

Moving Towards a Continuum of Services

*Marin County Strategic Planning Process
Kick Off Meeting*

Marin County
Department of Health & Human Services
Division of Alcohol, Drug & Tobacco Programs

Meeting Overview

- I. Welcome and Introductions
- II. The Big Picture
 - What we are seeking to accomplish
- III. Providing the Context
 - Background and influencing factors
- IV. Outlining the Process, Phases and Steps
- V. Making it Happen
 - Next steps and opportunities for involvement

I. Welcome and Introductions

II. The Big Picture:

What we are seeking to accomplish

What We Are Seeking to Accomplish

- Develop, implement and evaluate a five-year Strategic Plan that results in a continuum of alcohol, tobacco and other drug prevention, treatment and recovery services for the Marin community.



Background and Purpose

- Move to a chronic care model ensures a comprehensive continuum of services that will bridge current gaps in our system.
- Maximize the current resources and services.
- Streamline future efforts and processes.
- Ensure a truly collaborative approach and works towards eliminating the “silos” within service delivery.
- Ensure a strategic approach to data-driven, outcome-based planning, implementation, and improvement efforts.

A strategic approach to what we already do.

III. Providing the Context:

Background and influencing factors

SAMHSA's Strategic Planning Framework (SPF)



Assessment

Profile population needs, resources, and readiness to address needs and gaps

Capacity

Mobilize and/or build capacity to address needs

Planning

Develop a Comprehensive Strategic Plan

Implementation

Implement evidence-based prevention programs and activities

Evaluation

Monitor, evaluate, sustain, and improve or replace those that fail

California Alcohol & Drug Program (ADP) Priorities

- Continuum of Services Statewide Reengineering Taskforce (COSSR)
 - The State ADP is engaged in a three-year planning, design, and implementation process for developing and fostering a Continuum of Services (COS) throughout California
 - Began process in 2006
 - Currently in the capacity building and mobilization phase
 - Eventually, the State ADP may ask counties to engage in a county-wide COS approach to planning, implementation, and evaluation of substance abuse services

Continuum of Services



Marin County Division of Alcohol, Drug & Tobacco Programs' Vision and Mission

Vision: A community where all individuals are healthy and free from problems related to alcohol, tobacco, and other drugs.

Mission: To plan, coordinate and provide 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 of Marin County.

Marin County Division of Alcohol, Drug & Tobacco Programs' Internal Goals

- Design and implement a comprehensive and integrated continuum of ATOD services in Marin County
- Ensure the County's compliance with local, state and federal standards and mandates
- Demonstrate to our partners, funders and the public the need for and effectiveness of a continuum of ATOD services
- Sustain and enhance funding for alcohol, tobacco and other drugs issues in Marin County

Our Principles: Continuum of Services

Ensuring a full Continuum of Services/Care, from prevention and early intervention through treatment and recovery, creates environments which reduce the adverse social, health and economic consequences associated with the use and abuse of alcohol, tobacco and other drugs.

Our Principles: Prevention

- Prevention and early intervention saves and changes lives and reduces future demand for treatment services.
- Acknowledges that individual choices regarding use and abuse of alcohol, tobacco and other drugs are shaped by social and cultural norms.
- Effective prevention utilizes universal, selective and indicated approaches to reduce the access to and appeal of alcohol, tobacco and other drugs.

Our Principles: Treatment

- Treatment should be accessible, affordable, driven by client need and guided by high standards of practice utilizing evidence-based approaches.
- Treatment should provide a comprehensive continuum of services through collaborative efforts with justice programs when applicable.
- Treatment is tailored to provide *“Just the right dose, at the right time, in the right setting”* for individuals and families with a commitment to every client’s success.
- Treatment strategies seek to engage substance abusing individuals in an effort to assist them in moving through the stages of change toward recovery and often improves other health and social related outcomes.

Our Principles: Recovery

- Ancillary services should be made available to all clients to help facilitate continued recovery from active addiction as a means of maintaining sobriety and providing a supportive network of resources.
- Recovery from alcohol, tobacco and other drug use is a lifelong commitment that requires self management and integration of recovery principles into one's lifestyle.
- Our continuum of services recognizes relapse can be an integral part of the disease process and is an opportunity for the provision of additional or alternative supportive services.

IV. Outlining the Process, Phases and Steps

The Process

- **Phase I: Assessment and Planning**
 - Identify System Capacity and Needs (March-June)
 - Identify Priority Populations and Strategies (July-August)
 - Identify Strategies and Determine Standards of Practice (September-December)
 - **Finalize Strategic Plan** and Present to the Board of Supervisors and Key Stakeholders (December)

- **Phase II: Implementation**
 - Timeline and activities (January - March 2010)
 - Will result in an **Implementation Plan**

- **Phase III: Evaluation** (for refinement and improvement)
 - Timeline and activities to be determined
 - Will result in an **Evaluation Plan**

Phase I: Assessment and Planning

Identifying System Capacity and Needs

Conducting a Needs and Resource Assessment to Drive Decision Making

- The first step and basic premise in the planning process is conducting a thorough needs assessment leading to problem identification and prioritization.
- The problem statements will guide the planning, implementation, and evaluation processes.

Phase I: Assessment and Planning

Determining Priority Populations and Strategies

- Utilizing data from the needs and resource assessments, determine strategic priorities for Division-funded services and strategies for FY 2010/11 – FY 2014/15



Phase I: Assessment and Planning

Identifying Strategies and Standards of Practice

- Identify and recommend evidence-based practices to address the identified priorities.
 - *Sample Resource: National Registry of Evidence-Based Programs and Practices (NREPP)*
- Research and develop service delivery standards and practices.

Phase II: Implementation

- Ensure services reflect the strategic priorities identified
- Revise contract requirements and reallocate resources
- Make strategic decisions regarding fidelity and adaptation
- Ensure strategies and services are culturally competent, relevant and sustainable
- Focus on monitoring progress and evaluating outcomes
- Allows for self-correction and adjustment along the way

Phase III. Evaluation for Improvement

- Develop an evaluation plan and measures of success
- Collect and analyze process and outcome evaluation data
- Monitor new data from assessment process
- Report findings to key stakeholders
- Use data to inform program progress and any necessary course corrections
- Link to sustainability

Ongoing: Capacity Building

- Is a concentrated and ongoing process—does not end at the assessment phase
- Determines resource levels and feasibility of goals and objectives
- Facilitates systems, infrastructures and partnerships for long-term sustainability
- Can also play a critical role in ensuring culturally competent and relevant approaches

V. Making it Happen:

Next steps and opportunities for involvement

The Committee Structure

- Oversight Committee
- Advisory Committee
- Sub-Committees

Opportunities for Involvement

- Soliciting volunteers and membership for each of the sub-committees
- Ideally, 5-8 members per committee
- 2 co-chairs identified for each committee
- 2 staff members assigned to each committee

Next Steps

- Identify your interest and sign-up for a subcommittee
- A staff member will contact you to further discuss your membership preferences, to identify co-chairs, and to balance and ensure cross-representation for each group.

Opportunities for Ongoing Input

- As committees begin to document recommendations drafts will be distributed electronically to the broader stakeholder group for feedback.
- Depending on interest level and timing, the key stakeholder group may be re-convened for additional feedback and to ensure the broad perspective is achieved.

Immediate Next Steps

- Sign-up for a Subcommittee
- Schedule and Convene Subcommittee Meetings
- Present Existing Data from the Contracted Providers and Community to Subcommittees

Thank You!