



GIANG T. NGUYEN
HEALTH SERVICES AGENCY DIRECTOR

County of Santa Cruz

HEALTH SERVICES AGENCY 0493

POST OFFICE BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95060
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770

AGENDA: December 9, 2014

November 20, 2014

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: Countywide Substance Use Disorders Strategic Plan and Contract Amendments

Dear Members of the Board:

The Health Services Agency (HSA) is pleased to provide your Board with the first of a series of three reports regarding the Countywide Substance Use Disorder (SUD) Treatment and Intervention Services Strategic Planning effort. This first report, the County of Santa Cruz Health Services Agency - Alcohol and Drug Program Strategic Plan for Substance Use Disorder Treatment and Intervention Services (Plan) is attached for your review and approval. As part of the effort, HSA requests that your Board adopt a resolution accepting and appropriating unanticipated revenue and approve amendments to five expenditure agreements for SUD services to immediately provide for increased direct SUD services to residents of Santa Cruz County.

Strategic Planning Effort

In June 2013, your Board directed HSA to develop a strategic plan for SUD treatment and intervention services. Over the past 18 months, HSA has conducted extensive outreach and engagement with community stakeholders and received invaluable input regarding the Plan. Several progress reports were provided to your Board, most recently on June 24 and September 30, 2014.

Another important part of the strategic planning effort included a comprehensive review of peer-reviewed research literature on SUD and examination of local data on SUD needs and services, which were discussed at several community meetings. The findings of the data research revealed the following:

- According to the State Department of Health Care Services, Santa Cruz County's SUD estimated prevalence rate was estimated at 7.98%. Comparing to average statewide prevalence rate (7.24%), Santa Cruz was 0.74% higher. Lassen County had the highest estimated rate at 13.85% while Santa Clara had the lowest estimated rate at 6.23%. Comparing to mid-sized counties (Marin, Merced, Monterey, Napa,

Placer, Santa Barbara, and San Luis Obispo), Santa Cruz County's rate was second highest and San Luis Obispo had the highest rate of 8.75%.

- Only a small percentage of persons with SUDs have access to treatment services. The State Department of Health Care Services (DHCS) estimates that there are 21,682 people in the County annually who have a SUD. Of those, an estimated 3,209 (14.8%) are interested in obtaining treatment, and only 1,288 (5.9% of those with an SUD) obtained treatment through County-funded programs in FY 2012-13.
- SUD has a major economic impact on the community. According to DHCS, SUD costs over \$207 million in the County per year. Most of this cost (over 96%) is related to the downstream expense of addressing untreated SUD in the areas of healthcare, criminal justice, social services, motor vehicle crashes, and other property damage. An estimated 3.3% of the total SUD-related costs are spent on SUD treatment, intervention, and prevention services. Research on SUD treatment has consistently demonstrated a positive return on investment in terms of reducing downstream health, criminal justice, and social services costs.

The community stakeholders have identified and recommended four key goals/outcomes:

1. Increase access to SUD treatment
2. Improve quality of SUD care and services
3. Continue to inform and engage community stakeholders regarding SUD issues
4. Reduce costly SUD impacts to individuals, families and the community

External Changes to the Drug Medi-Cal Program

There are anticipated changes happening at the State and Federal levels in the SUD field under the Drug Medi-Cal Program (DMC). As reported to your Board in June 2014, expansion of the State's DHCS DMC program is planned to result from implementation of the federal Affordable Care Act and is anticipated to provide a significant portion of the funding needed to implement the Strategic Plan. DHCS is in the process of working with stakeholders and the federal government to develop a proposal for a DMC Delivery System Waiver Amendment that would request to waive federal Medicaid regulations in order to substantially expand the range of services available under DMC. This new DMC waiver is anticipated to be in place by October 2015 when the current federal waiver expires. More details on the proposal will emerge prior to that date which will permit HSA to project the revenue impact of the proposal.

As a result of uncertainties in the expansion of the DMC program and the need to report out in an organized and systematic fashion, HSA intends to release the plan in three phases:

- | | | |
|-----------|---------------|--|
| Phase 1 - | December 2014 | Overview of Strategic Plan Process, Logic Model, Report on Community Input, Identified Key Issues and Proposed Goals/Outcomes. |
| Phase 2 - | February 2015 | Report on 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 DMC program. |

Phase 3 - April/May 2015 Summary and synthesis of the first two phases, plus recommendations for short and long-term financing.

In addition, HSA will return to your Board in between the times of these three phases for recommended action associated with new revenues recently obtained to provide certain SUD treatment services including services for parents involved with child welfare services (joint Board letter with Human Services Department) and federal Community Development Block Grant Program for SUD services provided through Janus.

Amendments to Agreements

As discussed above, significant financing for the Strategic Plan is anticipated to come from expansion of the Drug Medi-Cal (DMC) program. Initial State and federal actions to expand DMC include expanding the population that is eligible for Medi-Cal (to include single adults whose eligibility is based solely on income), and to expand the array of DMC benefits to include intensive outpatient treatment for individuals beyond the previous target population that focused solely on pregnant and post-partum women. These expansions of DMC benefits will necessitate amendment of contracts with current treatment providers. In addition, contract amendments include addition of City of Santa Cruz funding for the Downtown Accountability Program (DAP), rollover of prior year HSA Prevention program grants, cost-of-living adjustments (COLA) authorized by your Board in June 2014, and minor re-allocation of funds among contractors. Four of the five contracts require Board approval in order to exceed a 10% increase from the previous year's amount. The five proposed agreements and their proposed amendment increases to their current FY14-15 contract amounts include:

Vendor	Increase Over FY 14-15	New Contract Total	Additional Clients Served	Types of Services
Janus of Santa Cruz	\$1,216,717	\$3,954,360	131	Methadone
Sobriety Works	\$76,445	\$551,290	6 20	Outpatient Intensive Outpatient
New Life Community Services	\$14,639	\$58,530	7 1	Outpatient Residential
United Way of Santa Cruz	\$7,231	\$51,364	N/A	Prevention Coalition Coordination
Encompass Community Services	\$116,934	\$1,466,642	103 4	Outpatient Residential & Prevention
Total	\$1,431,966	\$6,082,186	272	

Financing

The increase of \$1,431,966 for the five expenditure agreements (\$6,082,186 total) will not result in any increase in net County cost. The cost of the contract amendments will be funded by:

\$121,702 of finance sources that include:

- Reallocation of funds for contracted services;
- The cost-of-living adjustment (COLA) adopted by your Board in June 2014;
- Existing appropriations in the adopted HSA Alcohol and Drug Program budget; and

\$1,310,264 of unanticipated revenues that include:

- \$1,180,787 of Drug Medi-Cal (DMC) funds;
- \$95,109 of City of Santa Cruz DAP funds used to finance the agreements discussed above, plus funds to offset HSA administrative costs, and an additional appropriation for an augmentation to the Encompass Community Services contract with the HSA Mental Health Division for shelter services for DAP participants; and
- \$34,368 of prior year rollover and new prevention grant funds from the State Office of Traffic Safety and the Federal Substance Abuse and Mental Health Services Administration which will be used for staffing support, and services and supplies in the HSA Alcohol and Drug Program, and contracted prevention services.

It is therefore RECOMMENDED that your Board:

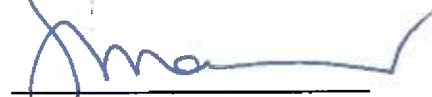
1. Approve the attached Health Services Agency (HSA) Strategic Plan for Substance Use Disorder (SUD) Treatment and Intervention Services 2014-2019, and adopt the four key outcomes described in the plan;
2. Approve five amendments to agreements with: Janus of Santa Cruz, Contract No. 0133, in the amount of \$3,954,360; Sobriety Works, Contract No. 2535, in the amount of \$551,290; New Life Community Services, Contract No. 2537, in the amount of \$58,530; United Way of Santa Cruz Contract No. 3276, in the amount of \$51,364; and Encompass Community Services Contract No. 0100, in the amount of \$1,466,642, for provision of alcohol and drug services, and authorize the HSA Director to sign;
3. Adopt the attached resolution accepting and appropriating \$1,310,264 of unanticipated revenues into the HSA Alcohol and Drug Program budget; and
4. Direct HSA to return in February 2015 with a report on relevant research and findings, prevalence rates of SUDs, evaluation of current system outcomes, and an update on the latest proposed changes from state and federal agencies regarding the Drug Medi-Cal program.

Sincerely,



Giang T. Nguyen
Health Services Agency Director

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

**BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA**

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from
State and Federal governments _____ for Substance Use Disorder prevention and treatment _____ program(s); and

WHEREAS, the County is a recipient of funds in the amount of \$1,310,264
which are either in excess of those anticipated or are not specifically set in the current
fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of the
Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$1,310,264 into
Auditor-Controller accept funds in the amount of _____
Department **HSA Alcohol and Drug Program**

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
		See Attached.		1,310,264
			Total	<u>\$1,310,264</u>

and that such funds be and are hereby appropriated as follows:

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
		See Attached.			\$1,310,264

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched
and that the Revenue(s) (has been) (will be) received within the current fiscal year.

By: 

Date: 11/26/14

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COUNTY ADMINISTRATIVE OFFICER / / Recommended to Board
/ / Not recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this 9th day of December, 2014 by the following votes:

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Marie Costa
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

[Signature]
Auditor-Controller

Distribution:

- Auditor-Controller
- County Counsel
- County Administrative Officer
- Originating Department

HEALTH SERVICES AGENCY
AUD-60 ATTACHMENT
ALCOHOL & DRUG PROGRAM

FISCAL YEAR 2014-2015

REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	364022	0873	ST-OFFICE OF TRAFFIC SAFETY - DUI SENTENCING	24,010
001	364022	0997	FED-SAMHSA DRUG FREE - DFC	10,358
001	364042	0690	ST - SHORT/DOYLE FED M/CAL	1,180,787
001	364042	2384	OTHER REVENUE	95,109
Total				\$ <u>1,310,264</u>

APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Number	PRJ/JCD	Account Name	Amount
021	363210	3638		PROFESSIONAL & SPECIAL SERVICES - OTHER	5,161
021	364012	3100		REGULAR PAY - PERMANENT	3,152
021	364012	3150		OASDI-SOCIAL SECURITY	241
021	364012	3155		PERS	665
021	364012	3160		EMPLOYEE INSURANCE AND BENEFITS	697
021	364022	3100		REGULAR PAY - PERMANENT	9,332
021	364022	3110		REGULAR PAY - EXTRA HELP	7,698
021	364022	3150		OASDI-SOCIAL SECURITY	1,302
021	364022	3155		PERS	1,067
021	364022	3160		EMPLOYEE INSURANCE AND BENEFITS	1,456
021	364022	3493		SUPPLIES	5,000
021	364022	3995		PREVENTION PROGRAM	679
021	364022	4150		AIRFARE	826
021	364022	4162		LODGING	158
021	364022	4166		MILEAGE	250
021	364022	4170		REGISTRATION	75
021	364042	3665		PROFESSIONAL & SPECIAL SERVICES - OTHER	7,231
021	364042	3638		MEDICAL SERVICES - OTHER	1,265,284
Total				\$ <u>1,310,264</u>	

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

2014-2019

acknowledgements

In June 2013 the Santa Cruz County Board of Supervisors directed the Health Services Agency to begin the planning process for a new strategic plan. The Strategic Plan 2014-2019 was made possible by the diligence and commitment of many people. We would like to thank the following:

Community Planning Team

Bill Manov	Jenny Sarmiento	Megan Joseph	Stephen Siegel
Brenda Armstrong	Jim Hart	Melissa Watrous	Susan Brutschy
Cesar Baltazar	Judy Yokel	Nancy Napoli	Susie O'Hara
Cherry Maurer	Leigh Guerrero	Robert Knill	Vanessa de la Cruz
Deborah Elston	Lisa Russell	Rod Libbey	
Fernando Giraldo	Martina O'Sullivan	Sarah Cooper	
J'Ann Raines	Martine Watkins	Stan Einhorn	

Community Support

Leadership and expertise were provided by:

Alcohol and Drug Abuse Commission
 Applied Survey Research
 Christina Borbely, Ph.D., RET Partners
 Erik Riera, Director of Mental Health and Substance Abuse Services
 Vanessa de la Cruz, MD, Chief of Psychiatry
 Giang Nguyen, Health Services Agency Director
 HSA Alcohol and Drug Program staff
 Mark Stanford, Ph.D.
 Santa Cruz County Board of Supervisors:
 Bruce McPherson
 Greg Caput
 John Leopold
 Neal Coonerty
 Zach Friend

Community Conversation Forums

Host Sites:

Aptos High School
 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 treated and recovery is 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. 0508

chapter 2: **strategic plan**

Health Services Agency Alcohol and Drug Program
for Substance Use disorder
Treatment and Intervention Services

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. 38 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.

0511

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.

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