

Alcohol, Drug & Tobacco Strategic Planning Process



Marin County Division of Alcohol, Drug & Tobacco Programs
10 North San Pedro Road, Suite 1013, San Rafael

Key Stakeholder Subcommittee: Roles & Responsibilities

KEY STAKEHOLDER SUBCOMMITTEES

- Prevention; Treatment; Recovery; and Ad Hoc Subcommittees as Identified

Note that it is the expectation that subcommittees will take into consideration issues that extend across categories, such as intervention, dual diagnosis, juvenile/criminal justice involvement, homelessness, cultural competency and sustainability, as well as will review data for all populations—young people, adults and older adults. Subcommittees should also consider how strategies/individuals served can be linked across the continuum of services.

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

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

KEY STAKEHOLDER SUBCOMMITTEE COMMITMENT

- Meets 1-3 times per month, March through January 2010; and participates in trainings
- Subcommittee Co-Chairs will participate in monthly Advisory Committee meetings. This is intended to serve as a vehicle for reporting on progress, sharing subcommittee recommendations and ensuring ongoing communication and cross-collaboration between the elements of the continuum.
Note that there is a maximum of one Division-funded contract agency permitted to participate in the Subcommittee Chair/Advisory Committee representative capacity.

TIMEFRAME

Identify the Current Alcohol, Tobacco and Other Drug System Capacity and Needs	
March	<ul style="list-style-type: none"> ▪ Kick-Off Meeting: Review Mission, Vision, Values, and Overview and Purpose of the Planning Process; Identify other Stakeholders to Engage; Sign-up for Subcommittees ▪ Review current system capacity and indicator data and determine additional data needs and methods of collection.
April – May	<ul style="list-style-type: none"> ▪ Collect additional data (existing data sets, focus groups, key informant interviews, etc.) ▪ Develop preliminary recommendations for the Advisory Committee on key areas of need ▪ Review and address as appropriate any feedback from the Advisory Committee
Report Back to and Solicit Feedback from Key Stakeholders	
Identify Priority Populations to be Served (and the Rationale) and Priority Strategies with Division Funding	
June - July	<ul style="list-style-type: none"> ▪ Based on data and literature, formulate recommendations for the Advisory Committee on priorities.
Report Back to and Solicit Feedback from Key Stakeholders	
Develop Standards and Practices for how Prevention, Intervention, Treatment and Recovery Services are Delivered	
August - October	<ul style="list-style-type: none"> ▪ Research and recommend to the Advisory Committee strategies/evidence-based best practices to address the identified priorities.
October - December	<ul style="list-style-type: none"> ▪ Research, develop and recommend to the Advisory Committee service delivery standards and practices. Review Final Plan, and Present to the Board of Supervisors and Key Stakeholders.
Report Back to and Solicit Feedback from Key Stakeholders	
January - Ongoing	Phases II: Implementation; and Phase III: Evaluation, Monitoring and System Improvement