



## Stanislaus County Advisory Board on Substance Abuse Programs

## Annual Report

Presented to the Stanislaus County  
Board of Supervisors  
**2014**

# ANNUAL REPORT TO THE BOARD OF SUPERVISORS

March, 2014

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**ANNUAL REPORT TO THE BOARD OF SUPERVISORS**  
**ADVISORY BOARD ON SUBSTANCE ABUSE PROGRAMS**

**INTRODUCTION**

The Advisory Board on Substance Abuse Programs (ABSAP) is appointed by the Board of Supervisors to provide advice and oversight to Stanislaus County Behavioral Health and Recovery Services alcohol and drug programs, maximizing community resources, assuring access and monitoring the integrity of alcohol and drug programs. The role of ABSAP may include, but is not limited to, the following:

- Advise the Board of Supervisors and the Stanislaus County Alcohol and Drug Programs Administrator on policies and goals of the County Alcohol and Drug Programs
- Educate the public to understand the nature of alcohol and drug problems by encouraging collaboration of community groups
- Encourage with support from the County to develop and implement effective alcohol and drug abuse programs
- Review the alcohol and drug program needs of the community
- Review the plans of various programs to insure quality and make recommendations to the Board of Supervisors in an annual report

ABSAP priorities include the following:

- Oversee public awareness through alcohol and drug programs
- Establish alcohol and drug programs that meet the community's needs
- Promote public awareness through providing information regarding alcohol and other drug programs through an information center
- Identify problems with access and barriers to successful treatment
- Increase board membership to reflect the community
- Promote integrated alcohol and drug services
- Education and prevention

ABSAP is comprised of a wide range of individuals representing the County's population. There are currently 12 members on the Board, comprised of consumers of alcohol and other drug treatment services, representatives of law enforcement, and other citizens interested and concerned with county substance abuse programs. Members of the Board are appointed primarily based upon Supervisorial Districts; however, in an effort to bring the Board up to full complement, out of district appointments have been made in the past. Efforts will be made in the future to eliminate out of district appointments. Board members discuss substance abuse

issues with members of the public and seek interested individuals willing to fill vacant positions, as they become available.

ABSAP members meet monthly in a public setting to bring attention to issues regarding alcohol and other drug services, and members of the Board participate in committee meetings designed to focus on more detailed components of substance abuse issues. Those committees consist of the Executive Committee, Stanislaus Recovery Center Committee, Joint Forensics Committee, Joint Veterans Committee, and the Cultural Competence Committee. The Executive Committee meets regularly with the Director of Behavioral Health and Recovery Services and other staff members to set goals and the future direction for ABSAP. ABSAP also meets regularly with the Mental Health Board to address issues around co-occurring disorders (mental health and alcohol and drug) and has mutual liaison representation at each other's meetings.

ABSAP is responsible for acting as a liaison to the Board of Supervisors and is tasked with identifying issues affecting the community as it relates to substance abuse needs for consumers and those who advocate for them. Members of ABSAP feel strongly that the needs of individuals with substance abuse problems in Stanislaus County must be given the utmost priority in terms of continued support and resources to maintain the excellent programs that currently exist within the system.

**ADVISORY BOARD ON SUBSTANCE ABUSE PROGRAMS  
MISSION STATEMENT**

The Advisory Board on Substance Abuse Programs (ABSAP) mission is to provide advice and oversight to Stanislaus County Behavioral Health and Recovery Services alcohol and drug programs, maximizing community resources, assuring access and monitoring the integrity of alcohol and drug programs and their resources.

## **ADVISORY BOARD ON SUBSTANCE ABUSE MEMBERS**

John Robin, Chair

Jeff Gullo, Vice Chair

Mary Jayne Budd

Gregg Clifton

Stephanie Gruskiewicz

Randy Heldt

Lenore A. Maurice

Charmaine Monte

Officer Eric Parsons

Kathy M. Rupe

Michael Shinkel

Officer John Wohler

**BEHAVIORAL HEALTH AND RECOVERY SERVICES  
ALCOHOL AND OTHER DRUG PROGRAMS**

**UPDATE ON PROGRAMS AND INDIVIDUALS SERVED**

**Stanislaus Recovery Center (SRC)**

Adult Residential Treatment Program – 125 individuals served

The Adult Residential Treatment Program is a social model treatment and recovery program, using a phase-based approach serving primarily clients with co-occurring Substance Use Disorders (SUD) and mental health disorders. Admission, placement and length of time in the program are determined by individual need. A voluntary program specializing in treating individuals who have relapsed and/or been resistant to other types of treatment is available.

Adult Residential Detox Program – 235 individuals served

Ten (10) beds in the Adult Residential Program are reserved for individuals needing a social model detox protocol. It should be noted that every effort is made to transition clients to a treatment program upon completion of detoxification. In fact, Behavioral Health and Recovery Services was recognized by the State Department of Alcohol and Drug Programs for having the highest percentage of successful transfers from detox to treatment of any county of our size.

Adult Day Treatment / Intensive Outpatient Program – 370 individuals served

Day treatment and intensive outpatient programs are also available at this location. Treatment can be “stepped” down or up depending on an individual’s need.

Co-Occurring Treatment Programming – 192 individuals served

Although not an actual Mental Health Services Act (Proposition 63) program, this service has been developed to meet the needs of consumers with co-occurring serious mental illnesses and substance abuse disorders who are being served in Mental Health Services Act programs. Stanislaus Recovery Center has designated 20 beds in the Adult Residential program to serve adults and older adults with co-occurring disorders. The program is fully operational. The success of this program led to an expansion of co-occurring services at the day treatment level of care. Having this “step down” to outpatient care further increases the likelihood of maintaining achievements obtained during the residential stay.

This program also attempts to serve other individuals with co-occurring disorders if there are slots available in the program. This has been extremely helpful to clients who, in many cases, have never been successful in treatment because both their mental health issues and their substance abuse issues were never treated at the same time. Since only those clients that are linked with a Full Service Partnership program are able to reliably obtain psychotropic medication, it continues to be a challenge to meet the enormous demand for these services with our limited resources.

Adult Assessments – 764 individuals assessed

Adult Aftercare – 117 individuals served

## **Perinatal Treatment Program (First Step) – 185 women served**

First Step offers perinatal day treatment for pregnant and/or parenting women and their children from birth to five years of age. Services include individual and group counseling; alcohol and drug education; parenting skills: assistance in obtaining prenatal, postpartum and other health care needs; life skills education; therapeutic childcare on site; developmental assessment of children; and coordination of mental health treatment for children.

## **Genesis Narcotic Replacement Treatment**

Genesis is an outpatient, medical model program combining counseling and methadone to treat individuals dependent on opiates. The program includes both a 21-day detoxification and a maintenance component. This program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Detox – 57 individuals served

Maintenance – 239 individuals served

## **Alcohol and Other Drug Prevention Services**

The Education and Prevention Program provides printed information on alcohol and drug issues and the Friends are Good Medicine Support Group booklet through the Stanislaus County Website. The program monitors Driving Under the Influence (DUI), Drug Diversion (PC 1000) and primary prevention programs provided by community-based programs on a contract basis. The prevention program completed a new five (5) year prevention plan with extensive community stakeholder input and excerpts of that report are included in this report.

## **StanWORKs Behavioral Health Services**

Assessment and treatment services for individuals with substance use disorders, mental health and/or domestic violence issues, which prevent them from obtaining or holding employment, are provided in this program. This program is a partnership with the Community Services Agency and is only available to individuals who are receiving Temporary Aid to Need Families benefits.

AOD Treatment – 123 individuals served

AOD Case Management – 50 individuals served

**Adult Drug Court** – 93 individuals served

Adult Drug Court provides treatment and aftercare services to individuals who are court ordered to treatment and are on probation.

**Juvenile Drug Court** – 52 youth served

Juvenile Drug Court provides substance use treatment for high-risk youth and their families. Services include assessment, case management and aftercare in partnership with Juvenile Probation. This program also provides co-occurring treatment for youth.



### **Juvenile Justice/Juvenile Hall - 339 youth served**

Substance use and mental health services are provided to youth who are on probation to reduce criminal behavior and strengthen families. Juvenile Hall services include assessment, treatment and psychiatric services. Crisis response services and on-site intensive mental health services are available. Staff are being trained to use an nationally recognized screening tool to better detect alcohol and other drug issues at intake. This will result in a more comprehensive and effective treatment of the youth referred to this program.

### **Forensics Services – 132 individuals served**

These providers provide in-custody treatment services and day reporting center treatment services, which include assessment, eight-week intensive treatment program and aftercare services. More information is included in the Forensics Section.

### **Child Welfare Adult AOD services – 456 individuals served**

In partnership with Stanislaus County Community Services Agency, this team provides assessments of individuals to determine if substance use disorder treatment is needed. They also assist with referrals for parents of children involved with Child Protective Services.

### **Center for Human (CHS) Services AOD services**

#### AOD Adolescent Outpatient Treatment – 43 youth served

Adolescent outpatient substance use treatment services, primarily group based services, with assessment and aftercare are provided by CHS.

#### Adult AOD Intensive Outpatient Program - Modesto – 245 individuals served

#### Adult AOD Intensive Outpatient Program - Patterson – 7 individuals served

#### Adult AOD Intensive Outpatient Program - Westside – 9 individuals served

The above Adult Intensive Outpatient Programs are newly developed, community-based, contractor-provided Intensive Outpatient Services that came about due to the AOD community stakeholder process described below.

## **HIGHLIGHTS**

### **AOD STAKEHOLDER PROCESS**

Stanislaus County's Behavioral Health and Recovery Services (BHRS) confronted a substantial projected shortfall in the Alcohol and Other Drug (AOD) budget for Fiscal Year (FY) 2011-12.

The Department's AOD budget consists of two kinds of funds: categorical funds and flexible funds. BHRS has no discretion over the amount or how to allocate categorical funds. The source of the funds, usually the Federal or State government, determines how much the Department will receive and what programs and/or activities the funds can support. The Department does have discretion over how it allocates flexible funds. The main sources of these funds include Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, County General funds, and various kinds of user fees.

The flexible fund portion of the AOD budget totaled over \$2.5 million for FY 2010-11. Projections for FY2011-2012 estimated that this portion of the budget would receive just over \$1.6 million, a projected shortfall of approximately \$900,000. Given the projected size of this shortfall, and the potential implications for the array of services provided by BHRS and its partners, BHRS organized an expansive stakeholder process to assess how best to address this shortfall.

Participating stakeholder groups included people in recovery, family members, community leaders, faith-based leaders, non-profit providers, private sector providers, BHRS staff members, union members, BHRS Senior Leadership Team members, senior leaders from other county agencies, representatives from the County CEO's office, representatives from the Advisory Board on Substance Abuse Programs (ABSAP) and the Mental Health Board, and others. Each stakeholder group selected delegates and alternates to represent them in this process.

Delegates met for a total of 8 sessions between November 30, 2010 and March 2, 2011. Average attendance at these sessions, including delegates, alternates, and observers, was well over 60 people. In the early stages of the process, participants worked to understand the details of the AOD budget, the reasons for the projected shortfall, the diversity of services and supports available across the county to people who struggle with substance use issues, the scope and focus of the BHRS-funded services most impacted by the budget reductions, and the available data about numbers of people served and the quality of the services provided by BHRS staff members and others.

Following these early sessions, delegates worked to develop principles to guide their deliberations. They then reviewed cost and service level scenarios for various programs, and worked through small and large group processes to develop multiple iterations of their recommendations. After several rounds of deliberations, delegates engaged in a series of conversations to understand where they had agreement and where they had divergence.

Ultimately, delegates approved, by consensus, a set of recommendations. As promising as the delegates' recommendations are, everyone who participated in this process understood the impact that the projected budget cuts would have on individuals and families who struggle with substance use issues. There would be fewer services and supports in a system that has suffered repeated budget cuts over the past several years. These cuts would mean that significant numbers of people, many in crisis, would be unlikely to get services that could help.

Still, all participants agree that the process had generated far better recommendations than would have emerged had the process not taken place. Moreover, the process revealed an array of community-based, faith-based, private sector, and other supports and services beyond those funded by BHRS. The process also made visible the commitment of BHRS staff and the many community and other partners who support people who suffer with addictions and other alcohol and drug-related issues.

The recommendations were as follows:

- 1) **Sober Living Homes:** As residential AOD treatment beds were decreased, the idea to combine Intensive Outpatient/Day Treatment services at SRC with clean and sober housing in the community, which could approximate the therapeutic experience of residential treatment, was put forward. Experience is showing that this is working effectively with many of the clients who have received treatment at SRC since 2012. Client comments are positive, people are progressing in recovery, and stakeholders and partners have reported positive results.
- 2) **Residential AOD Treatment:** For those that have received detox services from SRC or those that have tried the combination of sober living homes and intensive outpatient/detox and have still needed more intensive services, funds were set aside to fund non-county residential AOD treatment programs. About 35 individuals have been placed in residential AOD treatment services.
- 3) **Community-Based Intensive Outpatient (IOP):** Based on the AOD Stakeholder process recommendations that occurred in 2011/12, IOP services were expanded at the Center for Human Services (CHS) main office in McHenry Village. IOP groups, which included both day and evening treatment, consisted of (3) groups a week for (3) hours a day for (12) weeks for a total of (36) group sessions.

Since 7/1/2012, IOP services have been expanded by CHS and IOP groups are currently occurring at (3) additional sites. These sites are West County (Patterson), West Modesto, and East County (Oakdale) for a total of (5) IOP groups.

In F/Y 2012/13, CHS served 245 clients, CHS Patterson served 7 clients and CHS Westside served 9 clients. Oakdale was not yet implemented. CHS is continuing to explore ways in which to get information out to the community about services available at West/East county sites.

The clients that CHS has served have come from throughout Stanislaus County. A few of the communities represented are; Modesto, Ceres, Turlock, Patterson, Newman, Oakdale, Riverbank, Empire, Hughson, Waterford, Denair, Keyes and Salida.

From the beginning of the new fiscal year on 7/1/13, CHS has assessed (41) consumers referring many to other levels of care while opening others to IOP services.

- 4) **Community Liaison Staff:** A Staff Services Coordinator has been working in this position and has successfully provided the coordination of the sober living resource and the residential AOD treatment resource, has supported and monitored the community-based intensive outpatient expansion, and has started bringing the local sober living homes into a voluntary collaboration focused on quality.

- 5) **SRC Residential Detox/Stabilization:** This valuable resource has continued, albeit in a reduced capacity, and has continued to be the focal point of starting individuals on the road toward recovery. Detox services are a place where many can begin their treatment experience, often moving on to SRC day treatment and Sober living, or to a community-based intensive outpatient treatment, or to the Co-occurring residential service at SRC.
- 6) **SRC Day Treatment:** SRC has continued to provide day treatment for a number of clients in Stanislaus County, as mentioned above, often with a concurrent residence at a sober living home.
- 7) **Post-Detention Treatment Services:** The stakeholder guided decision to continue funding post-detention AOD treatment service has been remarkably successful and foresighted. As AB 109 services have been developed this key service was the beginning point enabling the expansion of the partnership with the Stanislaus County Probation Department and the Stanislaus County Sheriff's Department.

## **PREVENTION SUMMARY**

### **Substance Abuse, not an Isolated Problem**

Stanislaus County is impacted in countless ways and across all sectors by the health and social problems associated with alcohol and other drugs. Alcohol and other drug misuse pose one of the greatest risks to individual and community health and safety. Substance misuse has both short and long-term health and safety consequences, including cognitive impairment that affects driving and learning, delays to adolescent brain development and social skill development, suicide risk, unwanted sexual activity, violence, injury, family and relationship problems, academic failure, low work place productivity, acute intoxication, crime, addiction, and other outcomes, many of which are associated with significant personal and societal costs.

Given the magnitude of individual, family, community, governmental and societal costs of substance abuse, the most poignant aspect of its devastating effects is that they are **100% preventable**. However, the preventability does not make the issue simple to address. The awareness and engagement of multiple stakeholders and sectors within communities is a first step toward changing the norms and other contributing factors that influence a person's decision to misuse drugs and/or alcohol.

### **Cost of Substance Abuse Spreads Across Many Areas**

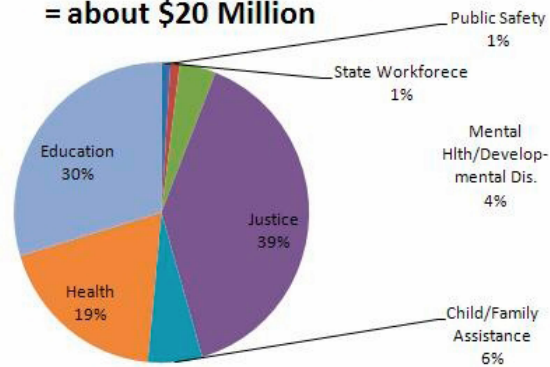
A staggering amount of federal, state, and local resources are spent addressing problems that are consequences of substance abuse, yet only a minimal fraction of all spending is invested in the prevention of the initial problem. The pie chart below depicts the disproportionate spending that takes place in dealing with substance abuse and addiction rather than investing in the prevention of the problem.<sup>1</sup>

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<sup>1</sup> The National Center on Addiction and Substance Abuse (CASA; May, 2009). Published online by Community Prevention Initiative:

<http://www.cars-rp.org/publications/Prevention%20Tactics/PT09.07.11.pdf>

**CA Budget Categories: Spending on  
Consequences of Substance Abuse  
= about \$20 Million**



**Prevention Planning Process**

In November 2012 in partnership with our community, stakeholders were invited to identify and address priority substance use issues and develop a five-year community-based and data-driven strategic plan. The stakeholders consisted of: youth, parents, faith based, law enforcement, business, education, civic, healthcare, media, and community based organizations. The process used to conduct strategic planning was based on the Strategic Prevention Framework (SPF) approach sponsored by the U.S. Substance Abuse and Mental Health Services Administration. The SPF uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels. The stakeholders were guided through the prevalence and root causes of alcohol and drug abuse, the resources available to address the problem, and the strategies that will have the greatest likelihood of effecting positive change. **The 40 – 50 stakeholders met six times over a 10 month period** to create the robust Stanislaus County Prevention Plan.

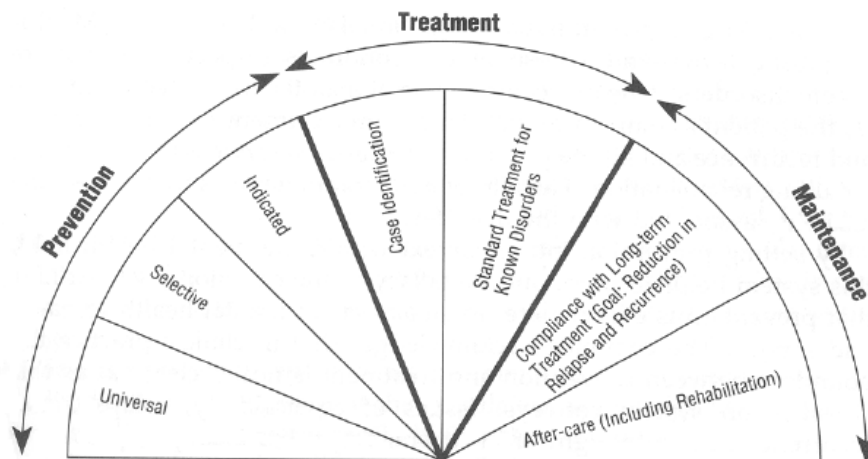
After translating community problems into actionable goals, the Stakeholders identified specific factors leading to the substance use problems. A series of root cause analyses were conducted to accomplish this. Three alcohol and other drug prevention goals were identified:

- GOAL 1:** Decrease use of alcohol among school aged youth in Stanislaus County by 2018
- GOAL 2:** Decrease use of marijuana among school aged youth in Stanislaus County by 2018.
- GOAL 3:** Decrease misuse of prescription drugs among school aged youth and 18 to 25 year olds in Stanislaus County by 2018.

**How is Prevention Funding Used in Stanislaus County?**

Stanislaus County BHRS receives \$557,134.00 in Substance Abuse Prevention and Treatment Block Grant funding per year. For substance abuse prevention to be effective, efforts must be

comprehensive and multifaceted; weaving together the resources of school, home, and community. The Institute of Medicine model divides the continuum of services into three parts: prevention, treatment, and maintenance. The prevention category is divided into three classifications--universal, selective and indicated prevention.



A **Universal prevention strategy** addresses the entire population with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. The mission of universal prevention is to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs. In Stanislaus County three strategies were selected to address the universal population, Committed, Drop the Drugs, and Developmental Assets, which account for 63% or \$351,881 of the prevention budget.

**Committed** is a program designed by John Underwood of the American Athletic Institute (AAI) and is being implemented in middle schools and high schools across the country. The program focuses on student performance and how the use of alcohol, tobacco, and drugs negatively affects that performance. Although one of the essential components of this program is the adoption of new Codes of Conduct, the real focus of the program is the education of students, parents, and the community in the area of chemical health, nutrition, sleep, training and recovery. The Committed Program is about providing support to students, coaches/advisors and parents. The campaign urges students to renew their commitment to living a life of excellence.

**Drop the Drugs** is a prescription medication and over-the-counter medication disposal program. Unwanted, unused or expired prescription medications are susceptible to diversion, misuse, abuse, and have environmental impacts. Drop the Drugs is a strategy to reduce access to prescription medications and also used as a catalyst to educate our community on the increasing problem of prescription drug abuse. The non-medical use of prescription drugs to get high ranks second only to marijuana as the most common form of drug abuse in America.<sup>2</sup> Since the programs inception in 2009, we have **collected and disposed of over 7,265 pounds**

<sup>2</sup> The Partnership for a Drug-Free America Published online by Join Together (May 16, 2006)  
<http://www.drugfree.org/join-together/drugs/1-in-5-teens-misuse>

**of medications** in Stanislaus County. The program has been made possible through the partnership between BHRS and Stanislaus Drug Enforcement Agency. BHRS, in partnership with the Sheriff, is currently working on an ordinance to place permanent drop boxes in our local law enforcement agencies.

**The Developmental Assets**<sup>®</sup>, Search Institute's framework of developmental assets, identifies 40 scientifically based experiences, relationships, opportunities, skills, and character traits that form a foundation for healthy development. Over time, studies of more than 4 million young people consistently show that the more assets that young people have, the less likely they are to engage in a wide range of high-risk behaviors and the more likely they are to thrive.<sup>3</sup> Research shows that youth with the most assets are least likely to engage patterns of high-risk behavior. This includes problem alcohol use, violence, illicit drug use, and sexual activity. When they have higher levels of assets, there is an increased likelihood to do well in school, be civically engaged, and value diversity. In partnership with Modesto City Schools and several Family Resource Centers, Developmental Asset parent groups have been formed in English and Spanish. **Over the last several months over 300 parents have completed the 6-week training and many have volunteered to become train the trainers.** Asset building offers innovative strategies for building community capacity to ensure that few young people engage in substance abuse and other high-risk behaviors, and that more young people thrive. Parents are empowered by this research and encouraged by the practical power of the assets to promote their children's success.

**Selective prevention strategies** target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment. For example, children of adult alcoholics, dropouts, or students who are failing academically may be at risk. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, and family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup. In Stanislaus County one strategy was selected to address the selective population, Party Patrol, which accounts for 11% or \$60,127 of the prevention budget.

**Party Patrol** increases enforcement against adults who host underage drinking parties and is proven to have a substantial effect on the number of adult-hosted underage drinking parties. Modesto Police Department (MPD) and BHRS share a mutual goal of preventing underage drinking and the numerous consequences related to it. Party Patrol allows the Modesto Police Officers to contact, identify and hold accountable minors drinking illegally at home parties, in violation of the law, and the adult social host. The Modesto Police Department has had a great deal of success conducting Party Patrol in order to deter minors from consuming alcohol and hosting these types of parties. Last fiscal year Party Patrol responded to 68 party calls resulting in 82 arrests and 3 Social Host Ordinance violations were filed with the City Attorney. Shoulder Tap Operations, Minor Decoy Operations, and Multi-agency Operations were also preformed

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<sup>3</sup> Search Institute, Developmental Assets: Preparing Young People for Success. Published online: <http://www.search-institute.org/what-we-study/developmental-assets>

and totaled 64 operations. Since Party Patrol was established the Modesto Police Department has seen a reduction in alcohol related injuries and deaths related to juveniles and alcohol. The partnership between MPD and BHRS has resulted into a diversified, cohesive approach that is much more effective than the police department or BHRS could do individually.

**Indicated prevention strategies** are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to provide them with special programs. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. In Stanislaus County one strategy was selected to address the indicated population, Student Assistance Program, which accounts for 26% or \$145,126 of the prevention budget.

**Student Assistance Programs (SAP)** is a school-based approach to providing short-term focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns relating to substance abuse, mental health, or social issues. SAP is a process - not a curriculum or treatment center - that connects programs and services within and across school and community systems to create a network of supports to help students. As a process, SAP's identify students in need of intervention, assess these students' specific needs, and provide them with support and referral to appropriate resources. The overarching goal of SAP's is to remove barriers to education so that a student may achieve academically. Students initially participate in a 90-minute structured Family Conference using the Brief Risk Reduction Interview and Intervention Model. Staff takes time to learn about the family's concerns and determine their strengths. Students facing suspension for alcohol and drug related violations can enroll in the drug diversion sessions and have their suspension reduced after successful completion. In Stanislaus County AOD prevention funds SAP's in 2 elementary schools, 1 middle school, and 4 high schools. The SAP also compliments the Committed's restorative justice model of Educate, Correct, Restore.

## **Prevention Conclusion**

It is important to underscore that changing the conversation about alcohol and other drug misuse in communities takes time. Positioning the needed resources for action takes even longer. The new five-year prevention plan created in partnership with our community will direct the county towards collective action, which will result in an integrated impact on community norms and program level health indicators.

## **FORENSIC SERVICES**

### **Adult Drug Court**

Adult Drug Court provides a phased-based approach to treatment and aftercare services to individuals who are court ordered to substance use disorder treatment and are on probation. 12/13 Fiscal year they enrolled 55 individuals into treatment and served a total of 93 individuals. Since the implementation of Safety Realignment in October 2011, Drug Courts across the state



have seen a decrease in referrals to this evidenced based Court program. Probation and BHRS are collaborating regularly to address this concern. Our efforts have seen a recent increase in referrals and we currently have 62 individuals enrolled in the program. Our capacity is 75. We will continue to work to address the possible barriers which may be in place and affecting enrollment.

### **Community Corrections – Day Reporting Center**

On April 4, 2011, Governor Brown signed Assembly Bill 109 (AB 109), which made fundamental changes to California's correctional system. AB 109 realigned custodial and community supervision responsibility for non-serious, non-violent, and non-sex offenders, as well as supervision of lower level adult parolees returning from state prison sentences to counties. California Penal codes Section 1230(b) requires each county to establish a Community Corrections Partnership (CCP) and specifies the membership that comprises the CCP. AB 117 required that the CCP must recommend a local plan to the county Board of Supervisors for the implementation of the 2011 Public Safety Realignment and the plan must be voted on by an Executive Committee of each County's CCP. On September 20, 2011, the Board of Supervisors approved the Community Corrections Partnership Phase 1 Plan for implementation of the 2011 Public Safety Realignment. As part of the CCP plan staffing was put in place to initiate an Intensive Out-Patient treatment and recovery group for adults with substance use disorders at the Day Reporting Center operated by Probation. In 12/13 the trained Substance Use Treatment staff enrolled 90 individuals into a treatment program and served 92 individuals.

### **Detention Services**

This program has seen many changes over the past several years. Detention Services began as a highly regarded in-custody, closed group, eight-week intensive treatment program; however, with significant staffing changes within the custodial units the inmate population changed. Capacity at the jail drastically impacted their ability to house adjudicated inmates. This change in jail population and in anticipation of Safety Realignment precipitated the necessity to redesign our program. Detention Services is now an open group 26 week intensive outpatient program (IOP) serving both the in-custody inmates as well as the Alternative Work Program (AWP). The Substance use programs within the Forensic System of Care are designed to allow inmates to continue with treatment as their custody status changes. They can start a program while in custody and if they are released prior to completion we can enroll them in an IOP at AWP, DRC or at SRC. In 12/13 35 individuals were enrolled in treatment and they served 40 individuals.

## OUTCOME DATA

Program	Length of Stay		N	Used Support Percent Change	Family Conflict Percent Change
	People Served	Average Days			
Education and Prevention Services					
Stanislaus Recovery Center Day Tx IOP	378	58	783		
Stanislaus Recovery Center Res	405	9		82.1%	-43.2%
Adult Drug Court	49	226	49	110.0%	-75.0%
Genesis - Detox	56	15	192	86.7%	-50.0%
Genesis - maintenance	136	149			
Detention Services AWP & In-Custody	34	100	34		
StanWorks Hackett	91	63	91		
Juvenile Drug Court	2	364	2		
StanWorks Behavioral Health Services Turlock	15	44	15		
CHS AOD IOP Patterson	2	39	2		
First Step Perinatal Treatment Program	107	130	107	17.8%	-54.5%
Aegis - Detox	163	31	384		
Aegis - Maintenance	221	85			
Nirvana OP	83	54	246	70.6%	-52.6%
Nirvana Residential	163	31			
Detention-Day Reporting Center (DRC)	78	40	78		
CHS AOD IOP	184	75	184	61.2%	-25.0%
Center for Human Services - AOD IOP Oakdale					
<b>Stanislaus TOTAL:</b>			2,167		
<b>Statewide Comparisons</b>					
Statewide OP	108,461	91	162,828	63.5%	-44.7%
Statewide Residential	54,367	13			
Statewide NTP Detox	7,639	18			
Statewide NTP Maintenance	14,757	148			

## CHALLENGES

The Stanislaus County Advisory Board on Substance Abuse Programs is pleased to share its activities, achievements and challenges during the past year.

Stanislaus County continues to experience significant growth in its population, which brings with it issues of drug and alcohol abuse. This challenges the current, available substance use treatment resources, but at the same time opens up opportunities in the areas of prevention and community involvement.

As the Affordable Care Act is implemented and as Drug Medi-Cal is expanded, the expectation for county sponsored alcohol and drug treatment capacity will be a concern since the state of

California has yet to work out how this expansion will be developed and how funding will be established. AB 109 success in reducing criminal justice recidivism may ultimately be influenced by this possible expansion as well.

### **CONCLUSIONS**

It is often said that for every dollar spent on alcohol or drug treatment, approximately seven dollars are saved in other costs including health care and law enforcement costs.

It is important to remember that alcohol and drug addiction is a chronic disease, with a physical basis and recognized treatment protocols. It is often said that people talk about alcohol and drug treatment “not working” – the evidence being that people often need to approach treatment more than once before they become clean and sober and change their lives.

A comparison can be made between alcohol and drug treatment, and treatment for diabetes. Individuals with diabetes often are ignorant of their disease, and even after becoming aware of their ailment, sometimes wait years before seeking treatment. Once they get beyond the denial of the problem, the rate of successful compliance with appropriate diet is high. Also, some studies suggest that the rate of medication compliance for diabetes is fairly low. Individuals often go back and forth with their treatment over a period of time before following their doctors’ suggestions.

The same point of view and non-judgmental approach can be applied to treatment of alcohol and drug problems. Individuals can and do recover from alcohol and drug addiction, but it requires a life-long commitment to the strategies that lead to recovery. Stanislaus County has positive, successful programs for these problems.

The focus of the Advisory Board on Substance Abuse Programs remains the education of its members and the community regarding drug abuse and alcoholism. Joint meetings with the Mental Health Board are held semi-annually, and it is recommended that this activity continue. Social Host Ordinances were supported by the Advisory Board on Substance Abuse Programs. Currently, every city in the County has adopted a Social Host Ordinance. We strongly recommend that Stanislaus County adopt a Social Host Ordinance for the unincorporated areas of the County.

The Advisory Board on Substance Abuse Programs has filled several vacancies recently with members representing a broad diversity of backgrounds and Supervisorial Districts, and we look forward to many productive years in the future.