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ACKNOWLEDGEMENTS

The Marin County Department of Health and Human Services wishes to acknowledge the leadership and tremendous contributions of countless individuals in developing a Strategic Plan to guide the delivery of a comprehensive continuum of prevention, intervention, treatment and recovery support services. The Department 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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The Marin County Department of Health and Human Services would also like to thank the individuals who responded to survey requests and participated in Key Informant Interviews, Focus Groups and Community Meetings. We would like to extend a special acknowledgement to Kevin Wu and John Cervetto from Resource Development Associates 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 Substance Use Strategic Plan 2015-2020 builds upon the successes of the Division’s first Strategic Plan (2010-2015) to continue its efforts to create 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 Marin’s community. In collaboration with our longstanding partners including service providers, county advisory board members, personnel from schools, law enforcement, policymakers, community coalition members and other interested community individuals, the Division hosted three community-wide meetings in December, 2014, March, 2015 and May, 2015. Attendees reviewed qualitative and quantitative data sources on the consumption patterns, contributing factors, consequences, and system capacity to prevent and treat alcohol, tobacco and other drug problems. Stakeholders worked in affinity groups to identify a series of strategic directions, strategies and priorities for consideration resulting in the Substance Use Services Strategic Plan Update (FY 2015/16 – 2019/20).

Since our first Strategic Plan, Marin has seen changes in the environment where we live, work and play. Marin is a leader in most areas of health and continues to be identified as the healthiest community in California by the Population Health Institute. This nationally recognized health study ranks indicators in mortality, health behaviors, and social and economic factors. Yet in two areas, our community continues to rank in the bottom 50% in regard to adult excessive drinking and accidental overdoses. This is not new...Marin has held this lower ranking for excessive use of substances for years.

Recently, several major historical factors have occurred that has, and will continue to, influence our Strategic Plan implementation as we move forward. The first, The Patient Protection and Affordable Care Act (PPACA or “ACA”) implemented in January of 2014, provided expanded health insurance coverage to much of the population previously uninsured. Locally, health and human service providers prioritized ensuring a high rate of enrollments into various health plans, including enrollment of those eligible for Medi-Cal ~ the majority of who are individuals accessing the publicly funded substance use services in Marin. Marin County contracted substance use service providers admitted more than double the number of individuals with Medi-Cal insurance during the ACA’s first year of implementation. This allows Marin’s substance use services system to expand its capacity by increasing the amount of federal revenue accessed to purchase services for newly insured individuals.

The second is the 2011 Public Safety Re-Alignment Act which, thanks to an outstanding partnership with the Marin County Probation Department, has contributed over $3,000,000 to expand substance use, mental health and social services for high-risk probationers.

Third, is the national epidemic of Prescription Drug Abuse. Declared a national public health crisis by the Center for Disease Control (CDC) in 2012, Marin has experienced the increasing trend of individuals abusing prescription drugs, especially opiates, many becoming addicted and leading to increased use of heroin due to its availability and easy access. Over the past several years, individuals accessing our services identify opiates as a primary drug of choice and are being referred to treatment at much younger ages. This epidemic is not only impacting our younger generation of adolescents and young adults, but is seen in all age groups and genders, notably our growing senior population. The RxSafe
Marin Initiative, formed in 2013, is a strong collaborative of community members and experts are collaborating “to reduce harm from prescription drug misuse and abuse and save lives.”

Finally, and the most monumental shift in the availability and quality of substance use services in California, is the approval of the Drug Medi-Cal-Organized Delivery System (DMC-ODS) 1115 Waiver submitted by the State Department of Health Care Services (DHCS) and approved by the Center for Medicare and Medicaid Services (CMS) on August 13, 2015. This 5-year California “pilot” project enables those counties who choose to “opt in” to demonstrate how organized substance use disorder care increases successful outcomes for Drug/Medi-Cal beneficiaries while decreasing other system health care costs. In preparation for submission of the Marin County DMC-ODS Implementation Plan to the State Department of Health Care Services and the Federal Center for Disease Control for approval, Marin county has been working with a variety of community partners and service providers and has submitted seven DMC applications for certification of residential, withdrawal management (detox) intensive outpatient and outpatient treatment services.

The priority areas and goals identified in this Plan 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. 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. To realize this vision, we are developing implementation and evaluation plans, and activities that commenced in the Fall of 2015.

Thank you to all who have continued to be such amazing partners in our efforts, successes and challenges in addressing substance use related issues in our community. To new community members and partners, please join us in our journey to continue to develop and implement comprehensive, quality prevention, intervention, treatment, and recovery services.

Sincerely,

DJ Pierce, OTR/L, MPA
Alcohol and Drug Administrator
Marin County Division of Mental Health and Substance Use Services
INTRODUCTION AND BACKGROUND

The Division of Mental Health and Substance Use Services (MHSUS) 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 Division of MHSUS allocates funding to community-based agencies to provide an array of prevention, early intervention and treatment services for substance use disorders.

Building on the lessons learned and the successes from the Continuum of Alcohol, Tobacco and Other Drug Strategic Plan (2010-2015), the MHSUS and Community Health Policy and Prevention (CHPP) divisions partnered with more than 100 county staff and community partners in designing the current strategic plan. As a result of data gathering, analysis and community engagement, the following three priority areas needing action were identified.

Priority Areas

Priority Area 1: Impact Norms and Perceptions

Create a culture in Marin County where substance misuse and abuse across all ages is no longer the norm, and substance use disorders are viewed as a health condition rather than a behavioral problem.

Priority Area 2: Improve System Capacity and Infrastructure

Ensure that individuals, organizations and communities within the system of care have the capacity and infrastructure to implement evidence-based services and strategies to effectively prevent, reduce and treat issues related to alcohol, tobacco and other drug misuse and abuse.

Priority Area 3: Implement a Continuum of Effective Alcohol, Tobacco and Other Drug Strategies and Services

Implement a continuum of culturally responsive evidence-based alcohol, tobacco and other drug prevention, intervention, treatment and recovery support services and strategies.

Marin County Profile

Marin County, located just north of San Francisco, is a mid-sized county spanning 520 square miles of land with a total population of 260,750 residents. The population is 51% female and 72% White; however, similar to other areas of California, the Latino population (16% of the total population) is the fastest growing demographic in Marin (43% increase since 2000). Neighborhoods like Marin City and San Rafael/Canal have a higher concentration of families of color. Spanish is the only threshold language in Marin County, although most county documents are also available in Vietnamese.

The majority of residents live in the eastern region of the county, along the Highway 101 corridor. Ranching and dairying are major features of the rural areas of West Marin. Industry in the county
includes movie and video production, computer software, communications equipment, printing and the manufacturing of ceramics, candles and cheese.

The Population Health Institute continues to rank Marin as the healthiest county in California. This includes indicators for mortality, health behaviors, and social and economic factors. While that is a great strength to build on, not all communities within Marin enjoy the same level of health – physically, socially, economically, or psychologically. According to the same ranking system, Marin County ranks in the bottom 50% with regard to adult excessive drinking and accidental overdoses.

Alignment with Local Initiatives

The strategic priorities outlined in the plan are in clear alignment with the mission and goals of the Department of Health and Human Services (HHS), as well with department and countywide initiatives.

HHS Mission: The mission of the Marin County Department of Health and Human Services is to promote and protect the health, well-being, self-sufficiency and safety of all people in Marin County.

HHS Goals: The goals of the Marin County Department of Health and Human Services are to:

1. Ensure the provision of essential and mandated services and benefit programs
2. Prevent injury, mental and physical illness and chronic conditions
3. Improve the recovery, health, well-being, self-sufficiency and safety of Marin residents
4. Strengthen methods, practices and systems to ensure efficient and effective delivery of quality services and strategic plan implementation
5. Increase awareness of and access to county and community services and supports

Overview of Strategic Planning Process

Strategic Plan Approach

Alcohol, tobacco and other drug use, abuse and addiction range in intensity from experimentation to severe and life-threatening chronic medical conditions. Therefore, alcohol, tobacco and other drug-related problems can be most effectively prevented, treated and/or managed through providing a continuum of prevention, treatment and recovery support services. Building on the lessons learned and the successes from the Continuum of Alcohol, Tobacco and Other Drug Strategic Plan (2010-2015), the Divisions of Mental Health and Substance Use Services (MHSUS) and Community Health Policy and Prevention (CHPP) partnered to engage more than 100 county staff and community partners in designing the current strategic plan.

Strategic Plan Guiding Principles

The Divisions of MHSUS and CHPP adopted the following principles to guide the development and design of the strategic plan.

- Ensuring the full continuum of services, from prevention and early intervention through treatment and recovery, creates environments that reduce the adverse social, health and economic consequences associated with the use and abuse of alcohol, tobacco and other drugs.
• Addiction is a preventable and treatable brain disease that is influenced by environmental and biological factors.
• Best practices are community-defined, evidence-based, gender, ethnically, socially and culturally responsive and relevant.
• Substance use problems are complex and require complex, comprehensive and collaborative solutions.
• Incorporating collective impact principles will maximize resources and ensure broader community involvement.
• Utilize community need assessments, up-to-date research and evidence-based information to guide, develop and deliver services.
• Prevention and early intervention saves lives and reduces future demand for treatment services.
• Individual choices regarding use and abuse of alcohol, tobacco and other drugs are shaped by social and cultural norms.
• Effective prevention reduces community risk factors and promotes community protective factors.
• 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 type, 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 improve other health and social-related outcomes.
• 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.
• Relapse can be an integral part of the disease process and is an opportunity for the provision of additional or alternative supportive services.

Strategic Plan Participation

The Divisions of MHSUS and CHPP outreached to a variety of stakeholders including representatives from prevention, treatment and recovery service providers, Public Health, Social Services and Aging and Adult Services, criminal justice partners, County Advisory Board members, school personnel, law enforcement, county and community policymakers, community prevention coalitions and other interested community members and stakeholders. Stakeholders were invited to participate in affinity groups, 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 participate online.

Strategic Plan Process

To launch the strategic planning process, community stakeholders and key partners participated in a planning meeting to learn about the strategic plan approach, review data from a community needs
assessment, and identify priority areas for Marin County. Attendees reviewed qualitative and quantitative data sources on the consumption patterns, contributing factors, consequences, and system capacity to prevent and treat alcohol, tobacco and other drug problems. Stakeholders worked in affinity groups to identify a series of strategic directions and priorities for consideration for the Substance Use Services Strategic Plan Update (FY 2015/16 – 2019/20). MHSUS and CHPP staff then organized recommended priorities and strategic goals based on the community meeting, focus group data from community partners and contracted providers, key informant interview findings, and evaluation outcomes.

A second community meeting was held to share draft priorities and strategic directions, and to engage partners in identifying and prioritizing strategies for each priority area. MHSUS and CHPP staff then organized the priority areas and strategies into a draft strategic plan. The draft plan was shared with external partners for feedback and was unveiled at a third community meeting where partners were invited to share recommendations for strengthening the plan. These recommendations were incorporated into the final plan based on five criteria: 1. Consistent with strategic plan priority areas; 2. Effective or can be proven effective with data; 3. Relevant to the community or population being served; 4. Feasible in terms of costs, capacity and readiness to implement; and 5. Sustainable in the future.

Strategic Planning Framework

The Divisions of MHSUS and CHPP utilized the Substance Abuse and Mental Health Services Administration’s Strategic Planning Framework to organize the final Strategic Plan.

The SPF is the roadmap to aid Counties in:

- determining the community needs and capacity to address those needs
- developing a plan to address those needs with measurable goals and objectives
- implementing the plan with fidelity, and
- evaluating outcomes and making adjustments as needed

The Strategic Plan provides a guide for the decision-making process for MHSUS and will be used to guide allocation of Marin’s future funding through Request for Proposals (RFP) and other bidding processes.

The plan must be approved and authorized by the California Department of Health Care Services Substance Use Disorder Prevention, Treatment and Recovery Services Division.

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 programs and activities.
- **Evaluation**: Monitor, evaluate, sustain and improve or replace those that are not successful.
Overview of Step One in the Strategic Planning Framework

ASSESSMENT
OVERVIEW OF THE ASSESSMENT PROCESS

Collecting and Analyzing Data

The first step in the strategic planning process was to assess evaluation results of the 2010-2015 Strategic Plan, and conduct a community needs assessment in order to systematically identify and address local alcohol, tobacco and other drug issues. The purpose of the assessment process was to:

- Identify and analyze environmental, social and individual factors that contribute to alcohol, tobacco and other drug problems in Marin County;
- Identify underlying factors that contribute to the problems;
- Establish consensus about alcohol, tobacco and other drug problems in Marin County;
- Increase the likelihood that the strategic and implementation plans will include approaches, policies and practices that will reduce the identified problems; and
- Establish baseline information to track progress. (Source: Assessment Primer, CADCA’s National Coalition Institute, 2010).

The needs assessment consisted of systematic review of local data including, but not limited to:

- The California Healthy Kids Survey (CHKS)
- The California Health Interview Survey (CHIS)
- The Marin County Parent Norms Survey
- The Behavioral Risk Factor Surveillance System (BRFSS)
- Local county-funded treatment and detox data (CalOMS)
- Data from local emergency rooms
- Local arrest data
- Three focus groups with local prevention and treatment professionals
- Key informant interviews with eight community leaders and service providers

The first of three community meetings to inform the Substance Use Services Strategic Plan was held in December 2014. The purpose of this first meeting was to engage stakeholders from diverse sectors in reviewing data from the needs assessment in order to identify priority areas for Marin County. More than 50 stakeholders representing law enforcement, schools, treatment providers, community prevention coalitions, community-based organizations, residents and other stakeholder groups participated. Attendees reviewed qualitative and quantitative data sources on the consumption patterns, contributing factors, consequences, and system capacity related to alcohol, tobacco and other drugs. Stakeholders worked in affinity groups to identify a series of strategic directions and priorities for consideration for the Substance Use Services Strategic Plan Update (2015 – 2020).

Below is a summary of the key indicator topics that were shared and reviewed during the assessment phase of the process. The full data packet and assessment tools can be found in www.MarinHHS.org/Strategic-Planning-2010-2015.

Consumption: Prevalence of adult alcohol, tobacco and other drug use; Prevalence of youth alcohol, tobacco and other drug use. Examples of data shared:

- According to the Behavioral Risk Factor Surveillance System (2006-2012), 22% of adults report binge or heavy drinking in the last year; the state average is 17%
According to CHKS, by 11th grade, 65% of youth have consumed alcohol. Almost 50% have consumed 4 or more times.

**Contributing Factors:** Access and Availability; Norms and Perceptions; Perceptions of Harm; Risk and Protective Factors. Examples of data shared:
- According to CHKS, almost half (48%) of 11th graders know that binge drinking is very risky; only 29% report that using marijuana 1-2 times per week is risky.
- Self-report CHKS data also indicates high rates of sadness and hopelessness among 11th grade students (32%) and non-traditional students (40%).

**Consequences:** Substance use-related hospital cases; Emergency room cases; Substance use-related deaths; Traffic fatalities; Problems related to substance use among high school students. Example data shared:
- Between 2010 and 2013, 5,456 hospitalizations and 8,194 emergency room visits involving alcohol and drug use were reported in Marin County.
- Close to 1,000 unique clients received treatment for substance use disorders in Marin County during the 2013/2014 fiscal year.

**Capacity:** Publicly-funded treatment system; Available prevention and early intervention. Example data shared:
- Adult Residential Treatment (1 provider); Adult Outpatient Treatment (2 providers); Adolescent Outpatient Treatment (2 providers)

In reviewing the data, affinity groups were asked the following guiding questions:
1. Why is the data important?
2. What is the data telling us?
3. What key priority areas should the strategic plan update consider?

**Developing Marin-Specific Problem Statements**

Both archival data and data generated from surveys, interviews and focus groups relevant to conditions associated with alcohol, tobacco and other drug use within the county were assembled, analyzed and summarized. In reviewing the data, criteria used to establish the problem statements were: Is the need substantiated in reliable/valid data; What is the immediacy of the concern; Is the issue specific and measurable; Is the issue solvable; Would addressing the issue result in real improvement; Is the issue widely and deeply felt; Is the issue non-divisive and consistent with the group’s values; Would the issue resonate strongly with stakeholders and the public.

After developing and prioritizing problem statements, the affinity groups made recommendations to the Substance Use Services team. In reviewing the problem statements, the Substance Use Services team: Identified commonalities among affinity group recommendations, merged problem statements, and
made revisions as appropriate; Assessed if anything significant was excluded from the problem statements; Identified the overarching themes, referred to as the Priority Areas; Re-categorized the problem statements under the Priority Areas; Established strategic priorities based on the problem statements.

OUTCOMES FROM THE ASSESSMENT PHASE

The following represents the priorities, strategic goals and problem statements identified at the December 2015 community meeting, as well as input gathered from evaluation data and from other staff and community stakeholders through focus groups and key informant interviews.

Priority Areas:

Priority Area 1: Impact Norms and Perceptions

Create a culture in Marin County where substance misuse and abuse across all ages is no longer the norm, and substance use disorders are viewed as a health condition rather than a behavioral problem.

Priority Area 2: Improve System Capacity and Infrastructure

Ensure that individuals, organizations and communities within the system of care have the capacity and infrastructure to implement evidence-based services and strategies to effectively prevent, reduce and treat issues related to alcohol, tobacco and other drug misuse and abuse.

Priority Area 3: Implement a Continuum of Effective Alcohol, Tobacco and Other Drug Strategies and Services

Implement a continuum of culturally responsive evidence-based alcohol, tobacco and other drug prevention, intervention, treatment and recovery support services and strategies.

Problem Statements and Strategic Goals:

After conducting the needs assessment, the strategic planning subcommittee developed the following problem statements to articulate the key issues facing Marin.

Priority Area 1: Impact Norms and Perceptions

Problem Statements:

1. Alcohol, e-cigarettes and other drug misuse and abuse, including marijuana and prescription drugs, appear to be perceived as normal behavior across all age groups.
   - Self-report CHKS (2013-14) data indicates that Marin youth drink too early, too often and too much. Close to 40% of 9th graders report that they had their first drink by the time they were 14 years old. Almost 19% of 11th graders have used alcohol three or more times in the last month, and 30% have binged at least once in the same time period. Rates are also high for marijuana and prescription drug use (see link to data packet above). More than half of
the parents of high school students surveyed by HHS believe that their child’s friends have consumed alcohol in the last month.

- More than one in five (22%) adults report excessive drinking in the last month (BRFSS) which is higher than the California state average (17%).
- Marin adults 65+ are also drinking at high rates. According to CHIS (2011-12), 12% of adults over the age of 65 reported binge drinking in the past year.
- In FY 2011/12 and FY 2012/13, data from Marin treatment centers showed that percentages of adult males 21-24 years of age reporting opiate use almost doubled, and now represent half of all treatment admissions. For adults 45-64 years of age, reported opiate use has almost quadrupled. (Marin Web Infrastructure for Treatment Services or WITS)

2. Alcohol and marijuana are reported to be easily accessible and readily available, and they are more accessible in social settings.
   - According to CHKS (2013-14), almost 80% of 11th graders in Marin County report that alcohol and marijuana are easy to access, and many report accessing alcohol and drugs at parties (23%) or at a friend’s house (17%).

3. There is limited recognition and acknowledgement among many parents, families, school personnel and other caregivers of the scope of and consequences related to substance abuse among youth.
   - More than 85% of the parents and caregivers surveyed by HHS do not believe that their high school student consumed alcohol in the last month. However, according to self-report CHKS data, more than 40% of 11th graders and 20% of 9th graders reported drinking alcohol in the last month.
   - Data from key informant interviews and focus groups with stakeholders and county staff reveal that several Marin school districts downplay alcohol and other drug use among students in the school setting.

   The school districts are beginning to see the importance [of addressing substance use], but it varies by district. They tend to work on the obvious issues such as bullying, but do not appear fully committed to addressing the drug and alcohol issues. –Key Informant Interview

   One thing we are concerned with is that there are not enough consequences in school for drug and alcohol related issues. The perception is that schools often do nothing and kids get away with things they shouldn’t. Kids don’t see the negative aspects of using. They only experience the positive side of use [getting high]. There is no disincentive. –Focus Group

4. While national, state and local efforts—including the Affordable Care Act, Parity Legislation, Public Safety Realignment, and Proposition 47—have been made to decriminalize substance use disorders, stigma continues to persist at the system, community and individual levels.
   - Data from key informant interviews and focus groups with stakeholders and county staff reveal that individuals often do not seek treatment services or openly discuss substance use issues due to the stigma associated with substance use disorders, including some cultural perspectives that view substance use and mental health issues as individual deficits.
Some families see substance use and mental health as a personal deficit, whereas others see it as people who are not in control anymore and need help. –Key Informant Interview

There is also a lack of discussion [about substance use and mental health disorders] among certain cultural populations. For instance, in many Latino communities, family members don’t think it is appropriate to discuss substance use issues of family members with others outside of the family because of the community perception [of substance use]. –Key Informant Interview

It has been hard to build up our program because of conflicting community perceptions of substance use. –Key Informant Interview

- Data from key informant interviews and focus groups with stakeholders and county staff reveals that the lack of capacity—in terms of staff training and organizational policies—in some primary care and mental health settings serve as indicators of the stigma associated with substance use disorders.

There are still barriers for people who are having psychiatric emergencies and using drugs – there’s still a tendency for people to assume their mental health issues are because of their drug usage. There’s not a good understanding that all psychiatric issues are not results of drug usage. –Focus Group

Stigma is a big issue for people with co-occurring mental health and substance use disorders. For mental health service providers, there have been real challenges treating people with substance use. There was a long held belief that mental health issues were the result of substance use. You treated the drug use first. –Key Informant Interview

**Strategic Goals:**

1. The Marin community will experience a shift in norms and perceptions regarding substance use across all ages.
2. The Marin community moves from a culture of stigma to a culture of understanding that substance use disorders are a health condition.

**Priority Area 2: Improve System Capacity and Infrastructure**

**Problem Statements:**

- Current provider network capacity does not meet the diverse needs of the Marin community in the following ways:

**Primary Prevention:**

- Many prevention providers enter the field with limited knowledge, understanding and training in effective environmental prevention strategies.
In FY 2014/15, there are no systematic onboarding or training requirements for prevention professionals.

**Intervention and Treatment:**

- There is insufficient client choice for treatment services:
  - In FY 2014/15, there are a limited number of contractors providing substance use services: Adult Residential Treatment (1 provider); Adult Outpatient Treatment (2 providers); Adolescent Outpatient Treatment (2 providers). (See data packet referenced above for more detailed information)

- Intervention and treatment services are largely located in the city of San Rafael:
  - In FY 2014/15, with the exception of Thinking for a Change groups (AB 109 only) in Novato and Marin City, all contracted substance use treatment services are located in San Rafael.

- There are limited intervention and treatment services for adolescents and older adults:
  - In FY 2014/15, there are only two programs serving adolescents, most of which are geared toward probation-referred young people. There are currently no intervention or treatment programs specifically designed to engage and serve older adults.

- Current approaches to intervention and treatment are pre-determined rather than client-centered.
  - In FY 2014/15, treatment approaches consisted of 90 day residential stays or 6 month intensive outpatient treatment followed by 1-3 months of outpatient treatment.

- Many intervention, treatment and recovery support services do not have the capacity and infrastructure to provide or coordinate services for individuals with mental health, physical health and/or other related issues.
  - In FY 2013/14, the prevalence of co-occurring mental health and substance use disorders among clients admitted to treatment ranged from 38% - 52%, depending on the modality of service (Source: Information Technology Web Services)

- There are too few agencies certified to provide Drug/Medi-Cal reimbursable services; There is a need to increase contractor and county capacity and infrastructure to provide, document, claim for and effectively monitor implementation of Drug/Medi-Cal services.
  - There is only one agency Drug/Medi-Cal-certified to provide narcotic treatment services, and only one agency Drug/Medi-Cal-certified to provide outpatient treatment services. The delay in processing applications is a statewide issue; one Marin agency submitted an application to the State Department of Health Care Services (DHCS) in January 2014 and it has not yet been reviewed.

- Service providers are not effectively attracting individuals or families to early intervention or treatment.
  - There are limited formalized engagement approaches and services (1 adult provider)
  - In FY 2014/15, less than 3% of screenings and/or assessments with the Recovery Connections Center were generated from self-referrals. Most referrals continue to be from criminal justice and social services partners.
  - There is limited public awareness of initiatives aimed at identifying and effectively addressing problematic use of alcohol and other drugs.
There are many local collaborative and grassroots organizations addressing underage alcohol and drug use in Marin County. However, focus group and interview data indicates a need for increased capacity to recruit, train and maintain staff and community volunteers representing diverse sectors.

The challenge within the coalition is the turnover of the volunteers; getting more volunteers so we can get the work done. This required outreach. Getting parents involved was actually easy. They are stakeholders, and have an interest in being involved. The challenge is building more organizational capacity and delegation. –Focus Group

[One challenge] is finding ways to engage community members and keep them working with us, and preventing volunteer burnout. There are some new programs to address this. Making sure community volunteers are actually doing things out in the community. –Key Informant Interview

We have [volunteers] who have multiple leadership roles. [Our strategy] is trying to get people to take on leadership roles to both identify new leaders and build capacity. This is how we keep [volunteers] engaged. -Key Informant Interview

Strategic Goals:

1. There will be an organized intervention, treatment and recovery service delivery system that meets the diverse needs of the population.
2. Providers and community partners will possess the core competencies needed to effectively prevent, intervene and treat alcohol, tobacco and other drug misuse and abuse.

Priority Area 3: Implement a Continuum of Effective Alcohol, Tobacco and Other Drug Strategies and Services

Problem Statements:

1. While much success has been achieved by integrating and coordinating substance use and mental health services, there is still substantial unmet need for services that effectively address co-occurring substance use and mental health issues among youth, adults and older adults.

2. There is a lack of fidelity to and systematic evaluation of evidence-based and/or community-defined best practices that effectively address the complex and diverse needs and characteristics of the service population.

- Inconsistencies exist among prevention providers regarding effective use of evaluation findings. All providers utilize the CALOMS Prevention reporting tool and include evaluation plans with their scope of work; however, only two are working with external evaluators or are engaging in systematic evaluations.
- Current prevention strategies are generally focused on awareness-raising and information-sharing, with limited focus on environmental prevention strategies.
- Review of treatment program designs indicates lack of fidelity to the evidence-based programs and lack of agency level staff trained in or dedicated to evaluation.
3. Successes in alcohol, tobacco and other drug prevention, intervention, treatment and recovery have been isolated to specific communities and populations, rather than across the county as a whole.
   - While data indicates a reduction in alcohol and marijuana use among youth, students who attend non-traditional high schools continue to use at higher rates than their traditional counterparts.
   - According to CHKS (2013-14), approximately 30% of 11th graders reported binge drinking in the last month and almost 40% of youth attending a non-traditional high school reported binge drinking during the same time period.
   - Students attending a non-traditional school are also using marijuana much more often than their traditional counterparts. According to CHKS, about 20% of 11th graders and almost 40% of students attending a non-traditional high school reported using marijuana in the last month.
   - Early intervention programs are missing. There aren’t a lot of programs that talk to kids at schools about substance abuse prevention and treatment. – Focus Group

**Strategic Goals:**

1. All services and strategies will be integrated, multi-pronged and supported by evidence-based/community-defined best practices in order to effectively prevent, intervene and treat alcohol, tobacco and other drug misuse and abuse.
2. All services and strategies will regularly use evaluation to assess effectiveness and to inform continuous quality improvement efforts.
Overview of Step Two in the Strategic Planning Framework

CAPACITY
**Overview of Capacity**

As a result of the 2010-2015 Continuum of Alcohol, Tobacco and Other Drug Services Strategic Plan, Marin County Health and Human Services stands prepared to foster a safe and healthy Marin. In the past five years Marin has increased the number and capacity of local partners interested in addressing problems related to substance misuse and abuse. In addition to the many collaborative efforts in the community, the Department of Health and Human Services has prioritized and improved collaboration, communication and coordination across Marin HHS divisions, public agencies and community-based partners through various initiatives and programs.

The following represents capacity or resources that currently contribute to the successful initiatives in Marin County aimed at preventing, intervening and treating substance misuse and abuse:

**Continuum of Services**

- Marin County currently has six local community coalitions and one countywide coalition implementing evidence-based and community-driven environmental strategies to prevent underage alcohol and drug use. Each coalition has active representation from a variety of sectors, including, but not limited to: youth and adult residents, educators, community-based organizations, school officials, elected officials, law-enforcement, faith-based organizations, prevention and treatment professionals, mental health practitioners and many others. The coalition coordinators meet monthly with the county Prevention Coordinator to share lessons learned, identify capacity needs, and collaborate on shared goals.

- There are six active Friday Night Live chapters and one Countywide Youth Commission engaged in addressing environmental factors that contribute to underage substance use. Chapters are engaged in social norms change among youth and adults, educating parents about the issues of substance use in Marin County, collecting new data about substance use in Marin, partnering with the Board of Supervisors and other elected officials to inform decisions that matter to them, and many other projects.

- Marin County has many reliable local data sources that are used to inform prevention, intervention and treatment strategies. Each school district participates in the California Healthy Kids Survey, the epidemiologists work closely with the Prevention Coordinator to ensure relevant data is being collected and utilized, and each prevention provider is trained on data collection, interpretation and utilization. In addition, Marin County requires all providers to submit data to the state through the CalOMS prevention and CalOMS treatment databases. MHSUS and Treatment providers use CalOMS treatment data for continuous quality improvement activities.

- In 2010 the Division of Alcohol, Drug and Tobacco Programs (now Mental Health and Substance Use Services), launched its five-year, client and community-centered, integrated strategic plan. The plan created integrated goals with activities that spanned across prevention, intervention, and treatment and recovery support services, allowing the community and client’s needs to be paramount.
• In 2013 Marin County’s Division of Mental Health, and Division of Alcohol, Drug and Tobacco Programs combined to become the Division of Mental Health and Substance Use Services (MHSUS). This increased the division’s capacity to provide co-occurring services such as the Alliance in Recovery (AIR) Program, an engagement program for clients with co-occurring disorders who have been unable to engage successfully in traditional treatment opportunities, and the Promotores program, a prevention and early intervention program where culturally appropriate community members (most often women) are trained as health advocates who identify, support, and engage those receiving intervention and support services who are at risk for mental health or substance use problems.

• In the first year of implementing the Affordable Care Act (ACA), there has been a 119% increase in clients reporting being Medi-Cal beneficiaries at admission to substance use treatment and detoxification services. More specifically, in the 12 months prior to ACA implementation, there were 394 admissions of clients reporting being Medi-Cal beneficiaries. In the first 12 months of ACA implementation, there were 861 admissions of clients reporting being Medi-Cal beneficiaries.

• In FY 14/15 MHSUS increased the number of agencies providing Drug Medi-Cal (D/MC) Services. As a Phase One D/MC Waiver County, Marin is preparing to continue expanding its network through its organized delivery system.

• In 2011, as a component of the Public Safety Realignment Act, Marin County HHS partnered with Marin County Probation to create a substantive continuum of substance use services for justice clients, including job training, transitional housing, in-custody treatment, community-based and in-custody Thinking for a Change, recovery coaches, detoxification, and residential and outpatient treatment programs. This represents over $1,000,000 annually in additional substance use services for high-risk probationers.

• As a result of the 2010 Strategic Plan, MHSUS added Recovery Coaches as a recovery support service for justice-involved clients. Recovery Coaches help individuals gain access to needed resources, services, or supports that will help them achieve recovery from their substance-use disorder and other co-occurring issues.

• In addition, Marin County now has the Marin Recovery Project (MRP), an independent group of people in recovery, and allies who work to improve the environment for people in recovery. As examples of its role, the MRP created voluntary standards for Sober Living Houses, provides scholarships for housing and other necessities to assist people in early recovery, participates in RxSafe Marin, and sponsors and produces an annual “IT Happens” event to highlight and celebrate recovery.

Cross System Collaboration

• The County of Marin together with grassroots organizations launched RxSafe Marin in 2013. RxSafe Marin is a collaborative partnership of more than 100 members representing the continuum of care, working together to prevent prescription drug misuse and abuse. Marin County Health and Human Services is providing backbone support to this collective impact project.
• The Department of Health and Human Services coordinates the Marin County Prevention Hub, a cross-divisional group that leverages capacity-building opportunities on effective prevention strategies, initiates policy change, media advocacy and local community action, fosters collaborative learning and alignment of prevention efforts, and generates innovative project ideas and initiatives. In a recent focus group, prevention providers reported that the resources provided through the Prevention Hub were a primary factor in building the capacity of coalitions and their partners. The Prevention Hub provides a vehicle for cross-pollination of ideas and programs. For example, substance use prevention is seamlessly partnering with nutrition to implement healthy retail campaigns.

• In 2013 the Department of Health and Human Services, Marin General Hospital, and Kaiser Permanente collaborated to provide funding to expand bed capacity (+4 beds) for detoxification services at The Vine, a program of Buckelew. The additional capacity (with a priority for those individuals identified as “chronic inebriate”, and referrals from Marin’s emergency rooms) has provided services for an additional 250 admissions annually.

• In the past five years Marin County’s Substance Use Services have increased their collaborations with physical health providers in a variety of ways. For example, in the summer of 2013, Center Point (an outpatient and residential treatment provider) opened its satellite healthcare clinic in collaboration with Marin City Health & Wellness Clinic. The clinic provides preventive and primary healthcare, physical examinations, infectious disease screening, risk assessments and medical case management.

Workforce Development/ Staff development

• The County of Marin’s AOD Prevention Coordinator has been working successfully in primary prevention for more than eight years, and regularly leverages capacity-building opportunities for internal staff, providers and partners through CARS, DHCS, and contracted media and evaluation consultants. Prevention providers receive regular training and technical assistance on effective primary prevention strategies, and effective coalition functioning through the County Coordinator and a contract with Research Evaluation and Training Partners.

• Marin County continuously strives to increase staff and community capacity with trainings in Culture Competency, Mental Health First Aid (in English and in Spanish), CLAS standards, Drug Medi-Cal standards, and the ASAM criteria. To increase cultural competency, MHSUS has hired an Ethnic Services Manager and created a Cultural Competency Advisory Board made up of staff, service providers and community members.

• MHSUS also provides continuous training to agencies on the Marin WITS data system, and on using data for program evaluation and quality improvement.

• To comply with the 2010-2015 Continuum of Alcohol, Tobacco and Other Drug Services Strategic Plan, all prevention, intervention and treatment providers were trained in and adopted evidence–based program models.

Two primary gaps in capacity emerged from the Community Assessment phase: Current intervention, treatment and recovery services are not meeting the diverse needs of the Marin County population;
Varying levels of experience and a lack of core competency standards impede effective implementation of evidence-based prevention, intervention and treatment services and strategies. Division staff, partners and providers included capacity and infrastructure as a priority area for the planning section of the strategic plan to ensure that individuals, organizations and communities within the system of care have the capacity to implement evidence-based services and strategies. Please see Logic Model Two: Improve System Capacity and Infrastructure in the following section for a detailed description of how the county and providers will address gaps in capacity and infrastructure.
Overview of Step Three in the Strategic Planning Framework

PLANNING

- Assessment
- Evaluation
- Sustainability and Cultural Competence
- Capacity
- Implementation
- Planning
OVERVIEW OF THE PLANNING PROCESS

In keeping with the participatory and community-driven approach of the strategic planning process, more than 60 key stakeholders and partners participated in a second meeting in March 2015 to review priority areas and goals and identify and prioritize key strategies. Attendees participated in one of seven affinity groups that were aligned with key themes from the assessment phase: 1) Impact Norms and Perceptions; 2) Improve System Capacity and Infrastructure; 3) Implementation of Effective Strategies and Services; 4) Strategies and Services for Youth; 5) Strategies and Services for Older Adults; 6) Addressing Disparities and Inequities in Services and Strategies; and 7) Drug/Medi-Cal Waiver.

The purpose of this phase of the planning process was to identify strategies and intended outcomes to address the problem statements, priority areas and goals articulated during the assessment phase of the process.

Prior to identifying strategies and outcomes related to addressing the problem statements, HHS staff provided criteria for selecting evidence-based strategies, such as relevance, practicality and effectiveness (refer to graphic below).

Overview of Additional Criteria in Selecting Evidence-Based Strategies

Source: Substance Abuse and Mental Health Services Administration
Members of each affinity group were provided with example strategies, templates and criteria for completing this phase of the process. Through facilitated activities and dialogues, each affinity group identified evidence-based strategies to address the strategic goals and impact the issues identified in the problem statements. The following probes were used as a guide:

- Is the strategy consistent with the strategic plan goals and priority areas?
- Is the strategy grounded in empirical data?
- Is the strategy relevant to the population/setting/problem being addressed?
- Is the strategy feasible?
- Is the strategy sustainable?

Similar to the process used in the needs assessment phase, proposed strategies were reviewed, condensed and refined by a staff of prevention and treatment professionals in an iterative process. A third community meeting was held in May 2015 to showcase the strategic plan and develop strategies for implementation.

**Outcomes from the Planning Process**

Below are three logic models outlining the evidence-based strategies that will be utilized from 2015 – 2020 to address the three priority areas: 1) Impact Norms and Perceptions; 2) Improve System Capacity and Infrastructure; and 3) Implement Effective Strategies and Services. The Logic Models are outcome-based and will guide prevention, intervention, treatment and recovery efforts system wide. The underlying assumption is that the cumulative impact of the actions and activities outlined in each of the logic models will result in sustainable reductions of substance misuse and abuse across all ages. The Theory of Change below outlines this assumption. A Theory of Change is a tool for visualizing solutions to complex social problems. It is different from the logic models in that it explains how the group of strategies and outcomes will work together to produce long-range results.

Other county and local funding is earmarked to address problems related to misuse and abuse of tobacco and prescription medications. For a more detailed description of efforts to prevent, intervene and treat problems related to these substances please visit [www.RxSafeMarin.org](http://www.RxSafeMarin.org) and [www.SmokeFreeMarin.com](http://www.SmokeFreeMarin.com).
By June 30, 2020 we will reduce substance misuse and abuse across all ages as measured by CHKS, CHIS and BRFSS.

Impact norms and perceptions

2020 Vision

By June 30, 2020 we will reduce substance misuse and abuse across all ages as measured by CHKS, CHIS and BRFSS.
**Logic Model #1: Impact Norms and Perceptions**

*Create a culture where substance misuse and abuse across all ages is no longer the norm, and substance use disorders are viewed as a health condition rather than a behavioral problem*

**Problem Statement:**
- Alcohol, e-cigarettes and other drugs are perceived to be easily accessible and normal behavior across all age groups.

**Goal #1:** By 2020, impact norms and perceptions through policy campaigns, media advocacy and community engagement.

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Measurable Objectives</th>
<th>Strategies</th>
<th>Activities and Actions</th>
<th>Outcomes</th>
<th>Measurement Tools</th>
</tr>
</thead>
</table>
| Alcohol and other drug misuse and abuse, including marijuana, e-cigarettes and prescription drugs, are perceived as normal behavior across all age groups. | By June 30, 2020 the gap between parent perceptions and reality of underage substance use will be reduce by 5% as measured by the Marin County Parent Norms Survey. | Engage community in policy campaigns to develop, adapt or implement five new or existing policies to reduce or prevent alcohol, tobacco or other drug problems. | • Partner with local Alcohol, Tobacco and Other Drug (ATOD) coalitions, prevention and treatment professionals, prescription drug task forces, elders, youth, teachers and parents in analysis of gaps in existing ATOD policy.  
• Based on gap analysis, use proven tools (e.g., Midwest Academy Strategy Chart) to implement effective and culturally appropriate policy campaigns to implement new and/or enforce existing policies.  
  o Implement culturally appropriate campaigns to promote increased enforcement, increase visibility of enforcement, and educate the Marin Community about all | Increased community support of policy initiatives to reduce or prevent ATOD problems.  
Five new or existing policies to reduce or prevent alcohol, tobacco or other drug problems.  
Reduced access and availability of alcohol and marijuana  
Increased recognition and acknowledgement of consequences across all ages  
Increased enforcement of ATOD laws  
Increase in parental | HHS log - Number of coalition members/FNL youth involved in campaigns  
CHKS, Parent Norms Survey, Law Enforcement Survey  
CHKS, Parent Norms Survey, YD Survey, media analysis  
Law Enforcement Survey  
Parent Norms Survey |
| Alcohol and marijuana are reported to be easily accessible and readily available, and they are more accessible in social settings. | By June 30, 2020 there will be a 5% reduction in the percentage of 11th grade students in Marin County. |  |  |  |  

**Page | 27**
who perceive that alcohol is easy to access as measured by CHKS.

By June 30, 2020 there will be a 5% reduction in the percentage of 11th grade students in Marin County who perceive that marijuana is easy to access as measured by CHKS.

current and future ATOD policies; for example:

- Limiting availability/access to alcohol by monitoring retailers and limiting new alcohol outlets
- Friday Night Live and youth-led campaigns to decrease social access to alcohol and increase awareness of laws and policies regarding Social Host Ordinances (SHO)
- Include prescription drugs, marijuana and other drugs in current SHO
- Campaigns for law enforcement to promote enforcement of current policies
- Mandatory Responsible Beverage Service (RBS) training for new licensees (including trainings in Spanish)
- Increase in-store policies that reduce alcohol theft
- Parent and youth-led

awareness of SHO

Increase in retail establishments receiving Responsible Beverage Service training

HHS training logs
| Policy campaign to reduce the presence of alcohol at school and youth organization events and fundraisers |
| Implement policies at community events and within organizational practices to promote healthy options and reduce problems related to ATOD use. |
| o Public events such as the Marin County Fair and farmer’s markets should promote healthy messages and behavior |
| o Mandatory Responsible Beverage Service training for events/fundraisers serving alcohol |
| Collaborate with Nutrition to partner on a countywide Healthy Retail for a Healthy Community Campaign to reduce access to unhealthy products |
| Increase in school and organizational policies and practices that reduce access to alcohol |
| Reduction in alcohol and tobacco advertising in retail establishments (increase in retailers in compliance with the Lee Law) |

HHS policy log

Healthy Retail for Healthy Community Campaign tracking logs
- There is limited recognition and acknowledgement among many parents, families, school personnel and other caregivers of the scope of and consequences related to substance abuse.

By June 30, 2020 the Marin community receives messaging about the scope of and consequences related to substance use across all age groups as measured by a 5% increase in relevant media coverage as measured by media content analysis and activity logs.

**Effectively utilize media advocacy and other community education and media strategies to change norms and perceptions.**

- Implement ongoing community-led culturally and linguistically relevant print and social media advocacy campaigns; for example:
  - Youth-developed and led social norms campaign to inform youth, adults and older adults about actual norms versus perceived norms
  - Media campaign aimed at reducing underage access to ATOD through social settings (e.g., increased visibility of SHO)
  - Media campaign about the availability and pervasiveness of alcohol, electronic smoking devices and marijuana

- Implement a campaign for older adults regarding risks of use around alcohol and prescription drugs
  - For example: Support policy and program efforts that would provide in-home education about mixing prescriptions and alcohol

- Communicate emerging trends in alcohol, tobacco and other

| Increase in earned media relevant to current and emerging ATOD trends | Media analysis, HHS campaign log |
Problem Statement:
- While national, state and local efforts—including the Affordable Care Act, Parity Legislation, Public Safety Realignment and Proposition 47—have been made to decriminalize substance use disorders, stigma continues to persist at the system, community and individual levels.

Goal #2: By 2020, the Marin community moves from a culture of stigma to a culture of understanding that substance use disorders are a health condition.

| Implement organizational policies to increase use of standardized screening and referral for assessment and treatment throughout community education, health and social service organizations | Increase the use of organizational policies, procedures and practices in identifying and referring individuals with substance use issues through:
- Training and implementation of SBIRT throughout community partners
- Expansion of treatment options including new and emerging treatment interventions such as Medication Assisted Treatment
- County and partner agency employee assistance programs | Increase in access points for substance use intervention and treatment services
| Increase in access points for substance use intervention and treatment services
| HHS Records (SU access points) | HHS Records (policy log) |
- While national, state and local efforts—including the Affordable Care Act, Parity Legislation, Public Safety Realignment and Proposition 47—have been made to decriminalize substance use disorders, stigma continues to persist at the system, community and individual levels.

| Effectively utilize media advocacy and other media strategies to reduce stigma | Increase awareness of available Substance Use Services in Marin  
Utilize media to promote positive perspectives of community members living in recovery  
Utilize media to promote positive perceptions of treatment and recovery among general community  
Identify, develop and engage individuals in recovery to promote the fact that treatment works and recovery happens | Increase in media promoting positive messages of treatment and recovery | Media analysis |

| Community engagement | Increase in individuals self-referring to treatment | Marin WITS; Access log |
Logic Model #2: Improve System Capacity and Infrastructure

*Ensure that individuals, organizations and communities within the system of care have the capacity and infrastructure to implement evidence-based services and strategies to effectively prevent, reduce and treat issues related to alcohol, tobacco and other drug misuse and abuse.*

Problem Statement:
- Current intervention, treatment and recovery services are not meeting the diverse needs of the Marin County Population.

Goal #1: By 2020, there will be an organized intervention, treatment and recovery service delivery system that meets the needs of the Marin County population.

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Measurable Objectives</th>
<th>Strategies</th>
<th>Activities and Actions</th>
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</thead>
</table>
| • There is insufficient client choice for treatment services | By June 30, 2020, there will be sufficient intervention and treatment provider network capacity to meet the needs of the Medi-Cal and uninsured population. | **Expand number and type of providers** | • Re-allocate resources and issue RFP’s for services and modalities that align with the needs of the population (e.g. older adult, youth, culturally and linguistically appropriate, co-occurring-capable, etc.)  
• Outreach to new/non-traditional providers (e.g. faith community, grassroots organizations, etc.) and provide capacity-building training and technical assistance  
• Incentivize new/enhanced providers (e.g. assistance with start-up costs, capacity-building training)  
• Evaluate the reimbursement rates and structure | • Increase in number of Drug/Medi-Cal providers  
• Increase in number of providers and modalities of service  
• Increase in number of service approaches  
• Increase in geographic distribution of services  
• Increase in culturally and linguistically appropriate services  
• Increase in co-occurring capable services |  
• HHS Records (provider log)  
• HHS Records (provider log)  
• HHS Records (provider log)  
• HHS Records (provider log and policy log); Contractor Focus Group; Client Satisfaction Surveys;  

[Table continues with columns for Measurement Tools]
<table>
<thead>
<tr>
<th>Interventions, treatment and recovery support services should have the capacity and infrastructure to provide or highly coordinate services for individuals with mental health, physical health and/or other related issues</th>
</tr>
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<tbody>
<tr>
<td>• Recognizing individual needs and varying stages of readiness, the system of care should include multiple service approaches</td>
</tr>
<tr>
<td>• All intervention, treatment and recovery support services should have the capacity and infrastructure to provide or highly coordinate services for individuals with mental health, physical health</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Integrate, coordinate and co-locate services</th>
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<tbody>
<tr>
<td>Workforce development and training</td>
</tr>
<tr>
<td>— Explore the feasibility of telehealth and mobile services</td>
</tr>
<tr>
<td>— Integrate/coordinate with Federally Qualified Health Centers (FQHC’s), Kaiser and other healthcare providers</td>
</tr>
<tr>
<td>— Integrate/coordinate substance use and mental health services/programs</td>
</tr>
<tr>
<td>— MOU’s to coordinate care</td>
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<tr>
<td>— Provide technical assistance on grant writing, completing DMC applications, documentation</td>
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<tr>
<td>— Offer scholarship assistance and/or free Continuing Education Units (CEU’s) for counselor certification</td>
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<table>
<thead>
<tr>
<th>Implement policies and procedures</th>
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<tbody>
<tr>
<td>— Implement co-occurring screening and assessment</td>
</tr>
<tr>
<td>— Implement the use of ASAM to ensure appropriate level of care and move seamlessly through the continuum</td>
</tr>
<tr>
<td>— Collaborate with criminal justice partners to adopt procedures for screening</td>
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| By June 30, 2020, systems will be in place to ensure that individuals are in the most appropriate level of care and move seamlessly through the continuum |

<table>
<thead>
<tr>
<th>Penetration rates</th>
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<tbody>
<tr>
<td>Penetration rates HHS records (provider log); WITS</td>
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<tr>
<td>Medi-Cal penetration rates</td>
</tr>
</tbody>
</table>

| By June 30, 2020, systems will be in place to ensure that individuals are in the most appropriate level of care and move seamlessly through the continuum |
| Implement co-occurring screening and assessment |
| Implement the use of ASAM to ensure appropriate level of care and move seamlessly through the continuum |
| Collaborate with criminal justice partners to adopt procedures for screening |

| Implementation of and compliance with standardized policies and procedures across the system of care |
| Quality Improvement Plan that includes measures for assessing client level |

<p>| UCLA Waiver Evaluation (DMC); HHS analysis ( uninsured) |
| HHS records (QI plan; policy log) |</p>
<table>
<thead>
<tr>
<th>and/or other related issues</th>
<th>continuum of services.</th>
<th>for need and level of risk, and using motivational interviewing to encourage engagement in services rather than incarceration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There are too few agencies certified to provide Drug/Medi-Cal reimbursable services; There is a need to increase contractor and county capacity and infrastructure to provide, document, claim for and effectively monitor implementation of Drug/Medi-Cal services</td>
<td></td>
<td>• Implement policies and procedures related to communication and coordination of care</td>
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<td></td>
<td></td>
<td>• Implement policies and procedures related to client flow/re-assessment</td>
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<td></td>
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<td>• Implement policies and procedures related to identifying and assisting uninsured individuals to obtain health insurance (Medi-Cal or commercial insurance with appropriate coverages)</td>
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<tr>
<td></td>
<td></td>
<td>• Provide training and ongoing consultation on ASAM</td>
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<td></td>
<td>• Provide core competency training on mental health and substance use at the supervisor and clinician/counselor levels</td>
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<td></td>
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<td>• Provide training on confidentiality</td>
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<td></td>
<td></td>
<td>• Establish and/or participate in learning collaboratives of relevant</td>
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<tr>
<td></td>
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<td>of care and movement through the continuum</td>
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<tr>
<td></td>
<td></td>
<td>• Reductions in waitlists</td>
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<td></td>
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<td>• Timely access to services</td>
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<td>• Client satisfaction</td>
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<td></td>
<td></td>
<td>• Appropriate placement [ASAM scores vs. placement]</td>
</tr>
<tr>
<td>Workforce development and training</td>
<td></td>
<td>DATAR; WITS Access log; WITS Satisfaction surveys UCLA Waiver Evaluation (DMC); HHS analysis (uninsured)</td>
</tr>
</tbody>
</table>
## Problem Statement:
- Varying levels of experience and a lack of core competency standards impede effective implementation of evidence-based services and strategies.

## Goal #2: By 2020, providers and community partners will possess the core competencies to effectively prevent, intervene and treat alcohol, tobacco and other drug misuse and abuse.

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Measurable Objectives</th>
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<th>Activities and Actions</th>
<th>Outcomes</th>
<th>Measurement Tools</th>
</tr>
</thead>
</table>
| Many prevention providers and staff enter the field with limited experience or training in the strategic prevention framework, collaborative processes and/or environmental prevention strategies. | By June 30, 2020, standards of practice and core competencies for effectively delivering substance use prevention, intervention, treatment and recovery support services will be developed and adopted. | **Establish Standards of Practice and Core Competencies Across the Continuum** | - Adopt standards and processes for referrals and train referring parties (e.g. criminal justice partners, social services, mental health, schools, faith community, service providers)  
- Adopt standards and practices related to tailoring strategies and services (e.g. culturally and linguistically appropriate, age appropriate, etc.) | - Standards of Practice will be adopted and implemented  
- All prevention providers and staff will be trained in the Core Competency Modules on the CARS training site by October 1, 2015.  
- All new prevention providers and staff | HHS logs  
HHS Retroactive Test; HHS training log  
HHS Retroactive Test; HHS training log |
<table>
<thead>
<tr>
<th><strong>Co-occurring /complexity capability:</strong> All intervention, treatment and recovery support services should have the capacity and infrastructure to provide or highly coordinate services for individuals with mental health, physical health and/or other related issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implement Workforce Development and Training Initiatives</strong></td>
</tr>
<tr>
<td><strong>Workforce Development Planning</strong></td>
</tr>
<tr>
<td><strong>Utilize the DHCS/CARS-developed Core Competency Modules and ongoing TA to increase capacity of prevention providers and staff to effectively implement the Strategic Prevention Framework</strong></td>
</tr>
<tr>
<td><strong>Partner with existing initiatives addressing core competencies related to substance use and mental health, such as the Co-Occurring Disorders Collaborative, Mental Health Services Act (MHSA) Workforce, Education and Training (WET) efforts and schools, to develop standards of practice and competencies at the supervisor and direct service staff levels.</strong></td>
</tr>
<tr>
<td><strong>Of the new and current prevention providers and staff that participate in the Core Competency Training Series on the CARS website, 85% will demonstrate</strong></td>
</tr>
<tr>
<td><strong>By June 30, 2020 there will be an increase in the number, diversity and skills of the workforce to effectively deliver substance use</strong></td>
</tr>
<tr>
<td><strong>will be trained in the Core Competency Modules on the CARS training site within three months of being hired or entering the prevention field.</strong></td>
</tr>
<tr>
<td><strong>HHS Retroactive Test</strong></td>
</tr>
</tbody>
</table>
| Prevention, intervention, treatment and recovery support strategies and services as measured by retroactive post-tests and follow-up assessments. | CIBHS, CARS, SAMHSA, etc.  
- Identify and implement methods for ongoing and sustainable capacity development (e.g. learning communities, consultation models)  
- Utilize evaluations to identify and address gaps in capacity and infrastructure  
**Workforce Expansion**  
- Explore integrating substance use intervention and treatment competencies into the curricula of mental health training programs, such as the Marin County Mental Health Intern Program.  
- Support, promote and partner with efforts to expand the type and capacity of the substance use services workforce, such as: providing CEU’s to obtain/maintain alcohol and drug counselor certification; exploring the feasibility of offering scholarships to support obtaining counselor certification; publicizing increased knowledge and skills as measured by retroactive post-tests.  
- Increase in skills and confidence of training participants to address substance use issues  
- Increase in the number and diversity (e.g. cultural, linguistic, experience, lived experience, certification/licensure) of the workforce addressing substance use issues  
- Provider staff effectively demonstrating core competencies in service delivery  
- Provider staff implementing evidence-based practices with fidelity  
- Increase quality of services as | HHS Retroactive Test |
| Information on the path to obtaining counselor certification; facilitating efforts for mental health and substance use providers to offer on-site cross-training experiences; and considering reimbursement rates that reflect the costs associated with appropriate levels of staffing (e.g. counselors, licensed staff, physicians). | Engage individuals in recovery/peers with lived experience to participate in the design and delivery of prevention, treatment and recovery support efforts |
| Training and Technical Assistance | Provide ongoing opportunities to enhance capacity through training and technical assistance in the adopted standards of practice and specialized competencies (e.g., environmental prevention, collaborative processes/collective impact, coalition development, effective |
| | demonstrated through client satisfaction and client outcomes |
| | HHS Client Satisfaction Survey |
| policy campaigns, media advocacy, youth development, youth and adult partnerships, culturally appropriate strategies, sustainability, evaluation, identifying and addressing co-occurring disorders, stigma, motivational interviewing for clinical staff and criminal justice partners, cognitive behavioral therapy, trauma-informed treatment, ASAM criteria). |  |  |
**Logic Model #3: Implement a Continuum of Effective Alcohol, Tobacco and Other Drug (ATOD) Strategies and Services**

*Implement a continuum of culturally responsive evidence-based alcohol, tobacco and other drug prevention, intervention, treatment and recovery services and strategies.*

**Problem Statement:**
- Current alcohol, tobacco and other drug strategies and services are not adequate to meet the full spectrum of individual and community needs
- Consistent implementation of and fidelity to evidence-based/community-defined best practices varies across the continuum of services

**Goal #1:** By 2020, all services and strategies will be integrated, multi-pronged and supported by evidence-based/community-defined best practices to effectively prevent, intervene and treat alcohol, tobacco and other drug misuse and abuse.

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<tr>
<th>Contributing Factors</th>
<th>Measurable Objectives</th>
<th>Strategies</th>
<th>Activities and Actions</th>
<th>Outcomes</th>
<th>Measurement Tools</th>
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| ● Successes in alcohol, tobacco and other drug prevention, intervention, treatment and recovery have been isolated to specific communities and populations, rather than across the county as a whole.  
● There is a lack of evidence-based | By June 30, 2020, there will be an increase in the amount and quality of evidence-based and community-driven prevention, intervention, treatment and recovery services and strategies throughout Marin County as measured by scopes of work and progress reports.  
Implement culturally appropriate evidence-based, emerging and community-defined best practices, interventions and frameworks to address substance use and related issues across the continuum of care. | ● Expand the number and type of providers (refer to Priority Area 2).  
● Provide training and technical assistance on topics including cultural competency and implementation of population-specific, evidence-based/community-defined best practices.  
● County contracted prevention providers will develop and implement an action plan that follows SAMHSA’s Strategic Prevention Framework | ● Increase in the number of providers implementing evidence-based practices with fidelity  
● All providers will have a cultural competency plan.  
● All prevention providers will have a sustainability plan.  
● Increase in culturally and linguistically appropriate | HHS provider log;  
HHS site visits |
and/or community-defined best practices options for culturally relevant interventions and treatment models to effectively address the complex needs of the diverse population including youth, young adults, adults and older adults.

| Ensure compliance with policies, standards, and regulations | with fidelity.  
|------------------------------------------------------------|-------------------------------------------------------------|  
| • Establish standards of practice and core competencies related to delivering culturally appropriate evidence-based practices across the continuum (refer to Priority Area 2).  
| • Establish a Quality Management Program (integrate quality improvement and utilization management functions with Mental Health) to assure access to appropriate services, and ensure compliance related to access, quality, cost and integration and coordination of care.  
| • Provide training, technical assistance and monitoring of all county contracted prevention, intervention, treatment and recovery providers to ensure compliance with the associated federal, state and local regulations, laws, standards, policies and practices including the Strategic Prevention services  
| • All treatment programs will utilize at least two evidence-based practices with fidelity.  
| • Client satisfaction with the quality of services  
| • The county and all contracted providers will be in compliance with policies, standards and regulations.  
| • Utilization management systems will be in place to measure compliance related to access, quality, cost and integration/coordination of care.  
| Penetration rates  
| HHS log, site visits  
| Client Satisfaction Survey  
| Mid-year self-audits and site visits  
<p>| Mid-year site visits; QI plan |</p>
<table>
<thead>
<tr>
<th>Framework, SAPT block grant, and Drug/Medi-Cal standards and regulations.</th>
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<tr>
<td><strong>Service providers are in a period of transition;</strong> adapting from a primarily criminal justice referral system to a medical model that requires attracting individuals or families to early intervention or treatment.</td>
</tr>
<tr>
<td>By June 30, 2020, individuals will be identified, engaged and linked with the most appropriate level of care.</td>
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<tr>
<td><strong>Increase and enhance outreach and engagement for intervention, treatment and recovery services.</strong></td>
</tr>
<tr>
<td>• Engage and outreach through partners such as individuals in recovery and persons with lived experience, physicians, dentists, pediatricians, older adult service providers, principals, community programs and faith-based organizations.</td>
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<tr>
<td>• Implement culturally relevant campaigns to increase awareness of initiatives aimed at identifying and effectively addressing substance use across all ages.</td>
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<td>• Update resources such as the county MHSUS website and printed materials so that services are easier to access.</td>
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<tr>
<td>• Connect a Care Manager/Coordinator with all individuals engaged in the organized delivery system.</td>
</tr>
<tr>
<td>• Explore the feasibility of a Case Management Hub for clients.</td>
</tr>
<tr>
<td>Media analysis; HHS logs (outreach log; access log)</td>
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<tr>
<td>HHS records (provider log)</td>
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<tr>
<td>WITS; access log</td>
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Adopt policies and procedures for implementing co-occurring capable assessments and utilization of the American Society of Addiction Medicine (ASAM) criteria.

- Provide ongoing training, technical assistance and monitoring to ensure individuals are in the most appropriate level of care.
- All staff performing assessments are trained in ASAM criteria.
- Clients are placed in appropriate level of care.

By June 30, 2020, implement a comprehensive and sustainable organized delivery system that reflects the needs of and effectively serves the Medi-Cal and uninsured population.

Participate in the Drug/Medi-Cal Organized Delivery System Waiver.

- Pending CMS approval, opt-in to the Drug/Medi-Cal Waiver.
- Develop an organized delivery system for uninsured individuals that align with the Waiver services and standards.
- Seek and/or maintain at least two provider options for intensive outpatient, outpatient, residential, recovery-oriented housing and recovery support services (refer to Priority Area 2).
- Expand Drug/Medi-Cal – funded programs to increase federal revenues, allowing for redirection of SAPT and other revenues.

- Maintain all required waiver services.
- Increase in client choice of providers per modality of service.
- Increase in number of Drug/Medi-Cal certified sites.
- Increase in Drug/Medi-Cal and other.

- Individuals (including homeless or precariously housed) seeking services in the substance use system of care exhibit increasingly complex issues, and are oftentimes present with mental health and physical health issues.
- There is a lack evidence-based and/or community-
<table>
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<tr>
<th>defined best practices options for culturally relevant interventions and treatment models to effectively address the complex needs of the diverse population including youth, young adults, adults and older adults.</th>
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<tr>
<td>Leverage resources and partnerships.</td>
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<td>currently supporting substance use services to other promising practices and/or uncovered benefits.</td>
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<tr>
<td>Co-occurring/complexity capability: All intervention, treatment and recovery support services should have the capacity and infrastructure to provide or highly coordinate services for individuals with mental health, physical health and/or other</td>
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<tr>
<td>Implement and enhance targeted intervention and treatment approaches.</td>
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<tr>
<td>Increase in new modalities of service and service approaches</td>
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<tr>
<td>Increase in strategic partnerships</td>
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<td>HHS records (provider log)</td>
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<tr>
<td>Increase in services/strategies tailored to youth and older adults</td>
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<tr>
<td>HHS records (partnerships log)</td>
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<tr>
<td>related issues</td>
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<tr>
<td>• There are limited intervention and treatment services for adolescents and older adults; Services shall be culturally responsive and align with the demographics and characteristics of the populations being engaged</td>
</tr>
<tr>
<td>• There is insufficient client choice for treatment services</td>
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<tr>
<td>• Services are largely provided in San Rafael</td>
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**Expand Populations Served**

- **Youth:** Encourage and support schools and school districts to engage youth in the development and implementation of their substance use plan; Partner with organizations within communities where youth of color live in order to develop and implement culturally and linguistically appropriate intervention and treatment services; Explore the feasibility of and need for short-term residential/day treatment for youth in Marin.
- **Older adults:** Partner with existing agencies serving...
<table>
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<tr>
<th>Increase/enhance the availability of recovery support services.</th>
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<tr>
<td>older adults to identify and address specific needs and gaps in current services.</td>
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<tr>
<td>• Cultural, linguistic and geographic distribution of services: Partner with community-based providers to provide culturally and linguistically appropriate services and expand services in locations that align with the needs of the population (refer to Priority Area 2).</td>
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<tr>
<td>• Engage those in recovery and with lived experience to provide peer recovery support services.</td>
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<td>• Support community recovery-oriented events.</td>
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<td>• Explore partnership opportunities with peer-led groups such as the Enterprise Resource Center and Marin Recovery Project.</td>
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<tr>
<td>• Implement provider-related policies and procedures offering or providing linkage to recovery support services for all clients.</td>
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<tr>
<td>Integrate, highly coordinate and co-locate services.</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td>• Integrate mental health and substance use services access.</td>
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<tr>
<td>• Integrate substance use expertise into mental health programs, and mental health expertise into substance use programs through workforce development initiatives, consultation and co-locating experts/programs. Examples: Integrate substance use expertise into the MHSUS/Marin Community Clinics Integrated Clinic; Establish a substance use treatment program(s) for seriously mentally ill clients with co-occurring substance use disorders; Expand access to psychiatric services in substance use programs.</td>
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<tr>
<td>• Establish MOU’s and/or policies and procedures among service partners (including substance use, mental health, primary health, multidisciplinary teams and other ancillary providers) to facilitate</td>
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<tr>
<td>• Increase in number and types of recovery support services</td>
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<tr>
<td>• Decrease in relapse</td>
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| - Increase in the number, types and levels of service addressing co-occurring substance use and mental health |
| - Increase in engagement of clients with co-occurring |

<table>
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<tr>
<th>HHS records (provider log)</th>
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WITS

HHS records (provider log) WITS; Clinicians Gateway
| While community-leadership in prevention strategies has increased substantially since 2010, not all communities are experiencing | By June 30, 2020 there will be sustainable community-driven/grassroots leadership in ATOD prevention strategies as measured by participation lists and evaluation. | Increase and enhance community outreach, recruitment and engagement in prevention strategies. | Engage and collaborate with community, regional and state partners and coalitions to implement evidence-based strategies to prevent substance use misuse and abuse. | Identify and address barriers to community mobilization. | Partner with community | Increase in opportunities for meaningful community engagement in prevention activities and actions across the county of Marin. | Increase in new networks and | HHS records (outreach log); Youth Development Survey | HHS records (partnership log) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| effective and timely communication, referrals and coordination of care. | • Connect a care coordinator with all individuals in the organized delivery system. | Participate in multidisciplinary approaches related to serving clients with complex needs (e.g. re-entry, older adults, co-occurring disorders, and complex medical needs). | • Increase in the number of MOU’s/agreements to communicate and coordinate care. | • All partners are utilizing 42 CFR compliant forms and procedures. | • Improved outcomes for clients including substance use, mental health, physical health, housing, criminal justice involvement and social supports. | HHS records (partnerships og) | HHS records (policy log); site visits | WITS; Clinicians Gateway |

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Page | 50
High levels of community engagement.

Members such as youth, parents, retailers, seniors, faith-based communities, businesses, law enforcement, educators and prescribers in implementing campaigns and other strategies to reduce harm associated with substance misuse and abuse.

- Foster opportunities for community leadership through new and existing collaboratives (RxSafe Marin, FNL/CL and Community Coalitions).

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<tr>
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<th>Activities and Actions</th>
<th>Outcomes</th>
<th>Measurement Tools</th>
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</table>
| Evaluation is conducted and utilized inconsistently. | By June 30, 2020 service design and resource allocation will be data driven and based on local need. | Implement a system to continuously monitor and evaluate community resources and service population/community needs. | - Establish and utilize local data collection systems to identify trends, inform program planning, assess effectiveness, identify cultural needs, and articulate community-specific issues.  
- All county contracted prevention providers will utilize local data to identify and address community risk and/or | - Increase in quality data dissemination  
- Publicly funded prevention strategies and treatment services will include activities and services that are relevant to the community and | Data dissemination log  
Approved action plans; provider progress reports |

Goal #2: By 2020, all strategies and services regularly use evaluation to assess effectiveness and to inform continuous quality improvement efforts.
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<td><strong>protective factors (including stress and other mental health factors).</strong></td>
<td>• Annually analyze data, develop and disseminate fact sheets to demonstrate community needs, articulate client outcomes, inform program design and service delivery, and determine resource allocation.</td>
<td>• Grounded in local data.</td>
<td>Attendance at HHS Community Meeting</td>
</tr>
<tr>
<td>• Annually analyze data, develop and disseminate fact sheets to demonstrate community needs, articulate client outcomes, inform program design and service delivery, and determine resource allocation.</td>
<td>• Convene community meetings to disseminate successes and impacts, and identify any course corrections.</td>
<td>• Community is aware of successes and impacts.</td>
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<tr>
<td>• Continue and/or expand current services and strategies that have shown to be effective in impacting substance use and related problems.</td>
<td>• There is a need to increase contractor and county capacity</td>
<td>• Increase in the number of providers evaluating outcomes in accordance with their action plans</td>
<td>Provider progress reports</td>
</tr>
<tr>
<td>• Continue and/or expand current services and strategies that have shown to be effective in impacting substance use and related problems.</td>
<td>• There is a need to increase contractor and county capacity</td>
<td>• Increase in the number of providers evaluating outcomes in accordance with their action plans</td>
<td>Provider progress reports</td>
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<td>By June 30, 2020, MHSUS and contracted service providers will effectively implement evaluation strategies to monitor program effectiveness and inform continuous quality improvement efforts.</td>
<td>• Increase in the number of providers evaluating outcomes in accordance with their action plans</td>
<td>Provider progress reports</td>
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<td><strong>Develop and implement an evaluation plan, including measures and tools, to monitor program effectiveness.</strong></td>
<td>• Increase in the number of providers evaluating outcomes in accordance with their action plans</td>
<td>Provider progress reports</td>
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<tr>
<td><strong>Develop and implement an evaluation plan, including measures and tools, to monitor program effectiveness.</strong></td>
<td>• Increase in the number of providers evaluating outcomes in accordance with their action plans</td>
<td>• Increase in the collection of and reporting on program-specific outcome measures</td>
<td>Provider progress reports</td>
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<td>• Increase in the collection of and reporting on program-specific outcome measures</td>
<td>Provider progress reports</td>
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| and infrastructure to provide, document, claim for and effectively monitor implementation of Drug/Medical services. | Provide training and technical assistance. | tools for disseminating evaluation results with partners and the community  
- Quality assurance measures for the organized delivery system shall include assessing that beneficiaries have appropriate access to substance use disorder services, medical necessity has been established and the beneficiary is at the appropriate ASAM level of care, and that interventions are appropriate for the diagnosis and level of care.  
- Provide contractors evaluation training/TA on initial evaluation plans, methods of measurement, and successful utilization of evaluation results.  
- Evaluate funded programs and services to ensure they are | • Increase in the use of evaluation to measure effectiveness of strategies and services, and to make successful adaptations  
- Evaluation findings will demonstrate fidelity to evidence-based/community-defined practices and treatment models as well as the Strategic Prevention Framework.  
- Increase in the use of technical assistance by contractors.  
- HHS records (technical assistance/training log) | HHS Reporting  
Provider progress reports; site visits  
Provider progress reports; HHS analysis; site visits |
| Evaluate programs and services, and use results for continuous quality improvement. | implemented with fidelity (programmatically and fiscally), meet the changing needs of clients/communities, reach target populations, and achieve objectives.  
- Ensure evaluation findings are utilized for course correction and demonstration of successes.  
- Utilize evaluation results to identify training and TA for service providers.  
- Work with prevention providers to identify shared measures to evaluate their combined impact on the county as a whole. | Programs and services are implemented with fidelity.  
- Increase in implementation of continuous quality improvement processes | Provider progress reports; HHS analysis; site visits  
HHS analysis |
Overview of Step Four in the Strategic Planning Framework

IMPLEMENTATION
Overview of the Implementation Process

In order to successfully implement a comprehensive and integrated continuum of prevention, intervention, treatment and recovery support services, the division developed implementation plans that are aligned with the priority areas, goals and strategies outlined in the strategic plan.

Implementation of various services of the new plan may require Requests for Proposals, Letters of Interest, Letters of Intent, or other means for a community-wide competitive bidding process to identify future substance use prevention, intervention, treatment and recovery service providers. Each candidate will have the opportunity to describe the services they propose to deliver and demonstrate alignment with the overall strategic plan.

Each funded service provider, coalition or partnership is required to submit logic models, work plans, budgets and budget narratives to detail which strategies they will implement to meet each goal and objective. They are also required to submit evaluation plans, progress reports and annual objective attainment reports to demonstrate impact and identify course corrections. Division staff perform regular program and fiscal monitoring, as well as ongoing training and technical assistance.

Additionally, each funded primary prevention entity will conduct their own Strategic Prevention Framework (SPF) process for their community, and develop a logic model and work plan that aligns with the county’s SPF plan. The funded providers are responsible for carrying out the goals and objectives in their plan. A sample logic model template that each prevention provider completes to ensure alignment with the county plan is located at www.MarinHHS.org/mhsus.

In order to accomplish the prevention goals and objectives outlined in the strategic plan, the county will continue to invest in community coalitions and other community-based partnerships with funding and capacity-building opportunities. Community coalitions are comprised of members from at least 12 sectors of the community, mobilizing at the local level to influence policy decisions, and utilizing media and educational strategies to impact norms and perceptions to reduce problems related to substance use. Coalitions are an evidence-based strategy that promotes coordination and collaboration, and makes efficient use of limited resources. Funded coalitions are expected to develop, implement and evaluate environmental strategies. Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions such as systems and policies. Environmental approaches to prevention impact the entire population and thus reduce collective risk. Effective prevention requires strategies that influence various facets of community life and are designed to change individuals and the environments where they live, work and play.

The primary purpose of the SAPT prevention funds are to strengthen the capacity of coalitions and other community-based partnerships to effectively reduce and prevent substance use related problems in the community by influencing policies and organizational practices, ensuring consistent enforcement of laws and policies, reducing community risk factors and increasing community protective factors.
Overview of Step Five in the Strategic Planning Framework

EVALUATION
EVALUATION OVERVIEW

Marin County’s Health and Human Services’ Division of Mental Health and Substance Use Services (MHSUS) will conduct a comprehensive evaluation of its substance use prevention, intervention and treatment services and outcomes throughout the 2015-2020 implementation plan period. As noted above, MHSUS will lead, manage, and monitor a variety of programs across Marin County with respect to the following three implementation priority areas:

1. **Priority Area #1 – Impact Norms and Perceptions**: Create a culture where substance misuse and abuse across all ages is no longer the norm, and substance use disorders are viewed as a health condition rather than a behavioral problem.
2. **Priority Area #2 – Improve System Capacity and Infrastructure**: Ensure that individuals, organizations, and communities within the system of care have the capacity and infrastructure to implement evidence-based services and strategies to effectively prevent, reduce, and treat issues related to alcohol, tobacco, and other drug misuse and abuse.
3. **Priority Area #3 – Implement a Continuum of Effective Alcohol, Tobacco, and Other Drug (ATOD) Strategies and Services**: Implement a continuum of culturally-responsive evidence-based alcohol, tobacco, and other drug prevention, intervention, treatment, and recovery services and strategies.

EVALUATION DESIGN

MHSUS has developed a detailed implementation logic model for each of these three priority areas (See Planning Section). In each logic model, MHSUS has identified specific strategies with respective activities and actions, as well as corresponding outcomes. This evaluation plan describes the various data collection tools that will be used to obtain data to measure each of the outcomes. Through the evaluation activities outlined below, MHSUS will be able to effectively describe its activities, outcomes, impacts on the community at-large, and utilization of the information in the county’s continuous quality improvement efforts.

Each of the evaluation’s data collection activities will be conducted at various time points throughout the 2015-2020 implementation period. During the first year (FY 2015-16), MHSUS will ensure that all data collection activities occur to establish a baseline. Thereafter, depending on the tool or method, data will be collected on a one-time, semi-annual, annual, biennial, or variable basis. MHSUS determined the data collection time points for each instrument based on feasibility of administration, potential respondent fatigue, realistic timeframes in which changes can be observed or reported, and resources available for administration. Each new round of data collection will support a longitudinal analysis that examines how results are changing over the implementation period.

In addition, MHSUS planned data collection activities to coincide with natural points when contracted programs could best utilize evaluation and assessment data to inform program development and revisions processes. MHSUS firmly believes that evaluation data should support continuous quality
improvement, and has designed this evaluation to obtain program-specific data and report outcome-specific findings.

**EVALUATION PERSONNEL**

MHSUS will utilize a mixture of staffing to conduct evaluation data collection and reporting processes. MHSUS program coordinators and analysts will maintain Marin Health and Human Services’ (HHS) records across a variety of domains to record information about programs and activities, their attendance, and associated outcomes. As described above, MHSUS will hire an external evaluator to conduct evaluation activities to learn about the system’s programs and impacts, as well as analyze and synthesize all evaluation data into usable reports and presentations for MHSUS and the Marin County community at large. Lastly, MHSUS will collaborate with a team from the University of California at Los Angeles (UCLA) that is conducting a statewide evaluation of California’s imminent Drug Medi-Cal Waiver Implementation. UCLA’s evaluation activities and analyses will contribute valuable information to MHSUS about its Medi-Cal consumer population and how to improve county-administered substance use services.

During the onset of this five-year period, MHSUS staff and all external evaluators will co-develop a comprehensive evaluation plan that will delineate which evaluation components will be assumed by which entity; who will develop each data collection tool; who will conduct the data collection; which and how analyses will be performed; how findings will be shared and integrated together; and how each entity will contribute towards data reporting processes. MHSUS believes that this level of close collaboration will create a firm foundation for all evaluation activities over the five-year implementation period.

**DATA COLLECTION INSTRUMENTS & TIMELINE**

As described above, MHSUS staff and evaluators will use a variety of data collection instruments throughout the implementation period to obtain information about programmatic activities, contractors, service outcomes, and community-wide impacts. For each desired outcome noted in MHSUS’ implementation plan logic models (See Planning Section), MHSUS has identified specific data collection tools and the time points in which they will be administered over the five-year period. Please see the tables in Appendix C for a listing of the data collection instruments used to assess each desired outcome.

**DATA COLLECTION INSTRUMENTS AND METHODS**

Each data collection instrument that MHSUS utilizes will collect specific types of information about specific respondents or entities. The tables below briefly describe each of the tools and methods MHSUS will implement to collect data. For many of the data collection instruments that are not administered with specific individuals or participants, but rather serve as a repository of information, the data collection time points (semi-annual, annual, biennial, etc.) refer to the frequency in which MHSUS will pull data for this evaluation.
QUALITATIVE DATA COLLECTION

MHSUS will hire an external evaluator to conduct a variety of qualitative data collection procedures with its staff, partners, and contract providers. The external evaluator will conduct biennial focus groups with subsets of each entity to learn firsthand about their experiences in administering and/or providing substance use services across the county, the supports and resources that they are receiving, and to hear suggestions for future improvements or helpful resources. Additionally, the external evaluator will conduct interviews with key Marin HHS leadership and management officials to learn about their program administration and fiscal management experiences and key challenges.

The external evaluator will analyze the data from these focus group and key informant interview activities and will produce reports and presentations. The reports and presentations will summarize the information collected, describe emerging key themes and findings, and provide realistic recommendations for Marin HHS to improve its future programming, and contracts disbursement and administration.

CONTINUOUS QUALITY IMPROVEMENT

A major component of this evaluation is the facilitation of continuous quality improvement (CQI) processes for MHSUS’ programs and contracted services. For MHSUS’ continuous quality improvement activities, staff and evaluation personnel will facilitate PDSA (Plan-Do-Study-Act) cycles with MHSUS programmatic administrators and contractor leadership. The PDSA cycle assesses the success of smaller implemented programmatic components before organizations choose to scale-up those components. The PDSA cycle includes the following processes:

1) Developing a plan to test the change [Plan]
2) Carrying-out the test [Do]
3) Observing and learning from the consequences [Study]
4) Determining what modifications should be made to the test [Act]¹

PDSA cycles emphasize the importance of collecting data to assess the success of implementing programmatic components, then critically analyze that data to identify points for improvement and scaling-up in successive implementations of the cycle with similar or other programmatic components. To develop the initial PDSA cycles, MHSUS staff and evaluation personnel will work together to answer the following questions:

- What are the specific programmatic components we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvements?

MHSUS staff will follow up on PDSA plans via provider reports, site visits, and semi-annual site audits. When planning for a program’s CQI cycles, MHSUS staff and evaluation personnel will set realistic,

Actionable, and measurable objectives, as well as effectively bring new knowledge into the program’s practices. The programmatic processes identified for each PDSA cycle plan will be carried out over a period of six months to one year by MHSUS staff and contract providers. MHSUS staff members and contract providers will record data through observations of target practices or procedures and then report back to all evaluation personnel during conference calls and reporting activities. Evaluation personnel will provide feedback on modifications to the action plans. The expectation is that each PDSA plan will go through several cycles before specific programmatic components are more fully developed and implemented on broader scales.

See the figure below for a visual representation of this evaluation’s CQI philosophy:

**Figure 1: Continuous Quality Improvement Cycle**

![Continuous Quality Improvement Cycle Diagram](image)

Findings from MHSUS’ CQI efforts will mainly inform three phases for its future programs and contract providers:

1. **Planning Phases**: As MHSUS plans its future programming and contracts, information obtained from prior CQI processes can inform more specificity in expectations of programmatic activities and their corresponding outcomes and impacts.
2. **Resource Application Phases:** As MHSUS determines how to allocate its resources to various programs and contractors, information obtained through CQI processes can serve as foundations for what to expect from programs in return for the specific amounts of resources administered.

3. **Implementation Phases:** As MHSUS programs and contractors conduct their activities, information collected from prior CQI processes can inform the technical assistance provided by MHSUS on how to improve their program administration activities, modalities, resourcing, and/or strategies.

**Dissemination of Evaluation Findings**

MHSUS will share its evaluation findings with stakeholders through two primary modalities:

1. **Community Meetings:** On a biennial basis, MHSUS will conduct a series of community meetings that are open to Marin County community members and participating stakeholders. At these community-wide meetings, MHSUS staff and evaluators will provide updates on their programming efforts and changes in substance use treatment and prevention services by the county, as well as share findings obtained from this evaluation, and seek community input on their substance use treatment and prevention needs.

2. **Evaluation Reports:** Throughout the five-year implementation period, MHSUS and its external evaluators will compose a variety of reports documenting evaluation findings. As noted above, the assignment and timing of all evaluation reports will be determined during the collaborative evaluation planning phase commencing at the beginning of the implementation period. At a minimum, there will be an annual evaluation report disseminated to Marin County community members and relevant substance use treatment and prevention stakeholders.

As the five-year implementation period progresses, MHSUS will actively seek other opportunities to share evaluation findings with Marin County community members and key stakeholders. Transparency is a priority for MHSUS. This set of evaluation activities will assist MHSUS in obtaining important data about its processes, outcomes, and impacts, and then contribute towards providing stakeholders with accurate information.

**Future Strategic Prevention Framework Planning**

Near the conclusion of this upcoming five-year implementation period, MHSUS will develop its next implementation plan. The plan’s substance use prevention components will contribute towards MHSUS’ next Strategic Prevention Framework (SPF). The information collected over the course of this evaluation will significantly contribute towards the assessment section of the next SPF. MHSUS will compile, organize, and synthesize all evaluation data and findings over this five-year period in order to develop an accurate and comprehensive picture of Marin County’s substance use treatment and prevention services, and their respective outcomes and impacts.
MHSUS’ future priority areas will be informed by the evaluation’s findings. The information obtained from the evaluation will align with the baseline data used for the subsequent SPF’s goals, objectives, and strategies. Evaluation findings will also provide quantitative data and statistics to assess MHSUS’ progress towards assessing its consumption, consequences, and contributing factors, including the county’s risk and protective factors of consumption of alcohol, tobacco, and other drugs. As MHSUS plans for its next SPF, it will use the evaluation’s findings to make data-driven decisions.