



Acknowledgements

The Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs wishes to acknowledge the leadership and tremendous contributions of countless individuals in developing a Strategic Plan that will guide the delivery of a comprehensive continuum of prevention, intervention, treatment and recovery support services for the next five years. The Division also wishes to extend appreciation to the Board of Supervisors, Advisory Board on Alcohol and Other Drug Problems, Department of Health and Human Services leadership, Division staff and community partners for providing the support and expertise necessary to advance alcohol, tobacco and other drug issues in Marin County.

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We would like to extend a special acknowledgement to *Christina Borbely* and *Kerrilyn Scott-Nakai* from the Center for Applied Research Solutions for providing ongoing technical assistance and support in facilitating and designing the Strategic Planning process.

Letter to the Community

Dear Community Members of Marin,

The Continuum of Alcohol, Tobacco and Other Drug Services Strategic Plan marks the commencement of a comprehensive approach to preventing, treating and providing ongoing recovery support services for the problems associated with the use of alcohol, tobacco and other drugs in our community.

Marin is vibrant and strong with access to unparalleled community resources; however, individuals, families and communities continue to experience the devastating impacts related to the use of alcohol, tobacco and other drugs. We too often see individuals who are homeless or unemployed due to problems with alcohol and other drugs, or individuals filling our jails and emergency rooms who could benefit from intervention and treatment services for their substance use issues. It is easy for young people to access alcohol, tobacco and other drugs and they are using these substances at alarmingly high rates and experiencing significant health and safety consequences. Families are struggling to stay intact and families are spending their life savings to put a loved one through treatment. Finally, communities themselves are dealing with alcohol, tobacco and other drug nuisances, drug related crime and a host of other consequences to businesses, community events and their bottom lines in an era of shrinking public resources.

Acknowledging our limited public resources for alcohol, tobacco and other drug issues, it is our intent and long-term vision that individuals at-risk of or experiencing problems related to their substance use will be identified early and referred to appropriate services. Someone looking for help for a friend or family member will only need to make one phone call. Individuals with complex or co-occurring mental health and substance use disorders will have access to integrated treatment services from highly qualified practitioners. Communities will demand change and will implement policies and practices that affect the way alcohol, tobacco and other drugs are viewed and addressed at the local level.

The priorities and goals outlined in this Plan strive to establish a comprehensive, integrated and recovery-oriented continuum of evidence-based services that are responsive to community needs, engage multiple systems and stakeholders, encourage community participation, promote system integration, and embrace a comprehensive approach to service delivery.

The priority areas and goals position Marin County as a leader in designing and delivering services in a manner that recognizes that a substance use disorder is a chronic health condition requiring a long term recovery management approach similar to the treatment of diabetes and other chronic conditions. It is our collective responsibility to impact the social norms and perceptions around how alcohol, tobacco and other drugs are viewed and how individuals with substance use disorders are recognized and treated, as well as to update the policies and practices that continue to perpetuate substance use disorders being viewed as a social problem, rather than as a health condition.

The need and demand for services, coupled with the economic challenges before us, require that we have a clear direction and that we allocate resources and deliver services in the most efficient, effective and high-quality manner possible. The landscape of the alcohol, tobacco and other drug field continues to change, but the priority areas and goals outlined in the Plan position Marin County for new opportunities, including accessing benefits from the recent parity legislation and healthcare reform, as well as laying the foundation for achieving this great task before us.

To realize this vision, we are developing implementation and evaluation plans, and activities will commence beginning in the Fall of 2010. We invite you to visit our website at www.co.marin.ca.us/adtp where we will post regular updates and annual evaluation reports.

Join us in this groundbreaking work as we embark on implementing a comprehensive and integrated continuum of alcohol, tobacco and other drug services.

Sincerely,



DJ Pierce, OTR, MPA
Division Chief

Marin County Division of Alcohol, Drug and Tobacco Programs

Background

The Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs 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 and Marin County. To accomplish this task, the Marin County Division of Alcohol, Drug and Tobacco Programs allocates funding to community-based agencies to provide an array of prevention, early intervention and treatment services for substance use disorders.

The Department of Health and Human Services is working to restructure, redesign and reprioritize declining resources in an effort to move to a more sustainable future. The County Board of Supervisors and the County Administrator's office have asked that all departments seek to realign resources in response to expected long-term downward pressure on public revenues as a result of the current economic downturn and expected structural deficits. Consequently, it is important to acknowledge that the Division's efforts to recalibrate its own system into a more public health and long-term recovery management model are part of a larger Department of Health and Human Services redesign effort.

The existing service gaps, coupled with the direction of local, state and federal initiatives and economic realities, prompted the Division to initiate a community-based Strategic Planning process in order to more effectively organize diminishing resources into a systemically integrated, co-occurring capable, recovery-oriented continuum of alcohol, tobacco and other drug services.



Source: Substance Abuse and Mental Health Services Administration

Strategic Planning Process Framework

To develop the Strategic Plan, the Division of Alcohol, Drug and Tobacco Programs engaged service providers and other key community partners, and utilized the Substance Abuse and Mental Health Services Administration's Strategic Planning Framework to guide the planning process. The Division also engaged the expertise of the Center for Applied Research Solutions, a contracted technical assistance provider for the California Department of Alcohol and Drug Programs, to assist with designing the process, providing capacity building trainings and providing ongoing technical assistance.

The steps in the Strategic Planning Framework are as follows:

Assessment: Profile population needs, resources and readiness to address issues;

Capacity: Mobilize and/or build capacity to address needs;

Planning: Develop a comprehensive Strategic Plan;

Implementation: Implement evidence-based strategies and activities; and

Evaluation: Monitor, evaluate, sustain and improve or replace strategies that are not successful.

The purpose of the Strategic Planning process was to:

- ◎ Move from an acute to a public health-oriented chronic care service delivery model that embraces an upstream prevention approach;
- ◎ Maximize current resources while leveraging additional resources where possible;
- ◎ Streamline service delivery to improve efficiencies and enhance client outcomes;
- ◎ Recognize the preponderance of co-occurring conditions and thereby ensure a collaborative systems approach that eliminates "silos" and maintains a client-focus;
- ◎ Move toward a strategic, sustainable and evidence-based approach; and
- ◎ Align with local, statewide and federal initiatives that deliver a comprehensive and integrated continuum of services.

In the first phase of the planning process, which occurred from March 2009 to January 2010, the Strategic Planning Committees participated in various trainings, conducted a needs assessment, developed data-driven problem statements, identified evidence-based strategies to address the issues, and recommended standards and practices to guide the delivery of high-quality services. In the second phase of the process, which commenced in summer 2010, Division staff developed implementation plans and contracted with an independent evaluation contractor to develop the overall evaluation plan.

Strategic Plan Structure and Participation

The Division of Alcohol, Drug and Tobacco Programs outreached to a variety of stakeholders including representatives from prevention, treatment and recovery service providers, HHS Divisions of Community Mental Health, Public Health, Social Services and Aging and Adult Services, criminal justice partners, County Advisory Board members, school personnel, law enforcement, County and community policymakers and other interested community members and stakeholders. Stakeholders were invited to participate in subcommittees, which were the driving force in determining the Goals, Priorities and Strategies outlined in the Plan. Interested stakeholders that wanted to contribute, but were unable to make the time commitment, were invited to share data and participate in a key informant interview and/or focus group.

The Continuum of Alcohol, Tobacco and Other Drug Services Strategic Plan marks the commencement of a comprehensive approach to preventing, treating and providing ongoing recovery support services for the problems associated with the use of alcohol, tobacco and other drugs in our community.

Current and Future Service Delivery Landscape

Currently, the publicly funded system is focused on: engaging in environmental level changes to prevent alcohol, tobacco and other drug use; working with at-risk populations to reduce and eliminate illegal drug use; implementing population-level approaches to impact the social norms and behaviors around alcohol, tobacco and other drugs; and providing treatment services which are dedicated to serving high-risk and indigent populations, such as individuals that are homeless, pregnant and parenting, HIV positive, Intravenous Drug User (IVDU), justice involved, and other vulnerable populations.

Within our publicly funded system of care, significant gaps exist:

- ⊙ **Prevention** services are largely focused on universal populations, leaving the higher-risk selective and indicated populations with limited resources;
- ⊙ **Early intervention** services exist, but are not strategically co-located in settings that reach individuals at-risk of or with substance use disorders;
- ⊙ **Treatment** is not reaching those who need it. According to the 2008 National Household Survey on Drug Use and Health, nearly 10% of individuals age 12 and older were in need of treatment for an illicit drug or alcohol use problem. Of these, only less than 10% actually received treatment services. Based on these estimates, in Marin, approximately 94% of individuals in need of treatment services are not engaged with the publicly-funded treatment service delivery system;
- ⊙ The lack of sufficient **Recovery Support Services** reduces the success of long-term recovery. While offered as part of the program design in some of our contracted treatment provider agencies, the Division does not directly coordinate or allocate resources for these types of services creating a gap for those seeking assistance and support to sustain their recovery; and
- ⊙ Client care is often not coordinated among various service providers and clients are not always actively linked with essential **primary and ancillary services**, including specialty care for clients with trauma or co-occurring mental health and substance use disorders, stable and supportive housing, primary health care, vocational training and other social services.

Continuum of Alcohol, Tobacco *and* Other Drug Services Strategic Plan

Below is a summary of the current landscape of the alcohol, tobacco and other drug system of care, as well as a snapshot of the vision of what the system of care will reflect as a result of Strategic Plan implementation.



CONTINUING CURRENT EFFORTS

Current efforts that will continue through Strategic Plan implementation are as follows:

- Ⓢ Publicly-funded services for the treatment of substance use disorders will continue to focus on high-risk and indigent populations, such as individuals that are homeless, pregnant and parenting, HIV positive, IVDU, justice involved, and other vulnerable populations;
- Ⓢ The Division of Alcohol, Drug and Tobacco Programs will continue to allocate resources and provide training and technical assistance to the service provider network to enhance their capacity to provide evidence-based services tailored to individual client needs; and
- Ⓢ The Division of Alcohol, Drug and Tobacco Programs will continue to look at trends and emerging issues, as well as at short and long-term client and community outcomes to plan services and evaluate efficacy and efficiency.



Current and Future Fiscal Landscape

The vast majority of financial resources for Division-funded prevention, intervention, treatment and recovery services are from a combination of categorical (68%) and discretionary (32%) federal, state and local dollars. While nearly 85% of the Division's \$5,000,000 annual budget is dedicated to direct service delivery, the current gaps necessitate a reallocation of resources to maximize service delivery and ensure a comprehensive and integrated continuum of services.

Detailed on page 6 is the FY 2009/10 breakdown of resources by service modality for alcohol and other drug services. Within the treatment service delivery system, services for clients involved in the Adult Drug Court and PC 1210 (formerly Substance Abuse and Crime Prevention Act /Proposition 36) programs represent 12.3% of the budget. Among tobacco services, 59% (\$172,143) and 41% (\$122,000) of contracted activities are dedicated to prevention and cessation services, respectively.

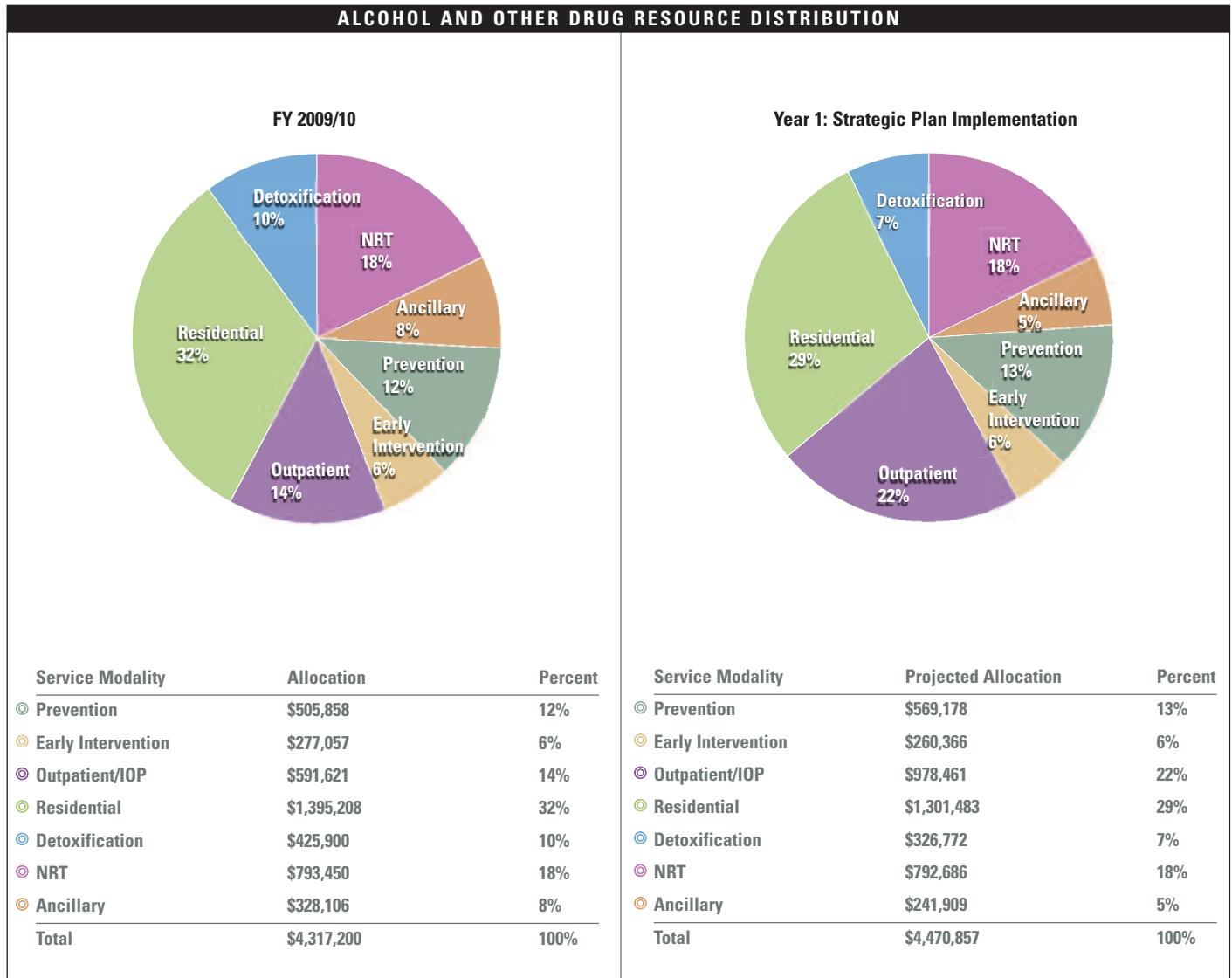
Given the finite public resources available for alcohol, tobacco and other drug services, it is imperative to design a service delivery system that is efficient, outcome-oriented and committed to facilitating long-term recovery. To effectively ensure a comprehensive and integrated continuum of services that reflects a public health model, the limited resources must be reallocated to include additional modalities of service, such as recovery support services, as well as must be realigned to more efficiently and effectively match clients with services needed through the continuum.

In addition to reallocating resources in order to provide a continuum of services, the recent and proposed local, state and federal funding cuts merit creative and strategic resource allocation. In addition to ongoing County General Fund reductions for tobacco prevention and cessation services and for treatment services for Adult Drug Court clients, the State's elimination of the Substance Abuse and Crime Prevention Act (SACPA) Program in FY 2008/09 left the treatment system with a \$700,000 treatment gap, therefore limiting Marin's ability to serve eligible justice-involved clients.

Additionally, the Governor's proposed May revision to the FY 2010/11 budget calls for elimination of Drug/Medi-Cal and CalWORKS, which would reduce an additional \$600,000 from existing treatment resources. Services currently being provided with those dollars include Narcotic Replacement Therapy, outpatient treatment for women, outpatient services for individuals with co-occurring disorders, and residential treatment for CalWORKS eligible women.

Primary prevention services are also being reduced with the elimination of the Governor's portion of the Safe and Drug Free Schools and Communities grants, which translates to a \$125,000 annual reduction in prevention and early intervention services for students in the Tamalpais Union High School District.

Given the complex and continually changing financial picture, the priority areas and goals outlined in the Plan serves a critical role in determining the prioritization and reallocation of our limited resources. In order to maximize service delivery and ensure a comprehensive and integrated continuum of services, following Strategic Plan implementation, resources are projected to be realigned as detailed below.



Administrative costs and tobacco prevention and cessation resources are not included in the charts.

In view of the finite public resources available for alcohol, tobacco and other drug services, it is imperative to design a service delivery system that is efficient, outcome-oriented and committed to facilitating long-term recovery.

The following allocation and capacity changes expected as a result of Strategic Plan implementation are based on a reallocation of existing resources, with the exception of leveraging new Minor Consent Drug/Medi-Cal funding:

Modality	Projected Reallocation of Resources	Projected System Capacity (Changes)
Prevention	<p>Increase in funding for prevention services to engage in system-wide social norm change</p> <p>Reallocation of existing prevention funding to align with the strategies included in the Plan</p>	Increase in prevention strategies with communities and selective and indicated populations
Early Intervention	Reallocation of existing early intervention resources to align with the strategies included in the Plan, including SBIRT and Centralized Assessment/Care Management	<p>Screen: 15,000 clients (+1,264%)</p> <p>Brief Intervention: 3,405 clients (+389%)</p> <p>Central Assessment: 750 clients (new)</p>
Outpatient/ Intensive Outpatient [IOP]	Increase in resources for outpatient services for priority populations, including adolescents (Minor Consent), high-risk and indigent individuals, such as homeless, pregnant and parenting, HIV positive, IVDU, justice involved, and other vulnerable populations	346 clients (+ 193%)
Residential	<p>Increase in PC 1210 funding for long-term residential treatment services</p> <p>Decrease in funding for long-term residential treatment services</p>	<p>30 beds (0%); 77-123 clients (+ 30%)</p> <p><i>Note: A shorter length of stay is anticipated, resulting in increased residential capacity</i></p>
Detoxification	Decrease in funding for short-term residential detoxification services	6 – 9 beds; 548 – 821 clients (- 32%)
Narcotic Replacement Therapy [NRT]	Maintain funding for subsidized Narcotic Replacement Therapy services	160 clients (no change)
Recovery Support Services	<p>Increase in funding for Care Management coordination that includes recovery support services</p> <p>Redesign service delivery standards to ensure that recovery management services are integrated into treatment</p>	583-629 clients (new)
Ancillary Services	<p>Increase in access to ancillary services through establishment of formal partnerships with relevant providers across and between systems</p> <p>Decrease in funding for justice funded ancillary services</p>	Varies depending on client needs

Priority Areas

During the Strategic Planning process, the following three themes were identified as the key priority areas necessary to successfully implement a comprehensive and effective continuum of alcohol, tobacco and other drug services. Within each of the priority areas are problem statements that the Strategic Planning committees formulated based on the needs assessment, which included a review of objective data, and input from key informant interviews and focus groups with community stakeholders.

PRIORITY AREA ONE

Impact Norms and Perceptions: Impact how alcohol, tobacco and other drug use, abuse and addiction are viewed and addressed in Marin County.

Corresponding Problem Statements:

- ⊙ Substance use disorders continue to be viewed primarily as a social problem, rather than as a health condition.
- ⊙ High-rate, frequent and poly-substance use of alcohol, inhalants, prescription drugs and marijuana are emerging as the predominate pattern of use among youth and older adults in Marin leading to significant academic, health and safety consequences.
- ⊙ Alcohol, tobacco and other drugs are available in significant quantities in social environments where youth are present leading to regular and heavy consumption, resulting in threats to individual health and community safety.
- ⊙ Local, state and federal laws and regulations are not being adhered to in retail settings leading to sales and service to minors under the age of 18 for tobacco products, under the age of 21 years for alcohol, and adult sales to intoxicated persons which results in threats to individual health and community safety.

PRIORITY AREA TWO

Improve System Capacity and Infrastructure: Improve the capacity of individuals, agencies and communities to address alcohol, tobacco and other drug issues, as well as develop the infrastructure necessary to provide a seamless and comprehensive integrated continuum of services in Marin County.

Corresponding Problem Statements:

- ⊙ A significant number of individuals with, or at risk of, alcohol, tobacco and other drug issues are not receiving prevention messages or being identified early and referred for treatment, as screening is not universally implemented in many settings such as school, community, medical or criminal justice.
- ⊙ Screening for tobacco use is not currently being integrated into the intake and service delivery processes at all substance abuse and mental health treatment agencies in a consistent manner.
- ⊙ Treatment for client with co-occurring disorders is being met through different systems (Mental Health and Alcohol and Other Drugs) and there is no unifying coordination of this treatment across systems.
- ⊙ Many Divisions within HHS and Departments within the County work with the same clients and there is no system in place to ensure that there is cross communication regarding client services accessed, history and needs.
- ⊙ Case management, ancillary and aftercare services, which are integral to achieving long-term recovery, are not systematically provided throughout the assessment, treatment and recovery processes.
- ⊙ There is limited local alcohol, tobacco and other drug data to demonstrate community-specific needs and the prevalence and impact of culturally relevant, evidence-based programs and strategies.
- ⊙ The current state-required data collection systems do not accurately reflect a continuum of care model.
- ⊙ The cost to address alcohol, tobacco and other drug use and its related community consequences is a significant burden on the public health and safety resources in Marin and is out of balance to the resources available for local communities to address the issue.

PRIORITY AREA THREE

Implement Effective Alcohol, Tobacco and Other Drug Services:

Implement evidence-based alcohol, tobacco and other drug prevention, intervention, treatment and recovery support services that are aligned with the needs and issues of Marin County and its communities.

Corresponding Problem Statements:

- ⊙ As a large proportion of available public funding is categorical and restrictive, it is insufficient to adequately address community priorities.
- ⊙ There is a significant lack of substance abuse treatment services for adolescents and their families.
- ⊙ All tobacco using clients are not being advised to quit using tobacco and are not being routinely provided with cessation services on site or by referral.
- ⊙ School curricula, programs and strategies utilized in many settings do not incorporate the latest in science and research, are not implemented with fidelity, decline in frequency as youth age and use increases, and record little to no documented effectiveness or measurement of impact.
- ⊙ Communities are not engaged in effective alcohol, tobacco and other drug prevention due to a lack of: local data, capacity to address the issues, implementation of evidence-based strategies, and coordinated action.
- ⊙ Current substance abuse and mental health treatment services in Marin have limited co-occurring capabilities. Economic instability can undermine long-term recovery for many of the clients within the treatment system.

The priorities and goals strive to establish a comprehensive, integrated and recovery-oriented continuum of evidence-based services that are responsive to community needs, engage multiple systems and stakeholders, encourage community participation, promote system integration, and embrace a comprehensive approach to service delivery.



It is our collective responsibility to impact the social norms and perceptions around how alcohol, tobacco and other drugs are viewed and how individuals with substance use disorders are recognized and treated, as well as to update the policies and practices that continue to perpetuate substance use disorders being viewed as a social problem, rather than as a health condition.



Strategic Goals

The Strategic Goals for FY 2010/11 – FY 2014/15, which were shaped by the problem statements established by the Strategic Planning committees, are as follows:

GOALS

- 1 Ensure that substance use disorders are viewed as a health condition, rather than as a social problem;**
- 2 Ensure that individuals with or at-risk of alcohol, tobacco or other drug problems are identified early, screened and referred for services as appropriate;**
- 3 Coordinate, communicate and collaborate across departments, HHS Divisions and community partners to ensure the provision of comprehensive and integrated evidence-based services and strategies for clients and communities;**
- 4 Leverage alternative resources to maximize the availability and diversity of available services;**
- 5 Deliver services in a manner that is consistent with a continuum of care and chronic relapsing disease model and are tailored to specific client needs and considerations, such as economic status, gender, age, language, sexual orientation, geographic, racial, cultural, legal and other situational issues;**
- 6 Support implementation of and consistent adherence to laws, policies, standards and practices that prevent and reduce alcohol, tobacco and other drug problems; and**
- 7 Collect and report data on the alcohol, tobacco and other drug system of care.**

Implementing Services: Initiatives, Activities and Outcomes

In order to successfully implement the identified goals in the Strategic Plan, the Division of Alcohol, Drug and Tobacco Programs developed a series of work plans for each of the Strategic Plan Goals, which includes measurable objectives, activities, outcomes, timeframes and responsible entity, and will guide the multiple phases of implementation over the next five years. As part of Strategic Plan implementation, the Division issued Policies, Procedures, Standards and Practices that shall enhance service delivery for contracted provider services. The following are **highlights of the initiatives** that will be implemented to achieve each of the Strategic Goals.

GOAL 1

Ensure that substance use disorders are viewed as a health condition, rather than a social problem.

INITIATIVE

- ◎ Shift the view of substance use disorders among the public, service providers, healthcare professionals, policymakers, justice partners, and other community leaders through media, peer-based education campaigns, and policy and practice development.

KEY ACTIVITIES

- ◎ Allocate resources to a Media and Public Relations contractor to develop a media advocacy strategy and related media campaigns targeted to shifting the public's perception of alcohol, tobacco and other drug issues;
- ◎ Develop and disseminate information on the science and nature of substance use disorders via trainings, fact sheets and presentations to service providers, healthcare professionals, policymakers, justice partners and other community leaders; and
- ◎ Engage service providers, healthcare professionals, policymakers, justice partners and other community leaders to serve as "change agents" to educate their peers and implement policies and practices that align with substance use disorders being viewed as a health condition.

STRATEGIC OUTCOMES

- ◎ **The system of care reflects a continuum that is consistent with the public health-oriented chronic disease model.**
- ◎ **Change in the public's and providers' perception of alcohol, tobacco and other drug use and substance use disorders.**
- ◎ **Increase in resources to address alcohol, tobacco and other drug issues.**
- ◎ **Increase in the number of service partners and communities addressing alcohol, tobacco and other drug issues.**
- ◎ **Extent of service integration among public health, mental health, and alcohol, tobacco and other drug services.**
- ◎ **Increase in the perceived harm of high-risk behaviors, including high-rate, frequent and poly-substance use.**

GOAL 2

Ensure that individuals with or at-risk of alcohol, tobacco or other drug problems are identified early, screened and referred for services as appropriate.

INITIATIVE

- ◎ Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in at least 15 primary health, safety net, justice, youth and community settings.

KEY ACTIVITIES

- ◎ Identify and disseminate information on evidence-based SBIRT models and tools;
- ◎ Seek and leverage resources to provide SBIRT services;
- ◎ Engage policymakers and key staff at potential SBIRT sites to implement universal SBIRT practices;
- ◎ Provide training and technical assistance to SBIRT sites to integrate SBIRT procedures into routine service delivery and ensure staff ability to provide SBIRT services with fidelity; and
- ◎ Ensure the availability of assessment and referral resources for individuals requiring specialty services.

STRATEGIC OUTCOMES

- ◎ **Increase in the number of settings incorporating Screening, Brief Intervention and Referral to Treatment (SBIRT) into their service delivery practices.**
- ◎ **Increase in the early identification of and intervention with individuals experiencing problems related to the use of alcohol, tobacco or other drugs.**
- ◎ **Increase in self-referrals to the alcohol, tobacco and other drug service delivery system.**
- ◎ **Long-term decrease in the need and demand for treatment services for substance use disorders.**

GOAL 3

Coordinate, communicate and collaborate across departments, HHS Divisions and community partners to ensure the provision of comprehensive and integrated evidence-based services and strategies for clients and communities.

INITIATIVES

- ⦿ Increase the capacity of Division-funded contractors, HHS Divisions, County Departments and community partners to deliver comprehensive and integrated evidence-based services for individuals, families and communities.
- ⦿ Engage communities to identify and implement comprehensive evidence-based strategies that address alcohol, tobacco and other drug issues among universal, selective and indicated populations.

KEY ACTIVITIES

- ⦿ Engage HHS Divisions, County Departments and community partners that interface with clients at-risk of or with alcohol, tobacco or other drug issues;
- ⦿ Assess system and staff capacity to implement evidence-based practices for serving clients with a full spectrum co-occurring conditions;
- ⦿ Identify high-need, high-cost and shared clients and strategic opportunities to collaborate and integrate services;
- ⦿ Implement policies and practices that enhance access to integrated services;
- ⦿ Provide training and technical assistance to implement evidence-based strategies, standards and practices and enhance staff capacity to deliver individualized services for clients with complex and multiple co-occurring conditions;
- ⦿ Allocate funding to three community coalitions and one county-wide coalition to address relevant and emerging alcohol, tobacco and other drug issues;
- ⦿ Engage stakeholders to form coalitions/groups with diverse sectors of the community; and
- ⦿ Train coalitions/groups to identify relevant alcohol, tobacco and other drug issues and implement evidence-based strategies to address the issues.

STRATEGIC OUTCOMES

- ⦿ **Increase in strategic collaboration between HHS Divisions, County Departments and community partners.**
- ⦿ **Increase in the capacity of system partners to implement evidence-based practices to effectively serve clients.**
- ⦿ **Increased in integrated treatment planning and information sharing between HHS Divisions.**
- ⦿ **Increase in clients receiving comprehensive services aligned with their individual needs.**
- ⦿ **Improved outcomes for clients engaged in the alcohol, tobacco and other drug service delivery system.**
- ⦿ **Increase in knowledge among partner providers regarding availability and eligibility of services.**
- ⦿ **Increase in communities using evidence-based strategies to address specific local alcohol, tobacco and other drug issues.**



GOAL 4

Leverage alternative resources to maximize the availability and diversity of available services.

INITIATIVE

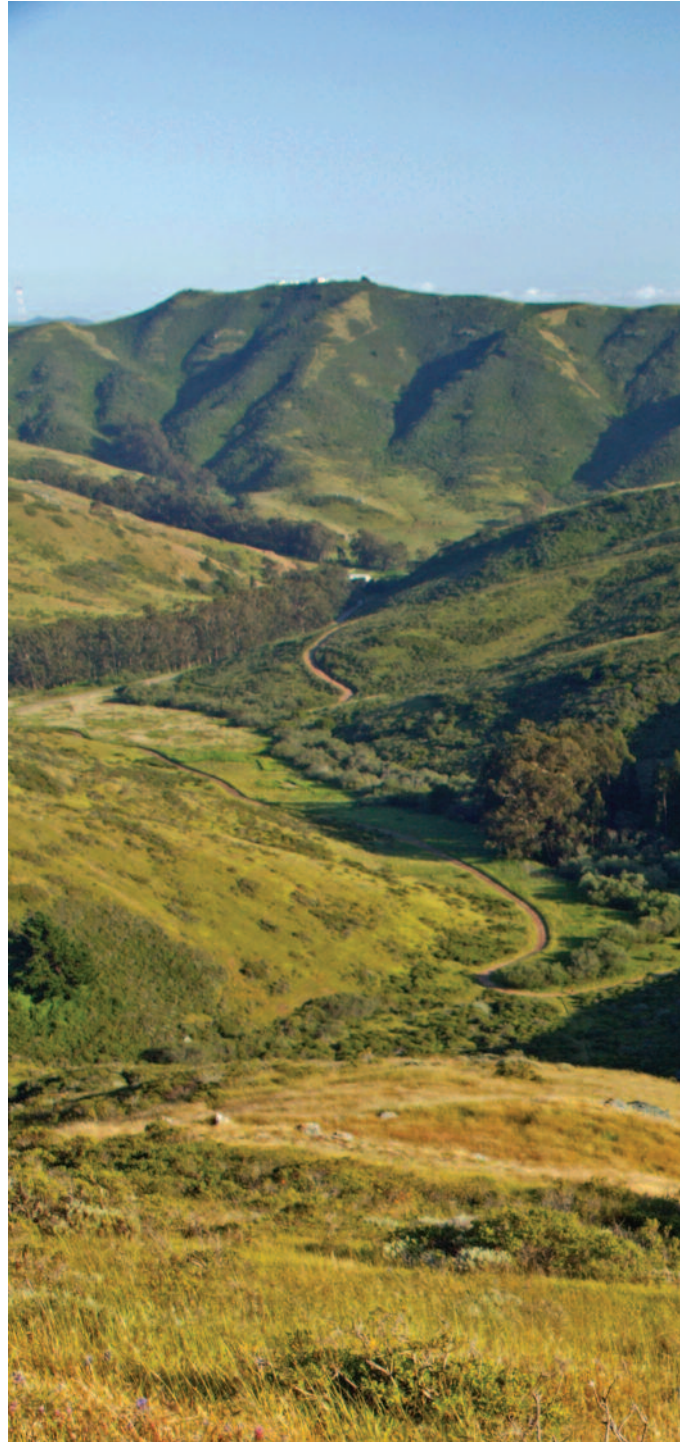
- ⊙ Seek new and leverage existing resources and partnerships in order to provide a comprehensive and integrated continuum of alcohol, tobacco and other drug services.

KEY ACTIVITIES

- ⊙ Analyze available funding streams and allocate resources via Requests for Proposals, interdepartmental agreements, and annual provider allocations to maximize coordinated and evidence-based service delivery;
- ⊙ Develop formal agreements and procedures with County Departments, HHS Divisions and community partners to provide reciprocal access to ancillary and specialty treatment services;
- ⊙ Train County Departments, HHS Divisions and community partners to increase their capacity to internally serve clients with alcohol, tobacco and other drug issues;
- ⊙ Train service providers to leverage new and existing funding streams, such as submitting grants, billing insurance, accessing Drug/Medi-Cal, collecting client fees and engaging in fundraising;
- ⊙ Review and analyze policies and legislation that affect resources for alcohol, tobacco and other drug services; and
- ⊙ Provide technical assistance to communities to implement policies that leverage resources for alcohol, tobacco and other drug services, such as policies that mitigate the costs of harm caused by alcohol.

STRATEGIC OUTCOMES

- ⊙ **Increase in identifying, preparing and applying for grants.**
- ⊙ **Increase in resources dedicated to preventing and addressing alcohol, tobacco and other drug issues.**
- ⊙ **Increase in the amount and quality of evidence-based prevention, intervention, treatment and recovery services.**
- ⊙ **Decrease costs to local communities and system partners to address problems related to the use of alcohol, tobacco and other drugs.**
- ⊙ **Long-term decrease in the need and demand for treatment services for substance use disorders.**



GOAL 5

Deliver services in a manner that is consistent with a continuum of care and chronic relapsing disease model and are tailored to specific client needs and considerations, such as economic status, gender, age, language, sexual orientation, geographic, racial, cultural, legal and other situational issues.

INITIATIVE

- ⊙ Re-allocate and leverage resources to implement a comprehensive, individualized and integrated evidence-based continuum of care ranging from prevention and early intervention to treatment and recovery support services.

KEY ACTIVITIES

- ⊙ Develop formal agreements and procedures with County Departments, HHS Divisions and community partners to provide integrated services and reciprocal access to ancillary and specialty treatment services;
- ⊙ Train County Departments, HHS Divisions and community partners to increase their capacity to internally serve clients with alcohol, tobacco and other drug issues;
- ⊙ Ensure that providers are trained to deliver evidence-based services with fidelity;
- ⊙ Provide technical assistance to contracted providers to ensure successful implementation of and adherence to the Division's standards and practices for service delivery;
- ⊙ Re-allocate funding to new initiatives that are in alignment with the Strategic Plan, including: 1) Establishing Community Coalitions to address community-specific alcohol, tobacco and other drug issues; 2) Media and Public Relations services; 3) Centralized Assessment/Care Management services; 4) Outpatient Services for the Safety Net, Justice and General populations; and 5) SBIRT for youth settings;
- ⊙ Maintain services including Residential treatment, Narcotic Replacement Therapy and Detoxification services; and
- ⊙ Leverage partnerships and technical assistance resources to ensure access to ancillary services and build a peer-driven recovery-oriented system of care.

STRATEGIC OUTCOMES

- ⊙ Increase in implementation of evidence-based practices with fidelity.
- ⊙ Increase in providers' ability to provide individualized services that match client needs, such as being culturally and co-occurring competent, gender-specific, and trauma-informed.
- ⊙ Increase in clients receiving integrated, comprehensive high-quality services aligned with their individual needs.
- ⊙ Increase in clients moving seamlessly through the continuum of services.
- ⊙ Increase in client engagement and retention in services.
- ⊙ Increase in successful outcomes for clients engaged in the alcohol, tobacco and other drug service delivery system, such as abstaining from substance use, securing stable housing and employment, accessing primary health care and engaging in recovery support services.



GOAL 6

Support implementation of and consistent adherence to laws, policies, standards and practices that prevent and reduce alcohol, tobacco and other drug problems.

INITIATIVE:

- ⊙ Engage three Community Coalitions, a County-Wide Coalition and the Smoke-Free Marin Coalition to support implementation and enforcement of at least 12 policies that reduce alcohol, tobacco and other drug problems.
- ⊙ Adopt and implement standards and practices for contracted services to ensure the design delivery of evidence-based prevention, intervention, treatment and recovery support strategies and services.

KEY ACTIVITIES

- ⊙ Allocate funding to form three community coalitions and a county-wide coalition that address community-specific and emerging alcohol, tobacco and other drug issues;
- ⊙ Provide training and technical assistance to the coalitions on using data to identify relevant community problems, and evidence-based strategies, including policy, media and enforcement, to address the issues;
- ⊙ Develop and implement institutional and/or municipal alcohol, tobacco and other drug policies;
- ⊙ Enforce existing and new alcohol, tobacco and other drug laws and policies;
- ⊙ Develop and distribute to Division-funded service providers programmatic and administrative standards and practices for contracted services;
- ⊙ Provide technical assistance and trainings to providers to ensure successful implementation and adherence to the standards and practices; and
- ⊙ Monitor adherence to the standards and practices and assess fidelity with evidence-based program designs annually.

STRATEGIC OUTCOMES

- ⊙ **Prevent the illegal use of alcohol, tobacco and other drugs and related community problems.**
- ⊙ **Increase in enforcement of existing laws and policies.**
- ⊙ **Increase in implementation of effective policies to prevent and address problems associated with the use of alcohol, tobacco and other drugs.**
- ⊙ **Decrease in alcohol, tobacco and other drug-related problems, such as crime, injury and violation of other laws, including youth access to alcohol and tobacco, and driving after drinking.**

GOAL 7

Collect and report data on the alcohol, tobacco and other drug system of care.

INITIATIVE

- ⊙ Establish and utilize a data collection system that demonstrates client and community-specific needs and accurately reflects a continuum of care and public health model.

KEY ACTIVITIES

- ⊙ Evaluate the current system and needs and identify key indicators for data collection;
- ⊙ Establish measures and methods of data collection for key indicators;
- ⊙ Implement data quality standards and procedures for contracted services;
- ⊙ Provide training and technical assistance to contracted providers and communities to enhance quality data collection; and
- ⊙ Analyze data and develop and disseminate fact sheets and annual reports to demonstrate community needs, articulate client outcomes, inform program design and service delivery, and determine resource allocation.

STRATEGIC OUTCOMES

- ⊙ **Increase in the number of measures being collected that reflect a chronic disease model.**
- ⊙ **Increase in the availability of quality community-specific alcohol, tobacco and other drug-related data.**
- ⊙ **Increase in programs developing logic models and implementing and evaluating programs in accordance with the models.**
- ⊙ **Increase in the collection and reporting on program-specific outcome measures.**
- ⊙ **Increase in the ability to evaluate the effectiveness of interventions and make successful adaptations to deliver the highest quality of services available.**
- ⊙ **Increase in the use of data to inform policy and funding decisions.**

Shifting How We Do Business:

Policies, Procedures, Standards and Practices

As part of Strategic Plan implementation, the Division of Alcohol, Drug, and Tobacco Programs issued *Policies, Procedures, Standards and Practices* that shall guide service delivery for contracted provider services for the next five years. The policies, procedures, standards and practices are a compilation of:

1) New policies and practices recommended during the Division's Strategic Planning Process; **2)** Existing policies and procedures implemented by the Division of Alcohol, Drug and Tobacco Programs over the past decade; **3)** Existing state and national regulations, standards and practices, such as the California Department of Alcohol and Drug Programs' Certification Standards and the *National Quality Forum's National Voluntary Consensus Standards for the Treatment of Substance Use Conditions*; and **4)** Recommendations from the Alcohol, Tobacco and Other Drug Contracted Provider network.

In addition to requiring agencies that provide Division-funded prevention, intervention, treatment and recovery services for alcohol, tobacco and other drug issues to comply with all applicable standards, laws and requirements, key themes for service delivery include:

- ⦿ **Services and Strategies are Evidence-Based:** Agencies providing prevention, early intervention, treatment and recovery services shall utilize evidence-based, culturally relevant strategies and assess fidelity with the program design at least annually.
- ⦿ **Co-Occurring Competency and Integrated Treatment are the Expectation:** Agencies providing substance use treatment services shall be competent to provide services for clients with co-occurring disorders, as evidenced by the Dual Diagnosis Capability in Addiction Treatment (DDCAT) or COMPASS-EZ Assessment score. Clients with co-occurring substance use and mental health disorders shall be treated by individuals, teams or programs with expertise in co-occurring disorders. Further, each disorder shall be considered as primary and integrated treatment shall be provided.
- ⦿ **Clients with Multiple Co-occurring Conditions—Including Substance Use, Mental Health and Primary Health Care Issues — Are the Expectation, so Clients Shall Receive Individualized and Comprehensive Services:** Agencies shall actively link clients with appropriate recovery support services, as well as with ancillary resources such as housing assistance, vocational training, and primary healthcare.

- ⦿ **Addressing Substance Use Disorders Requires a Long Term Recovery Management Approach:** All clients receiving treatment for substance use disorders shall receive post treatment monitoring and support. Support and monitoring can occur through periodic telephone contacts, participation in recovery support groups, or other appropriate activities. Agencies shall be responsible for following-up with the client thirty (30) days after discharge. Care Management shall also follow-up with clients at 3 months, 6 months and 1 year post discharge from a level of service to assess client progress and provide linkages to recovery support services as needed.
- ⦿ **Resources are Leveraged to Maximize Comprehensive Service Delivery:** Agencies shall be certified or in the application for certification process to provide Drug/Medi-Cal services, as applicable, including Minor Consent services for agencies serving adolescents. Agencies are encouraged to access and leverage alternate funding streams to maximize the availability of services, such as private insurance, grants and donations.
- ⦿ **Service Systems Shall Engage in Continuous Quality Improvement Efforts:** Agencies providing treatment services for substance use disorders shall conduct at least one NIATx Change Project per contract year. Agencies/individuals shall engage in regular evaluation activities, including coordinating with the Independent Evaluator and relevant contract management staff, to assess progress in achieving the desired outcomes and identify the need for course corrections if necessary.

Evaluation

The Division of Alcohol, Drug and Tobacco Programs is contracting with an independent evaluator to assist with developing the overall system to track and report on strategic outcomes, conduct an annual independent evaluation and provide technical assistance and training to project partners. The Strategic Plan Evaluation Plan and annual evaluation reports will be available on the County website.

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For additional information or copies of Strategic Plan documents, please contact the Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs at www.co.marin.ca.us/adtp or 415.473.3030



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