ATTACHMENT 5: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER PLAN 2024 CROSSWALK

Behavioral Health and Substance Use Disorder Plan 2024 *ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE ONE INITIATIVE, ONE INDICATOR AT A TIME*

Overarching Priority Recommendations

1. Recommendation to BCC that the County lead and/or support comprehensive planning process between SEFBHN, HCD and other community partners to drive alignment, coordination, shared commitments, shared accountability, and clarify roles and responsibilities.
2. Advocate for policies and legislation which advance person-centered, recovery-oriented systems of care and essential services that meet individual's needs and are readily accessible and integrated.
3. Identify and provide sustainable resources (essential services) for individuals re-entering the community such as those provided through the Community Services Department's federal grant research project, Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP). (Housing and peer support, care coordination, flex funds).
4. Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care, remove barriers and improve long-term recovery outcomes.

Opioid Settlement Recommendations

Recommendation	Core Strategy	Approved Use	SDOH	Resilience Indicators	SOM* (Compliment RCI)
1. Provide sustainable resources (essential services) including housing, peer support, care coordination, and flex funds which mirrors the federal COSSUP program.	**C3**: Provide comprehensive wrap-around services to individuals with OUD (e.g., housing, transportation, job placement/training, childcare).	**B.1**: Provide comprehensive wrap-around services to individuals with OUD and co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.	Economic Stability, Social and Community Context, Health and Healthcare, Neighborhood and Built Environment	Housing & Living Situation, Family Support, Social Support, Access to Healthcare, Social Support	**Measures:** **Housing Stability Rate**: Percentage of individuals maintaining stable housing 6 and 12 months after program entry. **Peer Support Engagement Rate**: Frequency and satisfaction of individuals with peer support services. **Care Coordination Effectiveness**: Time to access services after care coordination, and satisfaction with service continuity.

2. Housing should be focused on stable placement as well as affordability and should include transitional, recovery, supportive living and permanent opportunities for individuals with substance use and mental disorders, returning individuals with justice placements, seniors who are under strict financial pressures and living on fixed incomes and youth aging out of foster care.	**C3**: Provide comprehensive wrap-around services to individuals with OUD (including housing, transportation, job placement/training).	**B.4**: Provide access to housing for people with OUD and co-occurring conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs.	Economic Stability, Neighborhood and Built Environment, Social and Community Context	Housing & Living Situation, Social Support, Family Support, Social Support, Social Mobility	**Recommended Measures:** **Housing Placement Success**: Number of individuals placed in stable, affordable housing. **Affordability Index**: Proportion of housing costs relative to income for housed individuals. **Recidivism Rates** (for justice-involved populations): Percentage of justice- involved individuals who do not re-offend.
3. Coordination with the Department of Housing and Economic Development, municipalities and other housing funding sources to support expanding housing opportunities for individuals with substance use and behavioral disorders.	**J3**: Invest in infrastructure or staffing at government or not-for- profit agencies to support collaborative, cross-system coordination.	**B.4**: Provide access to housing for people with OUD and co-occurring conditions, including supportive housing, recovery housing, and housing assistance programs.	Economic Stability, Neighborhood and Built Environment, Social and Community Context	Housing & Living Situation, Social Support, Family Support, Social Mobility	**Recommended Measures:** **Housing Development and Availability**: Number of housing units developed or allocated for individuals with SUD. **Inter-Agency Collaboration Score**: Effectiveness of coordination between housing agencies, based on stakeholder surveys.
4. Establish a non-conflicted neutral care coordination 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.	**C2**: Fund Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.	**C.16**: Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and co-occurring SUD/MH conditions.	Health and Healthcare, Social and Community Context	Access to Healthcare, Social Support, General Health & Mental Wellbeing	**Recommended Measures:** **Referral Completion Rate**: Percentage of individuals successfully referred to services through care coordination. **Service Utilization Rate**: Frequency of service utilization post-referral. **Satisfaction with Care Coordination**: Patient-

					reported outcomes for satisfaction with the coordination process.
5. Expand Syringe Services Program capacity and opportunities.	**H1**: Provide comprehensive syringe services programs with wrap-around services, including linkage to OUD treatment and access to sterile syringes.	**H.9**: Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, and referrals to treatment.	Health and Healthcare, Neighborhood and Built Environment, Social and Community Context	Access to Healthcare, Healthy Lifestyle, Safety	**Recommended Measures: Syringe Distribution and Collection Rate**: Number of syringes distributed and safely collected. **Linkage to Care**: Percentage of individuals using syringe services who are linked to treatment services. **Overdose Reversal Success**: Number of overdoses reversed as a result of naloxone distribution in syringe programs.
6. Expand comprehensive recovery and treatment services, including MAT, for populations with substance use and co-occurring disorders demonstrating high need and prioritizing pregnant and parenting women.	**E2**: Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and co-occurring SUD/MH conditions.	**B.2**: Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support, counseling, and connections to community-based services.	Health and Healthcare, Social and Community Context	General Health, Mental Wellbeing, Access to Healthcare, Family Support (Family Support	**Recommended Measures: MAT Retention Rate**: Percentage of individuals retained in MAT programs after 6 and 12 months. **Health Outcomes for Mothers and Babies**: Rates of neonatal abstinence syndrome (NAS), birth weights, and maternal health outcomes. **Family Stability Index**: Improvement in family dynamics or child welfare indicators post-treatment.
7. Promote recovery-ready work environments and expand transportation and	**C3**: Provide comprehensive wrap-around services to individuals with OUD, including job	**B.1**: Provide comprehensive wrap-around services to individuals with OUD	Economic Stability, Health and Healthcare, Social and Community Context	Employment, Transportation, Healthy Lifestyle, Social Support	**Recommended Measures: Employment Rate Post-Treatment**: Percentage of individuals employed 6 and

employment opportunities for individuals with SUD and co-occurring MH conditions.	placement/training and transportation.	and any co-occurring SUD/MH conditions, including job placement, job training, and transportation.			12 months after receiving services. **Transportation Access Index**: Frequency of transportation access issues reported by participants. **Workplace Recovery Readiness Assessment**: Survey assessing workplace support for individuals in recovery.
8. Create public awareness campaigns that promote recovery-ready communities focused on improving mental as well as overall health and wellness in order to build resilience in individuals and communities.	**G1**: Fund media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco).	**G.1**: Fund media campaigns to prevent opioid misuse.	Health and Healthcare, Social and Community Context	General Health, Mental Wellbeing, Sense of Community	**Recommended Measures: Public Awareness Reach**: Number of people reached through media campaigns (tracked through social media impressions, ad views, etc.). **Community Attitude Shift**: Pre- and post-campaign surveys measuring changes in public attitudes toward recovery and mental health. **Mental Health Screening Uptake**: Increase in the number of people accessing mental health screenings following the campaign.
9. Create and/or support community-based education or support services for families, youth, and adolescents at risk for SUD and any co-occurring MH conditions which builds resilience, recognizes adverse child experiences and is trauma-informed.	**G5**: Funding and training for first responders to participate in pre-arrest diversion programs or similar strategies that connect at- risk individuals to behavioral health services.	**E.8**: Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; offer trauma-informed behavioral health	Education, Social and Community Context, Health and Healthcare	Education, Family Support, Social Support, Social Mobility, Healthy Lifestyle	**Recommended Measures: Resilience Building Index**: Pre- and post-intervention resilience scores for youth and families (using RCI or similar resilience metrics). **Adverse Childhood Experiences (ACEs) Awareness**: Pre- and post-

		treatment for adverse childhood events.			program understanding of ACEs among participants. **Family Support Access Rate**: Number of families accessing community-based support services.
10. Expand County's MH/SUD research capacity and enhance its monitoring, surveillance, data collection, and evaluation capabilities in conformance with SAMHSA quality assurance guidelines and other evidence-based methodologies.	**L1**: Monitoring, surveillance, data collection, and evaluation of programs and strategies to abate the opioid epidemic.	**L.1**: Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of monitoring and data collection.	Health and Healthcare	Access to Healthcare, Healthy Lifestyle	**Recommended Measures: Data Collection Completion Rate**: Percentage of target population reached in surveillance and data collection efforts. **Research Outputs**: Number of reports or papers published, and the number of datasets collected related to MH/SUD. **System Quality Assurance**: Adherence to SAMHSA quality assurance guidelines, as measured by external audits or self-assessments.
11. Create and/or support community based education to increase awareness and ability to recognize warning signs of different stages for both behavioral and substance use issues.	**G1**: Fund media campaigns to prevent opioid misuse.	**G.2**: Public education related to drug disposal and prevention strategies.	Health and Healthcare, Social and Community Context	Mental and Emotional Wellbeing, Sense of Community	**Recommended Measures: Behavioral Health Literacy Index**: Pre- and post-program knowledge of behavioral health issues and substance use warning signs. **Participation Rate in Educational Programs**: Number of community members participating in educational workshops or programs. **Early Intervention Success**: Number of early interventions

					initiated as a result of increased community awareness.
12. Opioid settlement funds should be spent as follows: 90% on social determinants of health prioritizing housing, recovery supports, care coordination and environmental strategies to include youth, families and community education 10% on deep-end and crisis care.	**J2**: A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to track program or strategy outcomes.	**B.4**: Provide access to housing for people with OUD and co-occurring conditions, including recovery housing and housing assistance programs.	Economic Stability, Health and Healthcare, Neighborhood and Built Environment	Housing & Living Situation, Access to Healthcare, Family Support, Social Support	**Recommended Measures: Fund Allocation Efficiency**: Percentage of settlement funds allocated to target areas (housing, care coordination, etc.). **Outcome Improvements in SDOH**: Improvements in housing stability, employment rates, and healthcare access for individuals supported by the settlement funds. **Impact of Deep-End and Crisis Care**: Number of individuals served in deep-end crisis care settings and their recovery outcomes.

* Standards, Outcomes, Measures

Additional SOM Suggestions:

- **Longitudinal RCI Tracking**: Use the **RCI** to measure recovery capital at regular intervals (e.g., every 30 or 60 days) to track individual and population-level progress.
- **Community Engagement Metrics**: Measure community engagement in new recovery-oriented initiatives through participation rates, feedback surveys, and success stories.
- **Population Health Analytics**: Implement population health analytics to examine how various social determinants (housing, education, employment) are affecting recovery outcomes in different subpopulations.