HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

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November 18, 1998

AGENDA: December 8, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95061

SUBJECT: **Report Back and Recommendations on High Risk Adolescent Drug Treatment Services**

Dear Members of the Board:

Background:

In June 1998, your Board heard family testimony on a drug crisis among local youth and the need to address the increasing use of hard drugs. In response, your Board created a County High- Risk Drug Task Force to develop recommendations focused on gaps in treatment options available for youth. A preliminary report was sent to your Board on August 7th, 1998, which contains a general plan of action. This plan recommended three areas of emphasis to effectively address the problem - prevention, treatment, and enforcement. Prevention efforts are being coordinated by the "Together For Youth" Collaborative with direction and management by the United Way. The Criminal Justice Council is coordinating enforcement and interdiction efforts. The County High Risk Drug Task Force has worked on treatment needs of the community and since August has worked to refine its analysis of funding options and needed services. This has also included efforts to gather community input on the needs of our youth.

Analysis:

Attached is the detailed report for your Board's consideration. The report includes a description and analysis of the following:

- Additional data on the problem;
- Review of critical treatment gaps;
- Priorities and short and long term objectives;
- Funding options and analysis;
- Recommendations for funding of new services in the current fiscal year;
- Recommendations for future Task Force activities and work.

The Task Force will be providing your Board recommendations in two phases. This first set of recommendations for your Board's consideration would add some services this fiscal year. The second set of recommendations would address services to be considered in the budget process for the next fiscal year. Because there are now major new efforts at expanding services for Juvenile Probation youth under consideration, there needs to be additional planning between all the child serving agencies to develop recommendations which are complementary and avoid unnecessary duplication and/or contribute to inefficiency. Residential beds as discussed in the report which could be developed for a July 1, 1999 start date, as well as other needed services, require coordination with other juvenile probation services.

Recommendations:

Your Board charged the Task Force with development of proposals to meet the most critical needs of youth with drug problems this fiscal year. Meeting this goal can begin by approving the proposed recommendations which will result in new treatment opportunities for youth. Additional recommendations will be provided to your Board on January 26, 1999. Funding for this year's services would come from one-time mental health funds ($35,720), state Medical match, and the $20,000 appropriated to the Task Force as part of the 1998/99 budget process.

It is RECOMMENDED that your Board:

1. Accept and file this report on High Risk Adolescent Drug Treatment Services; and

2. Approve the attached resolution accepting and appropriating $69,220 in revenues according to the attached budget and revenue detail for the following services:

- Maintaining Youth Services Day Treatment Program and Classroom;
- Adding Three Residential Treatment Beds at Si Se Puede for 16 & 17 year olds;
- Contracting For Twelve Group Home Beds, including a Day Treatment component to be directed to Probation Youth currently placed out of county; and
- Continuing development efforts on new residential beds which could be available starting July 1, 1999 for drug involved youth not involved in the criminal justice system.

3. Direct the Task Force to continue its work and develop budget recommendations for the other services not addressed in these recommendations for fiscal year 1999-2000 and provide an update on implementation of services funded in this report on January 26, 1999.

Sincerely,

Charles M. Moody,
Health Services Agency Administrator

John Rhoads, Chief Probation Officer

Cecilia Espinola
Human Resources Agency Administrator

RECOMMENDED:

Susan Mauriello
County Administrative Officer

cc: HSA Administration
County Substance Abuse & Mental Health Services
County Counsel
County Administrative Office
Probation
HRA

Attachment - Report on High Risk Adolescent Drug Treatment Services in Santa Cruz County

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High Risk Adolescent Drug Treatment Services

	Current Funds	New Funds	Total
Youth Services Day Treatment - restore one classroom	9,280	35.720	45,000
3 beds - Si Se Puedes	5,360		5,360
local Probation Youth - 12 beds	5,360	33,500	38,860
TOTAL	20,000	69,220	89,220

Current Funding from 364012/3665	20,000	
New Funding		
Minor Consent (1 time additional allocation 98/99)		35,720
SDMC I EPSDT SGF		33,500

Accept and Appropriate

Revenues			
Short Doyle Medi-Cal	364012/0624		16,750
State General Fund	363101/0626	** MH **	52,470
Appropriations			
Professional Services	364012/3665		69,220

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BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds Short-Doyle **Medi-Cal** and State General Fund (Minor Consent Allocation and EPSDT) **program; and**

WHEREAS, the County is a recipient of funds in the amount of $ 69,220 **which are either in excess of those anticipated or are not specifically set in the current fiscal year budget of the County; and**

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds may be made available for specific appropriation by a four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds in the amount of $ 69,220 **into** partment Mental Health

TIC	Index Number	Revenue Subobject Number	Account Name	Amount
001	363101	0626	State General Fund	52,470
001	364012	0624	Short-Doyle Medi-Cal	16,750

and that such funds be and are hereby appropriated as follows:

TIC	Index Number	Expenditure Subobject Number	PRJNCD	Account Name	Amount
021	364012	3665		Professional Services	69,220

DEPARTMENT HEAD **I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) received within the current fiscal year.**

Charles M. Moody (cg) **Date** 11/30/98 68

Department Head

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COUNTY ADMINISTRATIVE **OFFICER** ✓ Recommended to Board

✓ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____ 19____ by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES : SUPERVISORS

ABSENT: 'SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Pam Dibaugh 12-2-97

Auditor-Controller

Distribution:
Auditor-Controller
County Council
County Administrative- Officer
Originating Department

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APPENDIX DOCUMENTS TO HIGH RISK DRUG REPORT

APPENDIX I - TOGETHER FOR YOUTH EXECUTIVE SUMMARY

APPENDIX II - REPORT TO THE BOARD OF SUPERVISORS AUG 1998

APPENDIX III - SYSTEM OF CARE CHART

APPENDIX IV - JUVENILE HALL SURVEY

APPENDIX V - SED YOUTH DRUG SURVEY

SANTA CRUZ COUNTY

REPORT TO THE BOARD OF SUPERVISORS

TREATMENT SERVICES TO ADDRESS HIGH RISK ADOLESCENT DRUG USE

DECEMBER 8, 1998

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ADOLESCENT DRUG TREATMENT ISSUES AND FINDINGS

OVERVIEW OF REPORT

GOALS OF THE TASK FORCE:

The County High Risk Drug Task Force was created by the Board of Supervisors at the June 1998 budget hearings in response to family and community concerns regarding the increase in heroin and methamphetamine use by the teenage population of the County. There were many indications, prior to June, 1998, of this trend and its dangerous consequences for the youth of the community, but a well publicized death of a young teen due to a drug overdose served as a pivotal event to trigger renewed action by the County, the Criminal Justice Council, and the Together for Youth Prevention Collaborative.

The Board charged the Task Force with beginning a comprehensive, systematic planning effort to develop an effective strategy for reducing the use of these dangerous drugs by the County's youth. The Task Force in collaboration with others in the community identified three key elements to long term success in addressing local drug use in teens: Prevention, Treatment, and Enforcement. Each of these major elements must be pursued in a coordinated effort to assure the greatest likelihood of long term success.

PREVENTION:

Effective prevention activities must be embraced by the community as a whole, not just County operated or sponsored programs. As discussed in the Prevention Plan and Substance Abuse Funding Reports to the Board of Supervisors in June and November of 1998, many agencies are involved in a variety of different prevention activities. Funding also comes from a variety of sources to schools, law enforcement agencies, community non-profit organizations, and others to carry out different types of activities which focus on prevention. To provide a coordinated effort at drug abuse prevention, the "Together For Youth" collaborative was formed through United Way in 1996 to develop a plan to implement the United Way Community Needs Assessment goal of reducing youth drug and alcohol use to the national average by the year 2000. Together for Youth developed a comprehensive, community-wide plan to achieve this goal that includes activities to be carried out using existing resources as well as development of new resources. Together for Youth has established a goal of raising $2 million dollars of new funding for prevention by the year 2000, and has successfully raised over $600,000 to date. This plan was

highlighted in the November 24th report to the Board of Supervisors, and is described in the attached Executive Summary of the Together for Youth Plan.

ENFORCEMENT:

The Criminal Justice Council of Santa Cruz County has been involved in drug enforcement efforts since it's inception in 1986. Currently the Council has two Task Force Groups looking at ways of expanding and coordinating enforcement efforts - the Juvenile Justice Task Force and the Drug Abuse Task Force. In the early 1990's, Santa Cruz County operated a multi-agency, cooperative program for the apprehension, prosecution and probation supervision of street level drug offenders dealing and/or using intravenous heroin and crack cocaine. Known as the Santa Cruz Regional Street Drug Reduction Program (and informally as the Heroin Interdiction Task Force), the Office of Criminal Justice Planning project funded 12.5 positions to carry out a demand reduction strategy.

The strategy included enhanced street level enforcement, a jail transition counselor, prosecution, and intensive supervised probation. The program was designed to reduce drug abuse and its attendant harms - crime, community disorder and the spread of HIV infections. The multi-agency efforts were to create a system of disincentives to suppress the criminal activities of current drug users and slow the initiation of new users/dealers into the drug market.

The project was evaluated by BOTEC Analysis Corporation of Cambridge, Massachusetts. BOTEC noted that the Street Drug Reduction Program "markedly reduced drug use by Drug-involved offenders" and that the program largely drove dealing indoors, which tends to reduce purchase activity on the part of new buyers. The intensive probation component was cited as critical to the positive outcomes. Crime reduction was achieved as follows: a 43 percent decrease in assaults in Santa Cruz City; a decrease in burglary by 13 percent in the city of Santa Cruz and by 25 percent in Watsonville; and a 20 percent countywide decrease in all property crimes. While recognizing that other factors contributed to the results, the evaluators nonetheless also credited the program with limiting any significant increases in AIDS cases, and helping to keep the proportion of IV drug users testing positive for HIV infection lower than that of other high-risk groups. The evaluators concluded that the program's cost was modest in view of its contribution to reduced criminal victimization and low HIV infection rates.

Based on the findings of the Street Drug Reduction Program, any renewed effort to address the current heroin problem should again comprise a strategy that calls for dedicated enforcement and prosecution, intensive probation supervision, and jail transition services. The CJC and its committees will be monitoring federal and state funding sources to try to identify funds to support these community enforcement efforts as part of the solution for this problem.

The Task Force also reviewed the role of the criminal justice system in requiring youth to begin treatment when their addiction had become so serious that they are not able to stop using. Many youth were being ordered into drug treatment by the Juvenile Court. Probation was monitoring their compliance with treatment and ability to stay drug free. Some parents discussed their frustration that only police involvement forced their adolescents to participate in treatment. There were no options for involuntary treatment except through arrest. This is clearly a policy issue that can and should be changed.

TREATMENT:

The County High Risk Drug Task Force identified treatment issues and resources as its primary focus. This group included the Administrator of the Health Services Agency, the Administrator of the Human Resource Agency, the Chief of Probation, the Deputy Chief of Probation, the Drug and Alcohol Administrator, the County Administrative Office representative, the Director of Mental Health Children's Services, the Director for Child Protective Services, the Mental Health Director and the Assistant Director of Drug and Alcohol Services. These individuals and agencies are also represented on the CJC and the Together For Youth Collaborative to insure coordination of efforts. In addition, many non-profit agencies were consulted and asked for input during the work of the Task Force to date. To accomplish the goals set forth by the Board, collaboration with the community, its agencies, and others is critical and will need to continue. In addition, Terri Goens, a substance abuse specialist from William M. Mercer, Inc. was used as a consultant to research national drug abuse trends and funding opportunities.

A preliminary report on Drug and Alcohol Abuse Problems Among County Youth was submitted to the Board in August of 1998 (Appendix II). The information in this report builds on the data and initial study of the problem in this initial report. Also, additional information was gathered regarding community perceptions of the problem during public forums in the City's of Santa Cruz and Watsonville.

This report undertook the difficult task of prioritizing the unmet needs in the treatment arena. This was done with the goal of trying to propose feasible solutions that could bring new services to local youth within an 18 month period. Even so, there are many gaps still remaining and more comprehensive solutions needed in meeting the full System Of Care model for drug abuse. This model illustrated in Appendix II uses a set of graduated responses to treatment, based on the level of addiction and risks for overdose, as well as resistance to rehabilitation.

The Task Force also did a literature review of "best practices" for working with juvenile offenders with serious drug addiction problems. One of the best reports discussing this issue was, "Reducing Recidivism Through a Seamless System of Care: Components of Effective Treatment, Supervision, and Transition Services in the Community," prepared by Faye Taxman, Ph.D. for the Office of National Drug Control Policy. This report documents the effectiveness of involuntary treatment in helping youth recover from serious drug abuse. Minors ordered into treatment by a court had better outcomes than did voluntary youth and stayed in treatment for longer periods. While this type of intervention may only be necessary for serious addiction problems, it does play an important role in starting these youth on a process of treatment and recovery. This illustrates the productive role probation can place in helping youth and adults "stick with it" when they are tempted by the power of the addiction and their environment to drop out of treatment. The treatment can be in a community setting, but there is an external agent, Probation, making sure the treatment goals are met. The other important finding in this and other research is that the longer the treatment, the more effective the outcome in staying clean and sober. Quick fix treatment models do not give individuals the skills they need to sustain a long term commitment to staying drug and alcohol free.

ADDITIONAL DATA ON THE PROBLEM

There was a need to continue to collect and study data on the drug abuse problem. While this is an ongoing process, these additional reports continue to shed light on the problem. This data builds on prior information gathered for the August 7, 1998 report.

Adolescent Drug Study Santa Cruz County Juvenile Hall: A special survey was done of drug and alcohol problems in Juvenile Hall by Pajaro Valley Student Assistance and the County Alcohol and Drug Program in July and August of 1998. The surveys that are done in the schools often miss youth who do not have regular attendance. All of the youth in the Hall during this period were interviewed. The survey is Appendix IV to this report. The survey showed a serious pattern of drug abuse for approximately 80% of the youth in the hall. Regarding alcohol use, 81% of the youth had been drunk 3-6 times in the last 12 months. Twenty seven percent said they had been drunk 15 or more times in the last 12 months. Eighty nine percent of the youth had used marijuana regularly in the last 12 months. Forty four percent said they used marijuana daily. In the area of hard drugs, fifty eight percent of the youth had used methamphetamine. Heroin use was lower. Twenty two percent of the youth had smoked heroin, and eleven percent of the youth had used needles, snorted, and smoked heroin. While the number of youth interviewed was relatively small, this was a representative sample of youth going through the Juvenile Justice system. One of the findings which created the most concern in the Task Force was that only 63% of the youth involved in drugs and alcohol were interested in getting treatment. This indicated a need for both voluntary and court ordered treatment.

Prevalence of Alcohol and Drug; use Among County Youth: Alcohol and other drug use among youth in Santa Cruz County has historically been above State and national averages in most categories and age groups. Recent increases in measured youth drug use at the national level, combined with stabilization or decrease in drug use by Santa Cruz County in some categories has narrowed the gap. However, the use of heroin has risen sharply among youth in Santa Cruz County and nationally. Most of the local prevalence data is based on surveys of 6th, 8th, 9th and 11th grade students throughout Santa Cruz County conducted in 1994 and 1996. Students were surveyed again in the fall of 1998, with results expected to be released in January 1999.

Current Use by County Youth Declined in Most Categories: According to surveys of students in the County conducted in 1994 and 1996, progress has been made in reducing the current use (i.e., use in the last 30 days) of alcohol, marijuana, and inhalants. The reported incidence by County 11th graders of having been drunk in the past month decreased from 38% in 1994 to 31% in 1996. The use of marijuana in the past 30 days by County 11th graders decreased from 40% in 1994 to 35% in 1996. Use of cocaine and stimulants among County students remained unchanged from 1994 to 1996, except among 11th graders, where use of cocaine in the past 30 days increased from 4% to 6% and use of stimulants increased from 3% to 4%. It should be noted that alcohol and drug'abuse is considerably higher among youth not in school, and that the use of self-report data may result in under-reporting of drug use. It was for this reason that the addition of the Juvenile Hall survey noted above was considered important.

Lifetime Alcohol and Drug Use Increased Nationally and Locally: Lifetime use of marijuana (i.e., "Have you ever used marijuana?") among 12th graders nationally increased dramatically (64% in 1996 versus 34% in 1994) but increased for other categories of drug use as

well. Santa Crux County 11th graders showed a smaller increase in lifetime marijuana use (60% in 1994 versus 64% in 1996), as well as reflecting a lifetime incidence of using alcohol and having been drunk was essentially unchanged between 1994 and 1996. In 1996, the lifetime use of marijuana (64%) among County 11th graders was the same as national 12th graders, but was higher for ever having been drunk (67% County versus 62% national) and ever having used cocaine (17% County versus 7% national). Compared to the national 12th grade survey, County 11th graders reported less frequent lifetime use of inhalants (15% County versus 17% national) and stimulants (13% County versus 15% national).

The discrepancy between the downward'trend from 1994 to 1996 among County 11th graders in current alcohol and drug use compared to the upward trend from 1994 to 1996 in lifetime use (ever used) suggests that more County youth are experimenting with alcohol and drugs, but fewer are continuing their use beyond the experimentation stage.

Heroin Use Increased Significantly Among Local and National Youth: Heroin use among youth has recently increased at the County, State and national levels, and the incidence of heroin use and addiction is greater among County youth compared to State and national youth surveys. Surveys conducted in 1996 showed that 6% of County 11th graders had tried heroin, compared to 2% of the 12th graders nationally. Comparable data is not available for 1994. During 1996, two percent of the 11th graders and 1% of 9th graders in the County reported using heroin in the past 30 days.

Heroin use also showed significant increases among County drug treatment clients and Juvenile Hall youth. During 1996-7, 6.4% of County treatment clients under the age of 18 reported heroin as their primary drug problem, compared to 2.4% in 1994-5. Statewide, 2.5% of drug treatment clients under the age of 18 reported heroin as their primary drug problem during 1997. A 1998 survey of County Juvenile Hall wards revealed that 16.6% used heroin daily. This prevalence data points to the seriousness of the problem and that most youth need help to deal with these powerful and addictive drugs.

Next School Survey: This year another school based drug survey will be conducted using the same methodology as in prior years. The data should be available in January 1999. This will allow comparison and some ability to look at trends. Given the important efforts underway this survey is very important. Its results should be reviewed by the Task Force and other groups concerned with this issue.

Survey of Youth with Serious Mental Health Problems: Regular testing and evaluation is done for all the youth getting services from County Mental Health. Based on the data collected on co-existing drug and alcohol problems, 85% of the youth admitted to the dual diagnosis programs had moderate to severe impairment in alcohol and drugs as well as from their mental health problem. Youth in the programs linked to Probation had a 71% severe impairment level. Special education programs had a low 8% level of drug impairment. Social services youth had a 9 % level of impairment and the youth in the general mental health programs had 31% impairment level. Appendix V to this report shows more detailed data on the ongoing evaluation process. Clearly youth in mental health programs cannot have their drug and alcohol issues ignored. Their needs for treatment exist in two different problem areas and must be part of their treatment plans.

Analysis of Overdose Deaths: The Sheriff-Coroner's Office shared information on overdose deaths in the County from January 1994 to July 1998. This data was reviewed and

analyzed by the Task Force. While the number of minors who overdosed is very low (1) it was indicative of a growing problem. The Coroner's office did not have any other overdose deaths of minors in the county in their data, however, there were a large number of adult overdoses (114). Of this number, 23 were females. The average age was 32 for all deaths. Heroin was involved in 62 of the deaths. Cocaine and methamphetamine accounted for most of the other deaths. Nineteen of the 115 deaths were Hispanic. This data provided clarification on actual deaths which are often referred to without access to the facts.

REVIEW OF CRITICAL TREATMENT GAPS

After the initial community assessment of the problem which was described in the August 1998 report, the Task Force participated in a variety of community forums and commission meetings to refine the treatment priorities and potential recommendations. The conclusions related to service gaps in alcohol and drug treatment for youth are as follows:

- **No residential treatment programs exist except out of county Probation placements and "The Camp" which is a hospital-type program requiring personal/family payment of insurance.** These two options are not adequate to meet local needs and place significant financial burdens on families who want to help their children. The out of county placements used by Probation ***are Thunder Road*** in Oakland, Walden House and Our House in Sonoma County. Thunder Road has an excellent treatment model, but requires families to drive to the program several times per week to participate in family therapy, which is difficult for all families and especially so for low income families. Thunder ***Road also*** **has** issues with cultural competence in that groups are only in English. The *Camp* is also a good program, but limited to persons with insurance or personal resources to pay for the cost of care. In summary, the lack of local drug treatment residential options for adolescents is the largest gap in the care continuum for alcohol and drug treatment.
- **No secure beds (hospital or juvenile detention) for youth at risk of overdose who need involuntary treatment interventions.** California law allows only two means of putting a minor in a locked or secure setting - detention or involuntary psychiatric hospitalization. Neither of these are easily available or necessarily the best type of intervention for a youth who is seriously addicted and at risk of overdose. While there are options for locked treatments for Probation youth, they are limited to out of county Youth Authority beds. The Youth Authority has a strong substance abuse treatment component; it is only for very serious offenders. It would not be appropriate nor feasible to send youth with less serious criminal records to the Youth Authority just to access drug treatment. Psychiatric hospitals are also not likely to have effective drug treatment programs. Their focus is understandably on psychiatric problems and these locked beds cost 600-900$ per day. The best option would be a small number of locked treatment beds for use when a youth becomes at risk of overdose or "binge" use. These beds would be used as "time outs" to detox the minor and refocus them on remaining clean and sober. Long term solutions should include **legislation** which offer more options for drug addicted youth to get treatment in secure settings. For example, there is a new State license

called ***Community Treatment Facility*** which allows locked facilities, but its focus is almost identical to psychiatric hospitals and needs to be re-structured to be used for drug addiction.

- Detox is **limited to Triad outpatient methadone detoxification.** Detoxification is the first step to recovery for many involved with addictive drugs. There are different types of medical outpatient detox using new drugs which might be able to be administered through medical clinics as well as in an inpatient or residential setting. None of the residential programs used include detox except for ***Thunder Road and the Camp.*** Expansion of this service to be readily accessible to north and south county youth would be helpful for both youth and families seeking immediate help in early stages of addiction. Pharmacological treatment in terms of methadone and LAAM (long acting methadone) are the best known pharmacotherapies for heroin addiction.

- **School-linked Day Treatment which is for youth needing daily support and treatment in a clean and sober school environment was severely reduced this fiscal year due to Medical Changes.** Youth Services provided 4 classrooms with drug day treatment, but in FY 1998-99 these services were severely reduced. As discussed in the recent Drug and Alcohol Board letter on November 24, 1998, this service was cut by state changes to Minor Consent MediCal. This type of Medical was used for many youth who did not qualify for regular Medical, but needed mental health or substance abuse treatment. These intensive programs in north and south county included many Probation youth (66%) and were often the last chance for treatment before group home placement. The dramatic state reduction closed one classroom immediately and will cause another classroom to close January 1, 1999. This is a critical part of the continuum of care for youth to avoid out of home placement through Probation. In addition, this is a critical treatment resource for voluntary youth not yet involved in the Juvenile Justice system.

- **Crisis supports for youth and families with serious addiction issues are limited leaving families few options but to involve police.** Families frequently go into crisis when they discover their child's drug use. This often results in confrontations and runaways. While crisis services and counseling are available, they have few options for involuntary treatment if that is what is necessary to stop the cycle of drug abuse and addiction. The Task Force is unresolved on what is needed to help families, but is committed to better coordination of crisis services to families.

- **Youth on Probation with serious drug problems need structured supports, supervision, and treatment linked to school, jobs, family therapy and drug testing. Existing** services have limited capacity and intensity to meet the needs of seriously addicted youth who have become involved in crime to support their habit. Two intensive day centers (one in north county and one in south county) with all of these components would be extremely helpful. This gap could be filled by the Youth Challenge Grants now available through the Board of Corrections. A separate task force is developing this proposal.

- ▫◆♦ **in Juvenile Hall Need Access To Drug Treatment.** Many youth go through detoxification and await placement or court disposition in Juvenile Hall without working on the drug and alcohol problems which got them into trouble. Treatment while in custody can make a difference in motivating the young person to

consider the consequences of their drug use and seriously committing to treatment and recovery. To achieve these important outcomes, ongoing treatment and assessment for drug issues must be added to the Juvenile Hall.

One of key issues for **all** services is **cultural competence** in reaching and effectively treating Latino youth and their families. Linkage with recreation, neighborhood programs, gang prevention activities and job programs is also essential for successful prevention and rehabilitation of youth. Any recommendations for new or enhanced services must address these issues.

In addition to these gaps, there are also capacity issues with available outpatient treatment programs and early intervention programs in the schools.

PRIORITIES & SHORT AND LONG TERM OBJECTIVES

Given the number of critical needs listed above, prioritization was needed. The Task Force also needed to set feasible short term goals and make recommendations for solving these gaps in service which might be possible with available resources. Based on all the community input, analysis, and consultation with providers, the following were identified as the top priorities for service development.

1. Local community based residential treatment for Probation and voluntary youth modeled after the Thunder Road program in Oakland. The services need to be culturally competent and accessible and extensively involve families.

2. Continuation of the third day treatment classroom program, currently offered by Youth Services; consider the program next year as part of overall planning for drug and alcohol treatment.; coordinate this recommendation with the Probation Challenge Grant and other proposals to add services.

3. Provide continued leadership to add and expand other treatment services addressed in the critical gaps section. These include detoxification, locked beds, crisis supports, and other needs.

Long Term Objectives:

1. Add additional accessible, culturally competent detoxification options, both residential and outpatient.

2. Add locked treatment bed capacity to prevent overdose and stop relapse behavior before it become dangerous.

3. Explore the need for a comprehensive treatment center with residential, day treatment, school, and outpatient on one site similar to Thunder Road with

in home supports and linked to recreation and jobs. This option could include a small number of secure beds.

4. Work with schools to identify ways to help reduce drug access and students' widespread tolerance of drug use on and around campus. Coordinate these efforts with law enforcement where appropriate.

5. Continue the assessment of community needs and linkages.

FUNDING OPTIONS & ANALYSIS
RECOMMENDATIONS FOR FUNDING OF NEW SERVICES

The Task Force reviewed funding options available to the various County Departments serving children. Below is a description of sources of funding that could support treatment options needed in the community.

Proposition 10: This funding source is expected to bring approximately 3 million dollars per year of funding to the county. This funding source could be used to match Medical and other federal and/or state programs to leverage additional money for local needs. The emphasis of the proposition was on young children, but the language may allow for some flexibility by the local Council, which is to be appointed by the Board of Supervisors in the next few months. Some gaps in care could possibly be funded by this source based on the recommendations of the council.

AFDC-FC: This funding source is for group home placements. There are 14 levels of group homes each with different rates. Homes at level 10 and above can be structured to provide a substance abuse program. Group homes often are augmented with a Medical day treatment component for youth with intensive treatment needs and special school settings.

AFDC-FC requires a county share of cost based on the level of income of the parents and whether they meet federal poverty criteria for match. If the minor meets federal criteria, then the County share of the monthly cost is 30%. If the family does not meet federal poverty criteria, the County share is 60%. The cost of supporting additional beds would need to allow for additional county funds to cover increased share of cost. The AFDC-FC budget has been over-expended in previous years and still requires active management to stay within budget.

This funding source brings with it Medical for all youth in the residential programs. Medical will fund access to treatment and medical care. Parents with higher income may have a share of cost for this care. Also Probation wards, CPS dependents, and voluntary placements can be made, though with some restrictions. The voluntary placement option is the only means for a child not involved with Probation and CPS to access AFDC-FC and Medical. Voluntary placement is restricted to a maximum of 12 months during the life of the child based on a number of criteria defined by Welfare and Institutions Code 16507.3, section ad.

Based on an analysis of a hypothetical lo-bed, Level 10 facility, it is estimated that the County's share of AFDC-FC costs would be $11,702 per month for full occupancy of all 10 beds.

EPSDT MEDICAL: This funding source is available through County Mental Health and requires approximately 15% local funds to match 85% federal funds for all drug and mental health treatment services provided to Medical eligible youth. These services include intensive day treatment, rehabilitative day treatment, case management, outpatient services, and medication services and nursing supports. This is a rich range of services for a small match but, since only about 45% of the youth in need qualify for Medical outside of a group home setting, it only solves a portion of the funding dilemma.

New Facility/ Building Funds: This new state money has two funding streams. Twenty-five million dollars will be allocated via grants through the California Youth Authority. These funds can be used for community non-profit programs serving youth. There is also $179 million available for renovation and expansion of Juvenile detention facilities, but with major limitations and apparently little likelihood of assistance with the projects described herein. These funds are to become available in mid-1999.

AB 1784 Funds: This past legislative session 5 million dollars was approved for expanded adolescent drug treatment services. These funds will be administered by the State Department of Alcohol and Drugs. It is also not decided whether these funds will be allocated to all counties based on an allocation formula or via competitive grants. These funds might be available to help with meeting some of the unmet needs for the county.

Youth Challenge Grant: The Board of Corrections is sponsoring competitive grants for demonstration projects containing research components which impact juvenile crime. Santa Cruz County Probation is eligible to apply and will be proposing a north and south county youth center where school, treatment, family supports, probation supervision, jobs, and recreation can be provided to high risk Probation youth. These centers, if funded, would meet one of the critical gaps for Probation youth who do not need a 24 hour setting. These day centers must be coordinated with efforts to fund Youth Services day treatment classrooms.

Insurance/Share of Cost Billing Systems: Where possible, systems will be set up to allow the new treatment services to bill insurance. When this is not possible, families who do not qualify for Medical will pay a share of cost over time based on annual income. While this is not a major source of income, it can help somewhat with treatment costs. Billings systems existing in mental health which can be modified to meet this need.

Healthy Families Insurance: Low income youth who do not qualify for Medical may qualify for Healthy Families Insurance. This insurance does include drug and alcohol treatment coverage, but the application process is complex and benefit assistance is needed. When services are provided through mental health, state funds are available at a 65% state, 35% local match rate. This insurance program is still being modified due to problems with implementation, but it could increase funding and access for families needing drug and alcohol treatment.

Private Foundations and Endowments: In coordination with non-profit agencies, many different private foundation sources are being explored. This is an area of potential resources which could reduce the need for county funds to start these new programs. Foundations tend to

fund projects on a one-time rather than ongoing basis. Part of the Task Force work is to continue to try to develop these other funding sources for the proposed programs.

PRUCOL Resources For Undocumented Youth: PRUCOL (persons residing under color of law) refers to a revenue source which is used by some counties, but which has been denied to Santa Cruz and other Northern California counties by a decision of the Santa Clara Office of the U.S. Immigration and Naturalization Services (INS). These funds support services to wards and dependents who are undocumented youth placed in residential treatment. Obtaining PRUCOL funding would reduce pressure on the care of court ward budget which is supported by county general fund dollars.

Special Ed Average Daily Attendance (ADA) for School Links: When a school is part of an overall program, it may be possible to get ADA financial support to help with funding of the educational component. Education is a core portion of residential and in most day treatment centers.

Other Funds: In addition to the funding sources listed, the Alcohol and Drug program, along with Mental Health Services, is seeking to identify funds which may be available next year as part of the consolidation of the administrative activities in these two divisions of the Health Department. These funds would be redirected into treatment.

FUTURE ACTIVITIES FOR THE TASK FORCE

The inter-agency Task Force has begun the first steps in a comprehensive planning process to address the needs of youth related to alcohol and drugs. It is recommended that the Task Force continue its work and focus on the following tasks:

1. Continue to pursue and coordinate funding activities to meet the needs of youth with drug and alcohol problems. New potential resources are on the horizon that could make a substantial difference in meeting community needs. Diligence and coordination of efforts will be needed to obtain needed funds.
2. Oversee implementation of any recommendations supported by the Board of Supervisors related to new or restored treatment programs.
3. Continue coordination with the Criminal Justice Commission (I will check this out to confirm) and Together For Youth Collaborative to insure vital links between prevention, treatment, and enforcement.
4. Continue to obtain input from. the community on treatment programs, their effectiveness, and unmet needs.
5. Pursue options for achievement of long range goals identified in this report.

RECOMMENDATIONS AND BUDGET

To meet the top priority for residential treatment, the following recommendations are made.

1. Purchase three beds at Si Se Puede for 16- and 17-year olds after obtaining required state waivers. These beds are within an existing licensed facility for adults, but the new beds are not allocated in the current county contract. A state waiver will include a requirement for enhanced staffing. This expansion can be accomplished by May, thus allowing some access this year. This program is also culturally competent. There are currently no outside funds to offset the costs of this program expansion other than parent/family share of cost.

2. For Probation youth, contract with a Group Home provider for 12 local beds within existing homes which provide (or can provide) an intensive day program and school. The program will be modeled after Thunder Road in Oakland. This will require a commitment from a group home partner willing to work closely with the County on meeting its needs and dedicating existing beds to serve local youth referred by the County. Currently most of the local group home beds are occupied by youth from other counties. Through a "request for proposal?, the County would seek a group home partner who would operate a focused program, including the possibility of Probation staff on site. The program would be required to demonstrate and sustain a culturally competent program and have bilingual staff in all components of the program.

   If the strategy of getting more access and control of local beds is successful, it could allow services to be available by May of 1999. This will allow youth now placed out of county to return and assure more local control and family involvement. Ideally, a Probation Officer would be assigned to this home to work with this group of youth and the program.

3. For non-Probation youth, seek proposals from a local non-profit organization to provide the drug and alcohol treatment component in an existing six-bed facility. Youth would not need to be under Probation supervision to participate in the program. Program elements would include a special school program, job program, family therapy, treatment groups, transportation, night staff, etc. There could be beds devoted to both short and long term treatment, depending on the needs of each youth. The costs for this program would be linked to the AFDC-FC program and require county match for the day treatment program. It would take until July 1, 1999 to implement this program.

4. For other treatment needs, it is recommended that a Youth Services Day Treatment classroom slated for closure be maintained, thus allowing an additional 32 high risk youth to be served per year (based on a daily capacity of 16 and a 6-month average stay). Prior to recent Medical cuts, there were four special intensive high school classrooms with drug treatment - two in north county and two in south county. These programs were very successful and served both Probation and voluntary youth. When the Medical cuts occurred, one classroom closed in July and a second was scheduled to close in January. It is recommended that funding be provided to continue the classroom

scheduled for a January closing. This is a valuable resource for high risk drug treatment which serves as an alternative to group home placement for many youth. Next year, Probation is proposing special classrooms for court wards through the Challenge Grant and these classrooms could be looked at as part of the resources continuum for court wards. Given the magnitude of drug use in the county among teens, major problems will be created if this classroom closes in January. The Task Force therefore recommends funds be allocated to this resource.

Below is listed a funding summary for these resources for this fiscal year and next. The programs should be considered in the context of other funding proposals underway, such as the Challenge Grant so that there is no duplication, and a coordinated system of services is developed.

PROGRAM	COUNTY COST 98-99	OTHER FUNDS 98-99
3 Adult Beds with waiver	5,360	0
Group Home Probation Beds ($38.860)	5,360	33,500
Youth Services Day Treatment ($45,000)	9,280	35,720

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EXECUTIVE SUMMARY

TOGETHER FOR YOUTH/UNIDOS PARA NUESTROS JOVENES PLAN TO REDUCE YOUTH USE OF HEROIN AND OTHER EMERGING DRUGS

Although progress has been made in recent years in reducing the use by Santa Cruz County youth of alcohol, marijuana and inhalants, the use of heroin and other dangerous drugs has increased dramatically. Under the auspices of Together for Youth/Unidos Para Nuestros Jovenes, the Health Services Agency Alcohol and Drug Program coordinated a collaborative effort involving 25 organizations to develop a plan to respond to the increases in the use of heroin and other emerging drugs by youth. The planning group met five times between July and October of 1998 to address the following topics:

- What is the prevalence of alcohol and drug use among youth in Santa Cruz County?
- What efforts are currently underway to address the increasing use of heroin and other emerging drugs by youth?
- What factors are present in the County that put youth at a higher risk of using alcohol and drugs?
- How can existing and potential new resources be better targeted to address youth at the highest risk of alcohol and drug use?
- What additional efforts can be implemented using existing resources and what efforts will require new resources?

Many of the recommendations involving the reorientation of existing resources have been identified for immediate implementation by agencies involved in developing the plan, and others will be referred to other organizations for consideration. Recommendations requiring new resources to implement will be referred to the Together for Youth/Unidos Para Nuestros Jovenes Selection Committee for prioritization and possible inclusion in future Together for Youth/Unidos Para Nuestros Jovenes fundraising efforts. In addition, these recommendations will be referred to other organizations (local government agencies, schools, Together for Youth/Unidos Para Nuestros Jovenes member agencies, city and county governments; and State and Federal government representatives) to consider as part of their fund allocation and fund-raising efforts. Recommendations requiring new resources to implement include the following:

- Additional social and recreational alternatives for at-risk youth, including developing youth drop-in centers in San Lorenzo Valley and downtown Santa Cruz; developing partnerships with schools and parks and recreation services to open schools in the afternoons for "latchkey" kids; and providing employment opportunities for youth.
- Early intervention for youth picked up for minor criminal offenses and youth who have clearly identified risk factors (e.g., parents involved with Child Welfare Services, academic failure, homeless youth).
- Stronger enforcement of laws related to youth use of alcohol and marijuana, coupled with diversion to treatment and probation resources to ensure compliance.

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COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY
ADMINISTRATION

HEALTH SERVICES AGENCY
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SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4488
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July 20,1998

AGENDA: August 11, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95061

SUBJECT: REPORT ON TREATMENT OPTIONS FOR ADOLESCENT DRUG ABUSE

Dear Members of the Board:

Background:

During budget hearings your Board received testimony about drug abuse by teenagers in the County. Specifically, the Board heard concerns from parents and community members on the increased use of heroin and amphetamines by young people and the limited community treatment options for both detoxification and rehabilitation. Eased on this testimony and the data from the Heaith Services Agency validating an increase in the use of these dangerous drugs, your Board directed the Health Services Agency and County Administrative Office to begin working on options for addressing treatment deficits in the community. You also directed that the Board consider the formation of a task force to assist in this effort at today's meeting. Since that time, staff from Probation, HRA, Children's Mental Health Services, the Alcohol and Drug Program, and other parties have begun to work together to develop a sound model for delivery of care to high risk youth, and to begin formulation of options for filling critical treatment gaps.

Activities:

Since your Board provided this direction, our working group has met three times, worked with two different consultants on data collection and treatment options, coordinated its activities with the Criminal Justice Council, SCNET (Santa Cruz Narcotics Enforcement Team), and the Together for Youth Collaborative and has developed the attached report on options for addressing the treatment gaps in the current system. The attached report is a first step toward developing final recommendations for your Board.

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The report includes several components:

- Defining the Problem
- Defining the Optimal Treatment System/Continuum,
- Critical Gaps in CARE
- Short and Long Term Options and Obstacles
- Process To Refine Recommendations

Consultants will assist County staff in researching innovative program models for delivery of care, researching funding options for services, and developing final recommendations to be presented to your Board. Rather than creating an additional task force, staff recommends that. our working group serve as the coordinating group for this project, and that interested Board members be invited to attend our meetings. With regard to public input, we will seek the advice of existing commissions, including the Alcohol & Drug Abuse Commission, the Mental Health Advisory Board, and the Human Services Commission. With the involvement of the Commissions and the working group, we do not believe an additional task force is advisable.

Recommendations:

It is, therefore, RECOMMENDED that your Board take the following actions:

1. Accept the attached Report and direct work to continue with further recommendations to be returned to your Board on October 20, 1998.

Sincerely,

Charles M. Moody
Health Services Agency Administrator

RECOMMENDED:

Susan Mauriello
County Administrative Officer

cc: Auditor-Controller
County Administrative Office
County Counsel
HSA Administration
Community Mental Health
Probation
HRA Administration

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PRELIMINARY STUDY OF TREATMENT OPTIONS RELATED TO ADOLESCENT DRUG ABUSE

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BACKGROUND

The Board of Supervisors, in response to public concern related to adolescent drug abuse, directed county staff to begin developing recommendations for addressing this problem. Staff members of the County Administrative Office, the Health Services Agency, the Probation Department, the Human Resource Agency, the Alcohol and Drug Program, and Children's Mental Health have worked together and have consulted with community-based programs providing drug abuse and other services to adolescents. This, the first of two reports to be presented to your Board, provides data on the problem, an optimal treatment continuum, short and long-term approaches to filling treatment gaps, and a recommended process for finalizing recommendations to your Board.

SECTION I - DEFINING THE PROBLEM

Defining and understanding the problem of adolescent drug abuse is critical to developing an effective solution. Heroin and methamphetamines have received particular attention owing to their severe consequences and the rapid increase in their use by local youth. Heroin is a powerful narcotic which has a strong analgesic effect and produces intense euphoria. Heroin is highly addictive and users risk respiratory failure from overdose, as well as various diseases (e.g., HIV, hepatitis) associated with the use of dirty needles and impure drugs. Owing to the fear of HIV and the increasing purity and decreasing cost of heroin in recent years, many new users begin by smoking or inhaling heroin. However, heroin is highly addictive even when smoked or inhaled, and many of these users progress to injection use within a few weeks or months.

Methamphetamines are a powerful, easily manufactured form of amphetamine which produces agitation, hyper-vigilance, sleeplessness, appetite loss, and feelings of grandiosity. Methamphetamines are typically inhaled, ingested or injected. Users risk cardiac arrest and stroke from overdose, impulsive dangerous behaviors resulting from a sense of paranoia and grandiosity, extreme depression after a methamphetamine binge, and diseases resulting from infected needles and impure drugs.

Both heroin and methamphetamines are highly addictive drugs which require progressively larger doses to achieve the same effect, and can quickly dominate a person's life, creating severe social, educational, economic, legal and health problems.

Many sources of data were reviewed to confirm the presence of a serious level of drug abuse among the County's teenagers. The County Office of Education, in cooperation with the HSA Alcohol and Drug Program and local schools, surveys drug use among school youth every two

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years. The survey with the latest validated data is for FY 96-97. Heroin is one of the drugs generating the most significant concern. The utilization data related to heroin includes the following:

- 6% of 11th graders countywide have tried heroin compared with 2.1% of 10th graders and 1.8% of 12th graders nationwide
- Locally, 2% of 11th graders and 1% of 9th graders have used heroin in the past month. This translates into 200 9th to 12th graders using heroin in the past month. This is a very conservative figure because it does not include school drop outs and is based on self reporting.
- In a nationwide survey, heroin use between 1993 and 1997 increased from 1.3% to 2.1% for 10th graders, and from 1.1% to 2.1% for 12 th graders.
- 6.4% of the 1996-97 County treatment clients under age 18 had heroin as a primary drug problem, compared with 2.4% in 1994-95.
- 18% of Santa Cruz County Adult Jail inmates tested positive for heroin in 1995, compared with 9.2% for LA, Sacramento, Orange, Alameda, Riverside and San Bernardino counties in the same study.

The local school survey, though very conservative, points to an increasing level of heroin use in local young people and a higher than national level of use by local teens. At the request of the task force, national data was gathered by William Mercer & Associates, consultants in health, mental health, and substance abuse. The Bay Area, Southern California and the Southwestern states have higher levels of heroin use and availability than the rest of the nation. While the primary source of heroin is considered to be through Mexico, methamphetamines are considered locally produced in low cost labs. While the task force is focused on development of treatment options and is not charged with addressing the production and distribution of drugs, the Criminal Justice Council's Drug and Alcohol Task Force has indicated that it will investigate issues within the County associated with the local production and distribution of drugs.

Nationwide data reviewed by the Mercer group indicates that between 1994 and 1995, 4 of 21 major metropolitan area had significant increases in total drug use, with the San Francisco Bay Area increasing the most (57%), followed by New Orleans (40%), Los Angeles (10%) and Seattle (7%).

Nationally, from 1990 through 1995, the number of heroin-related episodes doubled (from 33,900 to 76,000), as did the rate per 100,000 population (from 15 in 1990 to 33 in 1995). Between 1994 and 1995, heroin use in the San Francisco Bay Area increased 67%, representing an increase 43% higher than the next highest Metropolitan area (Seattle, 24% increase). The San Francisco Bay Area also leads the nation in heroin-related episodes with 386 per 100,000 in population in 1995.

Nationally, between 1991 and 1994, methamphetamine related episodes rose 261% and amphetamine related episodes increased 322%. Although there was no increases noted between 1994 and 1995, this was thought to be attributable to a lack of supply, versus a decrease in

demand for these drugs. The number of metamphetamine treatment facility admissions is highest in the western states, with California leading the way. In the far west, the rate per 100,000 persons admitted for methamphetamine abuse in 1994 is double that reported in 1992. California also leads the nation in methamphetamine laboratory seizures with 33% of the total in 1995, or 108 out of 327 seizures, a strong indicator that California leads the nation in use of these drugs.

(In the appendix to this report are a number of national and regional studies on drug use patterns in the nation.)

Additional Data Collection

Despite having some good data to validate the perception that heroin, methamphetamines, and other drugs are a serious problem among the county's teens, the task force and the CJC felt that additional data collection would be valuable. The Alcohol and Drug Program is working with Probation to survey drug use among youth in Juvenile Hall. In addition, the Sheriff expressed interest in conducting a survey of persons arrested which would cover many issues including drug use and drug access. The County Office of Education is scheduled to conduct another school based survey for the 1998-99 school year. The State data system for alcohol and drug services will also provide some statistics for county treatment participants on drug use by age, and state comparisons may be available as well.

These additional efforts at local data collection will help refine an understanding of the problem. It is also important to compare local data with state data and the Alcohol and Drug Program will be seeking state comparison data to understand how widespread the problems are. Some of this information is expected to be available in the next 3 months for review.

The children and adolescents with drug problems who are discussed in this report fall into several groups whose needs, legal issues, and requirements for treatment are different. One large group of drug involved youth are court wards (Welfare and Institutions Code 602). These youth are in the juvenile justice system and placed into treatment by the Juvenile Court under the care and supervision of the Probation Department. Another group of children with substance abuse treatment needs are court dependents (Welfare and Institutions Code 300). These children have histories of neglect or abuse. Many of their parents are drug involved themselves. Child Protective Services, under the authority of the Juvenile Court, is responsible for their care and supervision. Some of these children are placed out of the home pursuant to State laws which define options for care and treatment. Finally, there are drug abusing youth with no court connections, the majority of which live with parents or relatives with a small number being runaways.

Probation, Child Protective Services, Mental Health, and Alcohol and Drug Services each have different roles, responsibilities, and funding for serving youth. To understand some of the intervention options discussed in this report, it is important to understand the roles of the different agencies and how they are funded.

Probation has the responsibility to protect the public and insure that court wards carry out the orders of the court. The court may order treatment and/or placement. Probation wards, when in placement, are eligible for Medi-Cal which covers their medical and mental health care. Non-treatment placement costs are covered by ADFC-FC foster care funds which is a State/Federal program which pays for group homes and foster care with local financial participation.

Child Protective Services has a different mission. Their primary role is to protect a minor from abuse and neglect, insure access to necessary care and supervision and, when possible, work towards re-unification with the parents. Children under their care usually are eligible for Medi-Cal which covers treatment costs while AFDC-FC pays for placement.

Finally, Mental Health and Drug and Alcohol Services fund some treatment for minors using state allocations and Medi-Cal. Without Medi-Cal, access to care can be very limited. Sliding scale fee programs may pay for care for some uninsured minors, but this type of care is limited. In addition, insurance coverage for substance abuse treatment is very limited. For example, the new Healthy Families insurance program (in itself a limited option as it is restricted to families below 200% of the Federal poverty level), funded by the State and the Federal government, only covers 30 inpatient days per year and 20 outpatient sessions.

SECTION II - DEFINING THE OPTIMAL TREATMENT CONTINUUM

The optimal treatment continuum for treatment of drug abuse needs to be culturally competent to meet the needs of all young people including Latino youth. This has been a focus for the County funded services and will need to be part of any services developed. The public sector treatment resources in the county are primarily under the direction of the County Health Services Agency. Private resources are limited to an inpatient adult program at Watsonville Hospital, a residential program in Scotts Valley called "The Camp" providing detox and treatment services, the Triad Methadone detox program, and private therapists specializing in drug-related counseling. There is also a community of recovery support services through important organizations such as Alcoholics Anonymous, Narcotics Anonymous, Dual Recovery Anonymous, and other self help programs. Private insurance has increasingly limited coverage and access to drug and alcohol services. Managed Care cost data indicates that prior to managed care, 10% of the health dollars were spent on behavioral health services. Recent data indicates that now 4% of the health dollar is spent on drug and alcohol and mental health care. This downward shift is indicative of shrinking access to care within the insured population.

In developing an "ideal" continuum of care for the youth of the County, two different types of needs were identified. There are an estimated 70 youth currently in Probation with significant addiction issues, limited motivation to deal with the challenges of treatment, and the need for structured, supervised and sometimes locked treatment settings. Probation is heavily involved in monitoring this group of youth. These youth have histories of significant illegal activity linked to their drug use.

Another set of services is needed for youth not as addicted nor court involved. In general more community based, less restrictive treatment options may be appropriate for these young people.

The continuum typically begins with the least restrictive services (prevention and outpatient programs) and moves to more structured and restrictive services including locked care with Probation involvement for minors where criminal activity is an issue. An Appendix chart illustrates this continuum.

Current County Services

Prevention

HSA Prevention services planned for 1998-99 were detailed in a report submitted to the Board of Supervisors during budget hearings, and include public education and awareness campaigns; training for students, parents, professionals and community members; alcohol and drug-free recreational and cultural events; and prevention planning and program development. Increased focus on prevention strategies for heroin and amphetamines will be incorporated into the prevention program in the coming year. Schools and law enforcement also provide significant prevention activities to youth. The County contributes about 1/3 of the funds used in the community for prevention. The prevention service providers and interested community members have formed a collaborative, Together For Youth, which has a comprehensive prevention plan. Together For Youth has a goal of raising $2 million over the next two years to fund the critical service needs identified in this plan. A thorough report on the restructuring of the Drug and Alcohol and Mental Health programs is scheduled to come before the Board on November 2, 1998, and will include a more detailed discussion on prevention activities.

Early Intervention

The County Alcohol and Drug Program also funds Early Intervention services through a range of contract agencies. Early intervention services are treatment services aimed at youth who are in the experimentation or early abuse stage of drug use. They usually include 1 to 4 individual, group, or family sessions to educate, motivate and refer to more treatment if needed. Youth are usually identified by teachers and the schools and referred to the contract agency supporting their school. Contracted agencies and school districts plan to provide early intervention services to approximately 900 youth and families during 1998/99.

Outpatient/Day Treatment

For 1998/99, Youth Services (part of Santa Cruz Community Counseling Services) will provide approximately 10 Outpatient/Day Treatment slots, two 12-student day treatment classrooms in Santa Cruz, and one 24-student day treatment classroom in Watsonville. Youth Services projects serving approximately 120 youth in 1998/99. Triad Community Services projects providing outpatient services to 60 adolescents in Scotts Valley and 100 adolescents in the San Lorenzo Valley for 1998/99. In Watsonville, Pajaro Valley Prevention and Student Assistance expects to provide outpatient counseling to 144 adolescents in 1998/99. In addition, Probation funds day treatment services through Fenix for some of their court wards.

Residential Treatment

The Probation Department has the responsibility of placing young people in out of home care who are court wards due to delinquency (Section 602 of the Welfare and Institutions Code). It has been through this process that some youth have been placed in residential care. Probation utilizes nine out-of-county, and three in-county drug treatment programs. With the exception of the Redwoods treatment program, the others are non-profit group home treatment programs and utilize AFDC-FC as the funding source. Currently, twelve youth are placed in out-of-county programs; nine are in in-county programs, and seven are awaiting placement. There are currently five young people in Redwoods who are drug dependent and getting treatment for this as well as mental health issues.

Since out of county placements are very difficult for families, family involvement and engagement is a critical component of success for helping young people placed out of the county.

Probation has established a special site day treatment and service center for Probation wards. Treatment services for high risk court wards who are addicted should be part of a full continuum including intensive Probation supervision, site-based day treatment and residential treatment. Young people need to be able to move up and down the continuum based on their unique needs. Specifically, site-based day treatment provides a school program, drug testing and treatment, supervision by Probation staff, and wrap-around services including substance abuse education, recreation, vocational services and extensive family involvement. Electronic monitoring could be provided out of this type of center and hours of operation would need to extend into the evenings and weekends.

A key concern expressed by community groups and parents is that access to group home programs is not available to youth who have not gotten in serious trouble with the law. Parents, not surprisingly, want to help their children get access to care before they get into serious trouble. Since private insurance does not pay for these residential programs and the cost is $3800-$6500 per month, few families are in a position to access this resource.

Intensive Case Management Models

Besides the use of residential care for Probation linked youth, the County created, in January, 1997, a special treatment and intensive supervision team funded with Medi-Cal, Title IV E funds, and county funds. Called the GROW team, it was created as an alternative to group homes which were costly and often did not result in successful behavior change when youth returned home. This team works with minors who might otherwise be in placement. Of the 35 young people in that program, 28 or 80% are drug dependent or addicted and could benefit from access to short-term residential program if/when they relapse. Probation also refers approximately 3 minors per month to The Camp in Scotts Valley if they have private insurance.

In summary, the community has a service continuum from prevention to school based day treatment for adolescents to address chemical dependency issues along with a limited set of private sector services for youth. All other treatment occurs in specialized group home programs funded through Probation or AFDC-FC funds. Although some Redwoods beds are used for treatment of chemical dependency, this is not the primary treatment focus for the program. Locked care is not readily available except in inpatient programs out-of-county for well insured youth or via Ranch Camps which include some chemical dependency services. One example of a residential program with a group continuum of care is the "Thunder Road Program" located in Oakland which accepts local court wards for drug treatment. Thunder Road has a semi-secure chemical dependency hospital license with a step down to residential care, both long and short term, followed by community aftercare including outpatient and case management. As part of the effort to understand innovative program models, the Task Force will be visiting this program before the report back on October 6, 1998.

In addition, the Federal Center for Substance Abuse Treatment (CSAT) is promoting an innovative treatment program for methamphetamine use, called the MATRIX program which was developed and is currently operational in Los Angeles. The Task Force requested assistance and information from CSAT on this program.

The services provided by the County and it's contract providers appear to be very helpful to the youth that are involved. The capacity of the outpatient and day programs, however, seem to be limited compared to the identified need for services. Indeed, some of the capacity of the programs is at risk since funding through Minor Consent Medi-Cal has been capped by the State at FY 93-94 levels. Youth services was most dramatically impacted by this cap and will be reducing day treatment and outpatient slots for care this next year by approximately 30%. This reduction could not come at a more difficult time in terms of community need.

SECTION III - CRITICAL GAPS IN CARE

Based on the research to date of the task force, there are some obvious gaps in the existing continuum of care for adolescent drug treatment. Each of these gaps is listed below with a brief discussion of the missing service:

- Residential Treatment Beds, with variable length of stay for crisis, relapse prevention, and long-term treatment
- Detox services for teens, both residential and outpatient
- Case management and "wrap-around" follow-up care
- Intensive Probation supervision and Youth Drug Court
- Site Based Intensive Day Treatment Linked to Probation
- Mobile Crisis Assessment/accessible centralized intake system
- Locked treatment beds for treatment resistant youth and/or youth in relapse

Residential Care

As discussed above, some existing "drug focused" group homes, in and out-of-county, serve court wards, but not others. In addition to the legal status limit, these programs are long-term and often out of county with limited family involvement. One of the key factors for success of drug abuse treatment of youth is extensive family involvement. This has been one of the cornerstones of success of the Redwoods program and has been a critical success factor in outpatient and day treatment programs as well. For this reason, a strong preference exists for local residential options which could serve both court wards and "voluntary" placements. In addition, there is a strong interest in short term crisis beds for relapse and "re-focusing" at risk youth who are trying to work on their recovery in the community.

Detox Services

For adults with addiction, Janus provides a residential detox program. There is no equivalent youth program. The Janus program's license restricts detox services to youth and it is uncertain if the State Department of Alcohol and Drugs would grant a waiver to use Janus beds for 16 and 17 year olds. If a crisis residential program is developed, detox might be part of that service. However, minors often do not have the severity of addiction to require residential or inpatient detox medically. There are protocols for physicians to detox minors using medications to reduce the side effects. These can be used on an outpatient or inpatient basis. Triad can detox minors from heroin using methadone, but they cannot use methadone maintenance for minors. Addicted minors who are court wards sometimes go through withdrawal in Juvenile Hall. The Juvenile Hall is not set up with observation rooms and medical staffing for detox. Since detox is the first step to recovery, it is important to build this resource into the proposed continuum.

Case Management and "Wrap Around" Services

One model which has proven effective with high risk youth is intensive case management tied to support services available 24-hours per day, in the family home, and coordinated with agencies such as Probation, HRA, and schools. Probation and HRA have partnered with HSA on intensive case management of high risk populations. These models include extensive family contact and assistance with benefits, jobs, and eliminating obstacles to success for the family and youth. The Probation GROW program is one example of this model which has had excellent success in community treatment and rehabilitation. The existing Alcohol and Drug program does not include case management as a funded service. There is limited case management for jail discharge planning and drug court for adults, but none for youth. To avoid extensive use of residential care, it is critical to build in these alternatives as discussed during budget hearings.

Probation Intensive Supervision, Day Treatment and Youth Drug Court

Because of the expense and life style associated with ongoing drug addiction, many youth become involved in the criminal justice system. Some minors need the structure and consequences of intensive Probation supervision to keep them motivated and engaged in treatment. Again, the

GROW program has been an effective model when paired with treatment/addiction services. A drug court for youth would be an additional enhancement to the service continuum as it would provide additional support for the minor and family. Santa Cruz County in now undertaking an adult drug court. Interest in applying for and adding a Juvenile Drug Court is strong within the Criminal Justice Council and organizations serving youth. CJC and HSA are both monitoring state and federal funding sources seeking grants to add a youth drug court.

An additional option being reviewed is the addition of intensive Probation supervision to one or more of the school based day treatment sites plus the addition of night and evening hours of services and supports for families. If existing programs can be strengthened, the need for residential beds will be decreased. The site based day treatment discussed above would be helpful for the most difficult to manage.

Mobile Crisis Assessment/ Accessible Intake System

The Alcohol and Drug contract agencies offer assessments for youth and their families, however, there is not a centralized intake system or mobile crisis assessment available in the family home. It is not surprising that some minors are very resistant to coming in for help and often in denial about drug and alcohol issues. Families have a difficult time getting these children to come with them to a clinic. Looking at the current system to improve it and make it more user-friendly to families has been suggested as a gap. Children's mental health does mobile crisis and assessments in the home, but these staff are not expert in chemical dependency and the capacity of this system to meet additional demands is uncertain. Nonetheless, the Task Force felt a "tune up" in the existing intake and assessment system should be pursued, particularly to respond to families in crisis.

Locked Treatment Beds

There are occasions when minors have difficulty entering and/or remaining in treatment. Evidence of this is seen in runaway figures from existing drug residential facilities, which are approximately 15%. Also the nature of drug addiction is that the user may need to experience the negative consequences of relapse a few times before developing the motivation to stick with the recovery program and internalizing the goal of being clean and sober as a good lifestyle choice. The Task Force felt that a few treatment beds were needed for a small number of difficult cases.

There are basically two options for locked beds and two options for secure beds. For locked beds, inpatient hospitalization and Probation Ranch Camp programs are the choices. Both types of beds are very expensive. The first secure bed option alternative is a residential crisis model with doors with alarms and adequate staffing for supervision. This model has been used for some mental health programs. The other secure model option is a new license category developed by the State called a CTF (Community Treatment Facility). This model has recently had regulations developed and the state has identified beds levels which each county might utilize. Santa Cruz was given an allocation of 3 CTF beds. The public entity responsible for developing these types of beds and how they will be funded is not clear at this time. The Task Force, however, will monitor their development.

Intensive Day Treatment Capacity

The review of continuum of care and service gaps has studied levels of care, but not capacity. There are capacity problems in day treatment and other services where referrals bottle-neck. Intensive Day Treatment linked to schools is an effective model for keeping youth clean and sober and on track with their education. It is a key bottleneck, however, where additional capacity is needed. Funding shortfalls have actually reduced this resource this fiscal year. Consideration should be given to restoring this resource and strengthening it as discussed above.

Cultural Competence is essential throughout the optimal system and needs to be an ongoing focus of drug program design. Any new services or re-designed services must include cultural competence as part of the planning and design of care.

SECTION IV - SHORT AND LONG.TERM OPTIONS AND FUNDING

Short-Term Solutions

Obviously the quickest way to fill some treatment gaps is to restructure and strengthen existing services and use some extra bed capacity in current drug and alcohol providers. Issues and costs associated with a restructuring approach, as discussed below, relate to each level of care that currently exists in the county. There are no locked beds in the county so this aspect will be discussed as part of the long-term options:

Residential Services

Because of resource shortfalls, all existing adult drug and alcohol residential programs have excess bed capacity. Fenix Services has vacant, unpurchased female beds for Latinas in south county. Si Se Puede has vacant, unpurchased male beds in south county. Sunflower house has vacant, unpurchased co-ed beds in north county. Janus has vacant, unpurchased coed detox beds which, with a state waiver, could be used for 16 and 17 year olds. Staffing would need to be richer due to special program and supervision needs. Adult programs might be able to be modified to accommodate teens, but only a small number of teens would be able to comfortably mix with an adult population. The advantages of this model is that it avoids the long and difficult facility search and location issues found with other approaches. There are culturally competent and clinically skilled providers in north and south county. These programs could accept voluntary placements with parental permission. A sliding fee scale could be established for parents. Linkages with the schools would be needed to insure continued education. There must be clean and sober school settings and modified program services to provide family counseling.

However, there are also some real disadvantages with this option. Court wards and dependents can only be in Community Care licensed facilities. It is extremely rare that the courts and licensing would allow mixing minors and adults in a placement. Another disadvantage is there would be no

placement beds for 14 and 15 year olds with serious drug problems. Also, research indicates a treatment setting just for youth has better care outcomes.

Existing providers and some local group homes have also expressed interest in converting their programs to a specialized substance abuse treatment group home linked to day treatment and school. For youth, who are not court wards or dependents, to access group home treatment, a time limited program called "voluntary placement" is required. This limits the placement time to 6 months total for the life of the child unless the parents can pay full costs for these services. The group home costs, while less expensive than a hospital, are still quite high ($3000-$4000 per month). Some cost sharing with the parents may be possible, however, the expense is still significant.

Detox Services

Modification of existing services seems to make the most sense to immediately meet current need. This need could be met by purchasing detox slots from Triad or beds with a State waiver from Janus. Medical outpatient detox could be performed by Triad.

Case Management and "Wrap Around" Services

Unlike residential services, this is an easier service to add via County or contract personnel. An essential feature of wrap around services is that a case manager follows the high risk child through all levels of care and types of service, engages the family, provides in-home support and crisis intervention, works with schools and Probation when appropriate, and becomes an advocate for the minor concerning their recovery. Case management services are billable to Medi-Cal and/or Healthy Families Insurance.

Intensive Probation Supervision & Youth Drug Court

Similar to case management services this component of services can be added if funding is available. The effectiveness of this model which is used by the GROW program has been shown to work well with court wards. Youth Drug Court is a long-term goal and is dependent on funding for special staff and designated treatment slots to make it effective. Within existing resources, Probation and Courts are doing a "mini-pilot" of this model in south county.

Mobile Crisis Assessment/Easy to Access Centralized Intake System

As previously stated, assessment services are available through the substance abuse contract providers, specifically Pajaro Valley Student Assistance, Fenix, Youth Services, and Triad. In addition, Children's Mental Health has mobile crisis and assessment services. Issues related to improved access and care coordination will be addressed as part of the October presentation to your Board.

Long-Term Solutions and Options

Two program components will be reviewed in the long-term options section: residential treatment and locked treatment beds. New programs for these two types of care would take time to create even if there were adequate resources which historically has been the critical obstacle.

Residential Treatment Beds

A new residential treatment program, unlocked, using a county-operated model like the Redwoods Program or the group home model like Thunder Road would take more time to create. If the program is six beds or less, it could be located in the community and run as a group home with day treatment supports linked to schools. This small number of beds might be adequate if other levels of care were enhanced or created so that minors did not have to live there for extended periods of time. In fact, this residential model was used for the Proyecto Unidad grant which lost it federal funding in 1996-97. This approach would not necessarily require new construction or a special use permit, and would allow sharing of costs with federal and state funding sources with the residential, day treatment program, and case management. There would still be some county costs and parent costs but the burden would be shared. The placement could accept clients who are not court wards and dependents but only for the 6 month time limits discussed for voluntary placements.

A Redwoods south proposal with a focus on adolescent drug treatment is also being evaluated. This 18 bed model may require new construction and an appropriate site must be found. The old Sunflower Youth house site on San Andreas Road which is owned by the County may be a potential site, although this site is isolated and distant from other support services, and there are land use and other issues that must be resolved. There may be other potential sites as well but research has not been done. The funding for this kind of program is largely built on Medi-Cal and requires placement orders or voluntary placement to assure funding eligibility.

Locked Treatment Beds

As previously discussed there are two potential options for locked beds. The hospital option would be very difficult to develop given the county size. Few hospital programs are available to purchase high quality chemical dependency services for youth. Those that exist are expensive and the quality of care is mixed.

The locked county-run program model is possible under the ranch camp Title 15 regulations. This option must be managed by Probation and is only available to court wards. A new state commission is evaluating expanding funding for counties who want to do ranch camp programs to reduce out of state placements. Probation is interested in this for court wards who are not committed to their recovery and need locked care to confront their addiction. A locked 90-180 day program which would allow court wards to return to the community when they seem committed to staying clean and sober. Ranch Camp programs must be county controlled and operated. The Criminal Justice Research Foundation is studying options for federal funding for local Probation

facilities.. A bond issue on the November ballot might be a funding source but the main emphasis is on correctional services.

This level of care, though requiring only a few beds, is the most difficult to meet in the short term.

SECTION V - PROCESS TO REFINE RECOMMENDATIONS:

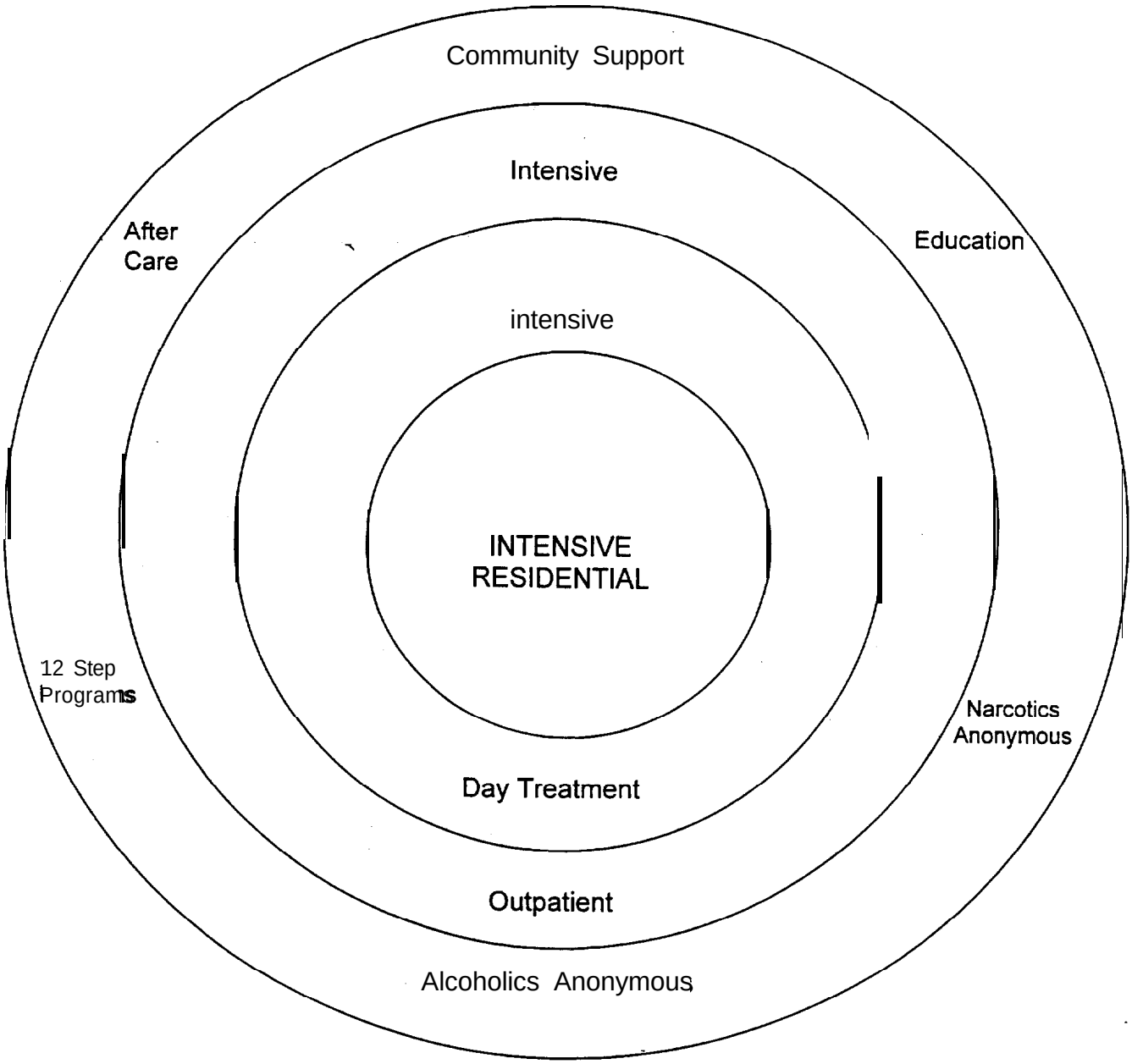
This report should be considered a "work in progress". To achieve an "ideal" continuum of drug and alcohol treatment and support resources could take a decade of sustained commitment . However, identifying "best practices" and the most important local priorities is a critical first step in the process.

At the conclusion of Budget Hearings, your Board allocated $20,000 for the development of new treatment resources. These dollars are to be used for consultation and grant writing in preparation of the report for your Board in October. There are many important tasks to be completed for the October report. Additional data collection must be done and analyzed. Each treatment option needs a full cost and revenue analysis. Treatment advantages and disadvantages must be refined. Grant opportunities must be identified and, where appropriate, applied for. Priorities for filling treatment gaps must be set due to restricted resources available to the County. Input and advice on these concepts must be gathered from youth, advisory boards, CJC, other jurisdictions and providers.

The process to refine these options and present your Board with program and funding recommendations will include schools, providers, local communities, and advisory boards associated with youth. Our working group will continue to meet regularly and will send representatives to the Alcohol and Drug Abuse Commission, Mental Health Advisory Board, the Human Services Commission, Juvenile Justice Commission, Children's Commission, Children's Network, CJC Juvenile Justice Task Force, CJC Drug and Alcohol Task Force, The Parent Partnership, Together for Youth, Law Enforcement Chiefs Association, and County Office of Education.

In addition, the current providers of drug and alcohol services and mental health services as well as city and community leaders will be consulted for further input. Input from the schools will be provided through sending this report to each school district and the County Office of Education and requesting comments. Finally, as priorities are set and recommendations formulated for the October report, the working group will meet and consult with Board members and interested Board members will be invited to participate in the working group meetings.

Health Services Agency
System of Care Concept



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DRUG AND ALCOHOL SURVEY
Tabulation of Critical Questions
(n=36)

		Total	Percentage
1.	What grade are you in?		
	8	4	11.1
	9	6	16.6
	10	9	25.0
	11	9	25.0
	12	8	22.2
2.	How old are you?		
	13	1	2.7
	14	5	13.8
	15	9	25.0
	16	11	30.5
	17	8	22.2
	18	2	5.5
3.	Sex: Male	32	88.8
	Female	4	11.1
6.	How old were you the first time you got drunk?		
	Never gotten drunk	4	11.1
	7	4	11.1
	8	-	
	9	5	13.8
	10	2	5.5
	11	2	5.5
	12	4	11.1
	13	8	22.2
	14	7	19.4
7.	How often in the laet 12 months have you...		
	had alcohol to drink		
	None	2	5.5
	1-2 times	5	13.8
	3-9 times	6	16.6
	10-19 times	6	16.6
	20-49 times	7	19.4
	50 + times	10	27.7

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	Total	Percentage
gotten drunk		
None	6	16.6
1-2 times	3	8.3
3-9 times	9	25.0
10-19 times	4	11.1
20-49 times	5	13.8
50 + times	8	22.2

19. How old were you the, **first** time you **tried** marijuana?

Never used	1	2.7
7	4	11.1
8	4	11.1
9	1	2.7
10	3	8.3
11	5	13.8
1 2	4	11.1
13	6	16.6
14	5	13.8
15	2	55
16	1	2.7

20. How often in the last 12 months have you used marijuana?

None	3	8.3
1-2 times	4	11.1
3-9 times	3	8.3
10-19 times	3	8.3
20 t times	7	19.4
Several/daily	16	44.4

25. How have you used methamphetamine (crank)? (Mark **all** that **are** right.)

Never used	15	41.6
Smoked **(only)**	4	11.1/19.0[1]
Snorted **(only)**		
Needle (only)	-	
Combination	17	47.2/80.9[2]

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[1] 11.1% of total sample (n=36) smoked m&amphetamine; 19.0% of users (n=21) smoked.
[2] 47.2% of total sample (n=36) and 80.9% of users (n=21) used methamphetamine in more than one way.

	Total	Percentage
26. How old were you the first time you tried methamphetamine (crank)?		
Never used	15	41.6
12	4	11.1
13.	6	16.6
14	6	16.6
15	2	5.5
16	3	8.3
27. How often in the last 12 months have you used methamphetamine (crank)7		
None	17	47.2
1-2 times	3	8.3
3-9 times	3	8.3
10-19 times	4	11.1
20 + times	5	13.8
Several/daily	4	11.1
32. How have you used heroin? (Mark all that are right.1		
Never used	24	66.6
Smoked (only)	8	22.2/66.6[3]
Snorted (only)		
Needle (only)	2	5.5/16.6[4]
Combination	2	5.5/16.6[5]
33. How old were you the first time you tried heroin?		
Never used	24	66.6
11	1	2.7
12	-	
13	3	8.3
14	3	8.3
15	3	8.3
16	2	5.5

[3] 22.2% of total sample (n-36) smoked heroin; 66.6% of heroin users (n=12) smoked.
[4] 5.5% of total sample (n=36) used heroin by necdlc; 16.6% of heroin users (n=12) injected.
[5] 5.5% of total sample (n=36) and 16.6% of users (n=12) used heroin in more than one way.

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	Total	Percentage
34. How often in the last **12** months have you **used** heroin?		
None	28	77.7
1-2 times	1	2.7
3-9 times	1	2.7
10-19 time6		
20 + times		-
Several/daily	6	16.6
39. How old were you the **first** time **you** "sniffed" (or "huffed") glue, **gas, sprays,** or anything like that to get high? (Do NOT include cocaine,)		
Never used	19	52.7
11	1	2.7
12	2	5.5
13	4	11.1
14	3	8.3
15	6	16.6
16	1	2.7
40. How often in the last **12** months have you **"sniffed"** (or "huffed") **glue,** gas, **sprays,** or anything like that to **get** high? (Do NOT include cocaine.)		
None	20	55.5
1-2 times	6	16.6
3-9 times	3	8.3
10-19 times	3	8.3
20-49 time6	3	0.3
50 + times	1	2.7

42. Have you **ever** tried any of the following drugs?

	Yes		No	%
Cocaine	26	72.2	10	27.7
Crack	19	52.7	17	47.2
Amyl	1	2.7	35	97.2
LSD	16	44.4	20	55.5
Other psychedelic	20	55.5	16	44.4
'Ecstasy"	4	11.1	32	88.8
MDA			36	100.0
PCP	7	19.4	29	80.5
Other narcotics	13	36.1	23	63.8
Spinners	-		36	100.0
Quaaludes	2	5.5	34	94.4

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H3

43. Have you used any of these drugs to get high during the last 12 months?

	Yes	%	No	
Cocaine	24	66.6	12	33.3
Crack	17	47.2	19	52.7
Amyl	1	2.7	35	97.2
LSD	14	38.8	22	61.1
Other psychedelic	17	47.2	19	52.7
PCP	6	16.6	30	83.3
Other narcotics	12	33.3	24	66.6
Spinners		-	36	100.0

	Total	Percentage
54. Are you...		
white	16	44.4
African American	3	8.3
Mexican American	16	44.4
Spanish American	1	2.7
58. Have you previously received treatment or counseling for an alcohol or drug problem? If "yes" indicate which type of counseling or treatment you have received (check all that are true).		
Yes	17	47.2
No	19	52.7
Outpatient (only)	12	33.3/70.5[6]
Day treatment (only)	-	
Reaidential (only)	1	2.7/5.8[7]
Combination	3	8.3/17.6[8]
59. Are you interested in receiving alcohol or drug treatment now?		
Yes	13	36.1
No	23	63.8

[6] 33.3% of total sample (n=36) and 70.5% of *those* who received treatment (n=17) had outpatient care.
[7] 2.7% of total sample (n=36) and 5.8% of those who received treatment (n=17) had residential care.
[8] 8.3% of total sample (n=36) and 17.6% of those who received treatment (n=17) had combined outpatient and day treatment care.
[9] Breakdown by interviewer: HSA (n=19), 26.3% yes and 73.6% no; Dianne Avelar (n=9), 33.3% yes and 66.6% no; Tom Burke (n=8), 62.5% yes and 37.5% no.

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PAJARO VALLEY PREVENTION
and student assistance, inc.

TO:	Judy Cox	FAX:	454-3827
FROM:	Linda Perez Executive Director	FAX: Phone:	761-6011 728-64-G
DATE:	September 3, 1998		
RE:	Substance Abuse *Survey*		

Judy,

I had Carol retabulate question 43 to indicate number of uses within last 12 months, rather than just yes or no as to usage. The results are attached.

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43. **Have you used** any of **these** drugs to get high during the last **12** months?

	No	%	1-2 times	%	3-9 times	%	10-19 times	%	20-49 times	%	50+ times	%
Cocaine	12	33.3	9	25.	6	16.6	1	2.7	3	8.3	5	13.8
Crack	19	52.7	4	11.1	4	11.1	4	11.1	3	8.3	2	5.5
Amyl	35	97.2	1	2.7								
LSD	22	61.1	6	16.6	5	13.8	2	5.5			1	2.7
Oth. Psy.	19	52.7	9	25.	7	19.4					1	2.7
PCP	30	83.3	5	13.8			1	2.7				
Oth. Nar.	24	66.6	4	11.1	2	5.5	3	8.3	2	5.5	1	2.7
Adren.	36	loo.										

Substance Use - Levels of Severity by Target Population
Santa Cruz County Children's Mental Health System of Care
11/24/98

The CAFAS (Hodges, 1991) is an instrument measuring functional impairment in children's functioning in 8 categories, as rated by a clinician. In this report, level of impairment in substance use is shown as rated by the clinician at time of admission to the SC System of Care, for each of the target populations served, i.e. Social Services, Special Education, Other SED, Probation, and Dual Diagnosis.

Findings show:

- **Dual Diagnosis - 85%** of the youth rated in the severe to moderate level of impairment in substance use.
- **Probation program - 71%** of youth rated in the severe to moderate level of impairment in substance use.
- **Other SED - 31%** of youth rated in the severe to moderate levels of impairment in substance use.
- **Social Services - 9%** of youth rated in the severe to moderate levels of impairment for substance use.
- **Special Education -** 8% of youth rated in the severe to moderate levels of impairment in substance use.

Levels of Severity - Substance Use
(by Percentage of Youth in each Target Population at Admit)

	None	Mild	Moderate	Severe
Social Services	84	7	7	2
Special Education	83	9	5	3
Other SED	65	4	24	7
Probation	21	8	32	39
Dual Diaanosis	3	12	35	50