



county of los angeles department of public health

substance abuse prevention and control strategic plan 2011-2016

February 2011

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Prepared by



message from the director

Dear Community Members:

The County of Los Angeles Department of Public Health–Substance Abuse Prevention and Control is tasked with implementing policies and strategies to prevent substance use disorders and treat those who are directly or indirectly affected by alcohol and other drug misuse. Substance use disorders affect individuals, families and communities in a variety of ways. Individuals with substance use disorders can suffer from permanent health and social consequences as a result of dependence or abuse.

The field of substance use disorders continues to change as funding shifts and the breadth of knowledge about prevention and treatment grows. Recent changes to legislation like the Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act (MHPAEA) will substantially alter the way in which we do business and will affect the way services are delivered in the community. We are working hard to identify and address the underlying social and familial factors that affect individuals and communities in their efforts to limit the unlawful use and abuse of alcohol and other drugs.

This plan will guide the Department in facing emerging challenges and will ensure that we are working effectively, efficiently and using our human and financial resources in the best way possible. This plan is a preliminary platform from which we will work to enhance prevention, treatment and recovery efforts for the people of Los Angeles County. We will not work in isolation in this endeavor. We look forward to building new and innovative partnerships to meet our vision, mission and goals. Together, we can and will ensure that all people and communities in Los Angeles County have the opportunity to pursue their dreams and to fulfill their promise without the burden of alcohol or drug abuse and addiction.

Sincerely,

A handwritten signature in black ink, appearing to read "John Viernes, Jr.", with a stylized, cursive script.

John Viernes, Jr.
Director

ACKNOWLEDGMENTS

The County of Los Angeles Department of Public Health–Substance Abuse Prevention and Control (SAPC) wishes to acknowledge the leadership and contributions of various SAPC staff members in developing a strategic plan that will guide the delivery of prevention, treatment and recovery services over the next three to five years. The department also wishes to extend appreciation to the Board of Supervisors, the various county partners and contracted service providers who offered support and expertise necessary to advance substance abuse issues in the County of Los Angeles.

The SAPC would also like to thank the many individuals who participated in Key Informant Interviews, Focus Groups and the Stakeholder Forum. SAPC also appreciates the many individuals who responded to survey requests and provided thoughtful responses. Participants in the focus groups included youth and adults in recovery, participants currently engaged in treatment, persons employed by SAPC, contracted service providers, SAPC staff members, staff from partnering County departments, judicial officers, criminal justice experts and other key community stakeholders.

We would also like to recognize the skill and expertise of Mark Sillings, Carolyn Verheyen and Andi Nelson of MIG, Inc.

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1 introduction

SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC), a division of the Los Angeles County Department of Public Health (DPH), developed this Strategic Plan to successfully navigate through a period of unprecedented changes in the alcohol and other drugs (AOD) prevention, treatment and recovery fields. The convergence of several factors, not least of which involves Health Care Reform (HCR), underlies a wave of change that will in the next few years move through and transform the institutional and financial environments in which public agencies like SAPC must operate.

In anticipation of these coming changes, the primary local agency charged with reducing the community and individual effects of AOD use and abuse in Los Angeles County has taken on a new name. Until 2010, the agency was known as the Alcohol and Drug Program Administration (ADPA). The name was changed to Substance Abuse Prevention and Control to better describe the public health role it would play in an AOD field that has been fundamentally transformed.

Concurrent with the new agency name, leadership in the County of Los Angeles and SAPC management initiated the strategic planning process. Although SAPC has been engaged in the AOD field for almost 30 years, this is the first Strategic Plan ever prepared by its staff. Given this long history, the leadership recognized that to effectively adapt to the coming changes, the organization could no longer rely on unexamined assumptions and existing institutional practices that may have worked well in the past but which might not be well suited for the rapidly advancing future. Given an urgent need to plan for these changes, SAPC staff developed the Strategic Plan to help chart a course through a landscape that will be fundamentally altered by HCR and other forces for change. The ultimate benefit of this new Strategic Plan is to position SAPC to take full advantage of this new environment and so greatly enhance its capacity to reduce AOD use and abuse within the communities of Los Angeles County.



2 overview of substance abuse prevention and control

PROBLEMS ASSOCIATED WITH ALCOHOL AND DRUG USE adversely affect an estimated 23 million people throughout the United States. Although substance use disorders are both preventable and treatable, the vast majority of those with this chronic condition go untreated. The impact of this disease extends far beyond these individuals and their families by imposing enormous costs on local communities and society at large. Nationally, each year alcohol abuse alone generates an estimated \$185 billion in costs stemming from a myriad of inflictions including unnecessary illnesses, vehicle crashes, lost productivity and criminal activity. Drug abuse contributes another \$143 billion to this terrible toll.¹

As elsewhere in the nation, the economic and social impact in Los Angeles County of untreated substance abuse is enormous. The annual estimated economic cost in the County for alcohol use alone is nearly \$11

billion.² At the same time, drug overdose is the fourth leading cause of premature death and the 17th leading cause of death overall.³ Drug offenses account for the highest percentage of overall felony arrests.

In the 2009-10 fiscal year, over 60,000 Los Angeles County residents were admitted to publicly funded AOD treatment programs.⁴ These programs are funded through the SAPC program which has the primary responsibility in the County for dealing with this public health problem. With an annual budget of more than \$200 million and nearly 200 employees, SAPC provides an array of alcohol and drug prevention, treatment and recovery programs and services for County residents through

¹ Briefing on Substance Use Treatment and Recovery in the United States. http://pfr.samhsa.gov/docs/Briefing_Substance_Use_Treatment.pdf

² The Annual Catastrophe of Alcohol in California: Los Angeles County. Marin Institute, July 2008. <http://www.marininstitute.org/site/images/stories/pdfs/coststudyfinal.pdf>

³ Mortality in Los Angeles County 2007: Death and Premature Death with Trends for 1998-2007, County of Los Angeles Department of Public Health.

⁴ Fact Sheet: Drug Use and Misuse in Los Angeles County. County of Los Angeles Department of Public Health, Substance Abuse Prevention and Control. September 2010.

contracts with over 150 community-based organizations. In addition to providing funding for this provider network, SAPC directly operates the Antelope Valley Rehabilitation Center (AVRC). The primary recipients of these County-funded and operated alcohol and drug prevention, treatment, and recovery services are Los Angeles County residents, particularly those who are uninsured or underinsured.

To effectively manage its services SAPC is organized into ten operational divisions, including AVRC mentioned above. It also participates in multiple partnerships with other agencies and organizations to better focus on the specific needs of different subgroups within the AOD client population.

SAPC ORGANIZATIONAL STRUCTURE

Listed here alphabetically, the ten divisions/units of SAPC encompass:

Antelope Valley Rehabilitation Centers (AVRCs): are comprised of two programs. The residential program, located on 135 acres in the mountain setting of the Acton Rehabilitation Center, provides services to adult men and women. Acton Rehabilitation Center can accommodate over 300 participants. High Desert Recovery Services (HDRS), the outpatient branch of the AVRCs located in Lancaster, is a low-cost, comprehensive, adult outpatient substance use disorder treatment program.

Community Planning and Program Evaluation: coordinates strategic planning activities, policy development, and special projects, including the Los Angeles County

Evaluation System (LACES) outcomes project in partnership with the University of California, Los Angeles Integrated Substance Abuse Programs.

Community Program Services (CPS)

Division: oversees management and coordination of an array of programs and partner relationships, encompassing:

- Several federal- and State-funded projects including the Los Angeles County network of Narcotic Treatment Programs (NTPs) and the network of Community Assessment Service Centers (CASCs).
- Treatment and recovery supportive services offered to the Department of Public Social Services' General Relief (GR) and California Work Opportunity and Responsibility to Kids (CalWORKs) program participants.
- The Department of Children and Family Services' Providing Safe and Stable Families-Time Limited Family Reunification (DCFS PSSF-TLFR) program.
- HIV and AIDS training and services for SAPC's network of treatment and prevention agencies.
- Ensuring that persons convicted of Driving Under the Influence at six court locations comply with the conditions of their probation.
- Individual and community-based prevention services to reduce availability and accessibility, and change the social norms and conditions that contribute to alcohol and drug use.
- Criminal justice and drug and specialty court programs provided by numerous State and County criminal justice agencies, such as the Offender Treatment

Program (OTP), Adult Drug Courts, Family Dependency Drug Courts, and Co-Occurring Disorders Courts (CODCs).

- Collaborates with Public Safety agencies in the implementation of the Los Angeles Screening, Brief Intervention, Referral, and Treatment (SBIRT) program for the delivery of early intervention and treatment services for short-term detainees.
- Administers several Parolee re-entry programs, including the Parolee Services Network, Female Offender Treatment Programs, Second-Chance Women's Re-entry Program, and Probation Day Reporting Center's substance abuse treatment services.
- Outpatient and residential treatment services tailored to the specific needs of youth.
- Collaborations with the Department of Children and Family Services and the Probation Department to provide prevention and treatment services for system-involved youth.

Contract Development and Processing Division (CDPD): is responsible for the administration of the DPH SAPC contract program; manages Requests for Proposals and other competitive selection processes; and is responsible for maintaining SAPC program office records of contracts and updating contract information.

Executive Office: The Director of SAPC oversees the work of the Chief Deputy Director, Chief of Staff, Public Information Officer, Medical Director, Special Assistant, the Commission on Alcohol and Other Drugs, Information Systems and Personnel Services.

The Chief Deputy Director manages SAPC daily operations and advances science-based treatment improvement initiatives and collaborative agreements with SAPC partners. The Chief Deputy Director also oversees SAPC Strategic Planning, ongoing community planning processes, and legislative and policy analyses.

The Chief of Staff coordinates executive assignments, provides AOD commission support, coordinates facility management, and conducts special projects.

The Public Information Officer (PIO) oversees SAPC's media relations and external communications and liaises with DPH's and the State's Public Information Officers. In addition, the PIO coordinates special community projects, events, and professional trainings.

The Medical Director consults with program directors on treatment improvement initiatives and protocols and oversees the expansion of medication-assisted treatment.

The Special Assistant's Office supports the Director in SAPC's day-to-day operations, including reviewing all internal and external documents and assignments; representing the Director at internal and external meetings; and completing SAPC and DPH Executive-level assignments, in collaboration with other DPH staff if necessary. The Special Assistant also oversees the Research and Epidemiology (R&E) Unit and serves as a Co-Chair on SAPC's Data and Information Committee.

The Commission on Alcohol and Other Drugs advises and makes recommendations

to the Board on alcohol and drug issues. The goal of the Commission is to reduce problems related to substance use disorders and the negative impact on the quality of life for individuals and their families residing in Los Angeles County.

Financial and Administrative Services Division: is responsible for the financial management and contracting functions for SAPC.

Information Systems Division: is responsible for design, development, and implementation of SAPC's network operations, information technology support, and electronic data collection systems between SAPC and contract agencies to comply with State and federal funding sources. This Division also co-chairs the SAPC Data and Information Committee.

Personnel Services Division: handles all personnel and payroll-related matters.

Program Compliance and Quality Assurance Division: is responsible for a number of core functions, including:

- Compliance monitoring of all SAPC programs;
- Evaluation and development of operational systems and procedures to ensure the effective implementation of programs by SAPC contracted providers;
- Provision of technical assistance to these providers on contract compliance and program standards; and
- Oversight of Drug/Medi-Cal program in Los Angeles County.
- The DMC program offers outpatient, narcotic treatment, and limited substance

use disorder residential treatment services for Medi-Cal eligible County residents. Services are available for pregnant and postpartum women. Youth under the age of 21 may obtain services through the Minor Consent Program. DMC programs comply with Title 22 of the California Code of Regulations.

Research and Epidemiology (R&E) Unit: collaborates both internally with other SAPC staff and externally with staff from other DPH programs and outside agencies regarding substance abuse data, research, and epidemiology issues. R&E staff monitors, analyzes, and interprets local and national AOD-related data for subsequent use in local planning, evaluation, and prevention efforts.

SAPC PROGRAMS

The SAPC maintains a variety of public and private partnerships which are intended to provide a continuum of prevention, treatment and recovery services to persons of any age. The partnerships are manifested in various programs throughout the county.

Community Assessment Service Centers (CASC): serve as entry points for adults seeking alcohol and drug treatment and recovery services. At each CASC site, a person is provided with a standardized assessment. The results are then used to refer an individual to the appropriate level of treatment. There are currently 19 Service Center sites located throughout Los Angeles County.

Youth and Family Programs

Youth System of Services: is composed

of seventeen community-based programs (thirteen outpatient and four residential) that provide substance abuse prevention, treatment, and recovery services tailored to the specific needs of youth.

Dependent Youth Substance Abuse Treatment Protocol: is a collaborative project of the Los Angeles County Dependency Court, the Department of Children and Family Services (DCFS), SAPC and its Youth Services Contractors. The goal of the project is to identify dependent youth 12 years of age and older with possible substance abuse issues and to provide them with the services they need to reduce their chances of coming into contact with the juvenile delinquency system.

Providing Safe and Stable Families—Time Limited Family Reunification (PSSF-TLFR) Program: is a collaborative program, which serves families where one or more children have been removed from parental custody for fifteen months or less due to suspected child abuse or neglect, and addresses the impact of substance abuse on families in Los Angeles County. The program requires parents and/or caretakers to enter alcohol and other drug treatment services as a part of their family reunification plan.

Prevention Services: are a network of community-based programs throughout the County. The programs engage youth and other community residents in conducting activities to reduce the availability and accessibility and change the social norms and conditions that facilitate AOD use and the related problems. Prevention services target community-level issues and do not require treatment of a substance use

disorder.

California Work Opportunity and Responsibility to Kids (CalWORKs) Program: is a collaboration of SAPC, the Department of Public Social Services (DPSS), and the Department of Mental Health (DMH) designed to address the issue of substance abuse and its impact on families in Los Angeles County. This program focuses on helping welfare recipients move from public assistance to employment or from welfare-to-work (WtW). Participants meeting WtW requirements may receive treatment for substance abuse, mental health, and domestic violence.

General Relief (GR): is a program that assists applicants/recipients with substance abuse problems to recover from their chemical dependency.

Youth and Family Criminal Justice Programs

The Juvenile Justice Crime Prevention Act (JJCPA): established funding in California for services proven to reduce crime among at-risk youth and juvenile probationers. Through this collaborative project with the Probation Department, SAPC Youth Services Contractors provide substance abuse treatment services for probation involved youth.

Dependency Drug Court Program: is a collaboration between the Los Angeles Countywide Criminal Justice Coordination Committee (CCJCC), Superior Court, DCFS, County Counsel, SAPC, and attorneys for both the parent and children. The program addresses the needs of substance-abusing

parents while efforts are being made to foster family reunification. The program requires a minimum of twelve months of treatment.

Adult Criminal Justice and Probation Programs

Parolee Services Network (PSN)

Program: is a collaborative between the California Department of Corrections and Rehabilitation (CDCR) and the California Department of Alcohol and Drug Programs (ADP), and provides community-based alcohol and drug abuse treatment for eligible parolees. The purpose of the PSN project is to provide prison parolees with a full array of treatment and recovery services to promote long-term sobriety, support community reentry, and reduce criminal recidivism. Funded by the CDCR, the Los Angeles County PSN project was implemented in 1991. SAPC oversees local community treatment providers that provide PSN services throughout the County.

Co-Occurring Disorders Court (CODC): is a pilot court program created to supervise criminal defendants diagnosed with both a mental illness and a substance abuse disorder. The project involves an 18-month program that integrates mental health and substance abuse treatment services.

CCJCC, Superior Court, District Attorney, Public Defender, Sheriff, Probation Department, and SAPC worked together to develop the *Drug Court Probation Program* for drug-using offenders. While on probation and subject to the rules of the Probation Department, drug-using offenders participate in intensive judicial supervision, case management, mandatory substance

abuse treatment, drug testing, graduated sanctions, and rewards. Upon successful completion of the program, offenders' guilty pleas are vacated and their cases dismissed.

Sentenced Offender Drug Court (SODC)

Program: is an intensive program for convicted, non-violent felony offenders who face state prison due to their criminal records and history of drug addiction. These higher risk offenders have medium to high levels of drug addiction and are offered the SODC program with formal probation as an alternative to state prison. SODC integrates in-custody and post-release treatment components.

Proposition 36, also known as the *Substance Abuse and Crime Prevention Act (SACPA)*: is a probation and drug treatment program (provided in lieu of incarceration) for probationers and parolees with drug-related probation or parole violations and for persons convicted of possession, use, transportation for personal use, or being under the influence of a controlled substance. It applies only to non-violent drug possession/use offenses by individuals with no prior violent felony convictions; and provides up to six months of community-based substance abuse treatment for eligible participants. In Fiscal Year 2009-10, funding for Proposition 36 under SACPA was eliminated, but the mandate for the provision of Proposition 36 drug treatment services continues indefinitely.

CCJCC, Superior Court, Sheriff, District Attorney, Public Defender, Probation Department, University of California, Los Angeles Integrated Substance Abuse Programs, and SAPC joined together to establish the *Second Chance Women's Re-*

Entry Court Program to provide services for 25 female offenders who are legal residents of Los Angeles County and are: 1) paroled from a CDCR institution under jurisdiction of the Los Angeles Superior Court and facing a new, non-violent, non-serious felony charge; 2) concurrently on parole and probation; or 3) on felony probation with a high risk of being sentenced to State prison. Eligible clients are required to complete a treatment plan with incentives and sanctions that includes stabilization, orientation, assessment, intensive treatment, transition, and enhancement services.

Screening, Brief Intervention, Referral, and Treatment (SBIRT) program: is a demonstration project funded by the federal Substance Abuse Mental Health Services Administration and the State of California ADP. This project provides a public health intervention for short-term detainees to assist them in reducing or eliminating their tobacco, alcohol, and/or other psychoactive substance use and abuse. The SBIRT Demonstration Project is a collaborative effort between SAPC-designated treatment agencies, the Sheriff's Department, and the Los Angeles Police Department, to increase offender access to community support services, reduce alcohol and/or other drug prevalence, decrease recidivism, and reduce jail overcrowding.

TRENDS AND ISSUES RESHAPING THE ALCOHOL AND OTHER DRUGS FIELD AND THE SAPC OPERATING ENVIRONMENT

As outlined in the preceding section, SAPC facilitates the delivery of a complex array of alcohol and other drug (AOD) programs and

services through a network of community-based providers and numerous partnerships with other public agencies in Los Angeles County and at the State and federal levels. These existing inter-organizational relationships for the delivery of AOD services and the supporting federal and State funding system have evolved over several decades. This establishment is now on the verge of a significant transition to new and different institutional arrangements driven by policy changes at the federal level and related trends within the AOD field. Among these change factors are the following:

- Through Health Care Reform, scheduled to be fully in effect by 2014, some revenue streams for many AOD prevention and treatment services are likely to shift away from federal block grants to private insurance and Medi-Cal.
- As a result of the Mental Health Parity and Addiction Equity Act of 2008, group health plans and insurance can no longer apply more restrictions on the benefits offered for mental health or substance use disorder than they do for medical/surgical coverage.
- The AOD prevention and treatment field is undergoing a significant increase in rigor through the adoption of evidence-based practices designed to increase both control and accountability by funders while also moving the field more toward the medical model and away from the social model for AOD treatment and recovery.
- In addition to prevention, the AOD field is adopting a public health approach to treatment and recovery that places greater emphasis on prevention of AOD through the systematic application of the

Institute of Medicine (IOM) continuum of care.

In view of these and other developments in the AOD field, the current and future role of SAPC was assessed through input provided by the SAPC stakeholder community as a part of the strategic planning process. Highlights from this assessment include the following:

- There are conflicting views on the primary role and function of SAPC. Many believe it exists primarily to distribute funding and administer contracts for AOD services. Others believe it needs to be more directly engaged in reducing substance use and its impacts.
- Some argued that SAPC needs to bring a systems perspective to a set of services that evolved incrementally over time by asking how it now can best rationalize systems and processes to ensure delivery of high quality substance abuse prevention and treatment services in Los Angeles County.
- Many believe that SAPC needs to do more to prepare for the impact of health care reform by playing a more visible leadership role and engaging in a collaborative planning process to develop a comprehensive and clear road map for the coming transition.
- A number of contracted service providers share concerns about how HCR will change the way in which consumers seek and ultimately obtain treatment. They are also concerned about the way in which providers will obtain clients and be reimbursed for services rendered. There is a great deal of discussion about how SAPC can function as a bridge in facilitating this process.

Key Strategic Issues

The following has been extrapolated from more detailed information to create profiles of SAPC, and the existing provider network, and to identify significant trends that are affecting the AOD field. All of these were used as a starting point for the development of the SAPC Strategic Plan.

The road map resulting from the Strategic Plan is required to address a number of unresolved questions and issues concerning the impact of HCR on the existing AOD prevention and treatment system. Specifically, the following issues will need to be considered and resolved, when possible:

The Present—Emerging Trends and Issues to Consider:

- The way in which the existing system of AOD prevention and treatment contract providers interface with the primary health care system will need to be determined.
- It is not clear how many of the existing AOD contract providers will be able to successfully adapt to the new health care funding system, and to what extent it will be the responsibility of SAPC to preserve the existing network.
- The number of newly insured individuals seeking AOD treatment may dramatically increase at the same time the supply of qualified personnel available to provide treatment is reduced because they lack the necessary educational and professional training now required in the new system.
- The social model used by many of the non-profit community-based organizations may be at risk in the new funding and institutional environment.

The Future—Providing AOD services under HCR

A picture is beginning to emerge of what the new AOD prevention and treatment system may potentially look like in the near future.

- The current move toward evidence-based practices as a foundation for performance management and performance-based contracting will be even stronger than it is now.
- Most clients needing AOD treatment will first go to a primary care physician. Severe cases will be referred to AOD treatment specialists, possibly many that are now SAPC-contracted providers.
- There will be greater integration of mental health and AOD treatment systems and populations served, although this will require coordination and strengthened efforts to integrate SUD treatment and primary care and mental health services.
- SAPC and the contract provider network may still need to provide AOD treatment services for populations not covered by HCR such as some indigent persons and those in the criminal justice system.
- Ensuring contract monitoring is focused on both prevention and the treatment process and outcomes.
- Improving the level of performance among AOD service providers.
- Updating reimbursement rates to ensure they cover actual costs for providing AOD services and to provide more consistency between providers. This is being addressed through a Rate Study that is scheduled to be completed by Spring 2011.
- Exploring the possibility of establishing a master contract for all AOD services so providers can manage one contract instead of multiple separate contracts for essentially the same services.
- Using the current contract rebidding process to reinforce a fair and competitive selection process for all AOD providers. The contract rebidding process will also enable SAPC to fund innovative and evidence-based programs and move forward in its pursuit to improve participant outcomes.
- Finding sustainable ways to continue to serve those in the criminal justice population seeking AOD treatment through Proposition 36, the Drug Courts and other successful programs despite significantly diminished funding.

Administrative Issues

The transition to a new system for the prevention, treatment and recovery of substance use disorders will provide SAPC with an opportunity to effectively address administrative issues:



3

strategic planning process

SAPC DEVELOPED THE STRATEGIC PLAN in three phases over a seven month period beginning in the summer of 2010. Although facilitated by strategic planning consultants from MIG, Inc., the planning process was designed to directly engage SAPC management staff in developing the core elements of the strategic plan. This leadership team of twenty-five SAPC staffers representing all divisions of the agency met on a periodic basis to provide input, review findings, and to shape the content of the strategic plan, as well as the future direction of the work to prevent and control substance abuse.

PHASE I—REVIEWING AND ASSESSING THE CONTEXT

During the first phase, the MIG consultants, in close collaboration with SAPC staff, implemented a series of outreach activities to scan both the internal and external environments of SAPC. These activities included stakeholder interviews, focus

groups and on-line surveys for both staff and external stakeholders.

SAPC staff selected sixteen stakeholders to participate in one-on-one telephone interviews conducted by MIG consultants. These individual stakeholders represented a wide spectrum of perspectives concerning the current and future role of SAPC and included contract providers, representatives from other Los Angeles County agencies, and experts in the AOD field. Results from these interviews helped to gain information that was subsequently enhanced via other related outreach activities, including the focus groups and surveys.

During this same time period, the MIG consultants facilitated five focus groups at SAPC headquarters. Individuals in each of these focus groups participated in lively discussions that provided an opportunity for in depth exploration of key issues facing SAPC and the AOD field. Each focus group of five to ten people represented a different stakeholder category, which encompassed:

- SAPC staff
- Los Angeles County Agencies that partner with SAPC
- SAPC Contracted Service Providers
- Adult Consumers of AOD services
- Youth Consumers of AOD services

The outreach process also included two concurrent on-line surveys: an internal survey of SAPC staff and a second survey of external stakeholders. The survey was available during a two-week period. Both surveys extended the outreach process far beyond the number of interested individuals that could be reached through only the stakeholder interviews and focus groups. There were 181 individuals who completed the external stakeholder survey, most of whom were contract providers. Another 137 surveys were submitted by SAPC staff.

PHASE II—DEFINING THE DIRECTION

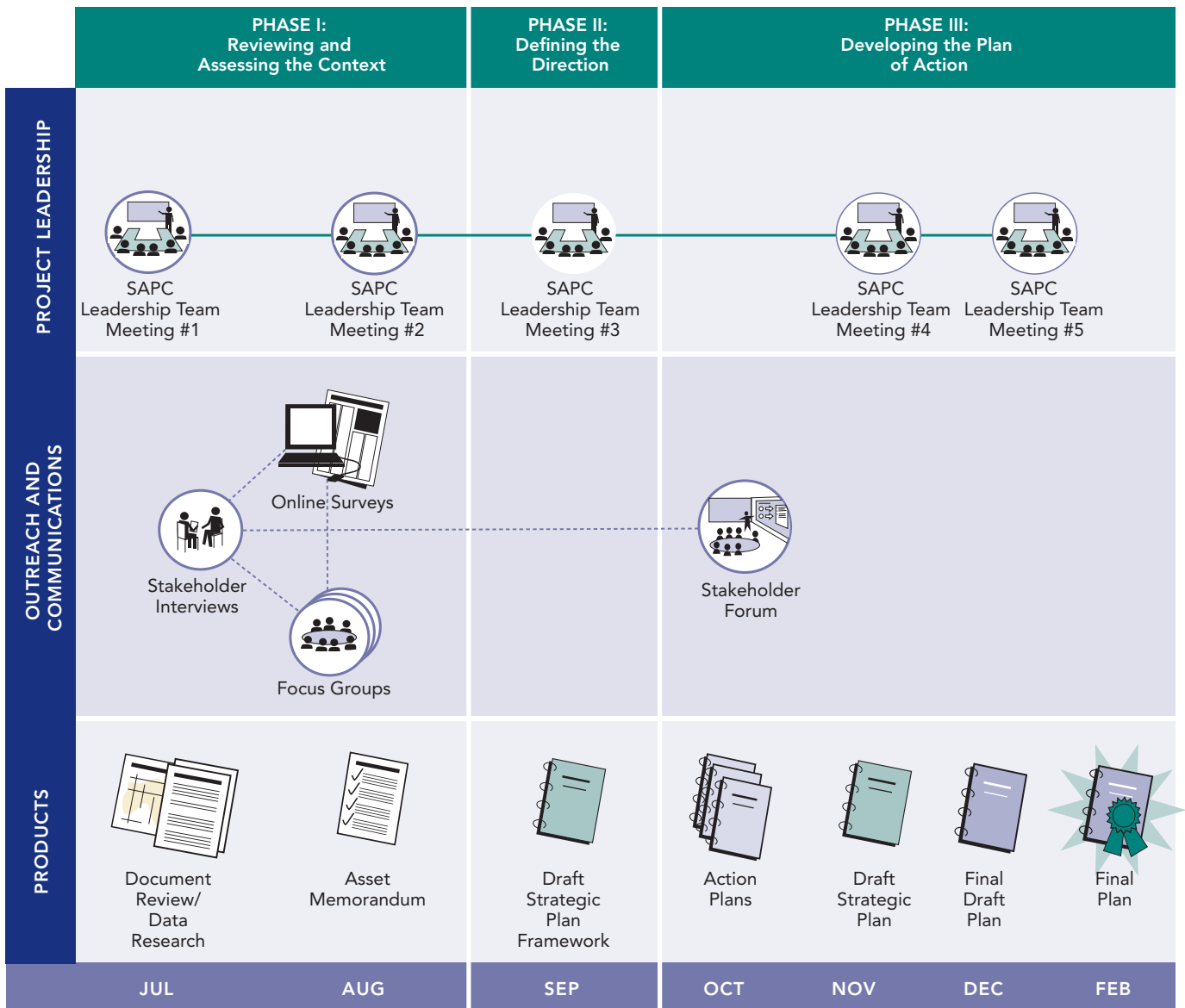
SAPC staff in collaboration with the MIG consultants used findings from the first phase to help define a clear path forward for SAPC in its efforts to meet the challenges and opportunities created by HCR and the other factors reshaping the AOD field. The primary product during this second phase was the development of the Strategic Plan Framework, consisting of values, vision, mission and goals, which is presented in the next chapter.

PHASE III—DEVELOPING THE PLAN OF ACTION

SAPC staff held a forum at the beginning of the third phase during which approximately 100 stakeholders representing contract providers and other members of the AOD community had another opportunity to participate in the strategic planning process. During this event, stakeholders heard results from the phase one outreach activities and saw the initial version of the draft strategic plan framework that was crafted, in part, from those findings. Most important, stakeholders were tasked with identifying projects, programs, services and other strategies they believed SAPC would need to undertake to achieve the mission and goals of the emerging strategic plan.

In the weeks following the stakeholder forum, SAPC staff used these ideas as well as their own deliberations to develop detailed strategic action plans for each goal in the strategic plan. Each strategic action plan provides more specific information on how each goal will be achieved, including a set of objectives, strategies for achieving the objectives, a projected timeline and assigned lead and support responsibilities. SAPC staff concluded the strategic planning process with the identification and development of performance measures to track progress toward the achievement of each goal and its set of objectives.

The following chapters present the strategic plan elements, which will be actively used to guide SAPC over the next five years.





4

strategic plan framework

THE 2011 SAPC STRATEGIC PLAN DEFINES the future direction and priorities of the agency. The SAPC Strategic Plan will help guide decision-making, while facilitating ongoing planning and implementation within the organization for years to come.

INTRODUCTION AND OVERVIEW

The core elements of the Strategic Plan and the relationships between them are presented in the Strategic Plan Framework. The one-page diagram on the following page is a graphic display of this Strategic Plan Framework, which offers a visual, high-level overview of the SAPC Strategic Plan.

The Plan Framework consists of the following elements:

- *Values* express the beliefs and principles that guide SAPC and are the basis from which each staff member operates.
- The *Vision* describes the ideal future SAPC is striving to create.
- The *Mission* summarizes the purpose of SAPC and the role it plays in achieving the vision.
- *Goals* are broad statements of general direction leading toward a desired end state.

Substance Abuse Prevention and Control Strategic Plan Framework

values

Leadership

We share an inspiring vision and clear priorities, we anticipate future challenges, we take action that affects positive change in the lives of individuals and their communities, and in the County as a whole.

Integrity

We are dedicated, honest, transparent and trustworthy in all that we do.

Expertise

We have the knowledge, insight and expertise to do what we do with utmost quality and professional rigor, and the commitment to continually grow and improve.

Excellence in Customer Service

We are respectful, culturally relevant, and effective, delivering excellent service with dignity and compassion.

Accountability

We share a responsibility to each other, to the County, and most essentially, to those we serve, to realize results that make a profound difference for people and the communities in which they live.

vision

All people and communities in Los Angeles County have a chance to pursue their dreams and to fulfill their promise without the burden of alcohol or drug abuse and addiction.

mission

SAPC leads and facilitates the delivery of a full spectrum of prevention, treatment and recovery support services proven to reduce the impact of substance abuse and addiction.

goals

GOAL 1: *System of Care*

Implement a coordinated, accessible and comprehensive system of evidence-based services for substance abuse disorders.

GOAL 2: *Prevention and Promotion*

Inform, educate and empower communities to change the social norms and community conditions that facilitate alcohol and drug use.

GOAL 3: *Preparedness*

Increase preparedness and readiness for health care reform and for the identification and response to other emergent issues.

GOAL 4: *Organizational Effectiveness*

Enhance operational capabilities and responsiveness through streamlined business processes, synergistic teamwork and effective collaboration.

GOAL 5: *Workforce Excellence*

Attract, develop and retain a high quality, adaptable workforce that can provide leadership and enhanced productivity during changing conditions.

GOAL 6: *Fiscal Accountability*

Employ fiscal strategies and controls to ensure the most effective use of financial resources.

VALUES

The *Values* describe the basic behaviors, attributes, principles and beliefs that guide all SAPC staff. The Values are the bedrock of SAPC staff attitudes toward their work, their mission and their working relationships.

Leadership

We share an inspiring vision and clear priorities, we anticipate future challenges, we take action that affects positive change in the lives of individuals and their communities, and in the County as a whole.

Integrity

We are dedicated, honest, transparent and trustworthy in all that we do.

Expertise

We have the knowledge, insight and expertise to do what we do with utmost quality and professional rigor, and the commitment to continually grow and improve.

Excellence in Customer Service

We are respectful, culturally relevant, and effective, delivering excellent service with dignity and compassion.

Accountability

We share a responsibility to each other, to the County, and most essentially, to those we serve, to realize results that make a profound difference for people and the communities in which they live.

VISION

The *Vision* describes the ideal future that SAPC is striving to create. The Vision reflects

the priorities and values of the staff and its stakeholders.

All people and communities in Los Angeles County have a chance to pursue their dreams and to fulfill their promise without the burden of alcohol or drug abuse and addiction.

MISSION

The *Mission* describes the main functions of SAPC and its role in achieving the Vision. The Mission gives the overall charge and purpose of the organization. All SAPC activities relate to one or more aspects of the mission statement.

SAPC leads and facilitates the delivery of a full spectrum of prevention, treatment and recovery support services proven to reduce the impact of substance abuse and addiction.

GOALS

A *Goal* is a statement of general direction, leading towards a desired end state; a “path of travel.” Each goal helps to answers the two key questions: What do we want to achieve? How do we put our mission and values into action?

System of Care

Implement a coordinated, accessible and comprehensive system of evidence-based services for substance abuse disorders.

Prevention and Promotion

Inform, educate and empower communities to change the social norms and community conditions that facilitate alcohol and drug use.

Preparedness

Increase preparedness and readiness for health care reform and for the identification and response to other emergent issues.

Organizational Effectiveness

Enhance operational capabilities and responsiveness through streamlined business processes, synergistic teamwork and effective collaboration.

Workforce Excellence

Attract, develop and retain a high quality, adaptable workforce that can provide leadership and enhanced productivity during changing conditions.

Fiscal Accountability

Employ fiscal strategies and controls to ensure the most effective use of financial resources.

ENTERPRISE METRICS

All the core elements of the SAPC Strategic Plan are designed to work together to achieve the desired outcomes portrayed in the Vision and Mission. Progress toward the achievement of these system-wide beneficial results is best captured by a select number of high-level performance measures referred to as Enterprise Metrics.

These agency-wide metrics are similar in function to the performance measures associated with specific goals and objectives presented in the next chapter. The goal-oriented performance measures described in chapter five are designed to provide SAPC staff with the feedback they require to determine the extent to which progress toward each specific goal and its associated objectives is being made.

Enterprise Metrics
Alcohol related vehicle fatalities
Emergency room submissions of reported drug overdoses
Death rate from alcohol poisoning or drug overdoses
Percent of persons engaging in binge drinking of alcoholic beverages
Percent of persons engaging in heavy drinking of alcoholic beverages
Percent of strategies implemented by 2016

Unlike these goal-oriented metrics, achieving overall progress toward the mission and vision of the organization requires success across all these goals. Admittedly, enterprise metrics are also attempting to encompass and assess progress in a complex public realm where innumerable forces are at play, including those beyond the reach of the organization seeking to make a positive impact in this arena.

The enterprise metrics identified for the SAPC Strategic Plan reflect key indicators of health tracked by DPH and other similar sources. These metrics will rise or fall in response to multiple risk and protective factors, many of which are outside the control of SAPC. Through its program and services, however, SAPC is in a position to influence these factors, which is an organizational responsibility it has accepted as reflected by its vision and mission.

RELATIONSHIP TO THE COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN

As an operating unit within DPH, the values, vision, mission and goals set forth

in the SAPC Strategic Plan complement and reinforce those elements within the DPH Strategic Plan. These tables demonstrate the alignment between the SAPC Plan Framework and the vision, mission and strategic priorities of DPH.

TABLE 4A: Relationship of DPH Plan to SAPC Plan

DPH Strategic Plan	SAPC Strategic Plan
Vision	
Healthy People in Healthy Communities	All people and communities in Los Angeles County have a chance to pursue their dreams and to fulfill their promise without the burden of alcohol or drug abuse and addiction.
Mission	
To protect health, prevent diseases, and promote health and well-being.	SAPC leads and facilitates the delivery of a full spectrum of prevention, treatment and recovery support services proven to reduce the impact of substance abuse and addiction.

TABLE 4B: Plan Strategic Priorities and Goals

DPH Strategic Priorities	SAPC Goals
Strategic Priority 1: Health Improvement	Goal 1: System of Care Goal 2: Prevention and Promotion
Strategic Priority 3: Preparedness	Goal 3: Preparedness
Strategic Priority 4: Organizational Effectiveness	Goal 4: Organizational Effectiveness
Strategic Priority 5: Workforce Excellence	Goal 5: Workforce Excellence
Strategic Priority 6: Fiscal Accountability	Goal 6: Fiscal Accountability



5

strategic plan goals, objectives and strategies

THE PAGES IN THIS CHAPTER DESCRIBE THE BROAD, OVERALL DIRECTIONS SAPC intends to follow to carry out its Mission and achieve the desired future described in its Vision. These organizational priorities are defined by six Goals as well as the issues and opportunities they address. In turn, the nature and scope of each Goal is further defined and supported by the following elements:

Objectives represent expected results or measurable targets that SAPC will need to achieve in order to make progress toward each Goal.

Performance Measures define the category or outcome that is monitored to assess progress toward the Objectives and the overall Goal. They are the indicators SAPC will rely upon to gauge the extent to which it is achieving what the agency has set out to accomplish.

Strategies describe how SAPC will accomplish these goals and objectives, i.e., the methods, resources, processes, or systems it will carry out or utilize to achieve success.

Goal 1 | System of Care

Implement a coordinated, accessible and comprehensive system of evidence-based services for substance use disorders.

The development of a more integrated system of care for prevention and treatment issues is an overarching strategic goal that touches upon all the others. Over the past several decades the current AOD system in Los Angeles County grew organically in response to each new federal and state funding initiative. During this period the opportunity to design and develop a more coherent system for the delivery of AOD services did not arise.

Health care reform changes all that. A whole new way of delivering AOD treatment services will emerge under HCR. This is creating a rare opportunity to re-think and re-design the existing system of care. Although precise details remain uncertain, in the near future the existing network of AOD contract providers will interface with the primary health care system to a much greater degree than now. SAPC will strive to build a bridge between the two systems. It will facilitate the transition of the contract providers to a network of care that offers clients a full array of medical services, while ensuring that a continuum of care for the prevention, treatment and recovery of AOD remains firmly in place both during and after the transition.

OBJECTIVE 1.1 By June 30, 2013, the health and wellness of Los Angeles County residents will be improved by establishing a system of care that is anchored in the community and improves accessibility of substance use prevention, treatment and recovery maintenance services.

OBJECTIVE 1.2 By June 30, 2015, the Los Angeles County system of care will be improved to provide comprehensive services that supports recovery across the lifespan, is person-centered, and culturally, linguistically, and age-appropriate; addressing the needs of unique populations, including persons who are monolingual, youth, hearing impaired or otherwise disabled, dually diagnosed, homeless, and diagnosed with HIV/AIDS.

OBJECTIVE 1.3 By June 30, 2014, efficiency and effectiveness of substance use prevention, treatment and recovery maintenance services will be improved through the use of practices and approaches that are based in research and address emerging trends in the field.

OBJECTIVE 1.4 By June 30, 2015, Los Angeles County's system of care will increase integration of services, connecting existing substance use service delivery with mental health, primary care, housing and private agencies to ensure limited resources are available for indigent persons.

Objectives and Strategies for Goal 1: System of Care

OBJECTIVE 1.1 By June 30, 2013, the health and wellness of Los Angeles County residents will be improved by establishing a system of care that is anchored in the community and improves accessibility of substance use prevention, treatment and recovery maintenance services.

TABLE 5A: Objective 1.1 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 1.1a Develop a protocol to update and maintain a community resource directory that lists prevention, treatment and recovery services available throughout the County (see Strategy 4.2b below).	01/01/11 to 12/31/12	CDP	IS & PIO
Strategy 1.1b Identify and secure new funding sources where possible and feasible.	Ongoing	CPPE	EO, CPS & PCQA
Strategy 1.1c Ensure that treatment capacity and availability countywide is incorporated into the SAPC automated system identified in Strategy 4.1.	07/01/11 to 06/30/13	IS	CPS & PCQA
Strategy 1.1d Establish an independent gatekeeper system that is responsible for patient movement throughout the continuum of care.	07/01/11 to 06/30/12	CPS	PCQA & CDP
Strategy 1.1e Establish a mechanism that assesses the capacity and geographic accessibility of services.	09/01/12 to 06/30/13	CPPE	PCQA, CPS & IS

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OBJECTIVE 1.2 By June 30, 2015, the Los Angeles County system of care will be improved to provide comprehensive services that supports recovery across the lifespan, is person-centered, and culturally, linguistically, and age-appropriate; addressing the needs of unique populations, including persons who are monolingual, youth, hearing impaired or otherwise disabled, dually diagnosed, homeless, and diagnosed with HIV/AIDS.

TABLE 5B: Objective 1.2 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 1.2a Identify resources and provide trainings that address cultural, linguistic and age appropriate service delivery.	07/01/12 to 06/30/15	CPS & 3rd party affiliate	PCQA & CP
Strategy 1.2b Require that services provided in the continuum of care are person centered, individualized and address the needs of unique populations.	07/01/11 to 06/30/15	CDP	CPS, PCQA & CP
Strategy 1.2c Promote regular dialogue between SAPC and contracted agencies to identify best and cost-effective strategies for comprehensive service delivery.	07/01/11 to 06/30/15	CPS	EO, PCQA, LACES advisory group & other CP
Strategy 1.2d Strengthen the youth treatment system of services by incorporating strategies currently available to the adult treatment system emphasizing effective evidence-based services and outcomes. Based on available funding.	07/01/12 to 06/30/15	CPS	CP
Strategy 1.2e Explore opportunities for independent evaluation and funding towards innovative promising practices and ways of adapting evidence based practices to address cultural, linguistic, and age-appropriateness.	07/01/13 to 06/30/15	CPS & PCQA	3rd party affiliate & CP

OBJECTIVE 1.3 By June 30, 2014, efficiency and effectiveness of substance use prevention, treatment and recovery maintenance services will be improved through the use of practices and approaches that are based in research and address emerging trends in the field.

TABLE 5C: Objective 1.3 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 1.3a Survey contracted agencies to identify training needs and concerns.	07/01/11 to 11/30/11	CPS	CP & PCQA
Strategy 1.3b Based on survey results and other identified needs, facilitate the availability of regular scheduled trainings on researched-based practices and emerging trends in the field.	01/01/12 to 06/30/14	PCQA	CP, 3rd party affiliates
Strategy 1.3c Require that contracted providers utilize practices and approaches that are based on research (including evidence based and promising practices).	07/01/11 to 06/30/14	CDP	PCQA & CP
Strategy 1.3d Develop formal performance and outcome management systems that measure and encourage efficiency.	01/30/11 to 06/30/12	PCQA	3rd Party affiliate, LACES advisory group, and IT
Strategy 1.3e Continue work with a 3rd party affiliate to monitor, evaluate, and document changes related to improved effectiveness and efficiency.	Ongoing	EO	CPS, PCQA & 3rd party affiliate
Strategy 1.3f Use the SAPC consumer advocacy position (tbd) to assist with the development of treatment and recovery systems of care.	07/01/11 to Ongoing	CPS	LACES advisory group, EO

OBJECTIVE 1.4 By June 30, 2015, Los Angeles County’s system of care will increase integration of services, connecting existing substance use service delivery with mental health, primary care, housing and private agencies to ensure limited resources are available for indigent persons.

TABLE 5D: Objective 1.4 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 1.4a Include in gatekeeper function, the responsibility for identifying individuals with third party resources and connecting persons with care outside of the existing substance use service system.	07/01/11 to 06/30/12	CPS	PCQA & CDP
Strategy 1.4b Continue to work with collaborative of County, city and private agencies to ensure coordination of efforts in response to homelessness.	Ongoing	PCQA	CEO-SIB, CDP, CP & CPS
Strategy 1.4c Develop formal agreements with Federally Qualified Health Centers (FQHC), hospitals and other primary care facilities to provide screening, brief intervention and referral for treatment to contracted providers.	01/01/12 to 06/30/15	CPS	Primary Care facilities & CP
Strategy 1.4d Require contracted providers to conduct comprehensive patient financial assessments, as well as assistance with benefit eligibility (or referral to such service).	Ongoing	CDP	PCQA & CP
Strategy 1.4e Provide technical assistance to assist contracted providers to form linkages/agreements with primary care, mental health and housing providers.	07/01/12 to 06/30/15	PCQA	CDP & CP

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TABLE 5E: Performance Measures for Goal 1: System of Care

Performance Measure	Linked to Objective(s)
Consumer Satisfaction Index	1.1, 1.2
Total number of persons (adults and adolescents) served in treatment programs	1.1 to 1.4
Percent of adults admitted to treatment and retained for at least 30 days	1.1 to 1.4
Percent of adolescents admitted to treatment and retained for at least 30 days	1.1 to 1.4
Percent of adults admitted to treatment and retained for at least 90 days	1.1 to 1.4
Percent of adolescents admitted to treatment and retained for at least 90 days	1.1 to 1.4
Percent of adults reporting reduction in or abstinence from alcohol or drug use at discharge	1.1 to 1.4
Percent of adults that transition from residential detoxification to a treatment program within 30 days of discharge	1.1 to 1.4
Percent of adults reporting homelessness at admission who are reported housed upon discharge	1.1 to 1.4
Percent of agencies that are compliant with Americans with Disabilities Act regulations	1.1
Percent of providers that report having staff that can serve the linguistic needs of clients	1.4 and Goal 3
Percent of providers that report implementing evidence based practices	Also applies to Goal 2
Percent of providers that report confidential HIV/AIDS screening, testing, and counseling services onsite or through collaborations with health care partners that provide services at the treatment site	Also applies to Goal 2

Goal 2 | Prevention and Promotion

Inform, educate and empower communities to change the social norms and community conditions that facilitate alcohol and drug use.

SAPC will be placing greater emphasis on the prevention of substance abuse, especially as more of the existing AOD treatment system merges with the primary health care system as a result of health care reform. Although prevention focuses on individuals who do not yet have a dependency on alcohol or other drugs (AOD), it is far more cost-effective compared to the treatment of those already afflicted.

SAPC is currently developing the necessary institutional infrastructure for this role. Through contract providers focused on prevention, SAPC will work to decrease the availability and accessibility of AOD in Los Angeles County, especially among youth and young adults, while also targeting the social norms and community conditions that contribute to AOD use. These prevention efforts will require a significant expansion into public health education/social marketing, along with assessments of target communities, and the application of evidence-based prevention practices in those communities.

AOD prevention planning and implementation by SAPC will be strengthened through the systematic

OBJECTIVE 2.1 By June 30, 2015, increase the knowledge and understanding of local AOD issues and conditions through research, collaboration, and participation in high profile community events/issues.

OBJECTIVE 2.2 By June 30, 2015, increase the capacity of community leaders and organizations to ensure the provision of effective and evidence-based services responsive to community needs.

application of the Strategic Prevention Framework (SPF). The SPF guides the development of prevention services through a five step planning, implementation and evaluation process and will be used in concert with the Institute of Medicine (IOM) population classification system. This system recognizes that the type and degree of risk for substance abuse varies among different population groups requiring the use of evidence-based prevention solutions that target the specific conditions of each group.

Objectives and Strategies for Goal 2: Prevention and Promotion

OBJECTIVE 2.1 By June 30, 2015, increase the knowledge and understanding of local AOD issues and conditions through research, collaboration, and participation in high profile community events/issues.

TABLE 5F: Objective 2.1 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 2.1a Develop and disseminate quality reports and materials to ensure that community partners and SAPC staff have consistent access to information on current and emerging AOD issues/topics in a timely and consistent manner.	(start-up only, ongoing effort)	PYS	PYS Staff, CP
Strategy 2.1b Exploit and use social marketing and social networking to increase the visibility of AOD issues and reach those using non-traditional media/communication sources.	12/31/11 to 06/30/15	PIO	PYS

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OBJECTIVE 2.2 By June 30, 2015, increase the capacity of community leaders and organizations to ensure the provision of effective and evidence-based services responsive to community needs.

TABLE 5G: Objective 2.2 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 2.2a Provide support, technical assistance, and training to enhance the capacity of prevention contractors to provide quality, evidence-based services and promote and develop prevention ready communities.	07/01/11 to 06/30/15 (Ongoing for contract term)	PYS	PYS Staff, Consultant
Strategy 2.2b Conduct a community assessment, in collaboration with community partners, to identify the key AOD issues of the County and more defined locations (e.g., SPA, regions, cities, as available).	07/01/11 to 06/30/12	PYS	PYS Staff, RE, CP, Consultant
Strategy 2.2c Develop SPA-based prevention coalitions, in collaboration with community partners, to better organize communities around AOD issues and mobilize/advocate for change.	08/01/11 to 06/30/12	PYS	CPS & PCQA
Strategy 2.2d Evaluate the prevention system of services for effectiveness and ability to achieve the goals and objectives outlined in the SAPC and Prevention Unit's strategic plans.	07/01/11 to 06/30/15	PYS	PYS Staff, Contract Agencies

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TABLE 5H: Performance Measures for Goal 2: Prevention and Promotion

Performance Measure	Linked to Objective(s)
Increased perception of difficulty of middle school students to obtain alcohol	2.1, 2.2 Also applies to Goal 1
Increased perception of difficulty of middle school students to obtain marijuana	2.1, 2.2
Increased perception of difficulty of high school students to obtain alcohol	2.1, 2.2
Increased perception of difficulty of high school students to obtain marijuana	2.1, 2.2
Percent of middle school students who report no alcohol use in past 30 days	2.1, 2.2
Percent of middle school students who report no marijuana use in past 30 days	2.1, 2.2 Also applies to Goal 1
Percent of high school students who report no alcohol use in past 30 days	2.1, 2.2
Percent of high school students who report no marijuana use in past 30 days	2.1, 2.2
Percent of prevention providers implementing evidence-based practices with fidelity to model	2.2
Percent of SPAs whose SPA funded coalition successfully mobilized the community to implement the specified policy initiative	2.2

Goal 3 | Preparedness

Increase preparedness and readiness for health care reform and for the identification of and response to other emergent issues.

SAPC must anticipate and prepare the AOD prevention, treatment and recovery system for developments or other events that may impact the effective delivery of AOD services. This includes planning for changes in the institutional environment in which AOD services operate, as well as developing effective responses to new trends in AOD usage within the communities that SAPC serves.

SAPC is currently preparing for the impact of health care reform both on itself as a public organization and on the network of community-based organizations through which it delivers AOD services. SAPC is expected to serve as the leader in a collaborative planning process where it convenes all key stakeholders, including partner public agencies and contract providers, to develop and implement a comprehensive and clear road map for the coming transition.

Inter-agency collaboration is also a key element in other preparedness and readiness efforts. SAPC works with other County departments and stakeholders to monitor AOD and other health trends in the community through information exchanges, data collection systems, and other partnership arrangements.

OBJECTIVE 3.1 Health Care Reform Readiness. Complete by March 1, 2011, an initial assessment of current SAPC capacity, assets, and deficiencies in preparing for implementation of health care reform.

OBJECTIVE 3.2 Health Care Reform Readiness. Establish by January 1, 2011 and maintain a planning workgroup of SAPC and its stakeholders to establish, implement and monitor an action plan for HCR readiness.

OBJECTIVE 3.3 Health Care Reform Readiness. Establish measurable milestones and produce quarterly reports beginning on March 1, 2011 documenting and evaluating SAPC progress in implementing its HCR readiness action plan.

OBJECTIVE 3.4 Health Care Reform Readiness. On a quarterly basis, all critical milestones identified in the SAPC HCR readiness action plan are met on schedule.

OBJECTIVE 3.5 Epidemiological Surveillance. Establish a mechanism enabling SAPC to participate on a continuing basis in federal, State, County and departmental efforts with other stakeholders to develop and implement systematic surveillance of trends in statistical indicators for substance use among County communities and residents.

OBJECTIVE 3.6 Emergency Preparedness. Within five years, as needed, emergency preparedness plans will be developed and ready for implementation by SAPC and contract providers to ensure readiness to respond to public health emergencies.

Objectives and Strategies for Goal 3: Preparedness

OBJECTIVE 3.1 Health Care Reform Readiness. Complete by March 1, 2011, an initial assessment of current SAPC capacity, assets, and deficiencies in preparing for implementation of health care reform.

OBJECTIVE 3.2 Health Care Reform Readiness. Establish by January 1, 2011 and maintain a planning workgroup of SAPC and its stakeholders to establish, implement and monitor an action plan for HCR readiness by June 30, 2011.

OBJECTIVE 3.3 Health Care Reform Readiness. Establish measurable milestones and produce quarterly reports beginning on March 1, 2011 documenting and evaluating SAPC progress in implementing its HCR readiness action plan.

OBJECTIVE 3.4 Health Care Reform Readiness. On a quarterly basis, all critical milestones identified in the SAPC HCR readiness action plan are met on schedule.

TABLE 5I: Objective 3.1-3.4 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 3.1a Establish by January 1, 2011 an internal SAPC workgroup comprised of key staff from each division to coordinate and lead SAPC activities for HCR readiness; and conduct regular meetings of the workgroup to work on planning and implementing the overall plan and its components including transition/transformation processes.	11/10/10 to 03/01/11	CDD	D, ES
Strategy 3.2a Establish a HCR planning workgroup by January 1, 2011 comprised of SAPC staff and stakeholders (commissioners, provider associations, consumers, universities and other academic institutions, other government collaborative partner agencies) representatives to guide SAPC action plan for HCR readiness and transition/transformation processes.	11/10/10 to 01/31/11	CDD	D, ES
Strategy 3.2b Develop and implement an action plan to guide SAPC preparations for the advent of HCR in 2014.	03/01/11 to 06/30/11	CDD	D, ES

TABLE 5I: Objective 3.1-3.4 Strategies *(continued)*

Strategy	Timeline	Lead	Support Partners
Strategy 3.2c Establish a continuing process (comprised of public education forums, in-service training sessions, on-line resources, electronic information sharing processes) to inform and educate SAPC and its stakeholders of provisions of HCR related to preventing and treating substance use disorders, new proposed and adopted legislation, new proposed and adopted public policies, and implementation of such provisions at the national, State, County and community levels.	11/10/10 to Ongoing	CDD, PIO	HCR WG
Strategy 3.3 Produce and distribute quarterly progress reports to policymakers and stakeholders describing SAPC accomplishments in implementing its HCR readiness action plan.	03/01/11 to Ongoing	CDD, PIO	HCR WG
Strategy 3.4 Produce and distribute quarterly progress reports to ensure critical milestones identified in SAPC HCR Readiness action plan are met.	03/01/11 to Ongoing	CDD	D, ES, HCR WG

OBJECTIVE 3.5 Epidemiological Surveillance. Established a mechanism enabling SAPC to participate on a continuing basis in federal, State, County and departmental efforts with other stakeholders to develop and implement systematic surveillance of trends in statistical indicators for substance use among County communities and residents. (Also linked to Goal 2 Strategy 2.4)

TABLE 5J: Objective 3.5 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 3.5a Establish an emerging trends sub-committee/task force within SAPC to monitor AOD developments, share information and make recommendations.	06/30/11 to Ongoing	RE	CPS, CPPE, IS, PCQA, PYS
Strategy 3.5b Participate in departmental efforts with other County departments and stakeholders for developing data collection systems to track and exchange information with other County departments and stakeholders (including hospital emergency departments and private/non-contracted providers) to monitor, identify and aid in developing actions to address emerging and existing community conditions related to alcohol and other drug use.	03/01/11 to Ongoing	RE	IS

TABLE 5J: Objective 3.5 Strategies *(continued)*

Strategy	Timeline	Lead	Support Partners
Strategy 3.5c Design and develop SAPC data collection systems, as well as create on-line reports, for analyzing and sharing information on trends in community and individual indicators related to substance use in Los Angeles County.	01/01/11 to Ongoing	RE	IS,CPPE
Strategy 3.5d Participate in departmental efforts with federal, State and other County departments and stakeholders to develop and establish browser-based data collection systems for implementing evidence-based and performance-based substance use prevention, treatment and recovery strategies to address trends identified in epidemiological surveillance efforts.	Ongoing	RE	CPPE, IS

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OBJECTIVE 3.6 Emergency Preparedness. Within five years, as needed, emergency preparedness plans will be developed and ready for implementation by SAPC and contract providers to ensure readiness to respond to public health emergencies.

TABLE 5K: Objective 3.6 Strategies

Strategy	Timeline	Lead	Support Partners
<p>Strategy 3.6a Continue to direct SAPC Ongoing efforts to ensure all its staff are equipped and ready to respond to public health emergencies by instructing its Building Emergency Coordinator to:</p> <ol style="list-style-type: none"> 1. provide staff with monthly disaster preparedness bulletins; 2. conduct ongoing Disaster Committee meetings to discuss disaster preparedness; 3. review and maintain disaster supply inventory for each Division; 4. train new Committee members on building evacuation procedures; 5. prepare for building evacuations by conducting periodic drills in coordination with the Alhambra Management; 6. update and distribute the Disaster Plan to all SAPC staff as changes occurs; and participate in the monthly Department of Public Health CWIRS radio exercise. 	Ongoing	PS	
<p>Strategy 3.6b Continue to monitor contracted providers' compliance with requirements to establish and maintain a current disaster preparedness plan consistent with all applicable policies and regulations.</p>	Ongoing	PCQA	HR

TABLE 5L: Performance Measures for Goal 3: Preparedness

Performance Measure	Linked to Objective(s)
Percent of AOD providers that have established relationships with primary care facilities (community clinics, hospitals, etc)	3.1 to 3.3 Also applies to Goal 1
Healthcare Reform Readiness Index (Percent of milestones in SAPC HCR action plan achieved each quarter)	3.1 to 3.3
Number of working agreements in place between SAPC and other agencies (e.g. formal data sharing agreements established)	3.1 to 3.4
Number or percent of actions or decisions taken by SAPC in response to surveillance information	3.4
Percent of providers that have completed development of an emergency preparedness plan	3.5

Goal 4 | Organizational Effectiveness

Enhance operational capabilities and responsiveness through streamlined business processes, synergistic teamwork, and effective collaboration.

SAPC will engage in an extensive quality improvement program where it will systematically examine and improve existing business processes within the organization. This is essential if SAPC is to effectively ensure high levels of contract compliance among contract providers, while strengthening the overall move toward performance management and performance-based contracting as required by health care reform and other trends in the AOD industry.

SAPC staff will undertake a process to develop a thorough objective understanding of its current operating procedures and practices; especially variations that arise in the performance of these systems. Staff will apply the knowledge it gains from this study by implementing, testing and evaluating process changes through a continuous cycle of improvement. This systematic program has the potential to significantly raise the overall performance of the SAPC organization by re-thinking and streamlining its existing work patterns and procedures in crucial areas such as contract management. These process improvements may also require internal structural changes designed to facilitate agencywide communication, collaboration and teamwork.

OBJECTIVE 4.1 Streamline and simplify SAPC processes and procedures by June 30, 2015.

OBJECTIVE 4.2 Enhance Web-based technology to improve communications with contract providers and other stakeholders by June 30, 2013.

OBJECTIVE 4.3 Use organizational models that create, shape, and support networking between SAPC and its providers and stakeholders to enhance their responsiveness to rapid changes through innovation, teamwork, change management, and partnerships by June 30, 2014.

OBJECTIVE 4.4 Formalize relationships with other County departments to ensure understanding and acceptance of commitments and responsibilities by June 30, 2012.

Objectives and Strategies for Goal 4: Organizational Effectiveness

OBJECTIVE 4.1 Streamline and simplify SAPC processes and procedures by June 30, 2015.

TABLE 5M: Objective 4.1 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 4.1a Use the Process Improvement model to identify and map processes that require improvement.	07/01/11 to 06/30/15	ES	D, CDD, CPS, CPPE, CDP, EO, PIO, FAS, IS, PS, PCQA, PYS, RE
Strategy 4.1b Automate: <ul style="list-style-type: none"> SAPC's contract development process; <ul style="list-style-type: none"> Standardize the Additional Provisions and contract boilerplates, and post online for easy access and retrieval. Develop and implement a Web-based application that allows contractors to submit contract documents, budgets, and other required information for new contracts, amendments, and renewals. billings and payments processes; and contract monitoring tools. 	07/01/11 to 06/30/12 07/01/12 to 06/30/13 07/01/12 to 06/30/14 03/01/11 to 06/30/12	CDP CDP IS PC&QA	IS IS, PCQA FAS IS, CPS, PYS
Strategy 4.1c Change SAPC's contract structure to facilitate a more effective and efficient movement of participants from one funding stream to another, or one level of service to another.	01/01/12 to 06/30/13	CDP	FAS, CPS, PCQA
Strategy 4.1d Evaluate current internal review and approval processes to ensure SAPC procedures are effective and efficient. As indicated in the Strategy 4.3a, the principles and practices under the Process Improvement model may be used to identify processes that need further review.	07/01/11 to 06/30/13	SAPC NIATx Expert; Process Improvement Team	ES
Strategy 4.1e Incorporate outcome and performance monitoring and SAPC's contract monitoring.	07/01/11 to 06/30/15`	PCQA	D, CPPE
Strategy 4.1f Validate the quality of data resources and identify ways to reduce or eliminate the redundancy and duplication of business processes.	Ongoing	IS	ES

OBJECTIVE 4.2 Enhance Web-based technology to improve communications with contract providers and other stakeholders by June 30, 2013.

TABLE 5N: Objective 4.2 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 4.2a Design and make available an interactive system on SAPC's website using innovative forms of social networking and other technological advances to enhance communication between SAPC and its external partners.	07/01/11 to 06/30/13	IS	PIO, COS, ES
Strategy 4.2b Develop a more user-friendly online directory for providers and the public that offers resources for providers, especially as they prepare for Health Care Reform, e.g., links to FQHCs and Community Health Centers in their specific areas. Include common definitions and terminologies to ensure stakeholders understand relevant themes and issues.	09/01/11 to 06/30/13 Updated Semi-Annually	PIO	IS, CDD, ES
Strategy 4.2c Develop a "how to" technical assistance guide that incorporates models used by other counties, states, and private sector in the area of Health Care Reform and comprehensive system of care that includes, among other things: <ul style="list-style-type: none"> • Prevention • Recovery maintenance • DMC certification/billing 	03/01/11 to 06/30/13 Updated Annually	CDD	IS, PIO, CPS, PCQA, PYS
Strategy 4.2d Develop and implement a dynamic and efficient reporting system to support organization operation and management decision making.	Ongoing	IS	ES

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OBJECTIVE 4.3 Use organizational models that create, shape, and support networking between SAPC and its providers and stakeholders to enhance their responsiveness to rapid changes through innovation, teamwork, change management, and partnerships by June 30, 2014.

TABLE 50: Objective 4.3 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 4.3a Begin using the Process Improvement model within SAPC to improve the quality of services provided to external providers and other LAC stakeholders, and to improve existing internal processes.	Ongoing	SAPC NIATx Expert, Process Improvement Team, CPPE	ES
Strategy 4.3b Advocate for and highlight substance use disorder in meetings with the County's Health Services, Mental Health, criminal justice, Office of Education, and other departments that are affected by substance use and abuse.	Ongoing	ES	SAPC Middle Managers
Strategy 4.3c Develop plans for providing technical assistance to provider networks in each SPA to support teambuilding and collaboration among stakeholders.	Ongoing	CDD	ES
Strategy 4.3d Create a "Think Tank" for innovations in AOD made up of internal and external experts from all disciplines.	01/01/12 to 12/31/12	D	ES

OBJECTIVE 4.4 Formalize relationships with other County departments to ensure understanding and acceptance of commitments and responsibilities by June 30, 2012.

TABLE 5P: Objective 4.4 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 4.4a Develop and implement Memoranda of Understanding with all County departments from which SAPC receives, and to which SAPC provides, funding for substance use disorder services	Ongoing	CPS	CDP, FAS, ES

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TABLE 5Q: Performance Measures for Goal 4: Organizational Effectiveness

Performance Measure	Linked to Objective(s)
Percent of Change Projects that are completed	4.1
Customer/provider satisfaction with the efficiency and effectiveness of SAPC processes	4.1, 4.2
Staff perception of the efficiency and effectiveness of SAPC processes	4.1
Number of formal Memoranda of Understanding established between SAPC and other County agencies from whom or to which funding is provided	4.4
Percent of renewed contracts executed by September 1 of each year	4.1

Goal 5 | Workforce Excellence

Attract, develop and retain a high quality, adaptable workforce that can provide leadership and enhanced productivity during changing conditions.

In order to redefine its role and perform effectively in an environment transformed by health care reform and other major trends in the AOD industry, SAPC requires a high quality and adaptable workforce. Staff managerial and technical capabilities will require further development through enhanced recruitment as well as investments in the professional growth and development of existing employees. An effective employee recruitment and retention plan that incorporates comprehensive orientation and training programs designed to create a high performance workforce will underlie the success of all other strategic directions initiated by SAPC; enabling it to become a more pro-active, leadership oriented organization.

OBJECTIVE 5.1 By June 30, 2011, identify, and in consultation with HR, establish the core competencies, desired qualification and knowledge required of the SAPC/AVRC workforce to meet current and future organizational demands, including those needed to ensure readiness for Health Care Reform.

OBJECTIVE 5.2 By March 31, 2012, develop the core competencies and knowledge of SAPC and AVRC staff to meet current and future organizational demands.

OBJECTIVE 5.3 By June 30, 2012, ensure that our employees are aware that their work products are an integral part of SAPC's/AVRC's success.

Objectives and Strategies for Goal 5: Workforce Excellence

OBJECTIVE 5.1 By June 30, 2011, identify, and in consultation with HR, establish the core competencies, desired qualification and knowledge required of the SAPC/AVRC workforce to meet current and future organizational demands, including those needed to ensure readiness for Health Care Reform.

TABLE 5R: Objective 5.1 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 5.1 Identify and develop the core competencies required of the SAPC workforce; both those required today and those that will be needed after implementation of HCR.	03/11/11 to 06/30/11	PS	CPPE, CPS, CDP, FAS, IS, PCQA

OBJECTIVE 5.2 By March 31, 2012, develop the core competencies and knowledge of SAPC and AVRC staff to meet current and future organizational demands.

TABLE 5S: Objective 5.2 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 5.2a Develop a recruitment plan to increase the quality of applicants to LAC, SAPC positions.	05/01/11 to 03/31/12	PS	CPPE, CPS, CDP, FAS, IS, PCQA
• 1: Implement a volunteer intern program, in coordination with local universities/colleges, to provide public health employment training opportunities and a possible pathway to County, SAPC employment.	08/01/11 to 03/31/12	PS	CPPE, CPS, CDP, FAS, IS, PCQA
• 2: Implement an outreach program that recruits "talent" from local universities, trade schools, providers, etc.	08/01/11 to 03/31/12	PS	CPPE, CPS, CDP, FAS, IS, PCQA
• 3: Develop SAPC specific duty statements and job bulletin descriptions for key items (e.g. CPA, RA) for use in calling exams/vacancy announcements.	01/11/12 to 03/31/12	PS	CPPE, CPS, CDP, FAS, IS, PCQA
• 4: Identify indicators of quality employees by item category and consistently apply criteria across SAPC.	01/01/12 to 03/31/12	PS	CPPE, CPS, CDP, FAS, IS, PCQA

TABLE 5S: Objective 5.2 Strategies (continued)

Strategy	Timeline	Lead	Support Partners
<p>Strategy 5.2b Implement a training process/program that actively encourages the professional growth and development of SAPC/AVRC employees, and supports retention.</p> <ul style="list-style-type: none"> 1: Develop a mandatory training program for SAPC employees on core SAPC topics (e.g. task and duties of each division, what is prevention, what is treatment, writing guidelines, customer service) on an ongoing basis. 2: Provide information to employees that encourages employees to attend specialized training and/or pursue higher education. 3: Implement an Internship/ mentoring program. 	<p>01/01/11 to 03/31/12</p> <p>10/01/11 to 03/31/12</p> <p>01/01/11 to 03/31/12</p> <p>08/01/11 to 03/31/12</p>	<p>PS</p> <p>PS</p> <p>PS</p> <p>PS</p>	<p>ODT, DPHHR</p> <p>CPPE, CPS, CDP, FAS, IS, PCQA</p> <p>CPPE, CPS, CDP, FAS, IS, PCQA</p> <p>CPPE, CPS, CDP, FAS, IS, PCQA</p>
<p>Strategy 5.2c Build the capacity of SAPC managers and supervisors to mentor and develop their employees.</p>	<p>07/01/11 to 03/31/12</p>	<p>PS</p>	<p>CPPE, CPS, CDP, FAS, IS, PCQA</p>
<p>Strategy 5.2d Implement a cross-training and internal promotion process that actively encourages the professional growth and development of SAPC employees, and supports retention to improve organizational cohesion and reduce silos.</p> <ul style="list-style-type: none"> 1: Encourage SAPC employees to seek promotions across SAPC divisions to promote development and staff retention; Management will continue to circulation of SAPC vacancy notices internally. 2: Identify emerging leaders/exceptionally motivated employees, and provide new learning opportunities, cross-training, and/or promotions across SAPC divisions to increase knowledge, capitalize on skills, and support retention by varying duties. 3: As an action it was proposed that SAPC conduct an assessment of administrative and clerical positions to determine if additional positions could be identified that are needed to provide career ladders. 	<p>07/01/11 to 03/31/12</p> <p>07/01/11 to 03/31/12</p> <p>07/01/11 to 03/31/12</p> <p>10/01/11 to 03/31/12</p>	<p>PS</p> <p>PS</p> <p>PS</p> <p>PS</p>	<p>CPPE, CPS, CDP, FAS, IS, PCQA</p> <p>CPPE, CPS, CDP, FAS, IS, PCQA</p> <p>CPPE, CPS, CDP, FAS, IS, PCQA</p> <p>CPPE, CPS, CDP, FAS, IS, PCQA</p>

TABLE 5S: Objective 5.2 Strategies (continued)

Strategy	Timeline	Lead	Support Partners
Strategy 5.2e Provide ongoing training for contract program auditors in Best Evidence Based Prevention and Treatment Practices, and in Emerging Trends and Needs to ensure providers are providing appropriate services.	03/31/11 to 03/31/12	PCQA	IS, CPPE

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OBJECTIVE 5.3 By June 30, 2012, ensure that our employees are aware that their work products are an integral part of SAPC's/AVRC's success.

TABLE 5T: Objective 5.3 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 5.3a Enhance the orientation process to ensure that new hires understand SAPC's mission, goals, and their role in the agency. <ul style="list-style-type: none"> 1: Develop and distribute an orientation packet that includes factsheets (to be developed) for each division, common terminology, and handouts on key substance abuse prevention and treatment topics. 2: Introduce each new hire to key managers at Key Manager's meetings. 	04/01/11 to 06/30/12 04/01/11 to 06/30/12 03/01/11 to 06/30/12	PS PS PS	CPPE, CPS, CDP, FAS, IS, PCQA CPPE, CPS, CDP, FAS, IS, PCQA CPPE, CPS, CDP, FAS, IS, PCQA
Strategy 5.3b Ensure understanding about what motivates employees to do their SAPC job well (beyond promotions and salary) and incorporate ideas as appropriate to support improved job satisfaction and retention. <ul style="list-style-type: none"> 1: Conduct a survey at baseline and key points throughout the strategic plan period, to determine what motivates employees, what determines job satisfaction, perceptions that their work is integral to SAPC's overall mission/duties etc. 	07/01/11 to 06/30/12 07/01/11 to 06/30/12	PS PS	CPPE, CPS, CDP, FAS, IS, PCQA CPPE, CPS, CDP, FAS, IS, PCQA

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TABLE 5U: Performance Measures for Goal 5: Workforce Excellence

Performance Measure	Linked to Objective(s)
Employee satisfaction index	5.3
Percent of employees retained each year	5.1, 5.3
Percent of employees compliant with all applicable County/DPH/SAPC training requirements	5.2
Percent of employee performance evaluations and appraisals of promotability completed by deadline	5.2
Time required to fill vacant positions	5.1

Goal 6 | Fiscal Accountability

Employ fiscal strategies and controls to ensure the most effective use of financial resources.

SAPC must address both current and future challenges confronting its capacity to fund the delivery of AOD prevention, treatment and recovery services. For decades the funding stream for AOD treatment services has flowed to Los Angeles County through federal and State block grants. In the next few years as health care reform kicks in it is likely this funding stream will greatly diminish as funding for AOD treatment services shifts to the primary health care system through both private health insurance and Medi-Cal.

In anticipation of this fundamental change in its fiscal environment, SAPC will plan and develop a financial transition strategy. There is also, however, still a great deal of uncertainty regarding the extent and nature of this change. Planning in the face of so much uncertainty is a challenge but one that SAPC must undertake to ensure AOD services remain funded and available regardless of what new funding mechanisms eventually emerge.

OBJECTIVE 6.1 Enhance and utilize web-based technology to improve business practices and processes with contractors and other stakeholders.

OBJECTIVE 6.2 Minimize Financial Risk.

OBJECTIVE 6.3 Improve Financial Reporting.

OBJECTIVE 6.4 Prepare for Healthcare Reform Billing and Funding Maximization.

Objectives and Strategies for Goal 6: Fiscal Accountability

OBJECTIVE 6.1 Enhance and utilize web-based technology to improve business practices and processes with contractors and other stakeholders.

TABLE 5V: Objective 6.1 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 6.1a Expand automated billing and payments process to include all programs.	01/01/12 to 12/31/14	IS	FAS
Strategy 6.1b Increase integration between contract database, PDR's, and front end provider invoices.	06/01/11 to 06/30/13	IS	FAS / PCQA / CDP
Strategy 6.1c Establish correlation between billing and LACPRS data.	01/02/13 to 06/30/14	IS	FAS
Strategy 6.1d Enable billing tracking by location.	07/01/11 to 06/30/12	IS	FAS / CDP

OBJECTIVE 6.2 Minimize Financial Risk.

TABLE 5W: Objective 6.2 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 6.2a Enhance monitoring to identify risky programs.	07/01/11 to 06/30/12	FAS	PCQA
Strategy 6.2b Improve recoupment of DMC denials.	01/02/12 to 12/31/12	FAS	IS
Strategy 6.2c Establish procedures through collaboration with DPSS and Providers for claiming CalWORKs end-of-year submissions.	03/01/11 to 06/30/11	FAS	DPSS / CP
Strategy 6.2d Collaborate with program CPA's to strengthen monitoring visits for fiscal issues.	07/01/11 to 06/30/12	FAS	PCQA
Strategy 6.2e Conduct more thorough analysis and review of audit reports and implement recommended actions based on this.	07/01/11 to 06/30/12	FAS	PCQA / IS

TABLE 5W: Objective 6.2 Strategies *(continued)*

Strategy	Timeline	Lead	Support Partners
Strategy 6.2f Implement rate adjustments based on cost reports.	09/01/12 to 02/28/13	FAS	CDP
Strategy 6.2g Enforce requirement to submit annual audit reports.	07/01/11 to 03/31/12	FAS	PCQA / CDP

OBJECTIVE 6.3 Improve Financial Reporting.

TABLE 5X: Objective 6.3 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 6.3a Enhance AVRC financial reports.	07/01/11 to 12/31/11	FAS	AVRC/ IS
Strategy 6.3b Enhance annual report.	01/03/11 to 03/31/11	FAS	ES
Strategy 6.3c Finalize SAPC financial management report	09/01/12 to 06/30/13	FAS	IS
Strategy 6.3d Enhance cost report reconciliation.	09/01/11 to 07/31/12	FAS	IS
Strategy 6.3e Make financial reports more timely and user friendly.	07/01/11 to 12/31/12	FAS	IS

OBJECTIVE 6.4 Prepare for Healthcare Reform Billing and Funding Maximization.

TABLE 5Y: Objective 6.4 Strategies

Strategy	Timeline	Lead	Support Partners
Strategy 6.4a Institute MAA claiming for Medi-Cal Admin for CASC coordinated services.	01/03/11 to 06/30/11	FAS	CPS / DPHF
Strategy 6.4b Develop plan to support SAPC administrative structure if faced with reduced funding sources.	01/02/14 to 06/30/14	FAS	ES
Strategy 6.4c Provide technical assistance to providers on billings to SAPC.	01/02/14 to 06/30/14	FAS	
Strategy 6.4d Provide Financial training to SAPC staff and providers.	01/02/14 to 06/30/14	FAS	PCQA / CPS

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TABLE 5Z: Performance Measures for Goal 6: **Fiscal Accountability**

Performance Measure	Linked to Objective(s)
Percent of allocated grant funds available, encumbered and utilized (spent) each year	6.1, 6.2
Percent of contracts with completed fiscal audits every three years	6.1, 6.3
Total accounts receivable (reduced)	6.2
Percent of providers at risk (not at risk)	6.2
Percent of internal financial reports submitted by due date	6.3
Percent of contracts with automated billing	6.1, 6.3
Percent of providers demonstrating health care reform readiness (billing transition)	6.4

INTEGRATION OF STRATEGIES
ACROSS GOALS

Although strategies have been presented in association with particular goals, these strategies can also be categorized by type. Making progress toward a particular goal may require working across many different dimensions of an organization.

This can be seen by categorizing strategies within the relevant organizational sphere. Understanding this inter-organizational dynamic can facilitate the allocation of resources and coordination required to effectively implement each strategy. The following table provides an overview of all the strategies by Goal and by Strategy Type.

TABLE 5AA: Strategies by Goal and Strategy Type

Goals	Strategy Type				
	Partnerships	Internal Process Improvement	Education and Training	Technology	Funding/ Financial
Goal 1: System of Care	1.2c, 1.3e, 1.4b, 1.4c, 1.4e	1.1a, 1.1d, 1.3d, 1.3f, 1.1e, 1.2d, 1.2e	1.2a, 1.3a, 1.3b	1.1c	1.1b, 1.4d
Goal 2: Prevention and Promotion	2.1a, 2.2a, 2.2b, 2.2c	2.2d	2.1a, 2.1b, 2.2a		
Goal 3: Preparedness	3.2a, 3.2c, 3.3, 3.5b, 3.5d	3.1a, 3.2a, 3.2b, 3.5a, 3.5b, 3.6a, 3.6b	3.2c, 3.3	3.5b, 3.5c, 3.5d	
Goal 4: Organizational Effectiveness	4.1c, 4.1e, 4.2a, 4.2b, 4.3b, 4.3c, 4.4a	4.1a, 4.1b, 4.1c, 4.1d, 4.1f, 4.2d, 4.3a, 4.3d	4.2b, 4.2c, 4.3c	4.1b, 4.1f, 4.2a, 4.2b, 4.2d	
Goal 5: Workforce Excellence		5.1, 5.2a, 5.2d, 5.2e, 5.3a	5.2b, 5.2c, 5.2d, 5.2e, 5.3b		
Goal 6: Fiscal Accountability	6.2c, 6.4c	6.1b	6.4d	6.1a, 6.1b, 6.1c, 6.1d, 6.3e	6.1a, 6.1c, 6.1d, 6.2a, 6.2b, 6.2c, 6.2d, 6.2e, 6.2f, 6.2g, 6.3a, 6.3b, 6.3c, 6.3d, 6.3e, 6.4a, 6.4b, 6.4c, 6.4d



6

strategic plan implementation

SUCCESSFUL IMPLEMENTATION OF THE STRATEGIC PLAN is dependent upon translating its various strategies into detailed programs, budgets, and actions designed to achieve the goals identified in the Strategic Plan. The following pages introduce the Strategic Plan implementation process by presenting an overview of the following topics:

- The relationship between the Strategic Plan, Budget, and Annual Work Plan
- Aligning the Budget with the Strategic Plan
- The Strategic Planning Cycle

RELATIONSHIP OF SAPC STRATEGIC PLAN, BUDGET, AND ANNUAL WORKPLAN

All other planning processes undertaken by SAPC, and the plans generated by these processes, should draw upon, reflect and align with its Strategic Plan, including especially the fiscal year budget and annual work plan.

The Strategic Plan establishes the long-term goals of the organization. It looks ahead three to five years and charts a route toward its ideal future as described by its Vision and Mission.

The Budget looks ahead to the coming 12-month fiscal year. It provides a more detailed picture of the route first laid out in the Strategic Plan. It also explains how this route will be navigated by addressing in depth how the technical, financial, and human resources of the organization will be allocated to achieve the goals identified in the Strategic Plan.

The Annual Work Plan encompasses all the strategies drawn from the Strategic Plan which can be achieved within the forthcoming 12 months, and which are funded in the Budget. It also includes more detailed action plans for each department within the organization, and shows how results from these individual departmental/staff plans collectively contribute to achieving the overall organizational goals identified in the Strategic Plan.

ALIGNING THE BUDGET WITH THE STRATEGIC PLAN

The specific goals identified with the fiscal year budget for SAPC should correspond with the goals of the Strategic Plan. Following the adoption of a new strategic plan, a transition period may be necessary. To ensure that the Strategic Plan becomes an operational reality for SAPC, planning for the next fiscal year should be organized around the goals, objectives and strategies of the new Strategic Plan. Doing so will mean there is a clear connection between the goals of the Strategic Plan and the resources allocated by SAPC for the achievement of those goals.

SAPC STRATEGIC PLANNING CYCLE

The relationship between the Strategic Plan, Fiscal Year Budget, and Annual Work Plan suggests a top-down approach moving from large general goals at the top to more specific implementable actions at the bottom. In reality this relationship is part of a larger ongoing and iterative planning cycle, in which results from implementation of the strategic plan will inform future updates of the Strategic Plan.

- The first two steps in the planning cycle – confirm agency values, visions, and goals; and identify strategic issues/priorities and concurrently lay out the milestones in the development of the strategic plan.
- Implementation of the strategic plan begins with an assessment of fiscal capac-

ity and available resources, and is needed to program the annual work plan and budget.

- This allocation of technical, financial and human resources is required for implementation of the strategic plan in the desired timeframe.
- Completion of the fiscal year budget sets the stage for work program development, as defined by the resulting annual work plan.
- In turn, the annual work plan enables the respective divisions and staff to translate the strategic plan into actions for the coming year.
- Action undertaken by the individual divisions and staffers will generate results that SAPC will evaluate and monitor through the performance measures, determining the extent to which the organization is successfully following the direction established during strategic planning.
- Results generated by completion of these actions will impact both the external and internal environment of the organization, setting the stage for a subsequent environmental scan and the updating of the strategic plan.

DECISION MAKING CRITERIA

The Strategic Plan is designed as a tool to facilitate decision-making. It provides a framework for analysis of new opportunities, proposals, or issues. Thinking strategically means that no programmatic choice or problem resolution should be made in

isolation but considered in light of the overall strategic direction of the SAPC organization.

To facilitate a strategic decision-making process, the following criteria should be kept in mind. When considering proposed programs, projects or initiatives, ask if they are consistent with or aligned with the following criteria:

The mission, values, and vision of SAPC as expressed in the Strategic Plan

The overall purpose of SAPC and its ideal future, as described by the vision laid out in the Strategic Plan, can help clarify critical choices facing the organization. Which choice is more likely to help make that vision a reality?

The goals and objectives defined by the Strategic Plan

Can the opportunity or proposal under consideration be directly linked to a goal or objective in the Strategic Plan? If not, will the pursuit of this new initiative require that resources be taken away from other initiatives that more directly serve strategic goals and objectives?

Current priorities and commitments

Does the proposed initiative reflect a continuation of existing priorities and commitments, or does it represent a new agenda for the organization? Are past investments by SAPC in technology and other assets compatible with this new commitment?

Cost effectiveness

From the perspective of ensuring the financial sustainability of SAPC, which choice is the most prudent in terms of costs, revenue generation, and funding potential?

Keeping these criteria in mind will help ensure a greater degree of congruence and consistency between critical decision-opportunities and the long-term direction of SAPC as established in its Strategic Plan.



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