



Palm Beach County
Board of County Commissioners



PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 7/31/2024 | Time: 1:00pm

Prevention and Education

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Dr. Barbara Gerlock, Dr. Suzanne Spencer, Lissa Franklin, Mark Hopin, Anita Cocoves, Tammy Fields, Maxine Sonnenschein, Dominique Simon, Tatiana MacGuffie, Dr. Marcy Weiss, Alita Faber

Please send any edits/additions to: jsinger@pbc.gov

Objective of the Meeting

Review Subcommittee charge and obtain input on standards, outcomes and measures.

Overview

Jill Singer provided an overview with accompanying slides to establish a framework premised on BCC strategic priorities with a focus on resilience, social determinants of health and eliciting participants' ideas on standards, outcomes and measures for each subcommittee's specific area. See Addendum (script and slides).

Proposed standards, outcomes and measures

Discussions centered on Mental Health First Aid trainings, prevention programs in schools, Life Skills in Schools, etc. demonstrating that there are a plethora of programs being used. One missing piece is a comprehensive resiliency measure. Some specific measures mentioned include: # of cases; disciplinary data (reduction in #s), knowledge, attitudes, and interactions

Question was reposed as “How do we measure what we are already doing?” Importance of these issues to BCC members, many of whom have loved ones they have lost or have had discussions with constituents about loss.

Next Regular Meeting: September 18, 2024 | Time: 1:00pm



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PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 7/31/2024 | Time: 2:00pm

Treatment and Recovery

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tammy Fields, Daniel Oria, Sandy Sisson, Jon Va Arnam, Dominique Simon, Tatiana MacGuffie

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Objective of the Meeting

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Proposed standards, outcomes and measures

Examples from participants of use of measures to inform planning/programming: RCO uses RCI results for each RCC to inform what educational opportunities to offer.

Update on neutral care coordination – it has expanded significantly – and it's been found to be most helpful with complicated and complex cases. Would like to see more longitudinal reach but difficult to get responses from participants due to transient nature, lack of stable housing, cycling in and out of treatment, etc. One suggestion is to partner with Health Plans. Also look to various intercept points (i.e., 211 calls, Hub, providers, hospitals). Workforce crisis in behavioral health with decrease in providers due to factors including affordability in Palm Beach County – many are leaving because of costs and incomes are not rising to offset burden of living in the county.

Measures indicative of recovery – housing stability, employment, access to medication and ability to afford it. Having case managers set things up and follow-up with clients (on on-going basis even after services have ended –periodic check-ins to see if anything is needed)

If you train families how to engage, then usage in families decreases. First line of contact/support. Using GPRA was suggested as one measurement tool.

Look to engagement of participants.

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PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 7/31/2024 | Time: 3:00pm

Public Policy

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tammy Fields, Daniel Oria, Jon Va Arnam, Patrick McNamara

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Objective of the Meeting

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Proposed standards, outcomes and measures

John Hulick outlined some policy priorities and posed question of what's achievable. Opioid Settlement Agreement outlines core strategies and allowable uses – premised on SAMHSA best practices. Core strategies are the guiding stars.

Tammy Fields stated we should be careful with using supplanting language.

Discussion about Supreme Court decision striking settlement. Noted that it involves the bankruptcy case, not all of the states' cases. Attorney who represented several counties, including PBC will be joining next Advisory Committee meeting virtually to talk about it. Next meeting is August 8, (CSD Basement Conference room). Other issues that arose include supplant vs supplement and recent report for Florida Chamber:

Florida Chambers report made 25 recommendations: <https://www.flchamberhealth.com/wp-content/uploads/sites/3/2024/05/Making-Florida-the-National-Leader-for-Mental-Health-and-Well-Being-Health-Council-Mental-Health-Research-Report.pdf> [flchamberhealth.com]

Discussed DCF budget and impact on managing entities across the state. All hit hard without notice. Impacts direct services for behavioral health and SUD jobs.

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PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 7/31/2024 | Time: 4:00pm

Justice System and Public Safety

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tammy Fields, Jon Van Arnam, Tatiana MacGuffie

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Objective of the Meeting

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Proposed standards, outcomes and measures

Discussed impact of fines on returning citizens and barriers it presents for essential needs.

Overlapping policy issue is obtaining waivers related to restoring benefits that were closed while incarcerated (SSI, SNAP, Medicaid, etc).

Also discussed that jails are considered receiving centers due to them having medical facilities.

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PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 8/1/2024 | Time: 1:00pm

Evaluation and Monitoring

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tammy Fields, Daniel Oria, Jon Van Arnam, Tatiana MacGuffie, Diane Jehle, Dominique Simon, Katherine Murphy, Maureen Kielian, Ariana Ciancio

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Objective of the Meeting

Review Subcommittee charge and obtain input on standards, outcomes and measures.

Overview

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Proposed standards, outcomes and measures

Suggestion that this subcommittee have a stronger research component, this way we can learn from others and benefit from best practices. Also, should explore what a research project might look like.

Should move to standardized measurements. At least one study has recently started in PBC in a treatment facility – they are looking at core values, person-centered, recovery oriented. Capturing data while in treatment, at 15 days, 30 days, etc.

Could monitoring be a method to get to state data? Florida Chambers Report (link below) recommends transparency in funding across funders and funded. Recommendations from the report (25) are for change at the state level. Examples, standard data sets, performance measures, (see report, link below). One problem is that FL isn't responding and sending data to the National Data Center.

One suggestion was to use GPRA adapted to remove unnecessary questions, but leaving enough to maintain valid measure. Also suggested doing mapping of GPRA and RCI. It was noted that the Managing Entities (ME) have revised their consumer satisfaction surveys to make them shorter and standard across all MEs.

<https://www.flchamberhealth.com/wp-content/uploads/sites/3/2024/05/Making-Florida-the-National-Leader-for-Mental-Health-and-Well-Being-Health-Council-Mental-Health-Research-Report.pdf> [flchamberhealth.com]

Next Regular Meeting: September 19, 2024 | Time: 1:00pm



Palm Beach County
Board of County Commissioners



PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 8/1/2024 | Time: 2:00pm

Essential Services

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tatiana MacGrafte, Dominique Simon, Katherine Murphy, Maureen Kielian, Dominique Simon, Staci Katz, Alita Faber, Michael Schlossman, Austin Wright, Jon Van Arnam, Natalie Kenton, Diane Jehle, Brent Schillinger,

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Objective of the Meeting

Review Subcommittee charge and obtain input on standards, outcomes and measures.

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Proposed standards, outcomes and measures

Key components for housing: transitional, recovery, attainable and stable housing (goal). FARR has implemented the RCI in all certified homes across the state. Macro level data are used with owners and directors of homes.

Comment that most essential services are provided by families – they are the gateway.

Permanent stable housing is predictive of staying in recovery. Latest ploy being used by landlords is to have tenants sign a lease that's month to month and when high season hits, rents increase significantly forcing tenants out.

Should be looking at predictors/standards for remaining in recovery.

Permanent housing means having a place in the individual's name and housing that does not have an "end date" or "expiration date".

Next Regular Meeting: September 19, 2024 | Time: 2:00pm



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PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 8/1/2024 | Time: 3:00pm

Faith-based

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tatiana MacGuffie, Maureen Kielian, Brent Schillinger, Patrick McNamara, Staci Katz, Diane Jehle

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Objective of the Meeting

Review Subcommittee charge and obtain input on standards, outcomes and measures.

Overview

Jill Singer provided an overview with accompanying slides to establish a framework premised on BCC's strategic priorities with a focus on resilience, social determinants of health and eliciting participants' ideas on standards, outcomes and measures for each subcommittee's specific area. See Addendum (script and slides).

Proposed standards, outcomes and measures

The Hubs are increasing faith-based partnerships. Recently created 2 MOUs faith-based and cultural (LARA) affinity groups. Faith-based groups are mini-ROSC environments (supportive, linkages, etc).

Matt Mossberg will be joining the County RCO, he comes with background in self-help with a faith-based spin.

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PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 8/1/2024 | Time: 3:00pm

ASU

Members/Staff Present

John Hulick, Jill Singer, Micah Robbins, Anita Cocoves, Tatiana MacGuffie, Maureen Kielian, Staci Katz, Heather Howard, Diane Jehle, Patrick McNamara

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Objective of the Meeting

Review Subcommittee charge and obtain input on standards, outcomes and measures.

Overview

Jill Singer provided an overview with accompanying slides to establish a framework premised on BCC's strategic priorities with a focus on resilience, social determinants of health and eliciting participants' ideas on standards, outcomes and measures for each subcommittee's specific area. See Addendum (script and slides).

Proposed standards, outcomes and measures

Dr. Howard gave overview of process for the After Action report. Jon Van Arnam said there were no updates for the ASU yet. The After Action report is in comment period and a meeting of interested parties who participated in the interviews for the After Action report along with County and FAU researchers is scheduled in next week which will be followed by edits as needed. Looking at an October release for the public.

Discussed difficulty about getting people in for help as there's no clear information on where to go. Jon noted that Mangonia Clinic is still operating as are other clinics – they are expanding hours at Delray location and there will eventually be a 24 hour receiving facility with PBSO drop-off capability.

Suggestion that information needs to be shared about what's available – on a card so people have options at their fingertips.

In meantime, working with FR with initial dosing. HCD is increasing # of peers; beefing up connections with SDOH (essential services). Mobile Response Teams are another option. Having a list of safe places and additional staff to help get the word out would be helpful.

Will continue to move forward focusing on the connection of SDOH for success in obtaining long-term recovery.

Request made for updates when available.

Next Regular Meeting: September 19, 2024 | Time: 4:00pm

Prevention / Education script

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I will be facilitating this meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The Prevention and Education subcommittee charge is to include, but not be limited to, establishing prevention and harm-reduction activities and education for residents in schools and communities.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

- The Board of County Commissioners has identified Behavioral Health and Substance Use Disorders as a strategic priority with a major goal of Establishing a readily accessible, integrated and coordinated recovery-oriented system of care that is person-centered and recovery-oriented with an aim of improving resilience and long-term recovery outcomes.
- The County has adopted a resilience and recovery ecosystem approach to care which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practice.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

We are conducting reviews of SAMHSA's best practice guidelines and other literature to align with the subcommittee strategic areas. As a preliminary exercise, a detailed mapping activity was conducted of Social Determinants of Health (SDOH) as applicable to Palm Beach County, focusing on mental health, behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review of related research specific to youth and adolescents wherein **resilience** was defined as “a multi-systemic dynamic process of successful adaption or recovery in the context of risk or a threat.” One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. In sum, **resilience** offers better mental health and health outcomes. We believe this is also applicable to the adult population.

Collaboration is also important as evidence demonstrates the stronger collaborative efforts are outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. the six major categories are: six categories of Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

The work to date represents a beginning but the approach ensures that the interventions and support provided are holistic, addressing both individual resilience and recovery capital and broader social determinants of health. Our aim is to replicate this detailed mapping for each of the subcommittee’s strategic areas and, with your input, expound on other standards, outcomes and measures.

For the purposes of this subcommittee the following multisystemic resilience factors have been identified:

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

Community engagement essential components include:

- Transparency and trust
- Careful planning and preparation
- Inclusion and demographic diversity
- Collaboration and shared purpose
- Openness and learning
- Impact and action
- Sustained engagement and participatory culture

Engaging community coalitions entails:

- Understanding your community
- Identifying potential coalition members
- Orient potential members to the opioid crisis in their community and possible solutions
- Develop rules of coalition engagement
- Maintaining and strengthening a community coalition
- Assessing community engagement and coalition functioning

We'd like to open up this meeting for discussion.

Treatment and Recovery

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I will be facilitating this meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The Treatment and Recovery subcommittee's charge is to include, but not be limited to, establishing a coordinated Recovery-Oriented System of Care (ROSC); integrated behavioral health; expanding Peer Recovery Support Services (e.g., Recovery Community Organization/Recovery Community Centers (RCO/RCCs); access to Medication-Assisted Treatment (MAT); and creating a neutral care coordination entity.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

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- The County has adopted a resilience and recovery ecosystem approach to care which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practice.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

We are conducting reviews of SAMHSA's best practice guidelines and other literature to align with the subcommittee strategic areas. As a preliminary exercise, a detailed mapping activity was conducted of Social Determinants of Health (SDOH) as applicable to Palm Beach County, focusing on mental health,

behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review of related research specific to youth and adolescents, wherein resilience specific to youth and adolescents was defined as "a multi-systemic dynamic process of successful adaption or recovery in the context of risk or a threat." One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. In sum, resilience offers better mental health and health outcomes. We believe this is also applicable to the adult population.

Collaboration is also important as evidence demonstrates the stronger collaborative efforts are outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. the six major categories are: six categories of Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

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For context, following are multisystemic resilience factors:

- Sensitive caregiving, close relationships, social support
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- Agency, beliefs in system efficacy, active coping
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- Hope, optimism, confidence in a better future

- Mastery motivation, motivation to adapt
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Key components of Crisis Services include:

- Warm lines
- Crisis and suicide prevention hotlines
- Mobile Crisis teams
- Crisis receiving and stabilization centers

Key Components of Treatment and Recovery Support Services include:

- Recovery support services
- Case management/care coordination
- Team-based wraparound care
- Outpatient services
- Intensive outpatient/Day services
- Residential services
- Hospitalization/intensive inpatient services

Peer support considerations:

- Role integrity
- Stigma
- Recruitment and retention of peer support workers
- Sustainability and funding of peer support workers
- Certification and state requirements

Opioid Overdose Reduction Continuum of Care Approach developed by a group of experts from 4 different research sites identified 3 overarching “menu” categories of evidence-based practices:

- Opioid overdose prevention education and naloxone distribution in higher risk populations
- Effective delivery of medication for opioid use disorder treatment with outreach and delivery to higher risk populations
- Safer opioid prescribing and dispensing

We’d like to open up this meeting for discussion

Public Policy

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I will be facilitating this meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The Public Policy subcommittee's charge is to include but not be limited to, identifying, reviewing, and monitoring related public policies and legislation; and engaging, educating, and informing public officials, key strategic partners and constituency members in advancing sound public policy.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

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Collaboration is also important as evidence demonstrates the stronger collaborative efforts are outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. The six major categories are: six categories of Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

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The “Risk, Reward and Resilience Framework” synthesizes insights from diverse disciplines and fields, yet creates a simple, yet flexible, mental model for decision making that can be applied across varied domains. The drivers for each of these elements are:

Risk

- Exposure
- Vulnerability
- Threat/hazard

Reward

- Opportunity
- Capability
- Access

Resilience

- Transform
- Adapt
- Absorb

Considerations for effective policies include:

- Clearly defined and replicable
- Have been evaluated through independent study
- Address the target outcome of reduction or prevention
- Are currently in use
- Have accessible implementation supports, such as implementation goals

We’d like to open up this meeting for discussion.

Justice System & Public Safety

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I will be facilitating this meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The Justice System and Public Safety subcommittee's charge is to include, but not be limited to, supporting and enhancing operational strategies for First Responders, Mobile Response Units; expanding diversion services to decrease criminalization; increasing access to naloxone and collaborating with law enforcement and public safety organizations.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

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- The County has adopted a resilience and recovery ecosystem approach to care which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practice.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

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behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review specific to youth and adolescents, of related research wherein resilience was defined as "a multi-systemic dynamic process of successful adaptation or recovery in the context of risk or a threat." One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. We believe this is also applicable to adults. In sum, resilience offers better mental health and health outcomes.

Collaboration is also important as evidence demonstrates the stronger collaborative efforts are outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. the six major categories are: six categories of Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

The work to date represents a beginning but the approach ensures that the interventions and support provided are holistic, addressing both individual resilience and recovery capital and broader social determinants of health. Our aim is to replicate this detailed mapping for each of the subcommittee's strategic areas and, with your input, expound on other standards, outcomes and measures.

For the purposes of this subcommittee the following multisystemic resilience factors have been identified:

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- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping

- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

Individuals reentering the community:

- Reentry planning
- Warm hand-off
- Continuity of care; access to continuum of behavioral health services
- Access to government ID
- Medication, including naloxone
- Timely access to benefits
- Peer support services
- Gainful employment
- Safe, secure, affordable, stable housing
- Other services including transportation, childcare, legal

These factors were also proven to reduce recidivism in our DOJ COSSUP project.

Collaboration and cooperation across first responders and public safety officials, public health agencies, social services agencies and other relevant community partners helps build community capacity

We'd like to open up this meeting for discussion

Evaluation and Monitoring

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I have newly rejoined as staff with John. I will be facilitating today's meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The Evaluation and Monitoring subcommittee's charge is to include, but not be limited to, implementing a Recovery Capital instrument; measuring and tracking treatment outcomes across the care continuum using advanced analytics; providing medical quality assurance that programs adhere to SAMHSA and other evidence-based practices; monitoring of publicly funded treatment and recovery programs and services; and, to establish evidence-based best practices. Additionally, Committee membership is to include members with licensed medical and clinical behavioral health expertise.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

- The Board of County Commissioners has identified Behavioral Health and Substance Use Disorders as a strategic priority with a major goal of Establishing a readily accessible, integrated and coordinated recovery-oriented system of care that is person-centered and recovery-oriented with an aim of improving resilience and long-term recovery outcomes.
- The County has adopted a resilience and recovery ecosystem approach to care, which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practices.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

We are conducting reviews of SAMHSA's best practice guidelines and other literature to align with the subcommittees' strategic areas.

As a preliminary exercise, a detailed mapping activity was conducted of Social Determinants of Health (SDOH) as applicable to Palm Beach County, focusing on mental health, behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas, highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review of related research specific to youth and adolescents, wherein resilience was defined as "a multi-systemic dynamic process of successful adaptation or recovery in the context of risk or a threat." One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. In sum, resilience offers better mental health and health outcomes. We believe this is also applicable to adults.

Collaboration is also important, as evidence demonstrates the stronger collaborative efforts are outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. The six major categories are: Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

The work to date represents a beginning but the approach ensures that the interventions and support provided are holistic, addressing both individual resilience and recovery capital and broader social determinants of health. Our aim is to replicate this detailed mapping for each of the subcommittee's strategic areas and, with your input, expound on other standards, outcomes and measures.

The following multisystemic resilience factors have been identified:

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership

- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

In our preliminary research, we identified SAMHSA’s Policy and Procedure for Evaluation of its programs and policies to start our conversation today. They include:

- Alignment between the type of evaluation activity and evaluation questions with program maturity, complexity and goals
- Ensure evaluation goals are relevant, culturally appropriate, actionable, and defensible
- Utilize data to identify, monitor, and respond to behavioral health disparities and promote equity
- Develop a “learning agenda” to identify and address priority questions relevant to the programs and policies

Outcome measures allow for evaluation of change and can be used to:

- Identify meaningful change for the person accessing services
- Evaluate the effect of interventions
- Demonstrate the impact and value of services
- Identify areas for improvement
- Benchmark against other organizations/services/standards

At this time, we’d like to open up this meeting for discussion.

Essential Services

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I have newly rejoined as staff with John. I will be facilitating this meeting today. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The charge of the Essential Services subcommittee is to include, but not be limited to, advancing social determinants of health such as food, housing, employment, education, access to medical care, and the collateral consequences of criminal justice involvement.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities.

As a framework it's important to review the following:

- The Board of County Commissioners has identified Behavioral Health and Substance Use Disorders as a strategic priority with a major goal of Establishing a readily accessible, integrated and coordinated recovery-oriented system of care that is person-centered and recovery-oriented with an aim of improving resilience and long-term recovery outcomes.
- The County has adopted a resilience and recovery ecosystem approach to care which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practices.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

We are conducting reviews of SAMHSA's best practice guidelines and other literature to align with the subcommittees' strategic areas. As a preliminary exercise, a detailed mapping activity was conducted of Social Determinants of Health (SDOH) as applicable to Palm Beach County, focusing on mental health,

behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas, highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review of related research specific to youth and adolescents, wherein resilience was defined as "a multi-systemic dynamic process of successful adaptation or recovery in the context of risk or a threat." One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. In sum, resilience offers better mental health and health outcomes. We believe this is also applicable to adults.

Collaboration is also important, as evidence demonstrates the stronger collaborative efforts are, outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level, to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. The six major categories are: Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

The work to date represents a beginning but the approach ensures that the interventions and support provided are holistic, addressing both individual resilience and recovery capital and broader social determinants of health. Our aim is to replicate this detailed mapping for each of the subcommittee's strategic areas and, with your input, expound on other standards, outcomes and measures.

Following are some of the identified multisystemic resilience factors:

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt

- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

To get our conversation started, we researched areas and utilized our knowledge from the work we've done with this subcommittee over the past several years. Two of the most critical essential services that frequently come up as critical essential services are housing and employment. Employment, defined as purposeful activity that produces something of economic or social value, is a strong predictor of positive outcomes for individuals with SUD and are more likely to demonstrate:

- Lower rates of recurrence
- Higher rates of abstinence
- Less criminal activity
- Fewer parole violations
- Improvements in quality of life
- More successful transition from long-term residential treatment back to the community

In looking at Recovery housing, here are some of the Best Practices according to SAMHSA:

- Be Recovery-Centered
- Promote Person-Centered, Individualized and Strengths-Based Approaches
- Incorporate the Principles of the Social Model Approach
- Promote Equity and Ensure Cultural Competence
- Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering
- Integrate Co-Occurring and Trauma-Informed Approaches
- Establish a Clear Operational Definition
- Establish and Share Written Policies, Procedures and Resident Expectations
- Importance of Certification
- Promote the Use of Evidence-Based Practices
- Evaluate Program Effectiveness

In addition, we looked at Housing Quality Standards from the US Department of Housing and Urban Development (HUD) with SDOH in mind:

- Sanitary facilities

- Food preparation and refuse disposal
- Space and security
- Thermal environment
- Illumination and electricity
- Structure and materials
- Interior air quality
- Water supply
- Lead-based paint
- Access
- Site and neighborhood
- Sanitary condition
- Smoke Detectors

At this time, we'd like to open up the meeting for discussion.

Faith-Based

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee meeting. My name is Jill Singer and I have newly rejoined as staff with John. I will be facilitating today's meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The charge of the Faith-Based subcommittee is to include, but not be limited to, advancing inter-faith understanding of mental illness and substance use disorder and the important role of faith communities in a recovery oriented system of care environment.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

- The Board of County Commissioners has identified Behavioral Health and Substance Use Disorders as a strategic priority with a major goal of Establishing a readily accessible, integrated and coordinated recovery-oriented system of care that is person-centered and recovery-oriented with an aim of improving resilience and long-term recovery outcomes.
- The County has adopted a resilience and recovery ecosystem approach to care which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practices.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

We are conducting reviews of SAMHSA's best practice guidelines and other literature to align with the subcommittees' strategic areas. As a preliminary exercise, a detailed mapping activity was conducted of Social Determinants of Health (SDOH) as applicable to Palm Beach County, focusing on mental health, behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas, highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review of related research, specific to youth and adolescents, wherein resilience was defined as "a multi-systemic dynamic process of successful adaption or recovery in the context of risk or a threat." One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. In sum, resilience offers better mental health and health outcomes. We believe this is also applicable to adults.

Collaboration is also important, as evidence demonstrates the stronger collaborative efforts are, outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. The six major categories are: Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

The work to date represents a beginning but the approach ensures that the interventions and support provided are holistic, addressing both individual resilience and recovery capital and broader social determinants of health. Our aim is to replicate this detailed mapping for each of the subcommittee's strategic areas and, with your input, expound on other standards, outcomes and measures.

Based on the published literature review referenced earlier, here are the multi-systemic resilience factors that were identified:

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning

- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

To get us started, the Partnership Center, (a center for faith based and neighborhood partnerships) developed a toolkit for Preventing Drug Overdose and Supporting Recovery in Faith and Community Settings. Its Key goals include:

- Increase Awareness
- Open doors to Support and Community
- Build Community Capacity
- Rebuild and Restore
- Support a Healthy and Resilient Future
- Connect and Collaborate

At this time, we'd like to open up this meeting for discussion.

Addiction Stabilization Unit

Good afternoon everyone. Thank you for taking time from your busy schedules to participate in this subcommittee's meeting. My name is Jill Singer and I have newly rejoined as staff with John. I will be facilitating today's meeting. Our hope is that you will be participatory and assist the Advisory Committee in its efforts.

The charge of the ASU subcommittee is that it is responsible for working with the Palm Beach County Health Care District to review ASU patient care and related matters as well as make recommendations related to such when appropriate.

The focus currently is on establishing Standards, Outcomes and Measures that will inform the Committee's and Department's work and any future Notice of Funding opportunities. As a framework it's important to review the following:

- The Board of County Commissioners has identified Behavioral Health and Substance Use Disorders as a strategic priority with a major goal of Establishing a readily accessible, integrated and coordinated recovery-oriented system of care that is person-centered and recovery-oriented with an aim of improving resilience and long-term recovery outcomes.
- The County has adopted a resilience and recovery ecosystem approach to care, which integrates SAMHSA's dimensions of recovery; ASAM's dimensions of patient care; and, resilience and recovery capital surveying.
- The Plan places emphasis on social determinants of health and the Advisory Committee has passed a motion that programs adhere to SAMHSA and other evidence-based standards and practices.

The focus moving forward is to build resilience in individuals, families and the communities. This is the guiding star and a major outcome to be sought. The County has integrated resilience and recovery capital surveying into its work and will continue to expand its utilization.

We are conducting reviews of SAMHSA's best practice guidelines and other literature to align with the subcommittees' strategic areas. As a preliminary exercise, a detailed mapping activity was conducted of Social Determinants of Health (SDOH) as applicable to Palm Beach County, focusing on mental health, behavioral health, and substance use populations and the Resilience and Recovery Capital Index (RCI) domains, components and indicators.

Similar detailed mapping was conducted of the Plan's key areas, highlighted in terms of the use of opioid settlement funds and the elements of social determinants of health.

Given the importance of resilience to the work, we wanted to share the results of a published literature review of related research, specific to youth and adolescents, wherein **resilience** was defined as “a multi-systemic dynamic process of successful adaption or recovery in the context of risk or a threat.” One of the conclusions of the work was that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms, and is therefore, meaningful for screening purposes in at-risk populations/situations. In sum, **resilience** offers better mental health and health outcomes. We believe this is also applicable to adults.

Collaboration is also important, as evidence demonstrates the stronger collaborative efforts are outcomes are improved. The County has deployed the Wilder Collaboration Factors Inventory at the Advisory and subcommittee level to assess how well collaboration is doing in areas important to success. It is used to help identify the possible strengths and weaknesses of individual collaborative factors and provide an overall score of collaborative success. The six major categories are: Environment, Member Characteristics, Process and Structure, Communication, Purpose, and Resources.

The work to date represents a beginning but the approach ensures that the interventions and support provided are holistic, addressing both individual resilience and recovery capital, and broader social determinants of health. Our aim is to replicate this detailed mapping for each of the subcommittee's strategic areas and, with your input, expound on other standards, outcomes and measures.

Based on the literature review mentioned earlier, the following multisystemic resilience factors were identified:

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt

- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

PALM BEACH COUNTY RESILIENCE & RECOVERY ECOSYSTEM OF BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER CARE

ASAM* MULTIDIMENSIONAL ASSESSMENT (MESO)

ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

Exploring an individual's past and current experiences of substance use and withdrawal.

BIOMEDICAL CONDITIONS AND COMPLICATIONS

Exploring an individual's health history and current physical condition

EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

Exploring an individual's thoughts, emotions, and mental health issues

READINESS TO CHANGE

Exploring an individual's readiness and interest in changing

RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

Exploring an individual's unique relationship with relapse or continued use or problems

RECOVERY/LIVING ENVIRONMENT

Exploring an individual's recovery or living situation and the surrounding people places

SAMHSA** DIMENSIONS OF RECOVERY (MACRO)

HEALTH

Overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being

HOME

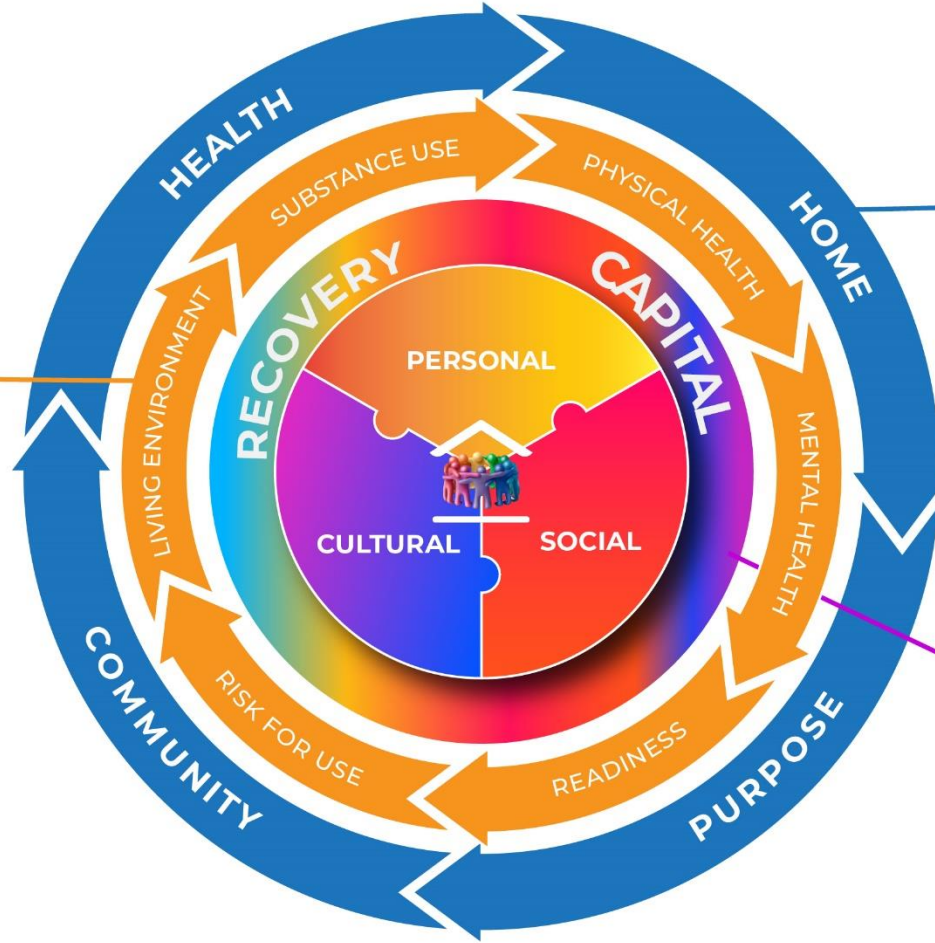
Having a stable and safe place to live

PURPOSE

Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

COMMUNITY

Having relationships and social networks that provide support, friendship, love, and hope



RECOVERY CAPITAL (MICRO)

PERSONAL

- Generational Health
- Mental Wellbeing
- Nutrition
- Employment
- Education
- Housing Situation
- Transportation
- Clothing

SOCIAL

- Family Support
- Significant Other
- Social Support
- Social Mobility
- Healthy Lifestyle
- Access To Healthcare
- Safety

CULTURAL

- Beliefs
- Spirituality
- Sense of Purpose
- Cultural Relevance
- Sense of Community
- Values

MACRO

Concern with interaction and interdependence of individuals with their surrounding physical, social, and cultural systems in order to holistically assess how individuals affect and are affected by such systems. Make accessible a network of services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life.

MESO

Non-conflicted entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and, care monitoring across clinical and non-clinical recovery support and social services aimed at achieving seamless movement in order to increase recovery capital and improve long-term recovery outcomes.

MICRO

Increasing recovery capital through network of "recovery hubs" and other support services providing nonclinical resources, including peer support, employment and job training linkages, social and recreational activities intended for people in or seeking recovery. Recovery capital and its indexing is the depth and breadth of internal and external resources that can be used by someone to begin and sustain their health and wellness.

*American Society of Addiction Medicine

**US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration

Social Determinants of Health



SDOH/Resilience and Recovery Indicators

Social determinant of Health Element	Resilience and recovery Indicator
Economic Stability	
Employment, Income, Expenses/Debt	Employment, Financial Well-being
Housing Stability, Medical Bills	Housing & Living Situation, Financial Well-being
Food Security	Nutrition
Education	
Early Childhood Education and Development, High School/Vocational Training, Higher Education	Education
Health and Health Care	
Access to Healthcare, Access to Primary Care	General Health, Mental and Emotional Well-being, Access to Health Care
Health Literacy	Knowledge and Skills, Health Literacy
Neighborhood and Built Environment	
Quality of Housing	Housing and Living Situation
Transportation	Transportation
Safety/Crime and Violence	Safety
Environmental Conditions	Health Activities and Environment, Healthy Lifestyle
Social and Community Context	
Social Cohesion/Integration, Community Engagement, Support Systems	Family Support, Social Support, Social Mobility, Significant Other, Sense of Community
Incarceration	Legal Status
Discrimination	Cultural Relevancy, Beliefs, Values

SDOH/Plan Priorities

SDOH	Plan Priorities
Economic Stability	Addressing housing stability. Employment support, and financial assistance to ensure individuals have a stable foundation for recovery
Health and Health Care	Enhancing access to mental health and substance use services, including crisis care and recovery support
Neighborhood and Build Environment	Ensuring safe and supportive living environments
Social and Community Context	Strengthening community support networks and reducing stigma and discrimination associated with substance use and mental health conditions

Collaboration Major Categories

- Environment
- Member Characteristics
- Process and Structure
- Communication
- Purpose
- Resources

Prevention and Education

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

Community Engagement

- Transparency and trust
- Careful planning and preparation
- Inclusion and demographic diversity
- Collaboration and shared purpose
- Openness and learning
- Impact and action
- Sustained engagement and participatory culture

Treatment and Recovery

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
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- Positive habits, routines, rituals, traditions, celebrations

Components of Crisis Services

- Warm lines
- Crisis and suicide prevention hotlines
- Mobile Crisis teams
- Crisis receiving and stabilization centers

Components of Treatment and Recovery Support Services

- Recovery support services
- Case management/care coordination
- Team-based wraparound care
- Outpatient services
- Intensive outpatient/Day services
- Residential services
- Hospitalization/intensive inpatient services

Peer Support

- Role integrity
- Stigma
- Recruitment and retention of peer support workers
- Sustainability and funding of peer support workers
- Certification and state requirements

Opioid Overdose Reduction Continuum of Care Approach

- Opioid overdose prevention education and naloxone distribution in higher risk populations
- Effective delivery of medication for opioid use disorder treatment with outreach and delivery to higher risk populations
- Safer opioid prescribing and dispensing

Public Policy

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
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Risk, Reward and Resilience Framework

Risk	Reward	Resilience
Exposure	Opportunity	Transform
Vulnerability	Capability	Adapt
Threat/Hazard	Access	Absorb

Considerations for Effective Policies

- Clearly defined and replicable
- Have been evaluated through independent study
- Address the target outcome of reduction or prevention
- Are currently in use
- Have accessible implementation supports, such as implementation goals

Justice System & Public Safety

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

Reentry Considerations

- Reentry planning
- Warm hand-off
- Continuity of care; access to continuum of behavioral health services
- Access to government ID
- Medication, including naloxone
- Timely access to benefits
- Peer support services
- Gainful employment
- Safe, secure, affordable, stable housing
- Other services including transportation, childcare, legal

Evaluation and Monitoring

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

SAMHSA P&P for Evaluation of its Programs

- Alignment between the type of evaluation activity and evaluation questions with program maturity, complexity and goals
- Ensure evaluation goals are relevant, culturally appropriate, actionable, and defensible
- Utilize data to identify, monitor, and respond to behavioral health disparities and promote equity
- Develop a “learning agenda” to identify and address priority questions relevant to the programs and policies

Outcome Measures – Evaluation of Change

- Identify meaningful change for the person accessing services
- Evaluate the effect of interventions
- Demonstrate the impact and value of services
- Identify areas for improvement
- Benchmark against other organizations/services/standards

Essential Services

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
- Positive habits, routines, rituals, traditions, celebrations

Employment

- Lower rates of recurrence
- Higher rates of abstinence
- Less criminal activity
- Fewer parole violations
- Improvements in quality of life
- More successful transition from long-term residential treatment back to the community

Best Practices

- Be Recovery-Centered
- Promote Person-Centered, Individualized and Strengths-Based Approaches
- Incorporate the Principles of the Social Model Approach
- Promote Equity and Ensure Cultural Competence
- Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering
- Integrate Co-Occurring and Trauma-Informed Approaches
- Establish a Clear Operational Definition
- Establish and Share Written Policies, Procedures and Resident Expectations
- Importance of Certification
- Promote the Use of Evidence-Based Practices
- Evaluate Program Effectiveness

HUD Quality Standards

- Sanitary facilities
- Food preparation and refuse disposal
- Space and security
- Thermal environment
- Illumination and electricity
- Structure and materials
- Interior air quality
- Water supply
- Lead-based paint
- Access
- Site and neighborhood
- Sanitary condition
- Smoke Detectors

Faith-Based

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
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Preventing Drug Overdose and Supporting Recovery

- Increase Awareness
- Open doors to Support and Community
- Build Community Capacity
- Rebuild and Restore
- Support a Healthy and Resilient Future
- Connect and Collaborate

Addiction Stabilization Unit (ASU)

Multisystem Resilience Factors

- Sensitive caregiving, close relationships, social support
- Sense of belonging, cohesion
- Self-regulation, family management, group or organization leadership
- Agency, beliefs in system efficacy, active coping
- Problem-solving and planning
- Hope, optimism, confidence in a better future
- Mastery motivation, motivation to adapt
- Purpose and a sense of meaning
- Positive views of self, family, or group
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Principles of Low-Barrier Model of Care

- Person-centered care
- Harm reduction and meeting the person where they are
- Flexibility in service provision
- Provision of comprehensive services
- Culturally responsive and inclusive care
- Recognize impact of trauma

Components of Low-Barrier Model of Care

- Available and Accessible
- Flexible
- Responsive
- Collaborative
- Engaged in learning and quality improvement