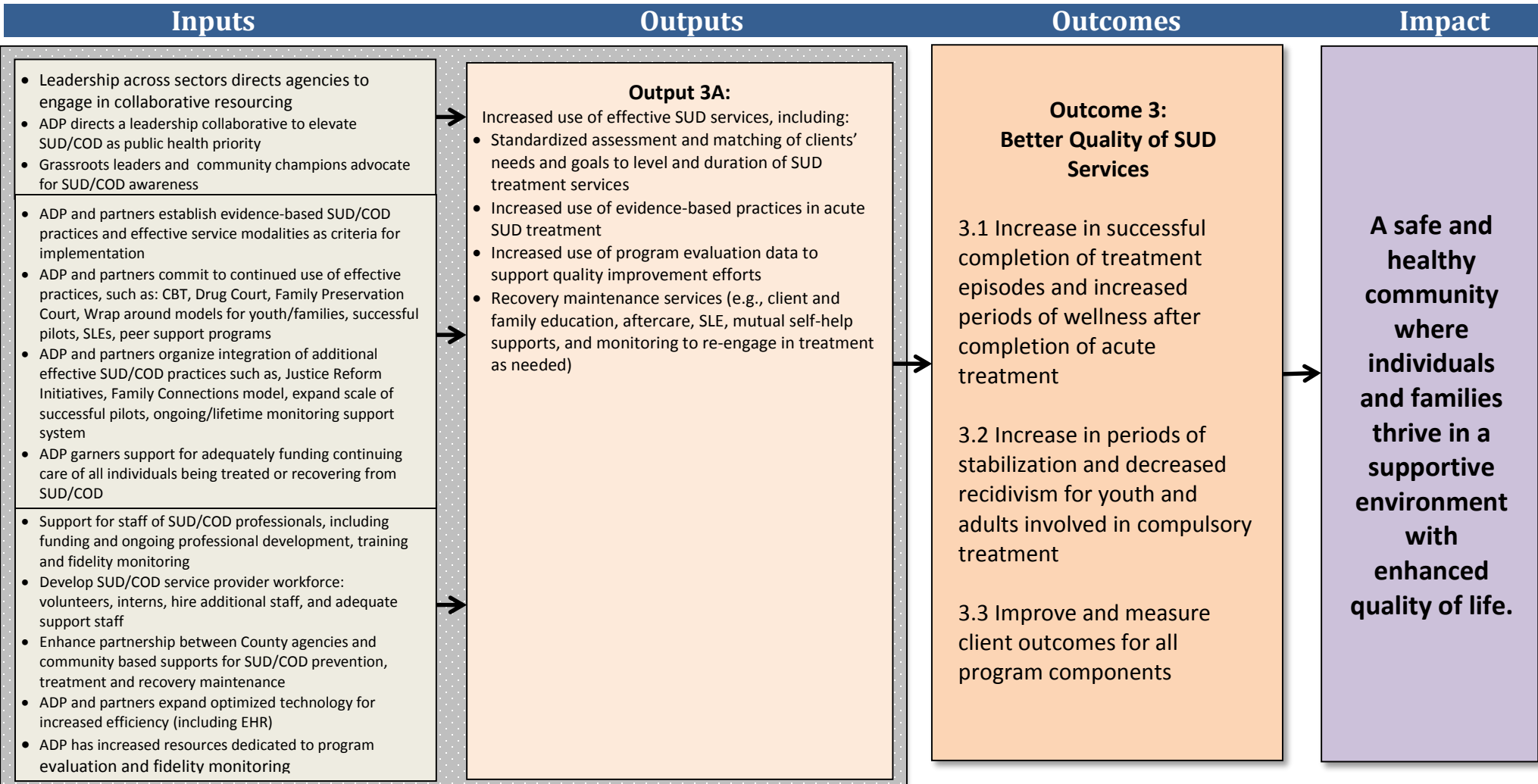


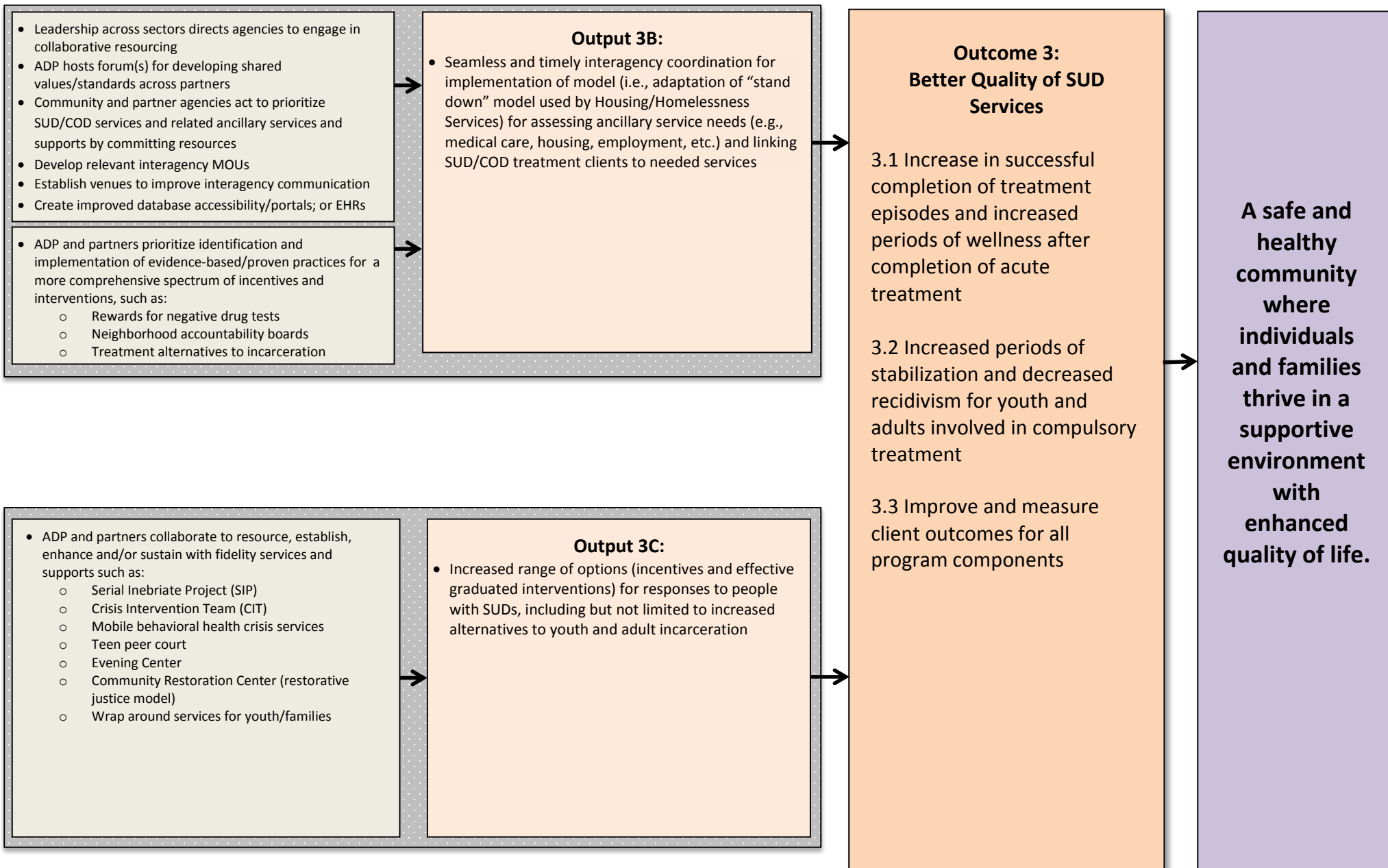
#2 Increase the Availability of SUD and COD Intervention, Treatment, and Recovery Services





#3 Improve the Quality of SUD Prevention, Treatment, and Recovery Services





#4 Reduce Costly SUD Impacts to Individuals, Families, and the Community

Inputs

- Leadership across sectors directs agencies to prioritize early identification of or risk for SUD/COD
- ADP collaborates to identify components of cross-sector screening/assessment tool and provides technical assistance for integration
- ADP develops and implements outreach and engagement plans for target audiences
- ADP develops enhanced service/support mechanism to link pre-clinical/crisis individuals to appropriate interventions/resources
- ADP engages in continual monitoring and improvement of systems and services

Outputs

Output 4A:

- Outreach and engagement to individuals with or at risk of SUD that features:
- Screening/assessment, including by healthcare/medical professionals, that is: renewed regularly, available at earliest indication of need (before costly impacts such as ED or jail), and incorporates multi-sector risk indicators
 - Opportunities for family, teachers, coaches, employers, etc. to get support for someone at pre-crisis levels
 - Culturally responsive systems and services

Outcomes

Outcome 4: Reduce Costly Individual, Family, and Community Impacts

4.1 More recovering people are engaged in productive activity (e.g., education, employment)

4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a “revolving door”

4.3 Decreased alcohol and drug-related crime

4.4 Decreased ED/hospitalizations/911 result in cost savings

4.5 Fewer parents have rights terminated for substance use related reasons

Impact

A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

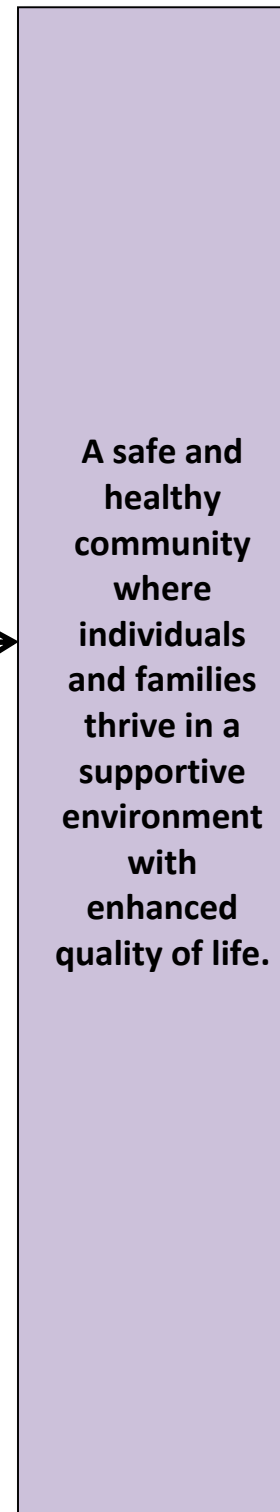
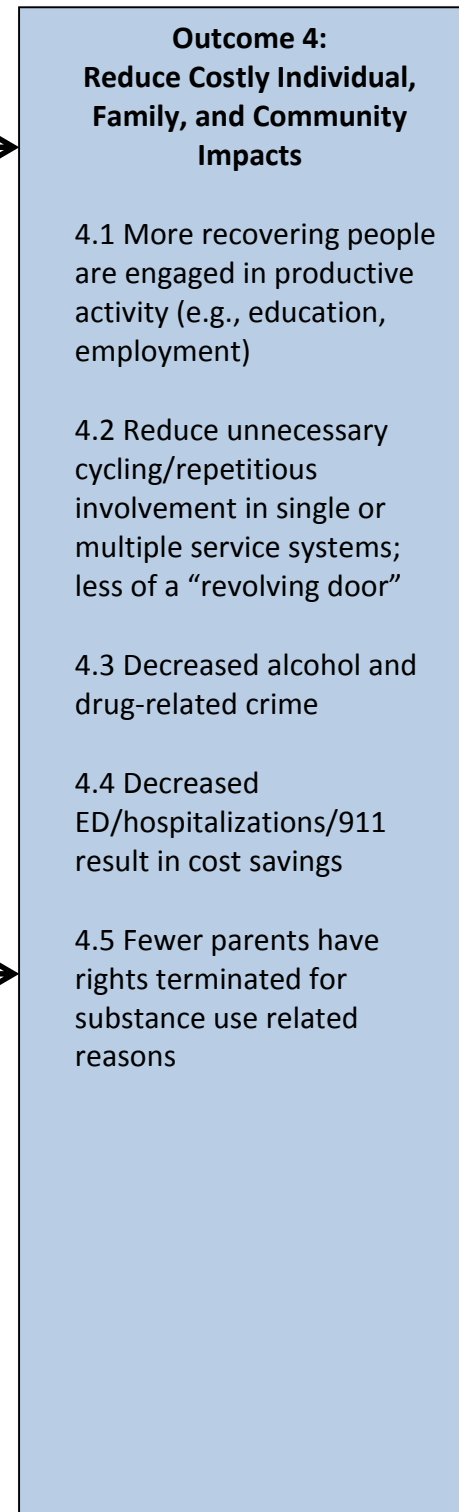
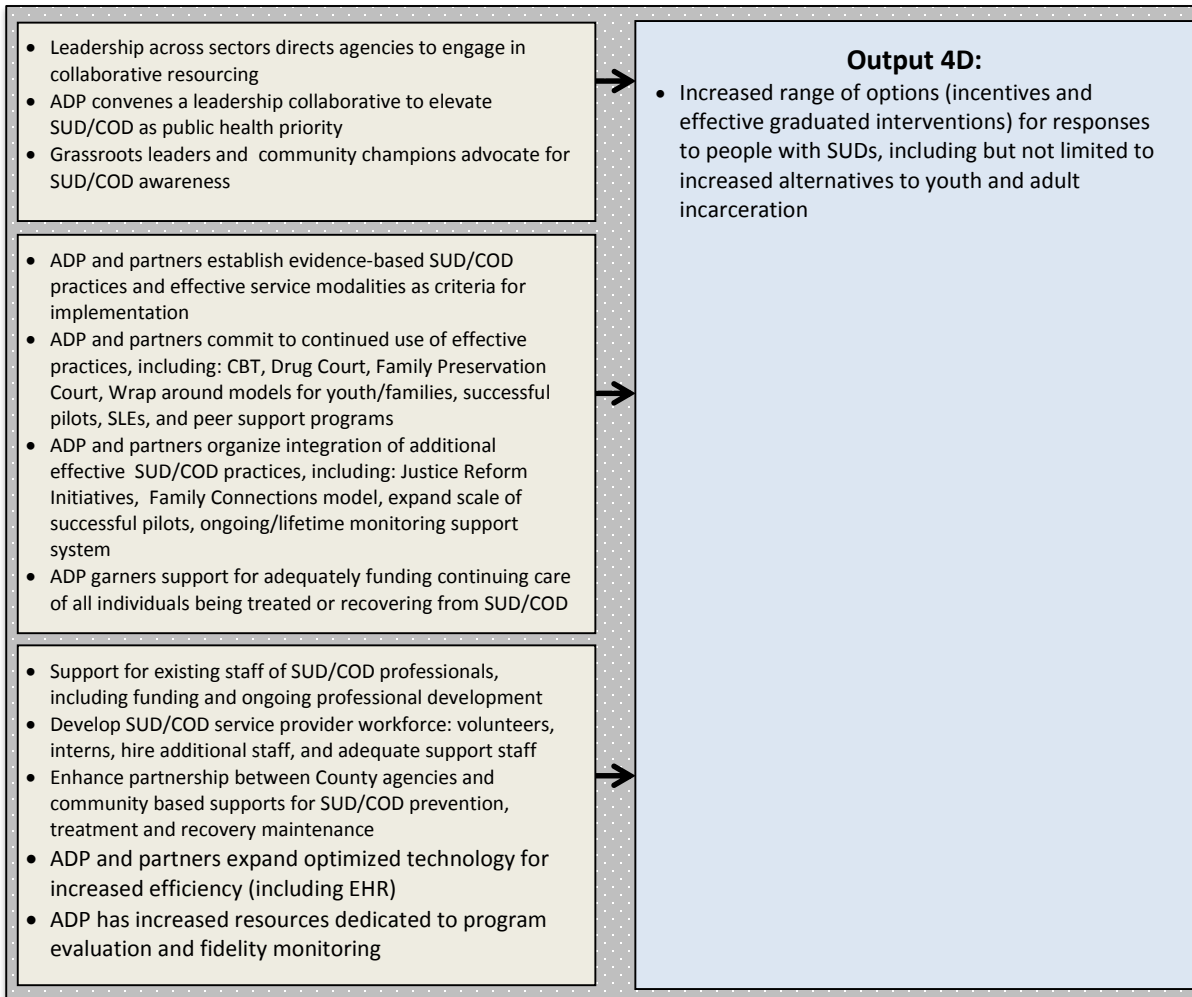
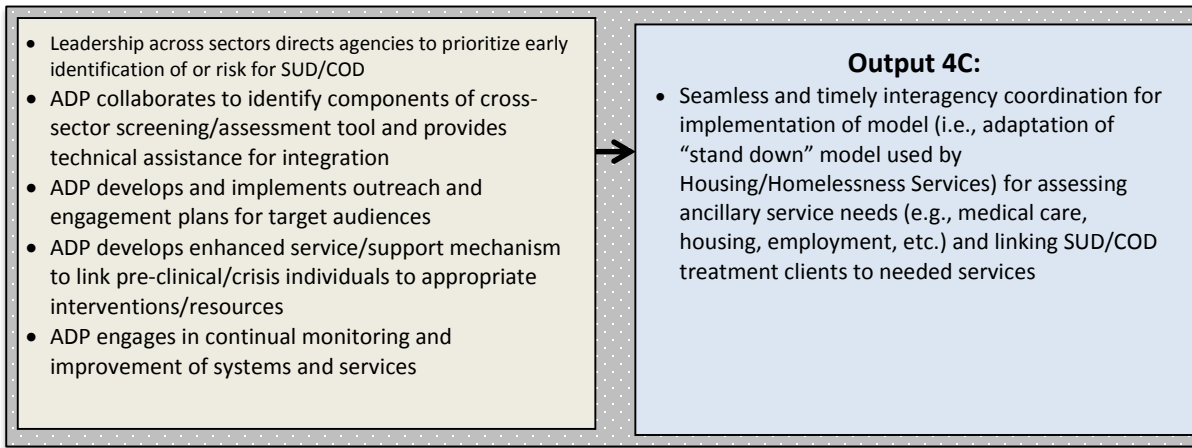
- Leadership across sectors directs agencies to engage in collaborative resourcing
- ADP convenes a leadership collaborative to elevate SUD/COD as public health priority
- Grassroots leaders and community champions advocate for SUD/COD awareness

Output 4B:

- Diversity of evidence-based SUD services, including:
- Treatment on request available for all populations with SUD/COD needs, including CWS clients, criminal offenders, health care patients, students, mental health services consumers, etc.
 - Treatment matching, i.e., level and intensity of care delivered appropriate to clients’ level of need.
 - Non-treatment alternatives for acutely intoxicated persons to ER/jail (e.g., sobering center)
 - Population appropriate clean and sober housing (e.g., COD, fathers with children, mothers with children, families)
 - Opportunities for family, teachers, coaches, employers, etc. to get support for someone at pre-crisis levels
 - Enhanced recovery maintenance services based on continuum of support after treatment

- ADP and partners establish evidence-based SUD/COD practices and effective service modalities as criteria for implementation
- ADP and partners commit to continued use of effective practices: CBT, Drug Court, Family Preservation Court, Wrap around models for youth/families, successful pilots, SLEs, and peer support programs
- ADP and partners organize integration of additional effective SUD/COD practices: Justice Reform Initiatives, Family Connections model, expand scale of successful pilots, ongoing/lifetime monitoring support system
- ADP garners support for adequately funding continuing care of all individuals being treated or recovering from SUD/COD

- Support for existing staff of SUD/COD professionals, including funding and ongoing professional development
- Develop SUD/COD service provider workforce, including: volunteers, interns, hire additional staff, and adequate support staff
- Enhance partnership between County agencies and community based supports for SUD/COD prevention, treatment and recovery maintenance
- ADP and partners expand optimized technology for increased efficiency (including EHR)
- ADP has increased resources dedicated to program evaluation and fidelity monitoring



Proposed Outcomes

Issue # 1: Underdeveloped Capacity Related to SUD/COD

Proposed Outcome: Inform and Engage the Community and Stakeholders

Who Is the Target Population?

All members of the Santa Cruz County community, including residents, partners, and stakeholders will benefit from this outcome.

What Is the Result?

A community of informed and compassionate individuals who recognize SUD as a chronic illness that benefits from effective and adequate treatment will make strategic decisions to promote wellbeing, prevention, intervention and treatment with equity.

What Are the Milestones?

- 1.1 Reduced stigma associated with SUD/COD, including an increase in sister agencies' and other partners' capacity to demonstrate services/supports that are sound and compassionate approaches to SUD/COD needs
- 1.2 Increased community support for adequacy and parity of SUD/COD resources

Why Is This Important?

Research shows that a community's healthy culture and attitudes regarding AOD use and related issues are associated with prevalence of use and experience of costly impacts. In SCC, changes are needed in social attitudes and normative beliefs about (a) substance use and (b) people with SUDs. Targeting a shift toward healthy attitudes will impact people's use of substances and how the community responds to people with SUD. Currently, data show tolerant attitudes toward substance use as a contributor to high rates of SUDs in the County; stigmatization of SUD leading to influencing of decisions to respond to SUDs as a health issue versus a criminal justice issue; and lack of information or misinformation about people with SUD and their ability to benefit from treatment affecting how to allocate public funds in response to SUD impacts on the community.

How Do We Achieve the Outcome?

Continuing work begun with the strategic planning process, ADP proposes to continue working with key community leaders to elevate SUD/COD as public health priority. As part of this initiative, grassroots leaders and community champions will be encouraged and supported to advocate for SUD/COD awareness. Advance preparation and ongoing development of context-specific trainings/materials for a "core competency" curriculum for community members and inter-agency partners will include:

- Development of a common language regarding SUD/COD

- Baseline knowledge about SUD, recognition of SUD as a chronic yet treatable disorder, the positive impact and return on investment of treatment and recovery services, the proven capacity for treatment to reduce recidivism (e.g., Smart on Crime), and the demonstrated value of treatment before, during, and after incarceration

There will also be marketing and media experts to support development of SUD/COD education and anti-stigma communications plan, and develop and implement a public relations plan. The aim will be a community-wide and systemic shift in culture that supports sound and compassionate approaches to SUD/COD needs in order to minimize costly consequences. Systemic marketing and outreach will increase understanding and empathy of community members, policy makers, and stakeholders (Planning Team members cited the Police Academy and Citizens Inside Education as examples of effective outreach and education strategies). There will be a targeted design to shift community culture and attitudes regarding AOD use and related issues within the following realms: K-12 and higher education, among stakeholders (Social Services, Justice, Health), adults, and the media.

What Are Additional Milestones?

- 1.3 Partner agencies conduct increased numbers of screenings, assessment, interventions, and referrals for SUD/COD treatment
- 1.4 Increased number of requests for information and intervention assistance from families and community members
- 1.5 Decreased number of new youth and adults experiencing SUD/COD

Why Is This Important?

Research shows that prevention and early intervention are cost-effective methods to reduce substance abuse and onset of SUD. Interrupting risks or contributing factors that may accelerate, exacerbate, or sustain abuse or addiction is effective and desirable. For individuals suffering from SUD, rapid admission to appropriate treatment for is associated with better outcomes and, ultimately cost savings. Professionals from across service sectors versed in administering research-based screening and assessments are more likely to then provide referrals for intervention or treatment resources. Ensuring that a referral protocol is efficient and responsive to providers and consumers is critical to success. The achievement of these and other outcomes is designed to result in population-level change in prevalence of SUD onset. That is, while effective treatment for those with SUD is a primary aim of this Plan, of equal interest is preventing or intervening early in the illness before its onset or severe progression.

How Do We Achieve the Proposed Outcome?

In order to achieve Outcome components 1.3-1.5, it is recommended that leadership across sectors direct agencies to prioritize early identification of and risk for SUD/COD. ADP will collaborate to identify components of cross-sector screening/assessment tool and provide technical assistance for implementation. ADP also proposes to develop an enhanced service and support mechanism to link pre-clinical or pre-crisis individuals to appropriate interventions and resources.

How Do We Measure Progress and Success of the Result?

- Attitudes and beliefs about persons with SUD/COD among stakeholders and the general population.
- Beliefs about the effectiveness of early intervention, treatment, and maintenance services among stakeholders and the general population.
- Perceived norms associated with AOD use among the general population.
- Levels of perceived harm associated with AOD use among the general population.
- Frequency of exposure to SUD/COD awareness and education efforts among intended audiences.
- Level of implementation of an informational outreach and education campaign to community members, stakeholders, and the media to transform attitudes and norms about AOD use, persons with SUD/COD, and treatment services.
- Whether an agency has been contracted to design and implement an informational outreach and education campaign to transform attitudes and norms about AOD use, persons with SUD/COD, and treatment services among community members, stakeholders, and the media.
- Trends in estimated SUD prevalence rates, including among youth, within Santa Cruz County.

Issue #2: Need for More SUD/COD Services

Proposed Outcome: Increase the Availability of SUD and COD Prevention, Treatment, and Recovery Services

Who Is the Target Population?

While this action will ultimately benefit everyone in the community, the immediate focus will be on children, youth, and adults at risk of or experiencing SUD.

What Is the Result?

The result will be the ability to provide need-based services across the community including, SUD services to all individuals seeking intervention or treatment, and ongoing supports that promote wellness of individuals in recovery. This significantly contributes to creating a healthier and safer community with individuals who experience an enhanced quality of life.

What Are the Milestones?

2.0 Admission to an appropriate level of SUD treatment is available upon client request for services

Why Is This Important?

The scope of treatment needs and the demand for treatment services far exceeds ADP resources. There is a need for improved access and funding for SUD treatment and intervention. California's State Department of Health Care Services (DHCS) estimated that there were 21,682 individuals in Santa Cruz County with a SUD in the past year. Of those, an estimated 3,209 were seeking treatment, and the HSA Alcohol and Drug Program served 1,288 clients in FY 12/13 (5.9% of those who had a SUD). Untreated SUD has an enormous economic impact on the community, and provision of SUD treatment produces a positive return on investment compared to non-treatment approaches to addressing the fallout of untreated SUD. It is well-known that people with SUD are rarely able to wait for treatment beyond the passing of the immediate crisis that prompted the motivation to enter treatment. Research on San Francisco County's system of providing treatment on demand indicates that the capacity to provide treatment on demand encourages entry into a more appropriate (and often less expensive) level of care and reduces the over-reliance on a "revolving door" of expensive "front end" services such as jail, emergency department and detoxification (Sears et al., 2009; McCarty et al., 2000).

How Do We Achieve the Outcome?

Expanding access to SUD services entails a multi-dimensional, multi-phase approach. A key element for success will depend on leadership support. To garner support, ADP proposes to convene a leadership collaborative to elevate SUD/COD as public health priority, and rally grassroots leaders and community champions to advocate for SUD/COD awareness. It is proposed that leadership across sectors direct agencies to engage in collaborative resourcing. This will be complemented by simultaneous approaches, including ADP staff time dedicated to fund development such as pursuing grant opportunities through inter-agency collaboration; stakeholder agencies collaborating to establish a resource and fund

development plan; and advocating at the state and national levels for parity in funding between SUD services and other health care services such as mental health and primary medical care.

A key strategy for expanding access to SUD services is the expansion of Drug Medi-Cal services that is anticipated to become available through DHCS's proposed Drug Medi-Cal Organized Deliver System Waiver Amendment request to the federal government. ADP and its contractors and inter-agency partners are working to maximize Medi-Cal enrollment of SUD treatment and intervention clients. In addition, ADP staff is closely tracking the progress of the proposed DHCS waiver to determine its programmatic and fiscal implications and recommend whether the County should opt into the DHCS waiver system of care.

Adoption of treatment on request as a County commitment will bring the County into conformance with State (DHCS, 2014) and Federal (SAMHSA, 2010) standards for an adequate, comprehensive system of SUD services. By committing to a goal of treatment on request now, the County positions itself to become a leader among other California counties in SUD services, and thus access increased opportunities that are likely to become available as the State and Federal governments encourage localities to move toward adopting evidence-based standards of care for a comprehensive SUD treatment system. As an initial step toward this proposed treatment standard, ADP is researching the implementation of this approach in other localities (e.g., San Francisco County and Baltimore, MD) to understand lessons learned from adopting this goal.

Expansion of the SUD treatment and intervention system also requires enhancement of an infrastructure that supports services. This includes designating additional funds for ongoing professional development, training and program fidelity monitoring. The current staff of professionals will need to be extended, so the Plan suggests further development of the SUD/COD service provider workforce, including volunteers, interns, hiring of additional staff, and adequate support staff. Finally, implementation of an electronic health record (EHR) that provides timely and complete information on SUD services and outcomes is needed and is underway.

Achieving sufficient provision of SUD services is not limited to ADP. As described in Issue #3 below, additional resources will be needed by partner agencies to implement improved SUD screening, assessment, early intervention, and treatment referral and engagement services, as well as to support partner agency participation in inter-disciplinary coordinated care teams for people in SUD treatment. Specifically, additional resources are needed for integration of County Mental Health and ADP services to ensure that services are integrated across programs in a manner that supports people with co-occurring mental health and substance use disorders (CODs). In addition, new resources are needed to ensure that there are non-treatment alternatives to the jail and emergency department available for acutely intoxicated individuals (e.g., sobering center).

How Do We Measure Progress and Success of the Result?

- Proportion of SUD/COD treatment requests for which treatment is available.
- Number of unduplicated youth and adults served by SUD/COD treatment system (e.g., number who enter treatment, number who complete treatment, number who engage in monitored sobriety maintenance activities).
- Proportion of SUD/COD treatment programs that implement County and contractor policies and procedures for routine Medi-Cal eligibility screening of new clients.
- Proportion of SUD/COD treatment programs that offer/provide Medi-Cal enrollment assistance for eligible new clients.
- Proportion of County-contracted SUD/COD treatment programs that have obtained DHCS certification for Drug Medi-Cal (DMC) claiming.
- Level of administrative support for Drug Medi-Cal claiming, cost reports, quality assurance, and contractor technical assistance.
- Whether Santa Cruz County participates in the Drug Medi-Cal (DMC) Organized Delivery System Waiver to expand DMC-funded services, if a federal waiver is granted.
- Whether funding is obtained for non-treatment alternatives to incarceration and use of hospital emergency rooms for acutely intoxicated persons (e.g., a sobering center).

Issue #3: Need for Better SUD/COD Services

Proposed Outcome: Improve the Quality of SUD Intervention, Treatment, and Recovery Services

Who Is the Target Population?

While this action will ultimately benefit everyone in the community, the immediate focus will be on children, youth, and adults at risk of or experiencing substance abuse or SUD.

What Is the Result?

Keeping pace with advances in medical and mental health sciences that design effective treatment modalities and systems of care means that Santa Cruz County is equipped to minimize the health and social ramifications of SUD, and help individuals, families, and communities thrive.

What Are the Milestones?

- 3.1 Increase in successful completion of treatment episodes and increased periods of wellness after completion of acute treatment
- 3.2 Increase in periods of stabilization and decreased recidivism for youth and adults involved in compulsory treatment
- 3.3 Improve and measure client outcomes for all program components

Why Is This Important?

There is a demonstrated need in Santa Cruz County for a comprehensive continuum of SUD services (prevention, intervention, treatment, continuing care, and ancillary support services) with services individually tailored to meet client needs (e.g., variable lengths of stay in treatment based on client needs).

There is a need for better integration, collaboration and comprehensive “wrap around” case management between SUD treatment and other agencies that people with SUDs come into contact with (e.g., mental health, criminal justice, homeless services, healthcare). Research on effective practices shows that this type of treatment model leads to increased entry and retention in SUD treatment, and ensures that multiple needs that affect SUDs are addressed (housing, employment, healthcare, criminal justice involvement, etc.).

How Do We Achieve the Outcome?

Much of the approach to better services overlaps with strategies for offering more services (see Issue #2 above). Leadership, scope and standards of services, and adequate resourcing are all components of this action area. Unique facets of the approach focus on coordination of care. ADP proposes to host a forum(s) for developing shared values/standards across partner agencies, requests community and partner agencies act to prioritize SUD/COD services and related ancillary services and supports by committing resources, developing relevant interagency MOUs, establishing venues to improve interagency communication; and by creating improved database accessibility/portals and EHRs.

The Plan proposes to adapt the model used to address the diverse needs of Santa Cruz County's homeless population known as the "Stand Down Model." The principle of this model entails routinely assessing for ancillary service needs (housing, medical care, mental health, employment/education, etc.) and effectively linking people who need these services with the appropriate provider. Timeliness of the connection is of course important, and the "one-stop-shop" concept is used to ensure accessibility, convenience, and efficiency of service delivery. Part of this improved approach to services would include a "universal checklist". This would inventory a common core of ancillary service needs that ADP and interagency partners identify as critical to supporting transition to, and sustainability of, independence and health.

A key aspect of expanding access to additional needed services for persons with SUD is to expand access to care for persons with co-occurring substance use and mental health disorders (CODs), including improved integration of services provided through County Mental Health and the Alcohol and Drug Program. Specific activities to achieve this outcome may include:

- Develop expanded capacity through the Mental Health and Substance Abuse Division's Access Team to respond to inquiries from individuals, families and community members who are seeking help for persons with SUDs as well as those seeking help for severe mental illness and severe emotional disturbance
- Implement improved assessment and treatment planning for persons with CODs who are clients of County Mental Health through use of the CANS and ANSA assessment tools by County Mental Health
- Improve access to mental health counseling, psychiatric consultation and psychiatric medications for persons with SUDs through implementation of the new County Behavioral Health program for Medi-Cal beneficiaries with mild to moderate mental health disorders.

In addition to improving care coordination and access to ancillary services, improved quality of care inside the "black box" of SUD treatment is needed. Improving the quality of SUD treatment includes:

- Expanding to all SUD treatment clients the use of standardized assessment and matching of clients' needs and goals to level and duration of SUD treatment services
- Expanding use of evidence-based practices to all clients participating in SUD treatment;
- Ensuring linkages to recovery maintenance services (e.g., aftercare, clean and sober housing, mutual self-help groups, and client monitoring for rapid re-engagement in treatment as needed) for all clients exiting acute SUD treatment
- Increased use of program evaluation data to support ongoing quality improvement efforts.

Finally, improving the quality of SUD services involves providing an increased range of options (incentives and effective graduated interventions) for responses to people with SUDs, including but not limited to increased alternatives to incarceration for youth and adult offenders. Proposed actions to provide this increased range of options include:

- ADP and partners prioritize identification and implementation of evidence-based/proven practices for a more comprehensive spectrum of incentives and interventions, such as rewards for negative drug tests, neighborhood accountability boards, and/or treatment alternatives to incarceration; and
- ADP and partners collaborate to expand proven local services, such as Serial Inebriate Project (SIP), Crisis Intervention Team (CIT), Mobile behavioral health crisis services, Teen peer court, Evening Center, Community Restoration Center (restorative justice model), and Wrap around services for youth/families.

How Do We Measure Progress and Success of the Result?

- Level of funding received for Service Coordinator/Case Management staffing through DHCS-Drug Medi-Cal Organized Delivery System Waiver Amendment and Medi-Cal Administrative Activities (MAA).
- Whether a cross-sector interagency SUD/COD investment plan is developed (e.g., ACA, Drug Medi-Cal, AB109, grants, community donors).
- Proportions of SUD/COD treatment clients that met criteria for treatment engagement¹. *(Calculated for all clients collectively and by gender and racial/ethnic minority groups.)*
- Proportions of SUD/COD treatment clients that met criteria for treatment completion. *(Calculated for all clients collectively and by gender and racial/ethnic minority groups.)*
- Proportion of SUD/COD treatment clients who participate in sobriety maintenance services, including sober living environments and mutual self-help groups.
- Number of days of alcohol or drug use in the past 30 days among SUD/COD treatment clients.
- Proportion of SUD/COD treatment clients whose levels of care and service plan are individualized based on comprehensive periodic assessment of needs and strengths (e.g., use of ASAM patient placement criteria and other evidence-based assessments).
- Proportion of SUD/COD treatment clients who have a service coordinator.
- Proportion of SUD/COD treatment clients who are linked to (referred to and served by) indicated services such as mental health, health care, social services, housing, education, legal assistance, and employment.
- Development and implementation of a universal checklist to determine client needs for services beyond behavioral health (e.g., housing, health care, employment/education, legal services, etc.)
- Development and implementation of a standardized form for release of confidential health information across service agencies that complies with state and federal medical records privacy laws.
- Number of clients with Medi-Cal funding for SUD treatment who are treated with Vivitrol.
- Levels of inter-agency collaboration and services connectivity among stakeholder agencies.
- Whether the role of the MHSA Access Team is defined to include screening and treatment referral/linkage for persons with SUD regardless of mental health status.

¹ Engagement is defined here to mean participation in three or more outpatient sessions, for outpatient treatment clients.

- Number of persons with SUD/COD who receive services from MHSA Access Team.
- Whether County SUD treatment and recovery contracts include definitions of and standards for inclusion of evidence-based and promising practices (e.g., assessment-based treatment and linkage to indicated services.)
- Proportion of SUD/COD treatment clients who participated in evidence-based treatment programming.
- Level of fidelity of implementation of evidence-based practices and programs in County-funded SUD/COD treatment programs.
- Level of implementation of the CANS and ANSA assessment with clients of the Health Services Administration Mental Health and Substance Abuse Services Division
- Number of Medi-Cal beneficiaries and other clients in SUD treatment who are assessed to have mild to moderate mental health disorders and who are offered mental health services.
- Number of youth and adults served by alternatives to incarceration (such as the Serial Inebriate Program (SIP), Crisis Intervention Team (CIT), Mobile Behavioral Health Crisis Services, Teen Peer Court, Evening Center, Community Restoration Center, Wraparound services for youth/families.)

Issue #4: Costly Impacts of SUD/COD

Proposed Outcome: Reduce Costly SUD Impacts to Individuals, Families, and the Community

Who Is the Target Population?

The beneficiaries of this action will be individuals with SUD, their families, all community members, and all systems and agencies serving the community.

What Is the Result?

Individuals with SUD will experience the benefits of health, including supports for education and/or employment, while services and systems for SUD and related needs will be better positioned to advance their shared and respective missions around wellbeing through optimized application of resources. The community, across the board, will experience better quality of life.

What Are the Milestones?

- 4.1 More recovering people are engaged in productive activity (e.g., education, employment)
- 4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a “revolving door”
- 4.3 Decreased alcohol and drug-related crime
- 4.4 Decreased ED/hospitalizations/911 result in cost savings
- 4.5 Fewer parents have rights terminated for substance use related reasons

Why Is This Important?

Findings from the planning process and the research literature consistently support the call for increased opportunity for prosocial engagement by individuals in treatment and recovering from SUD/COD, and to reform in systems in order to discourage a “revolving door” phenomenon in terms of repetitious cycling through costly public services such as jail, the emergency department and hospital.

SUDs have a huge economic impact on our community. According to the State DHCS (2012), nearly \$208 million is spent annually on SUDs in the County. However, only \$6.8 million (3.3% of the total expenditures on SUDs) is spent on SUD treatment and prevention. The remaining 96.7% is spent on the downstream impacts of untreated SUDs. Research has consistently demonstrated a positive return on investment for SUD treatment in terms of reducing downstream health, criminal justice and social services costs. Increasing the pro-social productivity of individuals in treatment for or recovery of SUD will minimize unnecessary collateral costs and impacts.

How Do We Achieve the Outcome?

Achieving this outcome will be the cumulative effect of successfully implementing proposed actions for issues 1-3 as described above.

How Do We Measure Progress and Success of the Result?

- Number of Emergency Department visits in the past 30 days among SUD/COD treatment clients.
- Number of inpatient hospital days in the past 30 days among SUD/COD treatment clients.
- Proportion of SUD/COD treatment clients who are enrolled in school, job training, and/or employed.
- Proportion of SUD/COD treatment clients who have housing.
- Proportion of SUD/COD clients who have a child in CWS out-of-home placement that reunify within 12 months from treatment intake.
- Number of days spent incarcerated in jail during the past 30 days among SUD/COD treatment clients.
- Proportion of youth and adult residents of Santa Cruz County who report problematic patterns of alcohol or drug use.
- Proportion of arrests that are AOD-related.
- Proportion of Emergency Room visits where AOD use is noted as a problem or part of the diagnosis.
- Proportion of 911 calls that are AOD-related.
- Proportion of parents involved with child welfare that have rights terminated for reasons related to substance use.
- Proportion of youth and adult residents of Santa Cruz County who report higher than average levels of wellness, happiness, or quality of life.

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