

Good afternoon Senator Pan, Senator Leyva, and other distinguished members of Senate Health and Education Committees – thank you for holding this joint meeting on this important topic!

I have worked in the addictions profession for the past 25 years, with most of that time spent developing and implementing systems of care in rural communities in northern California. Over the past 10 years we have been developing a Campus model which is a fully integrated multi-modality continuum of care to improve health access and health outcomes with a focus on substance use disorder prevention and treatment. The Campus model supports robust community prevention programs, on Campus withdrawal management (also known as detoxification), residential care, recovery residences, outpatient, social services, medical, navigation support to self-sufficiency, and aftercare. These campuses employ a wide range of professionals from licensed medical providers, licensed behavioral health professionals, certified SUD counselors, and a wide range of support staff. The first Campus was built in 2012 and funded through a loan from USDA Rural Development. The Campus provides services to hundreds on a daily basis, successfully completes over one thousand individuals annually. A key outcome of the Campus model has been the impact on the child welfare system, driving family reunification of over 100 children annually.

Ninety percent of Americans with SUD begin their use as children and teens. Recognizing this imperative to address adolescent substance, we have developed a community prevention model utilizing partnerships with schools, probation, social services, criminal justice system, and other community-based organizations to provide prevention, early intervention, and treatment services to adolescents and their families. We currently provide services to over 20 schools in Placer and Nevada counties, and providing education on SUD, coping behaviors, handouts, and drug testing.

As you may have noticed in our last annual report, the Campus model enables communities to effectively address the constellation of complications associated with individuals and families impacted by SUD, and results in enormous cost avoidance savings across the spectrum of social, health, and public safety spectrums of the community.

In closing my recommendations to this committee are four fold;

- 1) Look at the community steering committee structure created by the drug free communities act which requires 12 areas of the community be involved in the service activities of a drug free coalition. This process could be adopted at the county level to provide oversight of funding and services.
- 2) As a structure of funding mechanism revisit the system developed for Proposition 36 in 2001; which provided funding formulas per county.
- 3) To create program infrastructure look at the model that was developed at HCD for Proposition 46 which created infrastructure for homelessness; this funding model could be modeled to build all modalities of facilities needed for adolescent programs.
- 4) Lastly ensuring a large emphasis is placed on workforce development for SUD professionals, especially those specializing in adolescent and family counseling. OSHPD determined in 2011 that the SUD workforce was distressed and needed to increase dramatically to meet the need. Our workforce remains seriously distressed and could not meet the need that these additional services will create.

Thank you for the opportunity to provide these remarks!