

County of Santa Cruz Health Services Agency
Alcohol and Drug Program
Quantitative Needs and Resources Assessment
and Qualitative Highlights
2014-2019

Table of Contents

GENERAL POPULATION	4
Youth Substance Use Prevalence	4
Youth Substance Use Prevalence Highlights.....	4
Youth Substance Use Prevalence: Qualitative Findings.....	5
Middle School and High School Students	6
College Students	13
Youth Risk and Protective Factors	16
Youth Risk and Protective Factors Highlights	16
Youth Risk Factors: Qualitative Findings.....	17
Middle School and High School Students	17
College Students	26
Adult Substance Use Prevalence	27
Adult Substance Use Prevalence Highlights	27
Adult Substance Use Prevalence: Qualitative Findings	27
Adult Risk and Protective Factors.....	29
Adult Risk and Protective Factors Highlights	29
Substance Use Prevalence Among Persons Experiencing Homelessness	32
Homeless Prevalence Highlights.....	32
Substance Use among Individuals Experiencing Homelessness: Qualitative Findings	32
Substance Use Risk and Protective Factors Among Persons Experiencing Homelessness.....	33
Substance Use Risk and Protective Factors Highlights Among Persons Experiencing Homelessness	33
CRIMINAL JUSTICE	36
Youth	36
Youth Highlights.....	36
Arrests.....	36
Juvenile Hall	41
Juvenile Probation.....	42
Adult	42
Adult Highlights	42
Adult Criminal Justice: Qualitative Findings	43
Arrests.....	45
Jail.....	48
Probation	49

Alcohol-Involved Collisions.....	49
HEALTH CARE	51
Substance Abuse Treatment	51
Substance Abuse Treatment Highlights.....	51
Substance Use Risk among Persons Experiencing Homelessness: Qualitative Findings	52
Adults.....	52
Mental Health Services Clients.....	59
Mental Health Services Highlights	59
Mental Health Services Highlights: Qualitative Findings	60
Outpatient Services	60
Inpatient Services – Dominican Behavioral Health Unit	62
Health Services Patients	62
Health Services Highlights	62
Health: Qualitative Findings	64
General Population.....	64
Santa Cruz County Health Clinic Clients.....	73
Santa Cruz County MediCruz & MediCruz-Eligible Hospital Patients	74
SOCIAL SERVICES	75
Social Services Highlights.....	75
Social Services: Qualitative Findings.....	75
ALCOHOL OUTLETS.....	78
Retail Outlet Highlights.....	78
SOCIETAL COSTS	80
Societal Costs Highlights.....	80
Qualitative Data.....	81
Resources & Opportunities	82
Resources and Opportunities Highlights	83

GENERAL POPULATION

Youth Substance Use Prevalence

Youth Substance Use Prevalence Highlights

Middle School and High School Students

During 2004-2011:

- Santa Cruz County students attending traditional public high schools were more likely to report use of alcohol and other drugs during the past 30 days compared with California traditional public high school students (Figure 3).

Between the 2007-2009 and 2009-2011 reporting periods,

- Self-reported use of alcohol and other drugs dropped among 9th grade students and rose among 11th grade students in Santa Cruz County (Figure 3).

During 2009-2011:

- Nearly one in five 7th grade students, one in three 9th grade students, and one in two 11th grade students in Santa Cruz County reported use of alcohol or other drugs in the past 30 days (Figure 4).
- Compared with California public high school students in the same grades,
 - 9th grade students in Santa Cruz County were more likely to report using marijuana in the past 30 days (Figure 5).
 - 11th grade students in Santa Cruz County were more likely to report use of alcohol and marijuana as well as binge drinking in the past 30 days (Figure 5).
- Students attending non-traditional high schools in Santa Cruz County were less likely to report binge drinking but more likely to report use of cocaine compared with California non-traditional school students in the aggregate (Figures 5 and 6).
- Compared with Santa Cruz County high school students in the aggregate (Figure 4),
 - Santa Cruz City High School students were more likely to report use of alcohol and other drugs during the past 30 days.
 - High school students from the San Lorenzo Valley Unified School District, Scotts Valley Unified School District, and Santa Cruz County Office of Education were less likely to report use of alcohol and other drugs during the past 30 days. Alcohol and drug use by high school students from the Pajaro Valley Unified School District was slightly under the county-wide averages.
- Within Santa Cruz County,
 - Female 9th grade students were more likely to report use of alcohol in the past 30 days compared with male 9th grade students (Figure 8).
 - Male 11th grade students were more likely to report use of marijuana in the past 30 days compared with female 11th grade students (Figure 8).

- 11th Grade students were more likely to report lifetime use of (having ever used) prescription pain killers (not prescribed for them) compared with California traditional public high school students in the aggregate (Figure 9).
- Students attending non-traditional schools were less likely to report lifetime use of (having ever used) cold/cough medicines to get high compared with California non-traditional school students in the aggregate (Figure 10).
- Students attending non-traditional schools were more likely to report lifetime use of (having ever used) heroin compared with California non-traditional school students in the aggregate (Figure 11).

University of California, Santa Cruz, College Students

- Between 2009 and 2012, self-reported use of alcohol (annual and past 30 days) decreased among undergraduate students (Figure 12).
- Between 2011 and 2012, self-reported binge drinking during the past two weeks decreased among all undergraduates (Figure 12).
- In 2012, marijuana was the most frequently reported illegal drug used among undergraduates during the past quarter, followed by other hallucinogens (Figure 13).
- In 2013,
 - Male undergraduate and graduate students were more likely to report binge drinking five or more drinks the last time they “partied” and within the past two weeks (Figures 15 and 16).
 - Pain killers and stimulants were the most commonly reported prescription drugs used illicitly among undergraduate and graduate students in the past 12 months (Figure 17).

Youth Substance Use Prevalence: Qualitative Findings

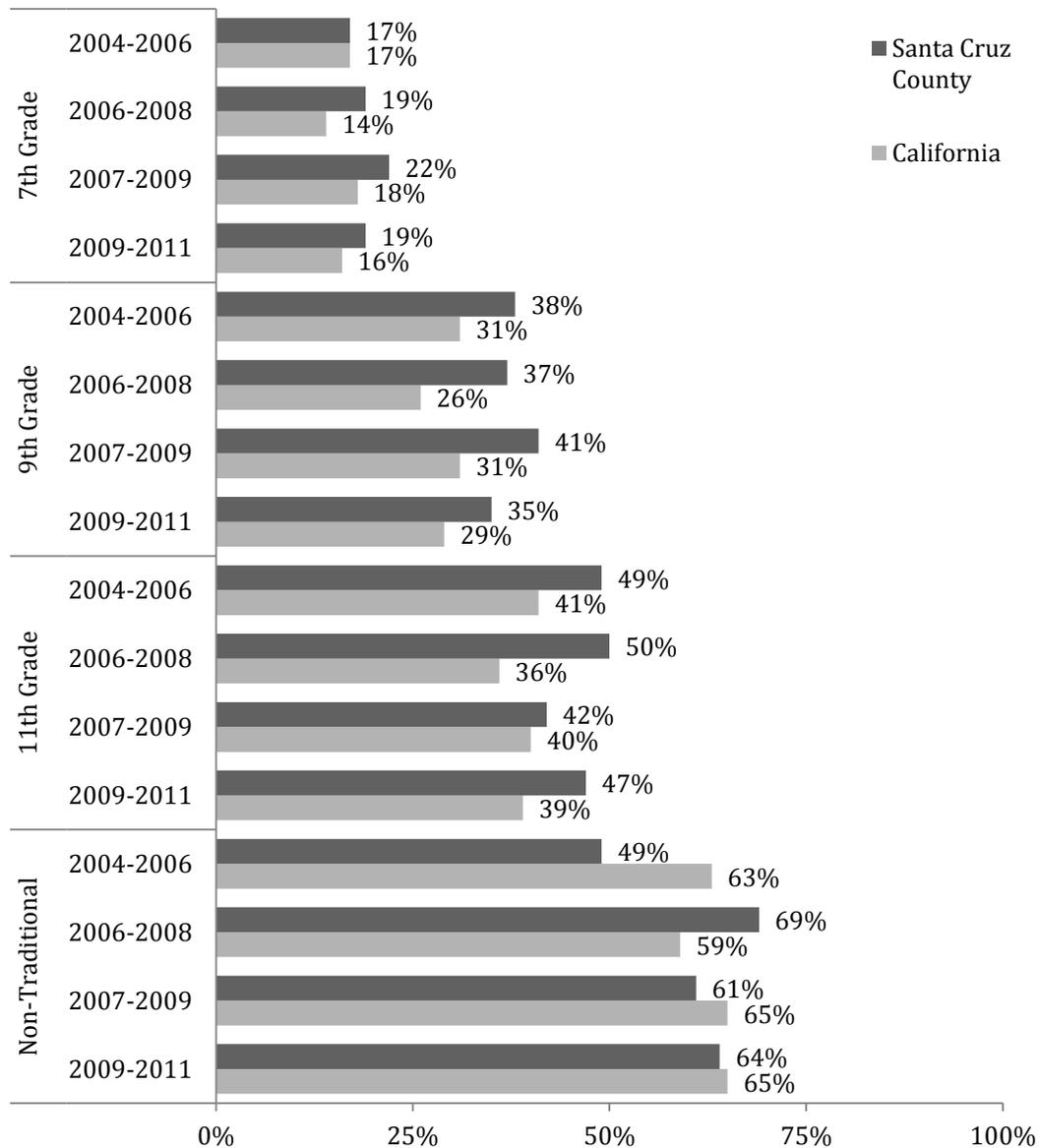
Stakeholder interviews yielded corroborated concerns regarding youth substance use.

Interview quotes included:

- “Kids: it is primarily marijuana. Poly-substance use is also an issue. One of the big problems in the SCC community right now is controversy over who/when it is okay to use marijuana; coupled with lots of messages indicating its’ okay to use it. The laws are evolving. Kids are getting mixed messages. The system folks need to understand the impact of their messaging, and be aware of other pro-use messages kids are exposed to. There needs to be new way to intervene. Kids are still developing and marijuana use is not okay for them. They need to hear that. It’s confusing for kids to get mixed messages – it’s harmful – the drug and the mixed messages.” [KSHR_}
- According to a SCC treatment provider, “In junior high and high school administrators tell us there is an obvious impact with alcohol. When kids get involved in drugs and alcohol, that culture changes their outlook, their goals change. Maybe 10% of the high school population is career-minded, trying to improve their life. But 90% are aimless and don’t know what they want to do and are impacted by alcohol and drugs”. (TPFGR6)

Middle School and High School Students

Figure 1: SELF-REPORTED USE OF ANY ALCOHOL AND OTHER DRUGS IN THE PAST 30 DAYS AMONG PUBLIC SCHOOL STUDENTS BY YEAR AND GRADE, SANTA CRUZ COUNTY AND CALIFORNIA



Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: Any alcohol and drug use includes the following: alcohol, binge drinking, marijuana, inhalants, cocaine, amphetamines, psychedelics, and "other illegal drug or pill."

Note: Non-Traditional includes continuation, community day, and other alternative school types.

Figure 2: SELF-REPORTED USE OF ANY ALCOHOL AND OTHER DRUGS IN THE PAST 30 DAYS AMONG PUBLIC SCHOOL STUDENTS BY DISTRICT AND GRADE, 2009-2011

School District	7 th Grade	9 th Grade	11 th Grade
Pajaro Valley Unified School District	22%	33%	46%
San Lorenzo Valley Unified School District	NA ¹	32%	35%
Santa Cruz City High School District	17%	44%	52%
Santa Cruz County Office of Education	9%	14%	35%
Scotts Valley Unified School District	10%	30%	41%
Santa Cruz County	19%	35%	47%
California	16%	29%	39%

Source: California Healthy Kids Survey, WestEd, California Department of Education. (2013). Current AOD Use, Past 30 Days, Table A4.3, By school district, 2010-2011, By County and statewide, 2009-2011.

Note: Any alcohol and drug use includes the following: alcohol, binge drinking, marijuana, inhalants, cocaine, amphetamines, psychedelics, and "other illegal drug or pill."

¹Sample size for San Lorenzo Valley Unified 7th graders was too small to report percentages.

Figure 3: SELF-REPORTED USE OF ALCOHOL AND MARIJUANA AMONG PUBLIC SCHOOL STUDENTS IN THE PAST 30 DAYS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2004-2006	2006-2008	2007-2009	2009-2011
Alcohol (at least one drink)					
7th Grade	Santa Cruz County	15%	17%	19%	15%
	California	13%	14%	15%	13%
9th Grade	Santa Cruz County	32%	32%	34%	28%
	California	28%	26%	27%	24%
11th Grade	Santa Cruz County	45%	45%	38%	40%
	California	37%	37%	36%	33%
Non-Traditional¹	Santa Cruz County	44%	62%	54%	51%
	California	55%	55%	56%	53%

(Continued)		2004-2006	2006-2008	2007-2009	2009-2011
Binge Drinking					
7th Grade	Santa Cruz County	6%	7%	9%	7%
	California	4%	4%	7%	5%
9th Grade	Santa Cruz County	17%	18%	23%	17%
	California	13%	12%	15%	15%
11th Grade	Santa Cruz County	27%	27%	27%	31%
	California	21%	20%	22%	22%
Non-Traditional¹	Santa Cruz County	31%	49%	40%	38%
	California	39%	38%	43%	42%
Marijuana					
7th Grade	Santa Cruz County	5%	7%	10%	10%
	California	4%	5%	6%	6%
9th Grade	Santa Cruz County	18%	20%	26%	23%
	California	12%	12%	13%	15%
11th Grade	Santa Cruz County	26%	27%	27%	30%
	California	16%	18%	19%	21%
Non-Traditional¹	Santa Cruz County	29%	49%	40%	50%
	California	42%	43%	45%	48%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 4: SELF-REPORTED USE OF INHALANTS, COCAINE, AND METHAMPHETAMINE AMONG PUBLIC SCHOOL STUDENTS IN THE PAST 30 DAYS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2004-2006	2006-2008	2007-2009	2009-2011
Inhalants					
7th Grade	Santa Cruz County	4%	5%	8%	6%
	California	5%	6%	6%	6%
9th Grade	Santa Cruz County	6%	5%	8%	6%
	California	5%	5%	6%	6%
11th Grade	Santa Cruz County	2%	3%	4%	4%
	California	3%	4%	4%	5%

(Continued)		2004-2006	2006-2008	2007-2009	2009-2011
Non-Traditional₁	Santa Cruz County	6%	9%	12%	11%
	California	8%	10%	12%	12%
Cocaine²					
9th Grade	Santa Cruz County	4%	4%	6%	4%
	California	2%	3%	3%	3%
11th Grade	Santa Cruz County	3%	3%	4%	5%
	California	3%	3%	3%	4%
Non-Traditional₁	Santa Cruz County	8%	18%	11%	18%
	California	10%	12%	13%	12%
Methamphetamines/Amphetamines²					
9th Grade	Santa Cruz County	4%	3%	4%	4%
	California	2%	3%	3%	3%
11th Grade	Santa Cruz County	1%	2%	3%	3%
	California	2%	3%	3%	3%
Non-Traditional₁	Santa Cruz County	6%	9%	7%	10%
	California	10%	8%	9%	9%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

¹Non-Traditional includes continuation, community day, and other alternative school types.

²Questions regarding use of methamphetamines and cocaine were not asked of 7th grade students.

Figure 5: SELF-REPORTED USE OF PSYCHEDELICS AND OTHER ILLEGAL DRUG AND PILLS AMONG PUBLIC SCHOOL STUDENTS IN THE PAST 30 DAYS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2004-2006	2006-2008	2007-2009	2009-2011
Psychedelics (Includes Ecstasy, LSD, or other psychedelics)²					
9th Grade	Santa Cruz County	3%	5%	8%	5%
	California	2%	4%	4%	5%
11th Grade	Santa Cruz County	2%	3%	6%	6%
	California	2%	5%	5%	6%
Non-Traditional₁	Santa Cruz County	5%	16%	11%	17%
	California	6%	14%	14%	17%

(Continued)		2004-2006	2006-2008	2007-2009	2009-2011
Other Illegal Drug or Pill³					
7th Grade	Santa Cruz County	NA	5%	5%	4%
	California	NA	3%	3%	4%
9th Grade	Santa Cruz County	NA	4%	9%	7%
	California	NA	4%	5%	6%
11th Grade	Santa Cruz County	NA	4%	6%	8%
	California	NA	4%	5%	6%
Non-Traditional¹	Santa Cruz County	NA	13%	13%	17%
	California	NA	12%	13%	18%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

¹Non-Traditional includes continuation, community day, and other alternative school types.

²Questions regarding use of psychedelics were not asked of 7th grade students.

³The question regarding other illegal drugs or pills was not asked in 2004-2006.

Figure 6: SELF-REPORTED USE OF ALCOHOL, MARIJUANA, AND INHALANTS IN THE PAST 30 DAYS AMONG PUBLIC SCHOOL STUDENTS BY GRADE AND GENDER, SANTA CRUZ COUNTY, 2009-2011

	7th Grade	9th Grade	11th Grade
Alcohol			
Male	16%	26%	40%
Female	14%	31%	41%
Marijuana			
Male	12%	23%	37%
Female	8%	23%	25%
Inhalants			
Male	6%	5%	4%
Female	5%	6%	3%

Source: California Department of Education. (2013). 2009-2011 California Healthy Kids Survey, Santa Cruz County.

Figure 7: SELF-REPORTED ILLICIT USE OF PRESCRIPTION DRUGS (EVER) AMONG PUBLIC SCHOOL STUDENTS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2004-2006	2006-2008	2007-2009	2009-2011
Prescription Pain Killers					
9th Grade	Santa Cruz County	NA	15%	19%	13%
	California	12%	13%	13%	13%
11th Grade	Santa Cruz County	NA	18%	18%	23%
	California	19%	17%	17%	17%
Non-Traditional¹	Santa Cruz County	NA	40%	33%	40%
	California	32%	36%	36%	39%
Barbiturates					
9th Grade	Santa Cruz County	NA	4%	5%	4%
	California	NA	3%	3%	3%
11th Grade	Santa Cruz County	NA	3%	4%	4%
	California	NA	3%	3%	3%
Non-Traditional¹	Santa Cruz County	NA	10%	9%	9%
	California	NA	9%	8%	9%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: Questions regarding use of prescription and over the counter drugs were not asked of 7th grade students.

Note: Questions regarding prescription pain killers were not asked in Santa Cruz County until the 2006-2008 surveys. Questions regarding barbiturates were not asked until the 2006-2008 surveys.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 8: SELF-REPORTED ILLICIT USE OF PRESCRIPTION AND OVER THE COUNTER DRUGS (EVER) AMONG PUBLIC SCHOOL STUDENTS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2006-2008	2007-2009	2009-2011
Tranquilizers or Sedatives				
9th Grade	Santa Cruz County	7%	7%	6%
	California	4%	5%	4%
11th Grade	Santa Cruz County	5%	7%	8%
	California	6%	6%	7%
Non-Traditional¹	Santa Cruz County	11%	11%	19%
	California	13%	15%	17%

(Continued)		2006-2008	2007-2009	2009-2011
Cold/Cough Medicines				
9th Grade	Santa Cruz County	28%	24%	19%
	California	18%	21%	21%
11th Grade	Santa Cruz County	28%	21%	22%
	California	18%	21%	22%
Non-Traditional₁	Santa Cruz County	30%	33%	34%
	California	32%	34%	37%
Diet Pills				
9th Grade	Santa Cruz County	9%	9%	8%
	California	7%	8%	8%
11th Grade	Santa Cruz County	9%	8%	7%
	California	5%	7%	7%
Non-Traditional₁	Santa Cruz County	13%	10%	14%
	California	11%	12%	11%
Ritalin or Adderall				
9th Grade	Santa Cruz County	5%	6%	5%
	California	4%	4%	4%
11th Grade	Santa Cruz County	5%	3%	9%
	California	7%	6%	7%
Non-Traditional₁	Santa Cruz County	8%	9%	20%
	California	14%	14%	17%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: Questions regarding use of prescription and over the counter drugs were not asked of 7th grade students.

Note: Questions regarding tranquilizers, cold/cough medicine, diet pills, and Ritalin or Adderall were not asked until the 2006-2008 surveys.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 9: SELF-REPORTED USE OF HEROIN (EVER) AMONG PUBLIC SCHOOL STUDENTS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2004-2006	2006-2008	2007-2009	2009-2011
9th Grade	Santa Cruz County	4%	3%	6%	4%
	California	3%	3%	3%	4%
11th Grade	Santa Cruz County	1%	3%	4%	4%
	California	2%	3%	4%	4%
Non-Traditional¹	Santa Cruz County	5%	7%	5%	16%
	California	5%	7%	9%	11%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: Questions regarding use of heroin were not asked of 7th grade students.

¹Non-Traditional includes continuation, community day, and other alternative school types.

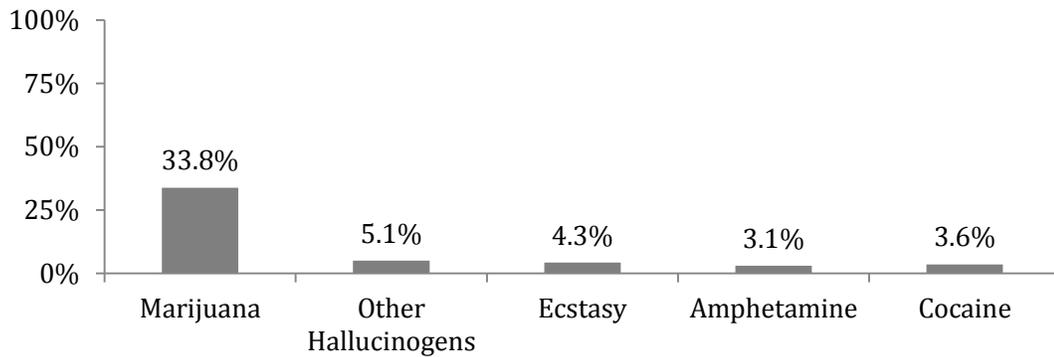
College Students

Figure 10: SELF-REPORTED USE OF ALCOHOL AMONG UC SANTA CRUZ UNDERGRADUATE STUDENTS BY YEAR

	2008	2009	2010	2011	2012
Annual Prevalence Students who consumed alcohol in the past year	82.9%	86.4%	81.2%	81.1%	77.1%
30-Day Prevalence Students who consumed alcohol in the past 30 days	71.4%	74.3%	68.0%	70.3%	67.4%
Underage Students (less than 21 years) who consumed alcohol in the past 30 days	65.6%	66.2%	59.5%	61.4%	55.3%
Binge Drinking All students who reported binge drinking in the previous two weeks	35.4%	33.8%	30.7%	32.5%	25.2%
Binge Drinking All drinkers who reported binge drinking in the previous two weeks	49.6%	45.5%	45.5%	46.4%	44.2%

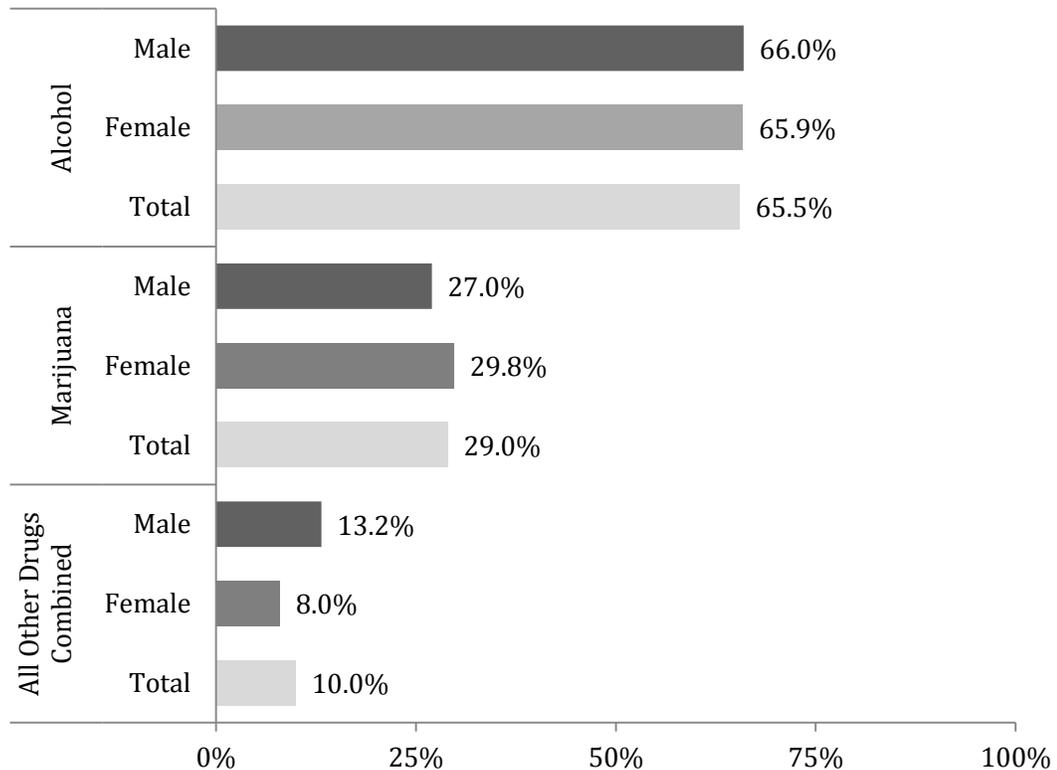
Source: Pacific Institute for Research and Evaluation (PIRE), Prevention Research Center (PRC). (2012). 2012 Safer California Universities Study- Student Surveys Executive Summary for University of California Santa Cruz.

Figure 11: MOST FREQUENTLY USED ILLEGAL DRUGS IN THE PAST QUARTER AMONG UC SANTA CRUZ UNDERGRADUATE STUDENTS, 2012



Source: Pacific Institute for Research and Evaluation (PIRE). Prevention Research Center (PRC). (2012). 2012 Safer California Universities Study - Student Surveys Executive Summary for University of California Santa Cruz.

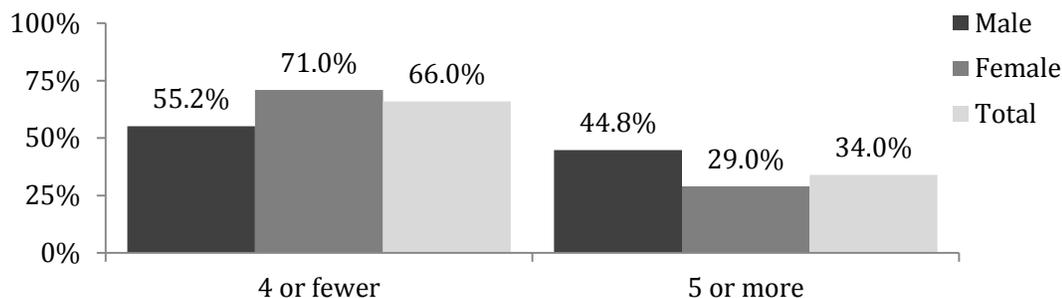
Figure 12: USE OF ALCOHOL AND OTHER DRUGS IN THE PAST 30 DAYS REPORTED BY UC SANTA CRUZ UNDERGRADUATE AND GRADUATE STUDENTS, OVERALL AND BY GENDER, SPRING 2013



Source: American College Health Association-National College Health Assessment II. (2014). 2013 University of California Santa Cruz Executive Summary.

Note: All other drugs combined includes cigars, smokeless tobacco, cocaine, methamphetamine, other amphetamines, sedatives, hallucinogens, anabolic steroids, opiates, inhalants, MDMA, other club drugs, and other illegal drugs.

Figure 13: UC SANTA CRUZ UNDERGRADUATE AND GRADUATE STUDENT REPORTS OF THE NUMBER OF DRINKS CONSUMED THE LAST TIME THEY “PARTIED,” OVERALL AND BY GENDER, SPRING 2013



Source: American College Health Association-National College Health Assessment II. (2014). 2013 University of California Santa Cruz Executive Summary.

Note: Students reporting zero drinks were excluded from the analysis.

Figure 14: SELF-REPORTED FREQUENCY OF BINGE¹ DRINKING WITHIN THE PAST TWO WEEKS AMONG UNDERGRADUATE AND GRADUATE UC SANTA CRUZ STUDENTS, OVERALL AND BY GENDER, SPRING 2013

Response	Male	Female	Total
NA/Don't Drink	20.2%	22.4%	21.9%
None	45.7%	52.3%	50.2%
1-2 times	22.5%	18.7%	19.9%
3-5 times	10.3%	5.2%	6.7%
6 or more times	1.3%	1.4%	1.3%

Source: American College Health Association-National College Health Assessment II. (2014). 2013 University of California Santa Cruz Executive Summary.¹Binge drinking was defined as consuming five or more drinks in a sitting.

Figure 15: SELF-REPORTED ILLICIT USE OF PRESCRIPTION DRUGS WITHIN THE LAST 12 MONTHS AMONG UNDERGRADUATE AND GRADUATE UC SANTA CRUZ STUDENTS, OVERALL AND BY GENDER, SPRING 2013

Response	Male	Female	Total
Antidepressants	1.7%	1.8%	1.9%
Erectile Dysfunction Drugs	1.7%	0.3%	0.8%
Pain Killers	7.6%	6.8%	7.0%
Sedatives	1.3%	3.9%	3.1%
Stimulants	7.0%	7.4%	7.3%
Used 1 or more	13.6%	13.7%	13.6%

Source: American College Health Association-National College Health Assessment II. (2014). 2013 University of California Santa Cruz Executive Summary.

Youth Risk and Protective Factors

Youth Risk and Protective Factors Highlights

Middle School and High School Students

During 2009-2011:

- Across 7th, 9th, and 11th grades in Santa Cruz County, nearly 3 in 4 students reported that they believe persons who consumed five or more drinks once or twice a week were at moderate or great risk for harm (Figure 18).
 - However, 11th grade students at traditional high schools and students at non-traditional high schools in Santa Cruz County were less likely to perceive that people are at moderate or great risk of harming themselves with occasional consumption of alcohol compared with students statewide (Figure 18).
 - 7th grade students in Santa Cruz County were more likely to perceive that people are at moderate or great risk of harming themselves by drinking 5 or more drinks once or twice a week compared with students statewide (Figure 18).
- Across 7th, 9th, and 11th grades in Santa Cruz County, over 1 in 2 students reported that they believe persons who smoked marijuana once or twice a week were at moderate or great risk for harm (Figure 19).
 - However, 9th and 11th grade students and students attending non-traditional schools in Santa Cruz County were less likely to perceive that people are at moderate or great risk of harming themselves by smoking marijuana occasionally or once or twice a week compared with students statewide (Figure 19).
- 11th grade students in Santa Cruz County were more likely to report ever having driven after drinking (respondent or friend) compared with 11th grade students statewide (34% vs. 26%, respectively) (Figure 24).
- 11th grade students in Santa Cruz County were more likely to report forgetting what happened or passing out while using alcohol and/or drugs and to having more than problem while using compared with 11th grade students statewide (21% vs. 13%, respectively) (Figure 25).
- 11th grade students and students attending non-traditional schools in Santa Cruz County were more likely to report specific experiences related to substance use dependency compared with similar students statewide (Figure 26).

During 2012-2013:

- Offenses leading to school suspensions were more likely to be drug or alcohol related in Santa Cruz County compared with California as a whole (Figure 27).
- 16.9% of school suspensions in Santa Cruz County were drug related (Figure 28).
- 21.4% of school expulsions in Santa Cruz County were drug related (Figure 29).

During 2009-2011:

- Santa Cruz County students attending traditional schools were more likely to report that it is fairly/very easy to obtain alcohol and marijuana compared with students statewide (Figure 20).

University of California, Santa Cruz, College Students

- Nearly all surveyed undergraduate and graduate students reported using protective strategies most/all of the time when socializing during the past 12 months (e.g., use a designated driver) (Figure 30).
- Nearly half of all surveyed undergraduate and graduate students reported experiencing one or more negative consequences of drinking during the past 12 months (e.g., did something you later regretted, got in trouble with the police, injured self or others) (Figure 31).

Youth Risk Factors: Qualitative Findings

Stakeholder feedback:

- “There are a lot of remote places for kids/adults to party all night (beaches, off cliffs, redwoods). It is easy to do it in isolation and without supervision. Lots of rural and beach areas. It’s part of beach culture – driving seedy situations.” [KSHR9]
- “We have guidance counselors to advise students on academic credits, but if student has another issue, there may be no identified adult for the child to go to at the school.” [KSHR11]
- There is not much engagement [regarding cross sector and collaborative involvement to address AOD issues] from UCSC top leadership, however, which is a major gap. [KSHR14]
- In general, there is not strong youth-access advocacy (i.e. limiting underage access) by campus people with the community about AOD. Future County strategic plans should include strategies for gaining commitments from academics and university leaders to support the development of policy and action plans around youth access to AOD. [KSHR14]

Middle School and High School Students

Figure 16: PUBLIC SCHOOL STUDENTS’ PERCEPTIONS OF RISK OF HARM FROM ALCOHOL CONSUMPTION BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

		2006-2008	2007-2009	2009-2011
Moderate or Great Risk of Harm From Occasional Alcohol Consumption				
7th Grade	Santa Cruz County	49%	45%	52%
	California	50%	50%	51%

(Continued)		2006-2008	2007-2009	2009-2011
9th Grade	Santa Cruz County	54%	42%	50%
	California	51%	53%	51%
11th Grade	Santa Cruz County	51%	50%	43%
	California	49%	51%	51%
Non-Traditional¹	Santa Cruz County	56%	52%	46%
	California	51%	51%	51%
Moderate or Great Risk of Harm From Consumption of 5 or More Drinks Once or Twice a Week				
7th Grade	Santa Cruz County	60%	65%	71%
	California	68%	68%	66%
9th Grade	Santa Cruz County	70%	68%	76%
	California	74%	73%	74%
11th Grade	Santa Cruz County	74%	77%	78%
	California	76%	76%	77%
Non-Traditional¹	Santa Cruz County	63%	57%	61%
	California	64%	63%	62%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: The questions regarding perceived risk of harm were different prior to 2006-2008 and are therefore not comparable.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 17: PUBLIC SCHOOL STUDENTS' PERCEPTIONS OF RISK OF HARM FROM MARIJUANA BY GRADE AND YEAR, SANTA CRUZ AND CALIFORNIA

		2006-2008	2007-2009	2009-2011
Moderate or Great Risk of Harm From Occasionally Smoking Marijuana				
7th Grade	Santa Cruz County	62%	62%	65%
	California	68%	67%	65%
9th Grade	Santa Cruz County	61%	48%	54%
	California	67%	66%	63%
11th Grade	Santa Cruz County	58%	50%	43%
	California	60%	60%	56%
Non-Traditional¹	Santa Cruz County	48%	40%	38%
	California	46%	47%	43%

(Continued)		2006-2008	2007-2009	2009-2011
Moderate or Great Risk of Harm From Smoking Marijuana Once or Twice a Week				
7th Grade	Santa Cruz County	61%	65%	68%
	California	69%	69%	67%
9th Grade	Santa Cruz County	66%	60%	62%
	California	73%	71%	68%
11th Grade	Santa Cruz County	65%	61%	59%
	California	70%	69%	65%
Non-Traditional₁	Santa Cruz County	48%	45%	39%
	California	50%	49%	45%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: The questions regarding harm were different prior to 2006-2008 and are therefore not comparable.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 18: PERCEIVED EASE (VERY EASY OR FAIRLY EASY) OF OBTAINING ALCOHOL AND MARIJUANA AMONG PUBLIC SCHOOL STUDENTS BY GRADE AND YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

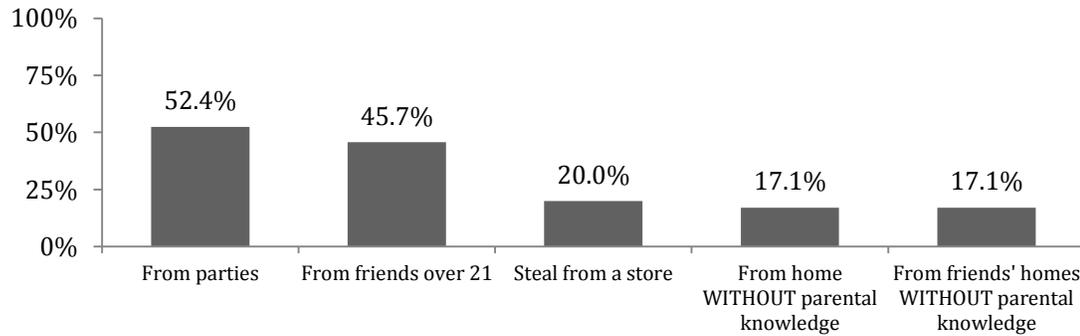
		2004-2006	2006-2008	2007-2009	2009-2011
Alcohol					
7th Grade	Santa Cruz County	37%	41%	42%	41%
	California	31%	34%	36%	34%
9th Grade	Santa Cruz County	65%	66%	69%	67%
	California	61%	60%	62%	60%
11th Grade	Santa Cruz County	81%	80%	79%	76%
	California	76%	74%	74%	73%
Non-Traditional₁	Santa Cruz County	61%	66%	63%	69%
	California	69%	68%	71%	68%
Marijuana					
7th Grade	Santa Cruz County	25%	32%	35%	37%
	California	18%	20%	23%	24%
9th Grade	Santa Cruz County	64%	63%	66%	69%
	California	51%	49%	52%	55%
11th Grade	Santa Cruz County	80%	79%	79%	78%
	California	71%	67%	69%	71%

(Continued)		2004-2006	2006-2008	2007-2009	2009-2011
Non-Traditional ¹	Santa Cruz County	59%	73%	68%	74%
	California	74%	71%	74%	73%

Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 19: TOP WAYS THAT YOUTH OBTAIN ALCOHOL AS REPORTED BY MIDDLE AND HIGH SCHOOL STUDENTS WHO PARTICIPATED IN THE SEVEN CHALLENGES PROGRAM, SANTA CRUZ COUNTY, 2012-13

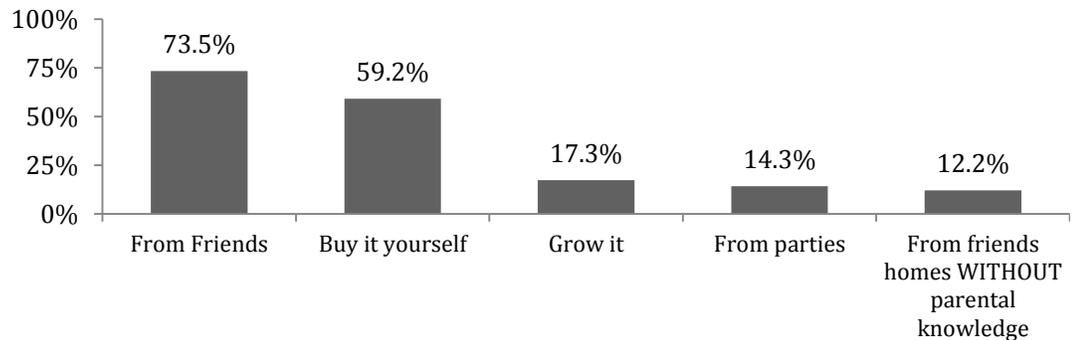


Source: Applied Survey Research. (2014). Seven Challenges, 2014.

Note: Data presented are from the pre surveys completed before the program began.

Note: Youth can enter this program from a variety of ways including: school suspension or expulsion, probation, self-request, parent/guardian referral, or teacher referral.

Figure 20: TOP WAYS THAT YOUTH OBTAIN MARIJUANA AS REPORTED BY MIDDLE AND HIGH SCHOOL STUDENTS WHO PARTICIPATED IN THE SEVEN CHALLENGES PROGRAM, SANTA CRUZ COUNTY, 2012-13

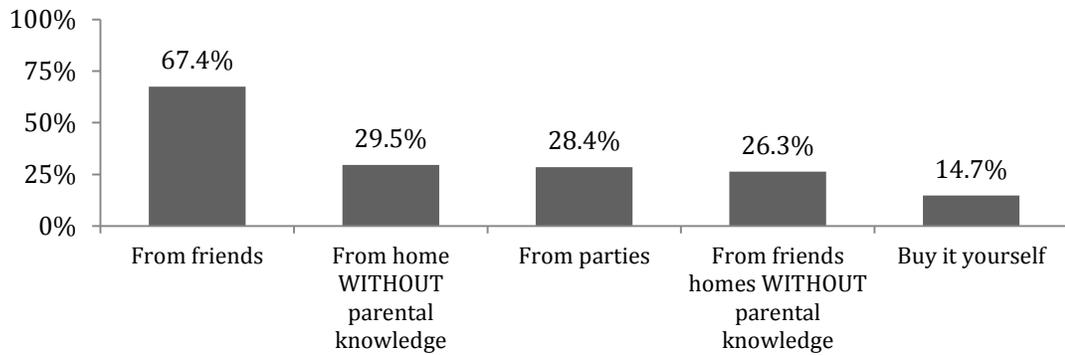


Source: Applied Survey Research. (2014). Seven Challenges, 2014.

Note: Data presented are from the pre surveys completed before the program began.

Note: Youth can enter this program from a variety of ways including: school suspension or expulsion, probation, self-request, parent/guardian referral, or teacher referral.

Figure 21: TOP WAYS THAT YOUTH OBTAIN PRESCRIPTION MEDICATION AS REPORTED BY MIDDLE AND HIGH SCHOOL STUDENTS WHO PARTICIPATED IN THE SEVEN CHALLENGES PROGRAM, SANTA CRUZ COUNTY, 2012-13

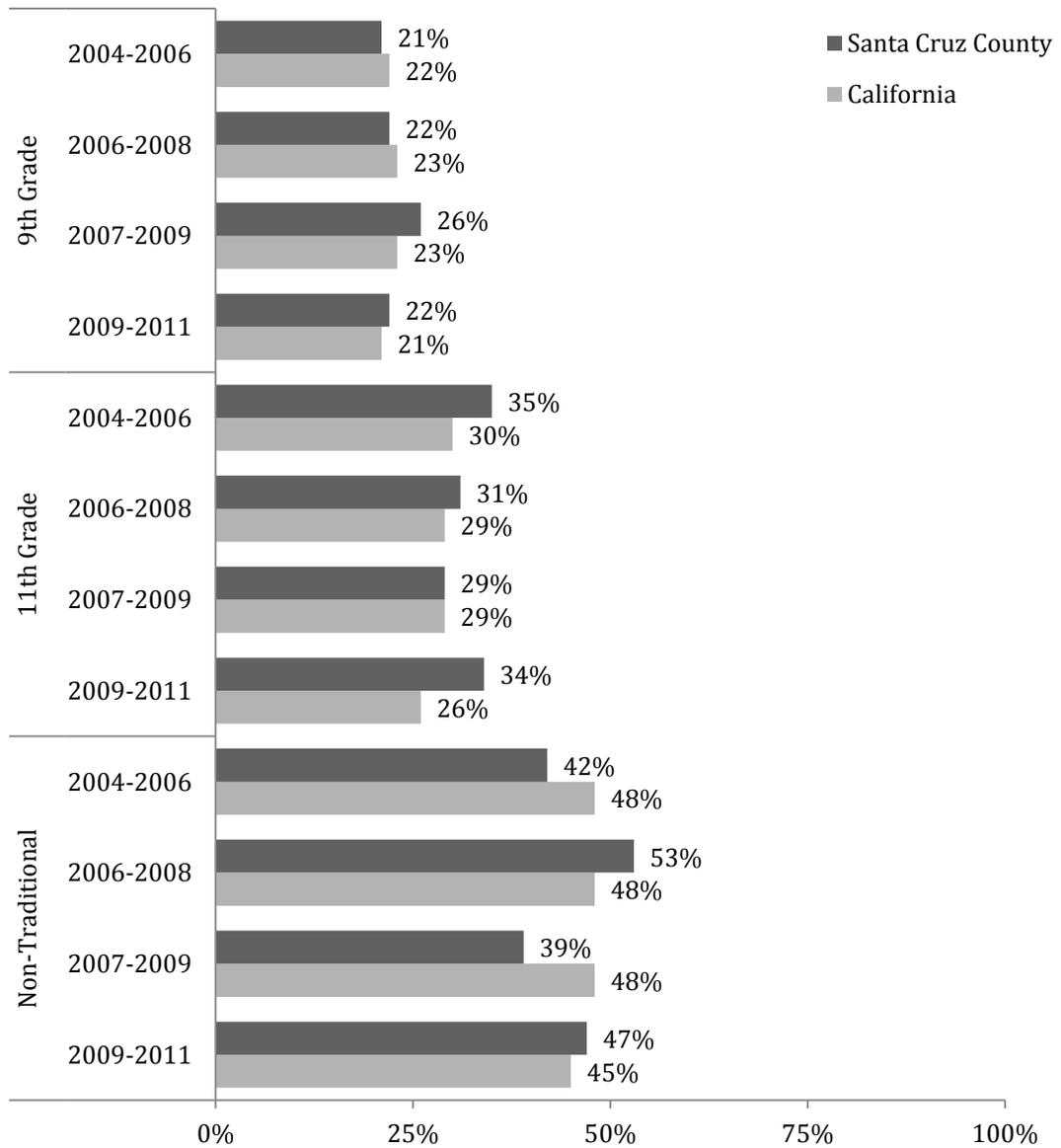


Source: Applied Survey Research. (2014). *Seven Challenges, 2014*.

Note: Data presented are from the pre surveys completed before the program began.

Note: Youth can enter this program from a variety of ways including: school suspension or expulsion, probation, self-request, parent/guardian referral, or teacher referral.

Figure 22: PUBLIC SCHOOL STUDENTS' REPORTS OF EVER DRIVING AFTER DRINKING (RESPONDENT OR FRIEND) BY



Source: California Department of Education. (2013). 2002-2011 California Healthy Kids Survey, Santa Cruz County.

Note: Any alcohol and drug use includes the following: alcohol, binge drinking, marijuana, inhalants, cocaine, amphetamines, psychedelics, and "other illegal drug or pill."

Note: Non-Traditional includes continuation, community day, and other alternative school types.

Figure 23: PUBLIC SCHOOL STUDENTS' REPORTS OF PROBLEMS WHILE USING ALCOHOL AND/OR DRUGS BY GRADE, SANTA CRUZ COUNTY AND CALIFORNIA, 2009-2011

	9 th Grade		11 th Grade		Non-Traditional ¹	
	SCC	CA	SCC	CA	SCC	CA
Does not Apply, Never Used Alcohol/Drug	59%	64%	39%	49%	30%	28%
Problems with Emotions, Nerves, Mental Health	9%	8%	14%	10%	23%	19%
Trouble or Problems with the Police	9%	7%	11%	8%	24%	21%
Money Problems	4%	3%	7%	5%	13%	12%
Miss School	5%	4%	6%	6%	22%	18%
Problems with School Work	6%	5%	9%	7%	17%	13%
Fight with Other Kids	4%	4%	5%	5%	14%	13%
Damage a Friendship	6%	5%	7%	6%	15%	11%
Physically Hurt or Injure Yourself	4%	4%	8%	5%	12%	10%
Unwanted or Unprotected Sex	4%	3%	6%	6%	16%	13%
Forget What Happened or Pass Out	10%	8%	21%	13%	20%	21%
Other Problems	4%	4%	8%	5%	11%	9%
More than One Problem	12%	10%	21%	15%	30%	28%
Never Had Problems When I've Used Alcohol/Drugs	21%	19%	29%	28%	24%	28%

Source: California Department of Education. (2013). 2009-2011 California Healthy Kids Survey, Santa Cruz County.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 24: PUBLIC SCHOOL STUDENTS' REPORTS OF EXPERIENCES RELATED TO DEPENDENCY ON ALCOHOL/DRUGS BY GRADE, SANTA CRUZ COUNTY AND CALIFORNIA, 2009-2011

	9 th Grade		11 th Grade		Non-Traditional ¹	
	SCC	CA	SCC	CA	SCC	CA
Does Not Apply, Have Not Used Alcohol or Drugs	61%	67%	42%	52%	32%	31%
Had to Increase Use to Get the Same Effect as Before	10%	7%	20%	12%	31%	24%
Spent a lot of Time Getting, Using, or Being "Hung Over" from Using	6%	5%	11%	6%	20%	15%
Used Alcohol or Drugs a lot More than Intended	7%	6%	13%	9%	20%	18%
Used Alcohol or Drugs when Alone	8%	7%	16%	10%	23%	21%
Alcohol/Drug Use Often Kept you from Going to School, Working, Recreational Activities or Hobbies	4%	3%	5%	4%	15%	12%
Often Didn't Feel OK Unless had Something to Drink or Used a Drug	4%	3%	6%	4%	14%	11%
Thought about Reducing or Stopping	9%	7%	17%	12%	21%	21%
Told Yourself not Going to Use, but Used Anyway	6%	6%	10%	9%	15%	16%
Spoke with Someone about Reducing or Stopping Use	4%	4%	9%	6%	11%	12%
Attended Counseling, Program, or Group to Reduce/Stop Use	2%	1%	3%	2%	12%	6%
More than One Experience	11%	9%	22%	15%	29%	27%
Used Alcohol or Drugs, but Have not Experienced any of these Things	17%	16%	24%	25%	21%	23%

Source: California Department of Education. (2013). 2009-2011 California Healthy Kids Survey, Santa Cruz County.

¹Non-Traditional includes continuation, community day, and other alternative school types.

Figure 25: DRUG AND ALCOHOL RELATED¹ OFFENSES THAT LED TO SUSPENSIONS OR EXPULSIONS FOR ALL PUBLIC SCHOOL STUDENTS, SANTA CRUZ COUNTY AND CALIFORNIA

	2011-12	2012-13
Possession, Use, Sale or Furnishing a Controlled Substance, Alcohol, or Intoxicant	88	109
Offering, Arranging, or Negotiating Sale of Controlled Substances, Alcohol, or Intoxicants	4	2
Offering, Arranging, or Negotiating Sale of Drug Paraphernalia	19	13
Possession of Controlled Substance	50	68
Sale of Controlled Substance	1	5
Total Drug and Alcohol Related Offenses that Led to Expulsions or Suspensions	162	197
Total Offenses that Led to Expulsions or Suspensions	1,039	1,245
% of Offenses that Were Drug and Alcohol Related – Santa Cruz County	15.6%	15.8%
% of Offenses that Were Drug and Alcohol Related – California	6.9%	7.5%

Source: California Department of Education, Dataquest. (2014). 2011-2013 Suspension and Expulsion Report.

¹Violation of Education Code Section 48900 (c,d,j), 48915 (a)(3), (c)(3)

Figure 26: ILLICIT DRUG RELATED SUSPENSIONS FOR ALL PUBLIC SCHOOL STUDENTS BY ETHNICITY, SANTA CRUZ COUNTY

	2011-12	2012-13
Hispanic or Latino of Any Race	45	59
American Indian or Alaska native	2	0
Asian	0	1
Pacific Islander	2	1
Filipino	0	1
African American	2	8
White	69	84
Two or More Races	7	12
None Reported	1	1
Total	128	167
% of Suspensions that Were Drug Related – Santa Cruz County	17.2%	16.9%

Source: California Department of Education, Dataquest. (2014). 2011-2013 Suspension and Expulsion Report.

Figure 27: ILLICIT DRUG RELATED EXPULSIONS FOR ALL PUBLIC SCHOOL STUDENTS BY ETHNICITY, SANTA CRUZ COUNTY

	2011-12	2012-13
Hispanic or Latino of Any Race	6	11
American Indian or Alaska Native	2	0
Pacific Islander	0	0
White	9	7
Two or More Races	0	2
None Reported	0	1
Total	17	21
% of Expulsions that Were Drug Related – Santa Cruz County	37.0%	21.4%

Source: California Department of Education. (2014). 2011-2013 Suspension and Expulsion Report.

College Students

Figure 28: PROTECTIVE STRATEGIES REPORTEDLY USED MOST OR ALL OF THE TIME WHEN SOCIALIZING DURING THE PAST 12 MONTHS AMONG UNDERGRADUATE AND GRADUATE UC SANTA CRUZ STUDENTS, BY GENDER, SPRING 2013

Strategy	Male	Female	Total
Alternate non-alcoholic with alcoholic beverages	40.0%	41.7%	41.4%
Avoid drinking games	40.4%	47.8%	45.4%
Choose not to drink alcohol	18.1%	26.1%	23.8%
Determine in advance not to exceed a set number of drinks	33.2%	42.6%	39.3%
Eat before and/or during drinking	83.0%	83.2%	82.8%
Have a friend let you know when you have had enough	24.8%	41.0%	35.7%
Keep track of how many drinks being consumed	67.0%	73.5%	71.0%
Pace drinks to one or fewer an hour	26.1%	35.8%	32.8%
Stay with the same group of friends the entire time drinking	77.2%	89.3%	85.3%
Stick with only one kind of alcohol when drinking	41.1%	47.3%	45.2%
Use a designated driver	77.7%	88.5%	85.4%
Reported one or more of the above	96.7%	98.9%	98.2%

Source: American College Health Association-National College Health Assessment II. (2014). 2013 University of California Santa Cruz Executive Summary.

Figure 29: OCCURRENCE OF PROBLEMS WHILE USING ALCOHOL DURING THE PAST 12 MONTHS REPORTED BY UNDERGRADUATE AND GRADUATE UC SANTA CRUZ STUDENTS, BY GENDER, SPRING 2013

Response	Male	Female	Total
Did something you later regretted	32.0%	35.3%	34.4%
Forgot where you were or what you did	28.1%	27.1%	27.5%
Got in trouble with the police	2.6%	1.6%	1.9%
Someone had sex with me without my consent	0.9%	2.9%	2.4%
Had sex with someone without their consent	0.0%	0.2%	0.3%
Had unprotected sex	18.6%	15.3%	16.4%
Physically injured yourself	14.7%	15.7%	15.3%
Physically injured another person	3.0%	1.2%	1.9%
Seriously considered suicide	4.0%	2.4%	3.0%
Reported one or more of the above	48.9%	48.1%	48.6%

Source: American College Health Association-National College Health Assessment II. (2014). 2013 University of California Santa Cruz Executive Summary.

Adult Substance Use Prevalence

Adult Substance Use Prevalence Highlights

In the 2013 Community Assessment Project telephone survey of adult residents of Santa Cruz County,

- Nearly one in seven adults reported binge drinking during the past 30 days (Figure 32).
- Low rates of illicit use of prescription drugs among adults in Santa Cruz County (Figure 33) are consistent with (and slightly lower than) published data for adult use statewide¹.

Adult Substance Use Prevalence: Qualitative Findings

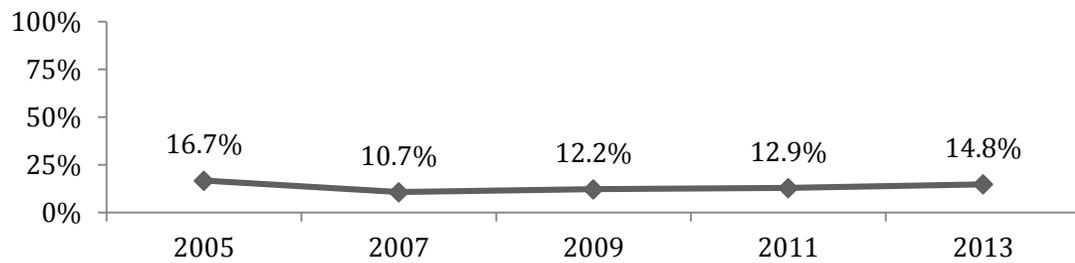
Stakeholder feedback:

- People do not know what to do. This crisis is everywhere.
- Good families are not immune to having children who struggle with addiction and overdosing.
- Alcohol, drug use, overdose and suicide are rampant issues.
- People need to talk about it. It should be highlighted everywhere.

¹ California State Task Force on Prescription Drug Misuse. *Summary Report and Recommendations on Prescription Drugs: Misuse, Abuse and Dependency*. California Department of Alcohol and Drug Programs. 2009.

- *The crisis as I see it is outreach. It can't be a shameful don't talk about it thing. Recoverywave is what AA should have been. People need to be able to talk about it, it should be so out there. On tv. Everywhere. The phone Number needs to be out there during commercials. So when they reach that moment they know they have a problem and it's 1-800 recovery. Maybe as simple as you call and a van comes to get you. (FFGR2)*
- Treatment/rehabilitation is expensive; no family has money to pay for it.
- Waiting lists are months long.
- Family doctor does not want to deal with it because he thinks he cannot help.

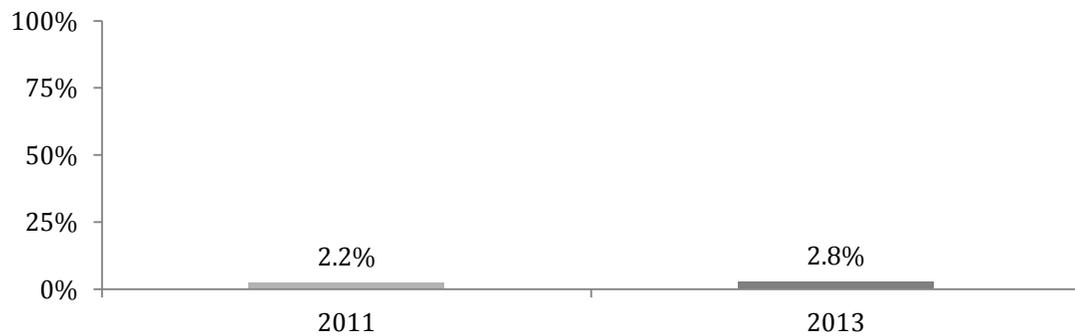
Figure 30: SELF-REPORTED BINGE DRINKING¹ DURING THE PAST 30 DAYS AMONG ADULTS (OVER 18) , SANTA CRUZ COUNTY



Overall 2013 n=705.

Source: Applied Survey Research. (2013). 2005-2013 Santa Cruz County Community Assessment Project, Telephone Survey.¹Binge drinking was defined as 4 or more drinks/sitting for women and 5 or more drinks/sitting for men.

Figure 31: SELF-REPORTED USE OF PRESCRIPTION MEDICATION (WITHOUT A PRESCRIPTION) DURING THE PAST 30 DAYS AMONG ADULTS (OVER 18) , SANTA CRUZ COUNTY



Overall 2013 n=710.

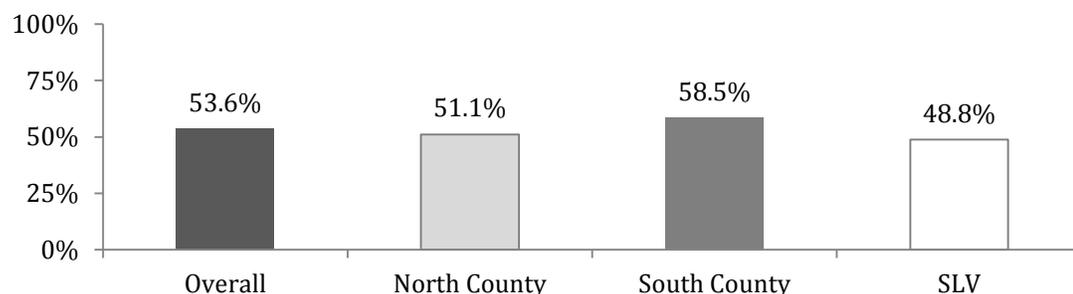
Source: Applied Survey Research. (2013). Santa Cruz County Community Assessment Project, Telephone Survey, 2011-2013.

Adult Risk and Protective Factors

Adult Risk and Protective Factors Highlights

- In the 2013 Community Assessment Project telephone survey of adult residents in Santa Cruz County,
 - About 1 out of 2 expressed concern about drug and alcohol abuse in their neighborhood (Figure 34).
 - Sixteen percent said they thought it was somewhat or very acceptable for adults to provide alcohol to underage youth in their homes (a slight decline from prior years). White, non-Latino adults were significantly more likely than Latino adults to express this acceptance (Figure 35).
 - About 1 out of 2 said they thought it was somewhat or very acceptable for adults to use marijuana for recreational purposes, with a slight increase in the rate of acceptance since 2009 (Figure 34). White, non-Latino adults were significantly more likely than Latino adults to express this acceptance. North County and San Lorenzo Valley (SLV) residents were more likely than South County residents to express high acceptance (Figure 37).
- In the 2011-12 California Health Interview Survey, adult residents of Santa Cruz County were more likely to report a perceived need to seek professional help for problems related to mental health or substance use than adult residents of California as a whole (23% vs. 16%, respectively) (Figure 38). Santa Cruz residents were more likely to report this perceived need in 2011-12 than they were in 2009 (23% vs. 13%, respectively).
- Less than 1% of residents in Santa Cruz County or California have been issued an annual medical marijuana identification card (Figure 39). The percentage of residents issued medical marijuana identification cards has been higher for Santa Cruz County than for California as a whole and appears to have peaked in FY 2010-2011.

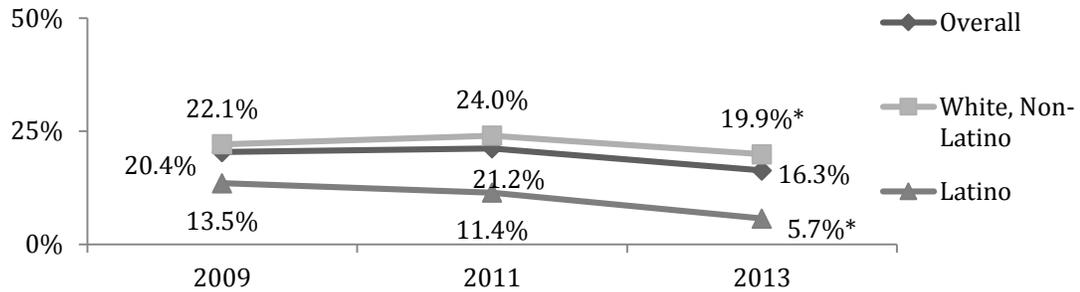
Figure 32: CONCERN (VERY OR SOMEWHAT CONCERNED) REGARDING DRUG AND ALCOHOL ABUSE IN THEIR NEIGHBORHOOD AMONG ADULTS (OVER 18) BY REGION, SANTA CRUZ COUNTY, 2013



Overall 2013 n: 690; North County 2013 n: 250; South County 2013 n: 234; SLV 2013 n=207.

Source: Applied Survey Research. (2013). Santa Cruz County Community Assessment Project, Telephone Survey, 2013.

Figure 33: ACCEPTANCE FOR PROVIDING ALCOHOL TO UNDERAGE YOUTH IN THEIR HOME AMONG ADULTS (OVER 18) BY ETHNICITY, SANTA CRUZ COUNTY

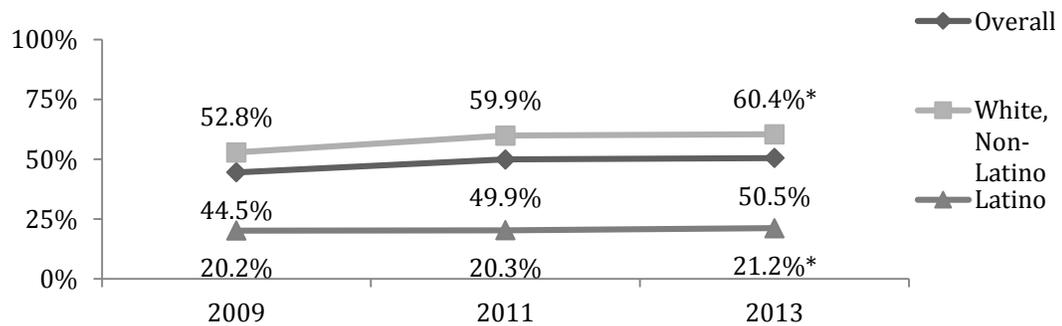


Overall 2013 n=702; White, non-Latino 2013 n=487; Latino 2013 n=160.

Source: Applied Survey Research. (2013). Santa Cruz County Community Assessment Project, Telephone Survey, 2009-2013.

*Significance testing: Z-test $p < .05$, White, non-Latino respondents were significantly more likely than Latino respondents to think that it is somewhat acceptable or very acceptable for adults to provide alcohol to underage youth in their home in 2013.

Figure 34: ACCEPTANCE (VERY AND SOMEWHAT ACCEPTABLE) FOR THE USE OF MARIJUANA FOR RECREATIONAL OR NON-MEDICINAL USE AMONG ADULTS (OVER 18) OVERALL AND BY ETHNICITY, SANTA CRUZ COUNTY



Overall 2013 n: 679; White 2013 n: 477 Latino 2013 n: 152.

Source: Applied Survey Research. (2013). 2009-2013 Santa Cruz County Community Assessment Project, Telephone Survey.

Note: "Very" was added to the response option "Very acceptable" in 2011.

*Significance testing: Z-test $p < .05$, White, Non-Latino respondents were significantly more likely than Latino respondents to think that it is very or somewhat acceptable for recreational or non-medical use of marijuana in 2013.

Figure 35: ACCEPTANCE (VERY ACCEPTABLE) FOR THE USE OF MARIJUANA FOR RECREATIONAL OR NON-MEDICINAL USE AMONG ADULTS (OVER 18) BY REGION, SANTA CRUZ COUNTY

	2003	2005	2007	2009	2011	2013
North County	44.6%	31.5%	17.0%	16.0%	15.8%	20.9%*
South County	16.8%	25.8%	13.7%	8.7%	7.0%	13.5%*
San Lorenzo Valley	38.7%	35.2%	29.7%	16.4%	24.7%	30.9%*

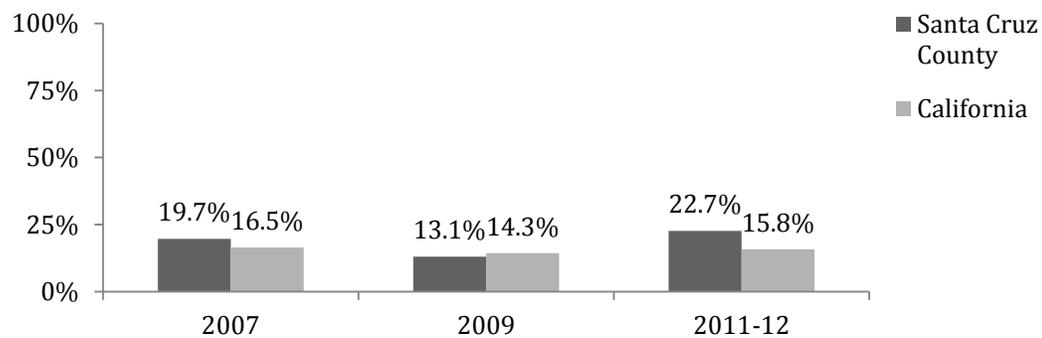
North County 2013 n: 247; South County 2013 n: 230; SLV 2013 n: 199.

Source: Applied Survey Research. (2013). Santa Cruz County Community Assessment Project, Telephone Survey, 2003-2013.

*Significance testing: Z-test $p < .05$, San Lorenzo Valley respondents were significantly more likely than North and South County respondents to find the use of marijuana for recreational or non-medicinal use very acceptable in 2013.

Note: "Very" was added to the response option "Very acceptable" in 2011.

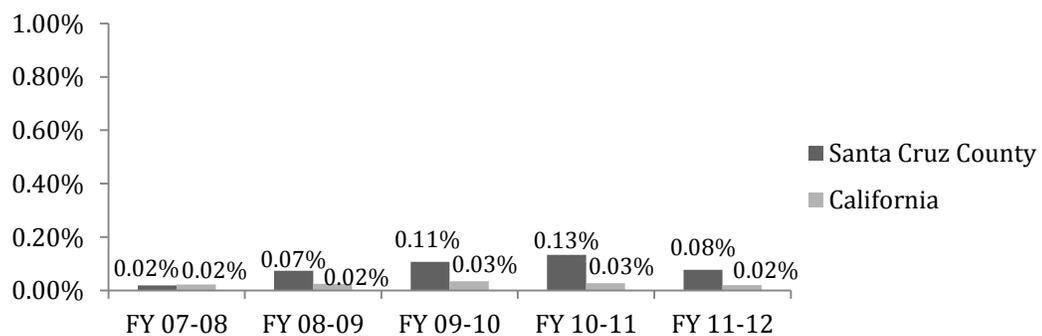
Figure 36: PERCEIVED NEED TO SEE A PROFESSIONAL FOR PROBLEMS WITH THEIR EMOTIONAL/MENTAL HEALTH OR ALCOHOL/DRUG USE AMONG ADULTS (OVER 18), SANTA CRUZ COUNTY



Source: UCLA Center for Health Policy Research. (2013). California Health Interview Survey, 2007-2011/2012.

Note: 2001 to 2009 CHIS data were collected over a 9-month period. Beginning June 15, 2011, CHIS data were collected continuously over a two-year period. 2011-2012 CHIS data were collected from June 15, 2011 through January 14, 2013.

Figure 37: PERCENT OF RESIDENTS¹ ISSUED AN ANNUAL CALIFORNIA MEDICAL MARIJUANA IDENTIFICATION CARD



Source: 2012 California Department of Alcohol & Drug Program Needs Assessment Report, 2013. Source for numerator = number of medical marijuana identification cards issued in fiscal year.

United States Census Bureau. (2013). *Demographic and Housing Estimates, Table DP-05. American Community Survey 2006-2012 1-year estimates. Source for denominator = eligible population in Santa Cruz County for calendar year estimate.*

¹Over age 5 years.

Substance Use Prevalence Among Persons Experiencing Homelessness

Homeless Prevalence Highlights

In the Santa Cruz County Homeless Census Interviews,

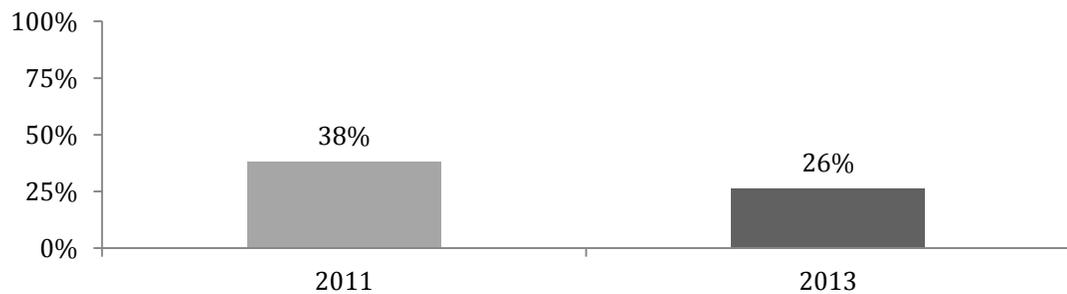
- More than 1 out of 4 adults reported abuse of substances in 2013 (Figure 40).
- Adult respondents in 2013 were less likely to report substance abuse than in 2011 (Figure 40).

Substance Use among Individuals Experiencing Homelessness: Qualitative Findings

The voice of stakeholders is clear on the prominent linkage between SUDs and homelessness

- Santa Cruz County has 3 times the number of homeless compared with similarly sized counties in CA, and a significant number of homeless have mental health and SUDs issues. [KSHR7] SUD contributes to homelessness, and SUD needs to be addressed as a significant barrier to getting people into stable housing. [KSHR1]
- There is also a strong relationship between homelessness and frequent offending/recidivism. [KSHR2, KSHR6, KSHR7]
- The homeless population is particularly difficult to engage due to transience, and standard models of treatment tend not to work well, resulting in high attrition. The motivations that work for other SUDs populations (e.g., going after credit) don't work for homeless/ serial inebriates. [KSHR6, KSHR7]
 - Per the final point, KSHR3 suggest "contingency management", such as paying people for clean urine via coupons and the like, which is a system used in VA and justice systems.
- There is a need for more sober living beds and housing for dual diagnosis clients (SUDs and mental health). If a client doesn't meet criteria for mental health treatment (see issues pertaining to this in Theme 2), there is nowhere for these clients to go. Ultimately, they end up back on the streets. These clients can't go into a standard sober bed, as they have more/ different support needs and need extended coordinated case management. [KSHR6]
- "We are not allowed to sleep anywhere so we have to stay up all night, and to stay up all night, you have to stay high to stay up. You gotta keep moving. Then you get busted for being high or sleeping somewhere. It's just a vicious cycle." [SCRFR1]

Figure 38: SELF-REPORTED SUBSTANCE ABUSE AMONG INDIVIDUALS EXPERIENCING HOMELESSNESS, SANTA CRUZ COUNTY



N: 2011=491; 2013=356.

Source: Applied Survey Research. (2013). Santa Cruz County Homeless Census and Survey 2013.

Substance Use Risk and Protective Factors Among Persons Experiencing Homelessness

Substance Use Risk and Protective Factors Highlights Among Persons Experiencing Homelessness

In the Santa Cruz County Homeless Census Interviews,

- 26% of adults reported that alcohol or drug counseling may have prevented their homelessness in 2013 (Figure 41).
- Adults described substance use as one of the primary barriers to their employment and one of the top five events or conditions that led to their current episode of homelessness by (Figures 42 & 44).
- Adults reported that problems with substance use was one of the top five reasons they were turned away from staying at a shelter (Figure 43).

Figure 39: ASSISTANCE THAT MAY HAVE PREVENTED THEIR HOMELESSNESS AS REPORTED BY INDIVIDUALS EXPERIENCING HOMELESSNESS, SANTA CRUZ COUNTY, 2013

	2013
Employment assistance	50%
Rent/mortgage assistance	36%
Alcohol/drug counseling	26%
Mental health services	23%
Help accessing benefits	21%
Case management after leaving hospital/jail/prison/juvenile justice	15%
Legal assistance	13%
Health insurance/services	12%
Transportation benefits	8%

Multiple response question with 356 respondents offering 740 responses.

Source: Applied Survey Research. (2013). Santa Cruz County Homeless Census and Survey 2013.

Figure 40: TOP 5 PRIMARY EVENTS OR CONDITIONS THAT LED TO CURRENT EPISODE OF HOMELESSNESS AS REPORTED BY INDIVIDUALS EXPERIENCING HOMELESSNESS, SANTA CRUZ COUNTY

2011		2013	
Lost job	25%	Lost job	33%
Alcohol or drug use	17%	Could not afford rent	18%
Argument with family or friend	12%	Alcohol or drug use	16%
Family/domestic violence	9%	Evicted	12%
Illness or medical problem	5%	Mental health	10%

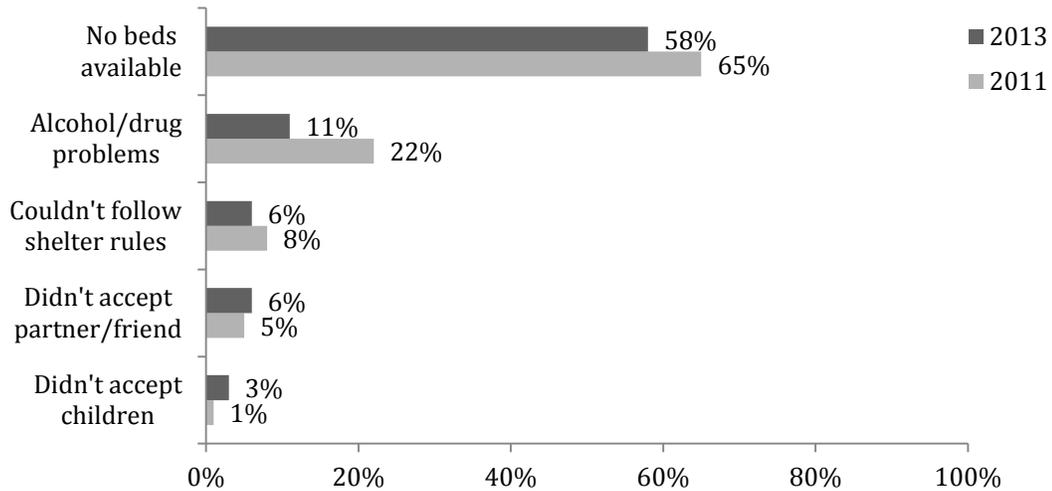
N: 2011=493; 2013=359.

Source: Applied Survey Research. (2011). Santa Cruz County Homeless Census and Survey 2011.

Applied Survey Research. (2013). Santa Cruz County Homeless Census and Survey 2013.

*"Could not afford rent" and "Evicted" were not asked in 2011.

Figure 41: TOP 5 REASONS HOMELESS INDIVIDUALS WERE TURNED AWAY WHEN TRYING TO STAY AT A SHELTER AS REPORTED BY INDIVIDUALS EXPERIENCING HOMELESSNESS, SANTA CRUZ COUNTY



Multiple response question, responses will not add to 100%.

2011: 100 respondents offering 132 responses; 2013: 107 respondents offering 110 responses.

Source: Applied Survey Research. (2011). Santa Cruz County Homeless Census and Survey 2011; Applied Survey Research (2013). Santa Cruz County Homeless Census and Survey 2013.

Figure 42: TOP BARRIERS TO OBTAINING EMPLOYMENT AS REPORTED BY INDIVIDUALS EXPERIENCING HOMELESSNESS, SANTA CRUZ COUNTY

	2011	2013
No jobs	44%	37%
Health problems	21%	31%
No transportation	27%	28%
No permanent address	27%	28%
Alcohol/drug issues	23%	26%
No phone	25%	24%
Disabled	19%	19%

Multiple response question, responses will not add to 100%.

Multiple response question with 358 respondents offering 1,204 responses in 2011 and 329 respondents offering 882 responses in 2013.

Source: Applied Survey Research. (2011). Santa Cruz County Homeless Census and Survey 2011. Applied Survey Research. (2013). Santa Cruz County Homeless Census and Survey 2013.

CRIMINAL JUSTICE

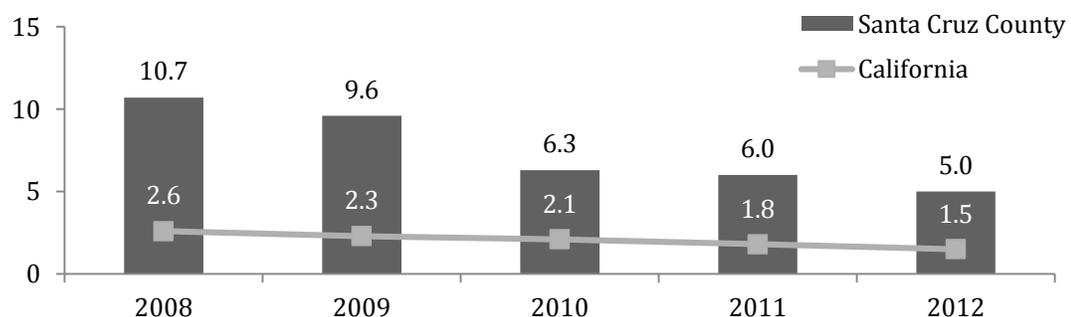
Youth

Youth Highlights

- The alcohol-related juvenile misdemeanor arrest rates have been decreasing since 2008; however the rates have been consistently higher in Santa Cruz County compared to California (Figure 45).
- Juvenile misdemeanor arrests for alcohol have been more common among white, non-Hispanic youth (Figure 47) in the unincorporated areas of the County (including UCSC) and the City of Santa Cruz (Figure 48).
- Juvenile felony arrests for DUI were rare events between 2008 and 2012, with no arrests recorded for 2011 and 2012 (Figure 46). All juvenile felony arrests for DUI were among white, non-Hispanic youth.
- The drug-related juvenile arrest rates have been decreasing since 2008; however the rates have been consistently higher in Santa Cruz County compared to California (Figure 49). Drug arrests were more commonly for marijuana than narcotics or other drug categories (Figure 50).
- Drug-related juvenile arrests are highest in the cities of Santa Cruz and Watsonville as well as the unincorporated parts of the County (Figure 52).
- Among unduplicated youth booked into Juvenile Hall during 2011-12, 15% were detained for offenses related to alcohol or drug use (Figure 53).
- 41% of youth on probation during 2011-12 had alcohol or drug components as part of their terms of probation (Figure 55).

Arrests

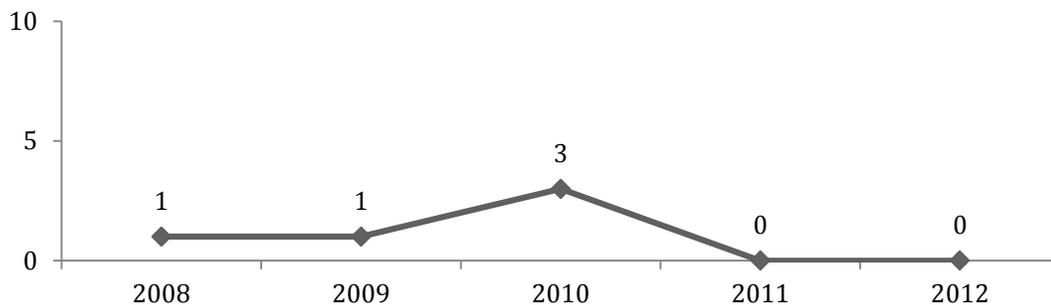
Figure 43: ALCOHOL-RELATED¹ JUVENILE (AGES 10-17) MISDEMEANOR ARREST RATE PER 1,000, SANTA CRUZ COUNTY AND CALIFORNIA



Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile. California Department of Finance (2013). 2008-2012 Race/Ethnic Population with Age and Sex Detail. U.S. Census Bureau. (2013). 2008-2012 American Factfinder Table B01001.

¹ Includes: Contributing to the delinquency of a minor, drunk, liquor laws, and driving under the influence.

Figure 44: DRIVING UNDER THE INFLUENCE JUVENILE (AGES 10-17) FELONY ARRESTS, SANTA CRUZ COUNTY



Source: State of California Department of Justice, Office of the Attorney General. (2013). 2008-2012 Criminal Justice Profiles.

Figure 45: ALCOHOL-RELATED JUVENILE (AGES 10-17) ARRESTS BY ETHNICITY, SANTA CRUZ COUNTY

Ethnicity	2008	2009	2010	2011	2012
White					
Misdemeanor	140	128	85	89	64
Felony	1	1	3	0	0
Hispanic					
Misdemeanor	108	89	59	52	50
Felony	0	0	0	0	0
Black					
Misdemeanor	3	6	1	1	0
Felony	0	0	0	0	0
Other					
Misdemeanor	12	10	9	6	7
Felony	0	0	0	0	0

Source: State of California Department of Justice, Office of the Attorney General. (2013). 2008-2012 Criminal Justice Profiles.

Note: Misdemeanor alcohol-related arrests include: contributing to the delinquency of a minor, drunk, liquor laws, and driving under the influence. Felony alcohol-related arrests include: driving under the influence.

Figure 46: ALCOHOL-RELATED JUVENILE (AGES 10-17) ARRESTS BY JURISDICTION, SANTA CRUZ COUNTY

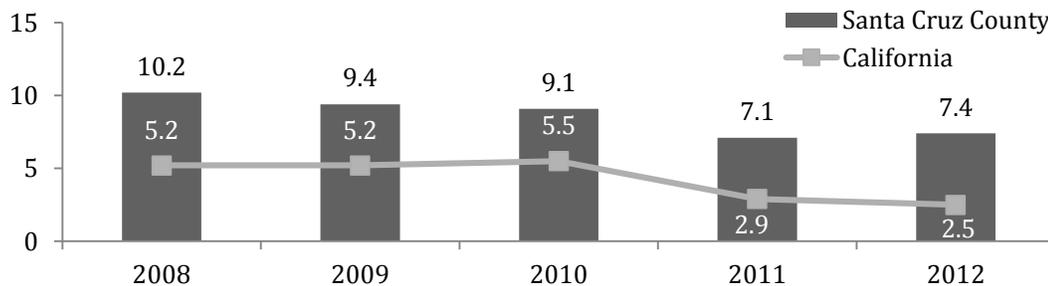
Jurisdiction	2008	2009	2010	2011	2012
Capitola					
Misdemeanor	9	9	2	2	1
Felony	0	0	0	0	0
Santa Cruz					
Misdemeanor	55	64	42	49	45
Felony	0	1	0	0	1
Watsonville					
Misdemeanor	52	51	34	23	12
Felony	0	0	0	0	0
Scotts Valley					
Misdemeanor	14	19	23	24	9
Felony	0	0	0	0	0
Remainder of County¹					
Misdemeanor	136	88	58	55	59
Felony	1	0	0	0	2

Source: State of California Department of Justice, Office of the Attorney General. (2013). 2008-2012 Criminal Justice Profiles.

Note: Misdemeanor alcohol-related arrests include: contributing to the delinquency of a minor, drunk, liquor laws, and driving under the influence. Felony alcohol-related arrests include: driving under the influence.

¹Remainder of the county data include Santa Cruz County Sheriff's Department, Santa Cruz Mountains-Department of Parks and Recreation (DPR), UC Santa Cruz, California Highway Patrol of Santa Cruz County, Cabrillo College and Pajaro Coast-DPR and Union Pacific Railroad of Santa Cruz County.

Figure 47: JUVENILE (AGES 10-17) MISDEMEANOR AND FELONY DRUG ARREST RATE PER 1,000 YOUTH, SANTA CRUZ COUNTY AND CALIFORNIA



Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile. California Department of Finance (2013). 2008-2012 Race/Ethnic Population with Age and Sex Detail. U.S. Census Bureau. (2013). 2008-2012 American Factfinder Table B01001.

Note: Misdemeanor drug-related arrests include: Marijuana dangerous drugs, other drugs, and glue sniffing.
 Felony drug-related arrests include: Narcotics, marijuana, dangerous drugs, and other drug violations.

Figure 48: JUVENILE (AGES 10-17) MISDEMEANOR AND FELONY DRUG ARRESTS, SANTA CRUZ COUNTY AND CALIFORNIA

	2008	2009	2010	2011	2012
Juvenile Misdemeanor Drug Arrests					
Marijuana	190	192	151	50	33
Dangerous Drugs ¹	23	8	11	4	7
Other Drug Violations	22	26	9	11	14
Santa Cruz County Total	235	226	171	65	54
Santa Cruz County Rate per 1,000	9.4	9.4	7.2	2.7	2.1
California Rate per 1,000	3.9	3.9	4.0	1.8	1.6
Juvenile Felony Drug Arrests					
Narcotics	11	12	10	14	12
Marijuana	21	20	35	17	12
Dangerous Drugs ¹	10	8	4	9	9
Other Drug Violations	0	0	0	0	0
Santa Cruz County Total	42	40	49	40	33
Santa Cruz County Rate per 1,000	1.7	1.7	2.1	1.7	1.3
California Rate per 1,000	1.3	1.3	1.5	1.1	0.9
Juvenile Total Drug Arrests					
Narcotics	11	12	10	14	12
Marijuana	211	212	186	67	45
Dangerous Drugs ¹	33	16	15	13	16
Other Drug Violations	22	26	9	11	14
Santa Cruz County Total	277	266	220	105	87
Santa Cruz County Rate per 1,000	11.1	11.1	9.3	4.4	3.4
California Rate per 1,000	5.2	5.2	5.5	2.9	2.5

Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile. California Department of Finance (2013). 2008-2012 Race/Ethnic Population with Age and Sex Detail. U.S. Census Bureau. (2013). 2008-2012 American Factfinder Table B01001.

¹Percent change is not calculated for numbers less than 20, as small numbers are unstable and can be misinterpreted.

¹Dangerous drugs are methamphetamine, phencyclidine and barbiturates.

Figure 49: DRUG-RELATED JUVENILE (AGES 10-17) MISDEMEANOR AND FELONY ARRESTS BY ETHNICITY, SANTA CRUZ COUNTY

Ethnicity	2008	2009	2010	2011	2012
White					
Misdemeanor	107	100	68	40	27
Felony	22	23	17	19	13
Hispanic					
Misdemeanor	103	109	85	25	15
Felony	18	15	27	18	20
Black					
Misdemeanor	8	5	2	0	0
Felony	2	1	0	0	0
Other					
Misdemeanor	1	5	5	2	2
Felony	2	0	0	0	0

Source: State of California Department of Justice, Office of the Attorney General. (2013). 2008-2012 Criminal Justice Profiles.

Note: Misdemeanor drug-related arrests include: Marijuana, dangerous drugs, other drugs, and glue sniffing. Felony drug-related arrests include: Narcotics, marijuana, dangerous drugs, and other drug violations.

Figure 50: DRUG-RELATED JUVENILE (AGES 10-17) MISDEMEANOR AND FELONY ARRESTS BY JURISDICTION, SANTA CRUZ COUNTY

Jurisdiction	2008	2009	2010	2011	2012
Capitola					
Misdemeanor	1	8	10	0	5
Felony	1	0	3	4	3
Santa Cruz					
Misdemeanor	49	51	49	20	19
Felony	14	6	9	9	7
Watsonville					
Misdemeanor	73	66	53	16	11
Felony	7	11	13	10	15
Scotts Valley					
Misdemeanor	19	9	13	3	3
Felony	4	3	2	2	2
Remainder of County¹					

(Continued)	2008	2009	2010	2011	2012
Misdemeanor	93	92	46	26	16
Felony	16	20	22	15	6

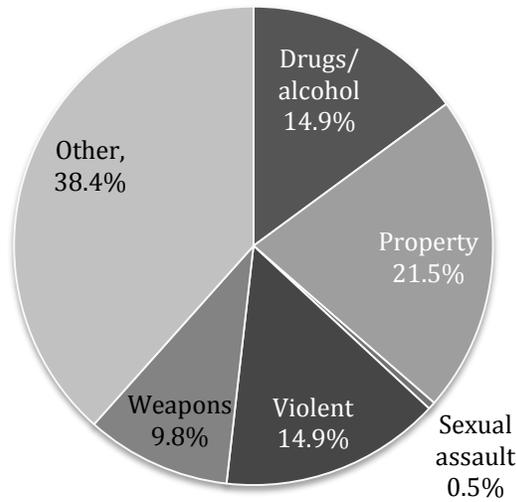
Source: State of California Department of Justice, Office of the Attorney General. (2013). 2008-2012 Criminal Justice Profiles.

Note: Misdemeanor drug-related arrests include: Marijuana, dangerous drugs, other drugs, and glue sniffing. Felony drug-related arrests include: Narcotics, marijuana, dangerous drugs, and other drug violations.

¹Remainder of the county data include Santa Cruz County Sheriff's Department, Santa Cruz Mountains-Department of Parks and Recreation (DPR), UC Santa Cruz, California Highway Patrol of Santa Cruz County, Cabrillo College and Pajaro Coast-DPR.

Juvenile Hall

Figure 51: JUVENILE HALL BOOKING CATEGORY FOR FIRST ENTRY BY TYPE, SANTA CRUZ COUNTY, 2011-12



Source: Santa Cruz County Probation Department, 2013.

Note: Other includes AWOL (absent without official leave), failure to appear bench warrant, court remand, electronic monitoring violation, home supervision violation, placement failure, runaway, probation violation, and offenses categorized as other.

Juvenile Probation

Figure 52: FIRST SUSTAINED ALCOHOL OR DRUG OFFENSE FOR YOUTH ON PROBATION, SANTA CRUZ COUNTY, 2011-12

Type of Offense	Misdemeanor (n=395)		Felony (n=162)	
	#	% of Total	#	% of Total
Alcohol ¹	29	7.3%	0	0.0%
Drugs ²	41	10.4%	21	13.0%

Source: Santa Cruz County Probation Department, 2013.

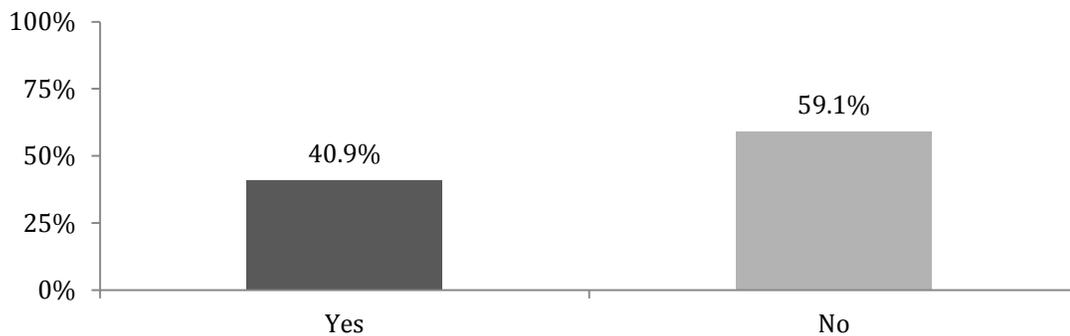
Note: Data presented above is for all youth for which data were available. In August 2010, Probation moved to a new data system and first sustained offense data was not available for every youth in probation during 2011-12.

Note: First sustained offense refers to the first offense in which the youth was found guilty of in court.

¹Misdemeanor alcohol offenses include driving under the influence, liquor laws.

²Misdemeanor drug offenses include dangerous drugs, marijuana, narcotics, other drugs; felony drug offenses include dangerous drugs, marijuana, and narcotics.

Figure 53: YOUTH ON PROBATION WITH A DRUG OR ALCOHOL TERM¹, SANTA CRUZ COUNTY, 2011-12



N=792

Source: Santa Cruz County Probation Department, 2013.

¹Includes all terms related to alcohol and drug use and/ or possession. Terms refers to the terms of their probation which has an alcohol or drug component.

Adult

Adult Highlights

- The alcohol-related adult misdemeanor arrest rates have been decreasing since 2008; however the rates have been consistently higher in Santa Cruz County compared to California (Figure 56).

- Adult DUI (driving under the influence) misdemeanor and felony arrest rates have been similar in Santa Cruz County and California since 2008 (Figure 57).
- Adult misdemeanor and felony arrest rates for drugs have been slightly higher in Santa Cruz County than California since 2008 (Figure 59).
- Adult misdemeanor drug arrest rates have been higher in Santa Cruz County than in California since 2008 (Figure 60).
- The percentage of jail bookings related to alcohol use has been between 43% and 50% since 2008 (Figure 61).
- 86% of probationers were assessed to have alcohol or drug problems during the first quarter of 2013 (Figure 62).
- Between 2007 and 2011, Santa Cruz County has had slightly higher rates of alcohol-related injury collisions and similar rates of alcohol-related fatal collisions compared with California (Figure 63).

Adult Criminal Justice: Qualitative Findings

- “Bottom line is, you shouldn’t have to break the law to get help.” [FGFPCR]

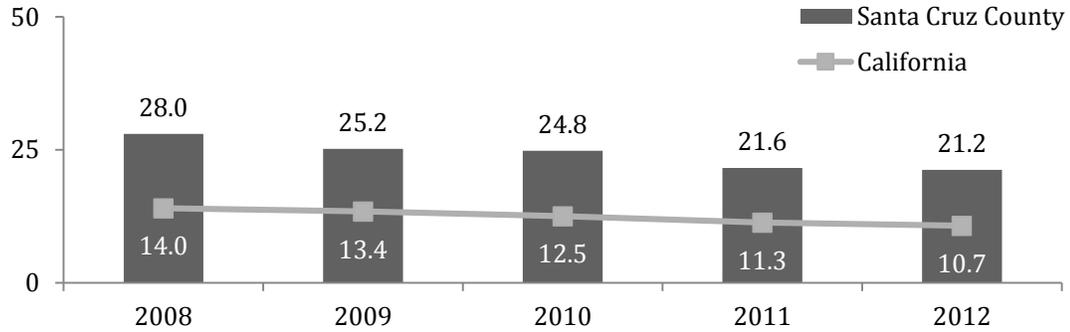
A common focus across diverse sectors of stakeholders is the role of the criminal justice/ law enforcement system in treating SUDs (including a sub-theme related to serial inebriates). Stakeholders interviewed themes included the following:

- There is a lot of substance abuse related crime in Santa Cruz County (particularly among serial inebriates and Top 100 Code Violators). [KSHR7] Crime can be seen as a “mechanism” to support SUDs. [KSHR1]
- In general, SUDs are incredibly taxing on criminal justice and law enforcement, particularly on county jails. [KSHR1]
- Need for appropriate treatment options for serial inebriates, rather than placing them in jail. [KSHR1, KSHR2, KSHR12] *“You can arrest drug abusers all day long, but until you give them supports to make an effective change in their life, you aren’t going to make any progress.”* [KSHR12]
- There is a problem with the “revolving door” in jails with the same people cycling in and out (“frequent flyers” KSHR2). [KSHR2, KSHR6] Significant amounts of money are wasted housing offenders while they wait for SUDs treatment. [KSHR6]
- Further, overcrowding in jails prohibits SUDs treatment and detoxification programs from being offered on-site, as available beds must be reserved for more violent offenders. [KSHR2]
- Courts are not always being tough enough on repeat offenders, and sometimes fail to rely on expert recommendations for treatment. There is a need for greater accountability within the court system. [KSHR9, KSHR12, KSHR16] However, it may be that courts are limited in what they can do. [KSHR13] The justice system needs innovative ways to support appropriate solutions for serial inebriate behavior. [KSHR13]
- Law enforcement and courts should still be involved to motivate people to get into and stay in treatment. [KSHR7]

- Need for ADP to be “friendlier” with justice, and for justice colleagues to become Medi-Cal certified. There is a need for increased understanding across ADP and Probation about assessments and screening tools that are being used. [KSHR9]
- There is a gap in the referral process for serial inebriates who need support, in particular the “bridge piece” when inmates are released back into community. [KSHR2, KSHR7]
- Need for more intensive treatment for moderate to high risk recidivism clients to break the vicious circle: if there aren’t services, people end up in jail and once in jail, people need treatment. Jail should not be the default residential treatment center. [KSHR9]
- There appears to be a need for more Sobering Centers and Triage Reporting Centers for serial inebriates. Law enforcement can bring clients to one location to link to wrap around services including medical care, mental health, detoxification, treatment, outpatient treatment, health, food, counseling, and stabilizing housing to get clients stabilized and into treatment. [KSHR2, KSHR7].
- Drug court is shutting down due to lack of treatment beds, and some of the population may end up in jail and still not receive appropriate services. [KSHR2, KSHR9] Part of the problem is that the drug court “teams” were cut in half, resulting in less or no participation by key parties. [KSHR6] Operation of the drug court is viewed by some as costly.
 - Drug court caters to people who require intensive level of case management. If the public is interested in safety, programs like drug court shouldn’t be cut. [KSHR6]
 - A view that drug court is ending, as there is no conclusive evidence in the research that drug court is effective. [KSHR15]
- Presence of serial inebriates and vagrants affects local businesses. [KSHR1, KSHR13]
- Stop housing people in jail for possession (including courtesy housing).
- “...A jail term on possession charge doesn’t work. You just get high in jail. Don’t put a drug user in jail. They need programs. Jail wasn’t good for me; I needed to learn how to change my life, not hang out with people who want to get high.” [SCRRFGR1]

Arrests

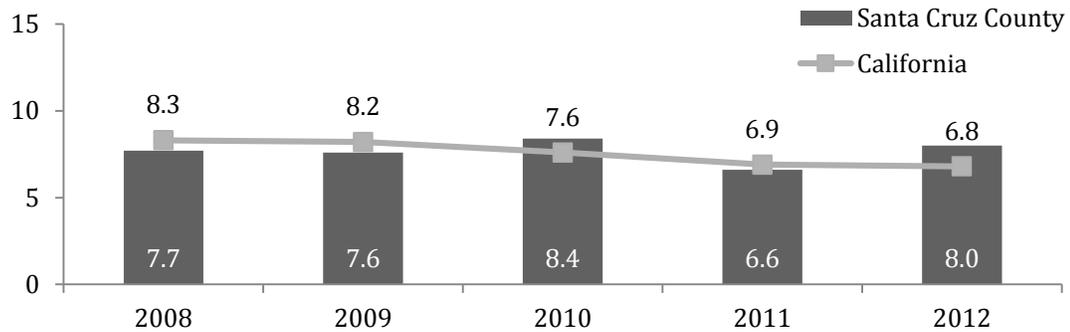
Figure 54: ALCOHOL-RELATED¹ ADULT (AGES 18-69) MISDEMEANOR ARREST RATE PER 1,000, SANTA CRUZ COUNTY AND CALIFORNIA



Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile. U.S. Census Bureau. (2013). 2008-2012 American Factfinder Table B01001.

¹ Includes: Drunk, liquor laws, and driving under the influence.

Figure 55: ADULT DUI MISDEMEANOR AND FELONY ARREST RATE PER 1,000 (AGES 18-69) BY YEAR, SANTA CRUZ COUNTY AND CALIFORNIA



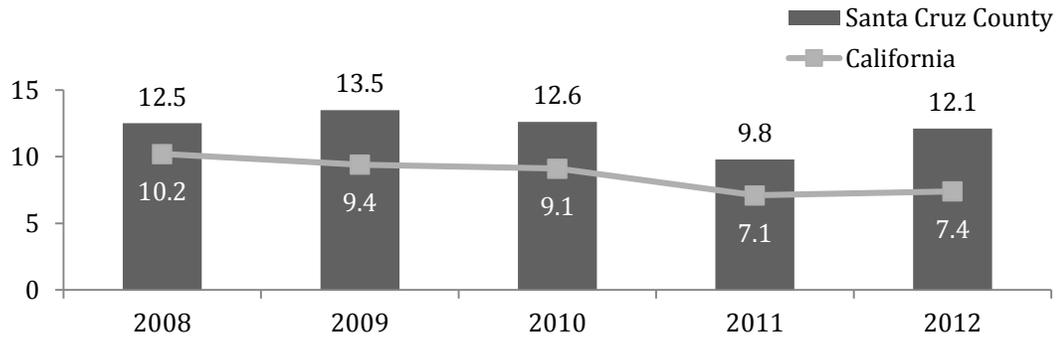
Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile.

Figure 56: ADULT DUI ARRESTS BY ETHNICITY (AGES 18-69 YEARS) BY YEAR

	2008	2009	2010	2011	2012
Adult Misdemeanor DUI Arrests					
Black	27	23	32	22	32
Hispanic	574	554	632	467	506
White (Not Hispanic)	783	789	853	717	876
Other	39	58	66	50	88
Santa Cruz County Total	1,423	1,424	1,583	1,256	1,502
Santa Cruz County Rate per 1,000	7.5	7.4	8.2	6.5	7.9
California Rate per 1,000	8.3	7.9	7.4	6.7	6.6
Adult Felony DUI Arrests					
Black	1	1	0	0	0
Hispanic	17	17	12	10	11
White (Not Hispanic)	25	25	19	16	16
Other	1	0	1	1	0
Santa Cruz County Total	44	43	32	27	27
Santa Cruz County Rate per 1,000	0.2	0.2	0.2	0.1	0.1
California Rate per 1,000	0.2	0.2	0.2	0.2	0.2
Total Adult DUI Arrests (Misdemeanor & Felony)					
Black	28	24	32	22	32
Hispanic	591	571	644	477	517
White (Not Hispanic)	808	814	872	733	892
Other	40	58	67	51	88
Santa Cruz County Total	1,467	1,467	1,615	1,283	1,529
Santa Cruz County Rate per 1,000	7.7	7.6	8.4	6.6	8.0
California Rate per 1,000	8.3	8.2	7.6	6.9	6.8

Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile.

Figure 57: MISDEMEANOR AND FELONY DRUG ARREST RATE PER 1,000 ADULTS (AGES 18-69 YEARS) BY YEAR, SANTA CRUZ COUNTY



Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile. California Department of Finance (2013). 2008-2012 Race/Ethnic Population with Age and Sex Detail. U.S. Census Bureau. (2013). 2008-2012 American Factfinder Table B01001.

Note: Misdemeanor drug-related arrests include: Marijuana dangerous drugs, other drugs, and glue sniffing. Felony drug-related arrests include: Narcotics, marijuana, dangerous drugs, and other drug violations.

Note: In October 2010, Republican Gov. Arnold Schwarzenegger signed legislation, Senate Bill 1449, into law reclassifying the adult possession of up to 28.5 grams of marijuana from a criminal misdemeanor to an infraction, punishable by a \$100 fine - no court appearance, no court costs, and no criminal record. Possession offenses involving quantities greater than 28.5 grams remain classified as misdemeanors. The law took effect on January 1, 2011.

Figure 58: ADULT DRUG ARRESTS (AGES 18-69 YEARS) BY YEAR, SANTA CRUZ COUNTY

	2008	2009	2010	2011	2012
Adult Misdemeanor Drug Arrests					
Marijuana ¹	452	429	340	28	32
Dangerous Drugs ²	160	149	128	93	211
Other Drug Violations	1,048	1,192	1,066	918	964
Santa Cruz County Total	1,660	1,770	1,534	1,039	1,207
Santa Cruz County Rate per 1,000	8.7	9.2	7.9	5.3	6.3
California Rate per 1,000	5.1	4.8	4.5	2.7	2.8

(Continued)	2008	2009	2010	2011	2012
Adult Felony Drug Arrests					
Narcotics	392	439	393	357	508
Marijuana	95	104	107	79	63
Dangerous Drugs ²	229	273	379	431	530
Other Drug Violations	16	16	21	3	9
Santa Cruz County Total	732	832	900	870	1,110
Santa Cruz County Rate per 1,000	3.8	4.3	4.7	4.5	5.8
California Rate per 1,000	5.0	4.6	4.6	4.4	4.6
Adult Total Drug Arrests					
Narcotics	392	439	393	357	508
Marijuana	547	533	447	107	95
Dangerous Drugs ²	389	422	507	524	741
Other Drug Violations	1,064	1,208	1,087	921	973
Santa Cruz County Total	2,392	2,602	2,434	1,881	2,317
Santa Cruz County Rate per 1,000	12.5	13.5	12.6	9.8	12.1
California Rate per 1,000	10.2	9.4	9.1	7.1	7.4

Source: California Department of Justice. (2013). 2008-2012 California Criminal Justice Profile. California Department of Finance (2002). 2008-2012 Race/Ethnic Population with Age and Sex Detail. U.S. Census Bureau. (2013). 2008-2012 American Factfinder Table B01001.

¹In October 2010, Republican Gov. Arnold Schwarzenegger signed legislation, Senate Bill 1449, into law reclassifying the adult possession of up to 28.5 grams of marijuana from a criminal misdemeanor to an infraction, punishable by a \$100 fine - no court appearance, no court costs, and no criminal record. Possession offenses involving quantities greater than 28.5 grams remain classified as misdemeanors. The law took effect on January 1, 2011.

² Dangerous drugs are methamphetamine, phencyclidine and barbiturates.

Jail

Figure 59: JAIL BOOKINGS THAT ARE ALCOHOL RELATED BY YEAR, SANTA CRUZ COUNTY

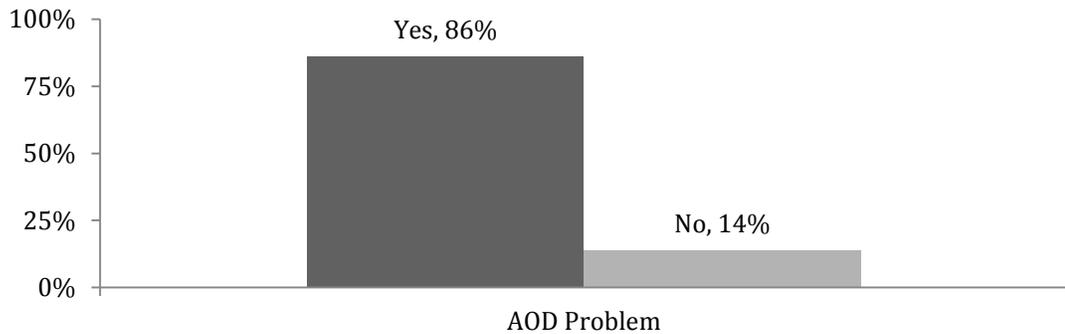
	2006	2007	2008	2009	2010	2011	2012
Total Bookings	12,653	12,957	13,170	12,476	11,153	12,488	12,704
Alcohol Related Bookings	4,980	5,465	5,920	5,314	5,627	5,810	5,811

(Continued)	2006	2007	2008	2009	2010	2011	2012
Percentage of Alcohol Related Bookings	39.4%	42.2%	45.0%	42.6%	50.4%	46.5%	45.7%

Source: Santa Cruz County Sheriff's Office. (2013). Personal Correspondence.

Probation

Figure 60: AOD PROBLEMS AMONG PROBATIONERS ASSESSED¹ DURING JANUARY 1, 2013-MARCH 13, 2014



N=823.

Source: Santa Cruz County Probation Department. (2013). Personal Correspondence.

¹Between January 2013 and March 2014, about 1,718 probationers were screened for criminogenic needs and risks using the CAIS; 48% of whom were deemed to have moderate to high risk of recidivism warranting a full CAIS assessment which included assessment for AOD problems.

Alcohol-Involved Collisions

Figure 61: ALCOHOL-INVOLVED FATAL AND INJURY COLLISIONS BY YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

	2007	2008	2009	2010	2011
Fatal Collisions					
Santa Cruz County	7	12	8	4	2
California	1,347	1,239	1,146	972	1,017
Santa Cruz County Rate per 10,000	0.3	0.5	0.3	0.2	0.1
California Rate per 10,000	0.4	0.3	0.3	0.3	0.3

	2007	2008	2009	2010	2011
Injury Collisions					
Santa Cruz County	159	172	161	157	169
California	20,877	19,659	17,976	16,884	16,568
Santa Cruz County Rate per 10,000	6.3	6.8	6.3	6.0	6.4
California Rate per 10,000	5.7	5.3	4.9	4.5	4.4

Source: The California Highway Patrol, (2011) Annual Report of Fatal and Injury Motor Vehicle Collisions, Section 5 Table 5D, January 2014. U.S. Census Bureau. (2013). 2007-2012 American Factfinder Table B01001.

Figure 62: PERSONS KILLED AND INJURED IN ALCOHOL-INVOLVED COLLISIONS BY YEAR, SANTA CRUZ COUNTY AND CALIFORNIA

	2007	2008	2009	2010	2011
Persons Killed					
Santa Cruz County	7	12	11	5	2
California	1,489	1,355	1,263	1,072	1,089
Santa Cruz County Rate per 10,000	0.3	0.5	0.4	0.2	0.1
California Rate per 10,000	0.4	0.4	0.3	0.3	0.3
Persons Injured					
Santa Cruz County	231	232	207	194	210
California	30,783	28,463	26,058	24,343	23,853
Santa Cruz County Rate per 10,000	9.2	9.2	8.1	7.4	7.9
California Rate per 10,000	8.4	7.7	7.1	6.5	6.3

Source: The California Highway Patrol, (2011) Annual Report of Fatal and Injury Motor Vehicle Collisions, Section 5 Table 5D, January 2014. U.S. Census Bureau. (2013). 2007-2012 American Factfinder Table B01001.

HEALTH CARE

Substance Abuse Treatment

Substance Abuse Treatment Highlights

- Since Fiscal Year 2009, the number of adults treated for substance use disorder by county-funded treatment providers in Santa Cruz County has declined nearly every year (Figure 65).

Adults enrolled in substance abuse treatment in Santa Cruz County, Fiscal Year 2013:

- Over half of were identified as Caucasian, non-Hispanic; one-quarter are identified as Latino (Figure 66).
- Nearly 60% were identified as male (Figure 67).
- 76% were between the ages of 18 and 64 years (Figure 68).
- Tended to have completed more education than adults in treatment in California (Figure 69), yet over 80% were unemployed (Figure 71).
- 10% of were experiencing homelessness (Figure 70).
- Nearly 40% were involved with the criminal justice system (Figure 72).
- 33% were parents of children under the age of 17 years; 20% were parents of children under the age of 5 years (Figure 73). Seven percent had a child involved with Child Protective Services (Figure 74).
- 23% were receiving psychiatric services; 31% were receiving other mental health services (Figure 75).
- Nearly half were self-referred (48% vs. 41% for California), and 17% were referred by other health care providers (vs. 2% for California) (Figure 76).
- 24% were injection drug users (Figure 77).
- 86% had experienced previous treatment episodes (vs. 72% for California) (Figure 78).
- Most frequently had problems with alcohol, heroin, marijuana/hashish, and methamphetamines (Figure 79).

Substance Abuse Treatment Admissions Fiscal Year 2013

- 44% non-residential/outpatient (vs. 68% for California); 56% residential/inpatient (vs. 32% for California) (Figure 82).
- DUI Programs: 76% of enrollments are for first offenders (Figure 83).

Methamphetamine treatment admissions have been declining annually since Fiscal Year 2006, mirroring a decline across the state (Figure 84).

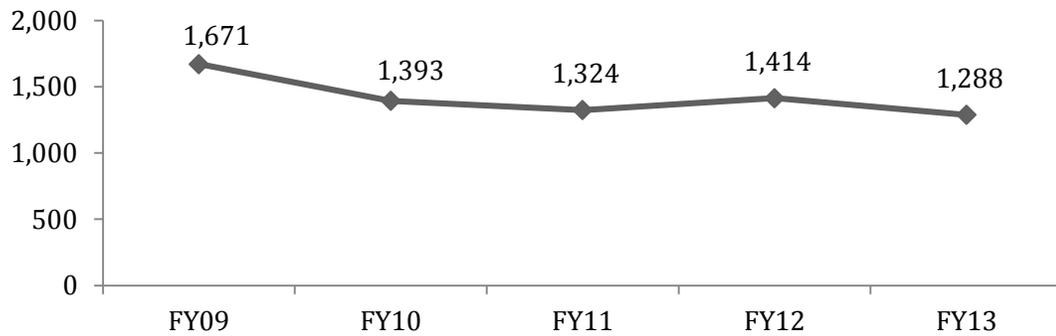
Substance Use Risk among Persons Experiencing Homelessness: Qualitative Findings

A primary theme that emerged among families with a member suffering from SUD were health issues associated with being on streets, being in contact with so many blood diseases, as well as the diseases that result.

- “{My son} looks like a homeless person. The outside perspective is, ‘You’re a loser or drug addict.’ At the hospital people are tired and overworked, but they see him that way. As his mom, I see he has a problem, but people treat him as a loser or lesser person all the time.” [FFGR3]
- “My son graduated Berkeley, as an honor student. He’s homeless. His teeth are awful. He’s sick. We got his teeth and health fixed, but he’s still sick.” [FFGR2]

Adults

Figure 63: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY FISCAL YEAR, SANTA CRUZ COUNTY



Source: Substance Abuse Services Unduplicated Clients Served, DAS and ShareCare Data FY08-FY13, Personal Correspondence.

Figure 64: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY ETHNICITY, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288
African American	1.4%
Asian American	1.0%
Caucasian	56.1%
Latino	26.2%
Native American	0.6%
Other/Unknown	14.7%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 65: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY GENDER , SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288
Female	40.7%
Male	59.3%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 66: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY AGE GROUP, SANTA CRUZ COUNTY

Fiscal Year 2013	Total
Ages 1-17 years	22.3%
Ages 18-64 years	76.3%
Ages 65+ years	1.4%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 67: SUBSTANCE ABUSE TREATMENT ADMISSIONS BY LEVEL OF EDUCATION

Fiscal Year 2013	Santa Cruz County N=1,407	CA N=175,225
Less than 12 years	28.5%	42.0%
12 years	38.0%	39.9%
More than 12 years	33.5%	18.1%
Total	100.0%	100.0%

Source: Treatment Admissions, Substance Use, California Outcomes Measurement System Data FY13, Personal Correspondence.

Figure 68: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY HOMELESS STATUS, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288
Experiencing homelessness:	
Yes	10.1%
No	89.9%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 69: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY EMPLOYMENT STATUS, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288
Full time 35 hr or more	8.0%
Part time 35 hr or less	8.6%
Unemployed, not seeking	36.8%
Unemployed, seeking	46.6%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 70: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY LEGAL STATUS , SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288
No criminal justice involvement	61.8%
Diversion (PC1000)	1.9%
CDC or other Parole	2.8%
Probation or AB109	32.3%
Incarcerated	1.2%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 71: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY PARENTING STATUS, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288	
	Parenting children under age of:	
	17 years	5 years
Yes	32.8%	20.3%
No	67.2%	79.7%
Total	100.0%	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 72: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY INVOLVEMENT WITH CHILD PROTECTIVE SERVICES, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288
Child/ren involved with Child Protective Services:	
Yes	7.0%
No	93.0%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 73: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY MENTAL HEALTH SERVICES UTILIZATION , SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288	
	Currently receiving:	
	Mental health services	Psychiatric facility services
Yes	31.4%	22.8%
No	68.6%	77.2%
Total	100.0%	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 74: SUBSTANCE ABUSE TREATMENT ADMISSIONS BY TOP REFERRAL SOURCES

Fiscal Year 2013	Santa Cruz County N=1,497	CA N=175,819
Individual (self-referral)	48.4%	40.8%
Other Health Care Provider	17.3%	2.4%
Non-SACPA Court/ Criminal Justice	8.8%	12.3%
Other Community Referral	10.7%	11.4%
Post Release Community Supervision (AB109)	1.7%	4.7%
Child Protective Services	5.5%	5.4%
Alcohol/Drug Abuse Program	5.9%	5.9%
School/Educational	0.5%	4.8%
Other	1.2%	12.3%
Total	100.0%	100.0%

Source: Treatment Admissions, Substance Use, California Outcomes Measurement System Data FY13, Personal Correspondence.

Figure 75: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY NEEDLE USE

Fiscal Year 2013	N=1,288
Needle Use:	
Yes	23.8%
No	76.2%
Total	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 76: HISTORY OF PRIOR TREATMENT EPISODES AMONG UNDUPLICATED INTRAVENOUS DRUG USERS ADMITTED TO SUBSTANCE ABUSE TREATMENT SERVICES, SANTA CRUZ COUNTY

Fiscal Year 2013	Santa Cruz County N=529	CA N=43,575
Prior treatment episodes:		
Yes	86.0%	72.3%
No	14.0%	27.7%
Total	100.0%	100.0%

Source: Treatment Admissions, Substance Use, California Outcomes Measurement System Data FY13, Personal Correspondence.

Figure 77: UNDUPLICATED CLIENTS SERVED BY SUBSTANCE ABUSE TREATMENT SERVICES BY PRIMARY SUBSTANCE PROBLEM, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,288	
	Count	Percent
Alcohol	395	30.7%
Cocaine/Crack	16	1.2%
Heroin	307	23.8%
Marijuana/Hashish	264	20.5%
Methamphetamines	220	17.1%
Non-synthetic Methadone	14	1.1%
Other Opiates	35	2.7%
OxyCodone/OxyContin	27	2.1%
Other	10	0.8%
Total	100.0%	100.0%

Source: Substance Abuse Services Unduplicated Clients Served, ShareCare FY13, Personal Correspondence.

Figure 78: SUBSTANCE ABUSE TREATMENT ADMISSIONS BY TOP FOUR PRIMARY DRUGS LISTED

Fiscal Year 2013	Santa Cruz County	CA
	N=1,407	N=175,819
Heroin	32.8%	19.1%
Alcohol	31.3%	21.8%
Methamphetamines	20.5%	27.5%
Marijuana/Hashish	6.2%	19.4%
Other	9.2%	12.2%
Total	100.0%	100.0%

Source: Treatment Admissions, Substance Use, California Outcomes Measurement System Data FY13, Personal Correspondence.

Figure 79: SUBSTANCE USE DISORDER TREATMENT ADMISSIONS, SANTA CRUZ COUNTY

Fiscal Year 2013	N=1,938	
	Count	Percent
Short term residential	195	10.1%
Long term residential	259	13.4%
Detox	287	14.8%
Outpatient	552	28.5%
Day treatment	85	4.4%
Perinatal day treatment	42	2.2%
Perinatal residential	57	2.9%
Sober living environment	203	10.5%
Methadone	198	10.2%
Perinatal methadone	20	1.0%
Matrix	40	2.1%
Total	100.0%	100.0%

Source: Substance Abuse Services Admissions, ShareCare FY13, Personal Correspondence.

Figure 80: SUBSTANCE ABUSE TREATMENT ADMISSIONS BY MODE OF TREATMENT

	Santa Cruz County	CA
Fiscal Year 2013	N=1,497	N=175,819
Non-residential/ Outpatient	43.7%	67.6%
Residential/ Inpatient	56.3%	32.4%
Total	100.0%	100.0%

Source: Treatment Admissions, Substance Use, California Outcomes Measurement System Data FY13, Personal Correspondence.

Figure 81: DRIVING UNDER THE INFLUENCE PROGRAM ENROLLMENTS, SANTA CRUZ COUNTY, FISCAL YEAR 2013

Program	N=1,286
First Offender	75.6%
Multiple Offender	24.4%
Total	100.0%

Source: Substance Abuse Services Enrollment Reports, FY13, Personal Correspondence.

Figure 82: METHAMPHETAMINE TREATMENT ADMISSIONS BY FISCAL YEAR

	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12
Santa Cruz County	771	775	600	524	363	336	NA
California	70,077	79,769	69,174	61,663	49,268	48,277	43,896

California Department of Alcohol and Drug Programs. (2013). Office of Applied Research and Analysis. Personal correspondence with program representative.

Note: This table presents the number of annual admissions for which methamphetamine was the primary drug of abuse.

Mental Health Services Clients

Mental Health Services Highlights

- Although less than 5% of clients utilizing Santa Cruz County Mental Health Services have received a primary diagnosis of substance use disorder (Figure 85), over 25% of clients were noted as having a co-occurring substance use disorder at intake (Figure 86). However, 62% of new and continuing clients in Fiscal Year 2013 had no recorded information on screening and assessment for substance use disorder (Figure 87).
- 21% of clients utilizing Santa Cruz County Mental Health Services in Fiscal Year 2013 had a history of admission to a substance abuse treatment program (Figure 88).

- 58% of Medi-CAL admissions to the Dominican Behavioral Health Unit in 2013 tested positive for alcohol and other drug use on a toxicology screen (Figure 89). 90% of the positive toxicology screens were among adults ages 18 to 55 years (vs. 56+ years) (Figure 90).

Mental Health Services Highlights: Qualitative Findings

Analysis of SCC treatment providers focus group input provides context for the statistics:

There is a large population with co-occurring disorders. There is a lack of proper assessment, services and resources to serve these individuals in the comprehensive way required.

- This problem is on the rise. There is not enough money to staff the programs needed to work with these people.
- Individuals with co-occurring disorders may need longer, more comprehensive treatment.
- There needs to be opportunity for treatment providers to provide seamless addiction/mental health services.

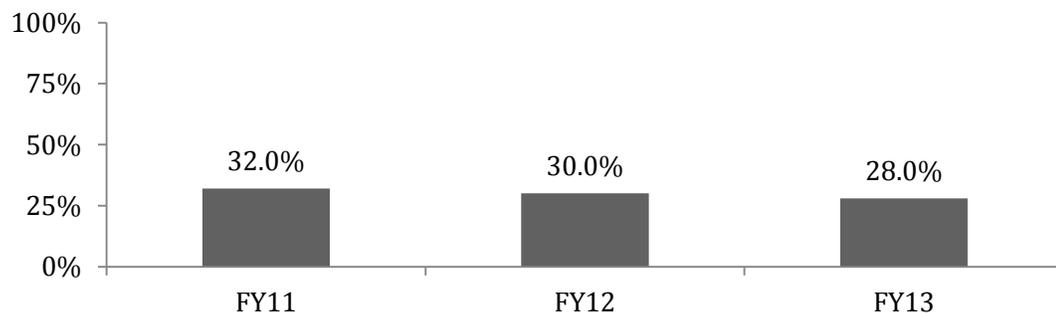
Outpatient Services

Figure 83: UNDUPLICATED CLIENT COUNT BY PRIMARY DIAGNOSIS, SANTA CRUZ COUNTY MENTAL HEALTH SERVICES

	FY07	FY08	FY09	FY10	FY11	FY12	FY13
Substance-Related Disorders	182	147	131	156	94	132	144
Santa Cruz County Total Mental Health Services Clients	5,484	5,764	5,933	5,823	5,797	5,927	5,718

Source: Santa Cruz County Mental Health Services Agency. (2013). Personal correspondence with program representative.

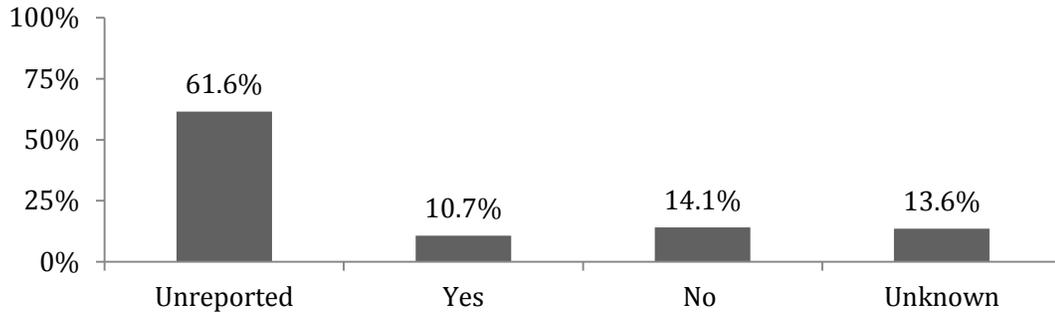
Figure 84: SUBSTANCE ABUSE NOTED AS A CO-OCCURRING DISORDER DURING INTAKE AMONG UNDUPLICATED CLIENTS WITH ACTIVE MENTAL HEALTH ADMISSIONS¹, SANTA CRUZ COUNTY MENTAL HEALTH SERVICES



Source: Santa Cruz County Mental Health Services Agency, Unduplicated clients Active Mental Health Admissions, Personal Correspondence.

¹Sample includes all open cases (new admissions plus continuing cases) during the fiscal years.

Figure 85: SUBSTANCE ABUSE DEPENDENCE AMONG UNDUPLICATED CLIENTS WITH ACTIVE MENTAL HEALTH ADMISSIONS¹, SANTA CRUZ COUNTY MENTAL HEALTH SERVICES, FISCAL YEAR 2013

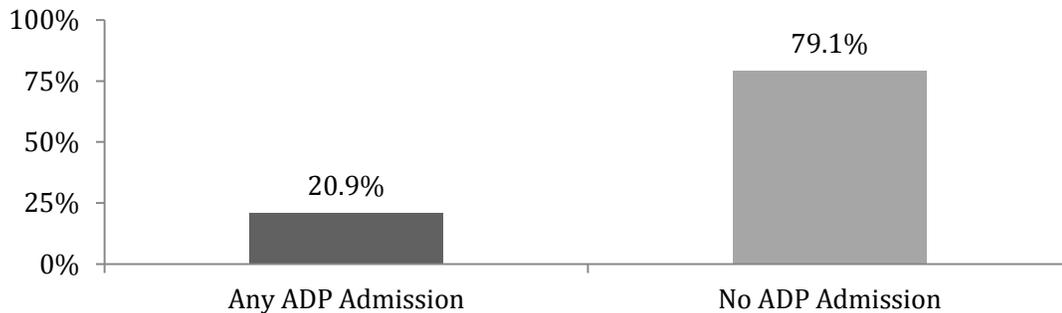


N=6,905.

Source: Santa Cruz County Mental Health Services Agency, Unduplicated clients Active Mental Health Admissions, Personal Correspondence.

¹Sample size reflects all open cases (new admissions plus continuing cases) during the fiscal year.

Figure 86: HISTORY OF ALCOHOL AND DRUG PROGRAMS (ADP) ADMISSIONS AMONG UNDUPLICATED CLIENTS WITH ACTIVE MENTAL HEALTH ADMISSIONS¹, SANTA CRUZ COUNTY MENTAL HEALTH SERVICES, FISCAL YEAR 2013



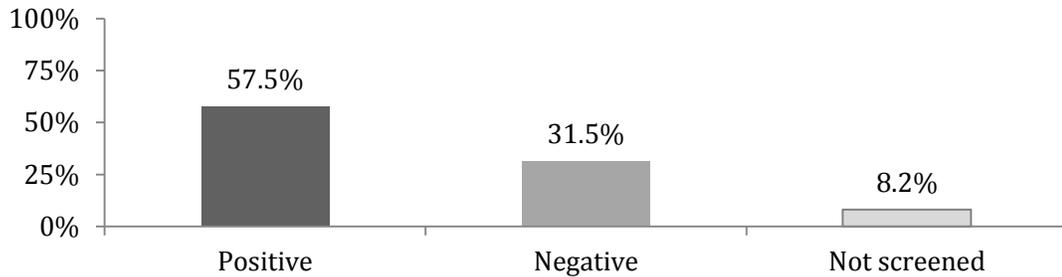
N=6,905.

Source: Santa Cruz County Mental Health Services Agency, Unduplicated clients Active Mental Health Admissions, Personal Correspondence.

¹Sample size reflects all open cases (new admissions plus continuing cases) during the fiscal year.

Inpatient Services – Dominican Behavioral Health Unit

Figure 87: TOXICOLOGY SCREENING FOR ALCOHOL AND OTHER DRUG USE AMONG MEDI-CAL ADMISSIONS - 2013

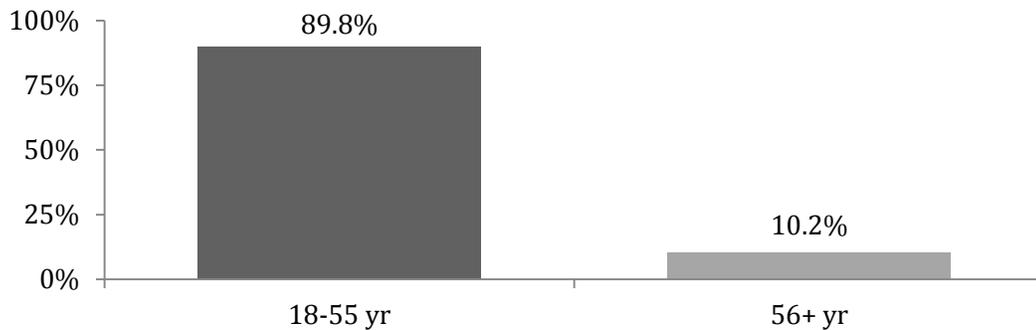


N=273 Admissions with Data.

Source: Hospital Tox Screens, Personal Correspondence.

Note: Admissions are from 312 unduplicated patients. Patients with multiple admissions may be represented more than once in these data.

Figure 88: POSITIVE TOXICOLOGY SCREENS FOR ALCOHOL AND OTHER DRUG USE AMONG MEDI-CAL ADMISSIONS BY AGE GROUP- 2013



N=157 Positive toxicology screens.

Source: Hospital toxicology screen results deidentified, Personal Correspondence.

Note: Admissions are from 312 unduplicated patients. Patients with multiple admissions may be represented more than once in these data.

Health Services Patients

Health Services Highlights

- In 2013 (before implementation of the Affordable Care Act), Santa Cruz County residents responding to the Community Assessment Project Telephone Interview reported having medical insurance coverage as follows (Figure 91):
 - 93% had coverage for prescriptions
 - 84% had coverage for mental health services
 - 70% had coverage for treatment of substance use disorders

- 6% of the 9-1-1 calls answered in Santa Cruz County in 2013 were for drug or alcohol-related incidents. The percentage of 9-1-1 calls answered attributable to drug or alcohol-related incidents has declined annually since 2009 (Figure 92).
- 7% of the Santa Cruz County EMS calls in 2013 were for alcohol and altered level of consciousness related ambulance trips (Figure 93).
- Annual rates of non-fatal emergency department visits with diagnoses of alcohol and/or drug use have been higher than those for California (2008-2012) (Figure 94).
 - Annual rates of non-fatal emergency department visits have been highest for males, although rates for males and females have been higher than the average annual rate for Californians (Figure 95).
 - Annual rates of non-fatal emergency department visits have been higher among white/other-non-Hispanic vs. Hispanic and higher among adults ages 18-64 years vs. youth or elders (Figures 96 & 97).
- Annual rates of Santa Cruz County hospitalizations with diagnoses of alcohol and/or drug use have been higher than those for California (2008-2012) (Figure 98).
 - Annual rates of Santa Cruz County hospitalizations with diagnoses of alcohol and/or drug use have been higher among males (vs. females) and white/other-non-Hispanic (vs. Hispanic) and compared with the average annual rate for Californians (Figures 99 & 100).
 - Annual rates of Santa Cruz County hospitalizations with diagnoses of alcohol and/or drug use have been higher among adults ages 18 to 64 years (vs. youth and elders), although the rates among adults ages 65+ years have been rising since 2010 and are higher than average annual rates for California for two years of data (Figure 101).
 - The predominance of alcohol as the substance most frequently associated with non-fatal hospitalizations in Santa Cruz is consistent with the pattern seen in California as a whole (Figure 102).
- The age-adjusted death rates for drug-related deaths (three-year averages) have been consistently higher than those calculated for California since the 2003-5 average, particularly for the period 2009-11 (Figure 104). The most recent rate, 15.9, exceeds the Health People 2020 National Objective of 11.3.
- The age-adjusted death rate for accidental poisoning by drugs and other biological substances in Santa Cruz County has increased every year since 2008, whereas the comparable rate for California has remained steady across years (Figure 105).
 - Two-thirds of the accidental poisoning deaths by drugs and other biological substances in Santa Cruz County were among males (Figure 106).
 - 86% of the accidental poisoning deaths by drugs and other biological substances in Santa Cruz County were among white persons (Figure 107).
- The age-adjusted death rate for deaths due to suicide by/exposure to drugs and other biological substances in Santa Cruz County has been slightly higher than that for California for four of the five years observed, with a peak in 2012 (Figure 108) involving primarily white women. For three of the five years observed, rates were higher for females than males.

- 4.2%, 2.5%, and 0% of unduplicated patients were screened with the evidence-based SBIRT Tool (Screening, Brief Intervention, and Referral for Treatment) in the Watsonville, Emeline, and Homeless Persons’ Health Project clinic sites, respectively (Figure 112).
- 11%, 27%, and 36% of unduplicated patients have alcohol or drug abuse or dependence noted in their charts at the Watsonville, Emeline, and Homeless Persons’ Health Project clinic sites, respectively (Figure 111).
- Substance use was listed as a diagnosis or suggested by laboratory tests and clinical notes in 24%-35% of emergency department visits and 25%-32% inpatient visits among MediCruz patients (Figure 113).

Health: Qualitative Findings

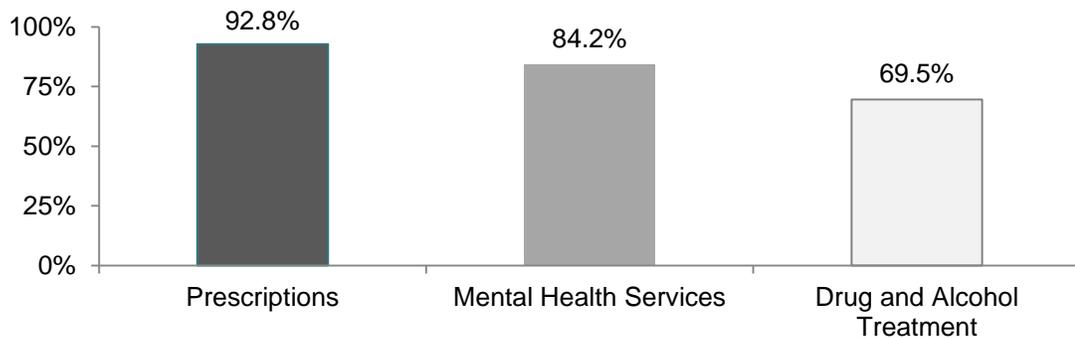
Stakeholder feedback:

Serial inebriates come at a high cost to the public purse in terms of repeated use of ambulance services, fire department calls, and visits to the ED, among other public services. They are almost treated as a “fixed” expense for the health care system. [KSHR7, KSR16]

General Population

Insurance Coverage for Mental Health and Substance Abuse Treatment Services

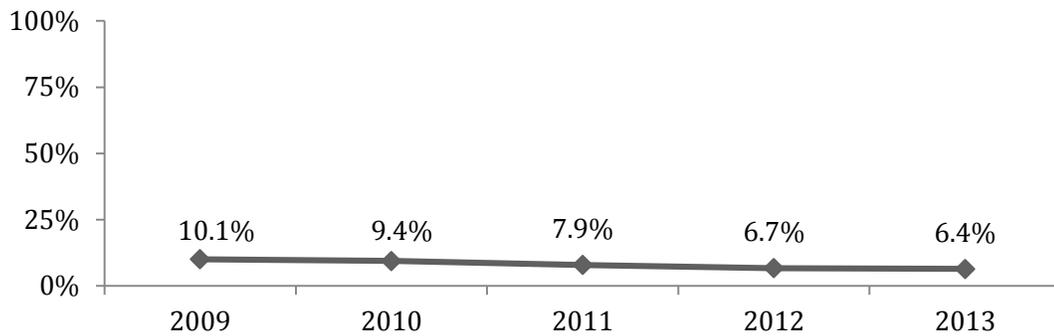
Figure 89: DOES YOUR HEALTH INSURANCE COVER...? (RESPONDENTS ANSWERING “YES”)



Source: Applied Survey Research. (2013). Santa Cruz County Community Assessment Project, Telephone Survey, 2013.

9-1-1 Calls for Drug/Alcohol-Related Incidents

Figure 90: SANTA CRUZ COUNTY 9-1-1 CALLS FOR DRUG/ALCOHOL-RELATED INCIDENTS



Source: Santa Cruz County 9-1-1, Personal Correspondence and Annual Reports of the Santa Cruz Regional 9-1-1. Total number of 9-1-1 calls answered for 2013=148,047.

Ambulance Utilization Related to Use of Alcohol and/or Other Drugs

Figure 91: ALCOHOL AND ALTERED LEVEL OF CONSCIOUSNESS (ALOC) RELATED AMBULANCE TRIPS – 2013

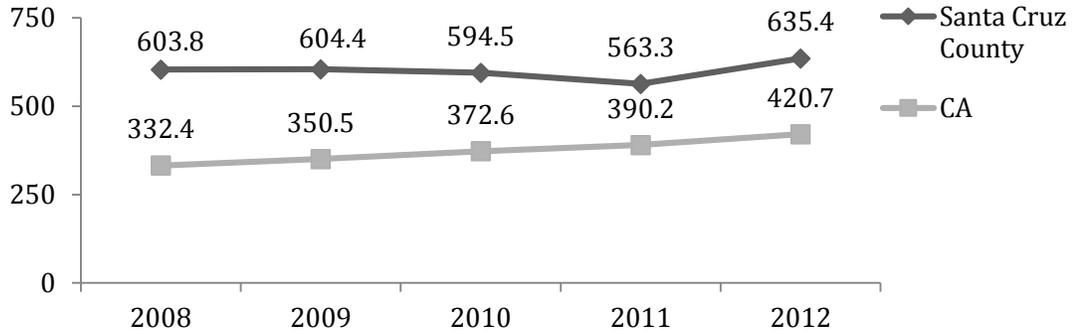
Response	Female	Male	Total
Youth (15-24 yr old)	91	108	199
Adult (25-64 yr old)	273	693	966
Seniors (65+ yr old)	44	92	136
Total	408	893	1301

N=19,546 EMS Calls.

Source: Santa Cruz County Health Services Agency, Personal Correspondence. Medic coded data.

Non-Fatal Emergency Department Visits with Principal Diagnostic Codes of Alcohol and/or Other Drugs

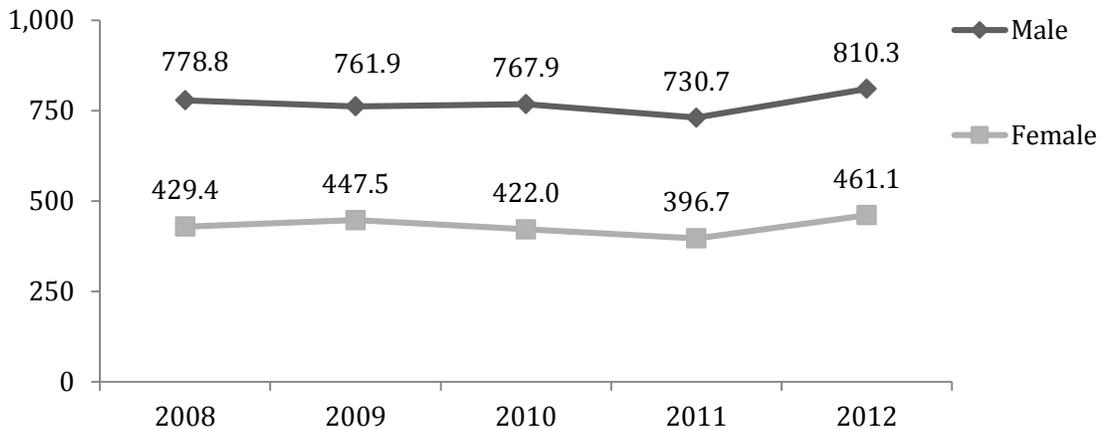
Figure 92: RATES OF NON-FATAL EMERGENCY DEPARTMENT VISITS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE



Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Emergency department visits resulting in treat & release or transfer to another facility.

Rates are calculated per 100,000 population.

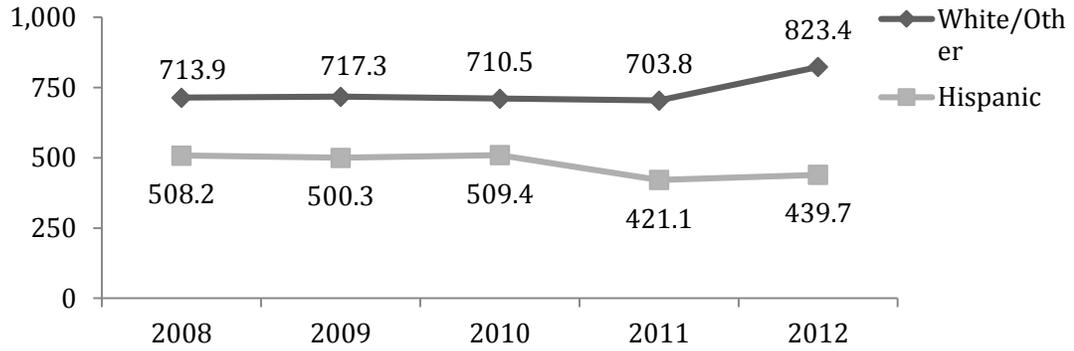
Figure 93: RATES OF NON-FATAL EMERGENCY DEPARTMENT VISITS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE BY GENDER, SANTA CRUZ COUNTY



Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Emergency department visits resulting in treat & release or transfer to another facility.

Rates are calculated per 100,000 population.

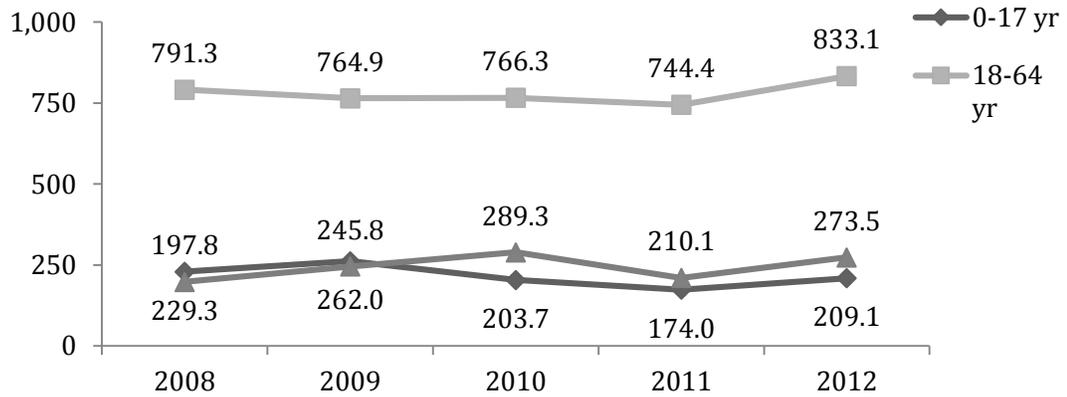
Figure 94: RATES OF NON-FATAL EMERGENCY DEPARTMENT VISITS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE BY ETHNICITY, SANTA CRUZ COUNTY



Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Emergency department visits resulting in treat & release or transfer to another facility.

Rates are calculated per 100,000 population. Ethnic groups not shown had unstable rates due to low population counts.

Figure 95: RATES OF NON-FATAL EMERGENCY DEPARTMENT VISITS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE BY AGE GROUP, SANTA CRUZ COUNTY

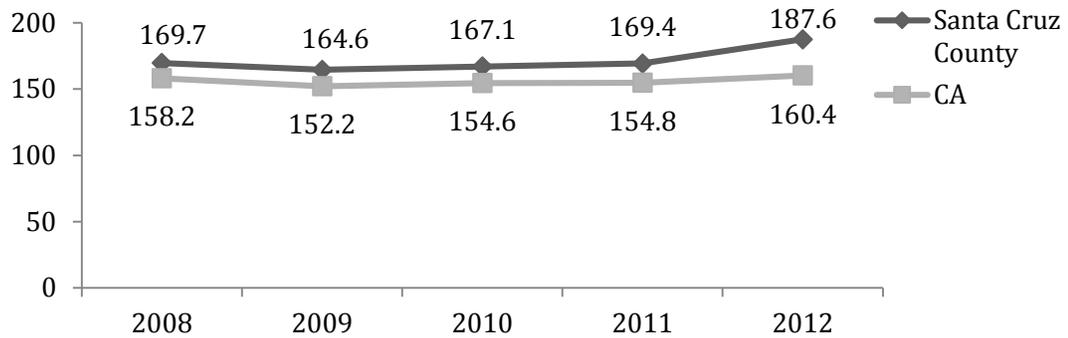


Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Emergency department visits resulting in treat & release or transfer to another facility.

Rates are calculated per 100,000 population.

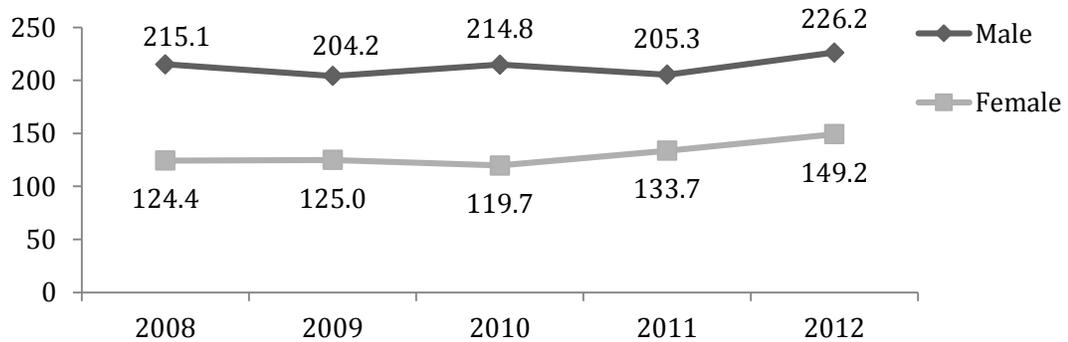
Hospitalizations with Principal Diagnostic Codes of Alcohol and/or Other Drugs

Figure 96: RATES OF NON-FATAL HOSPITALIZATIONS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE



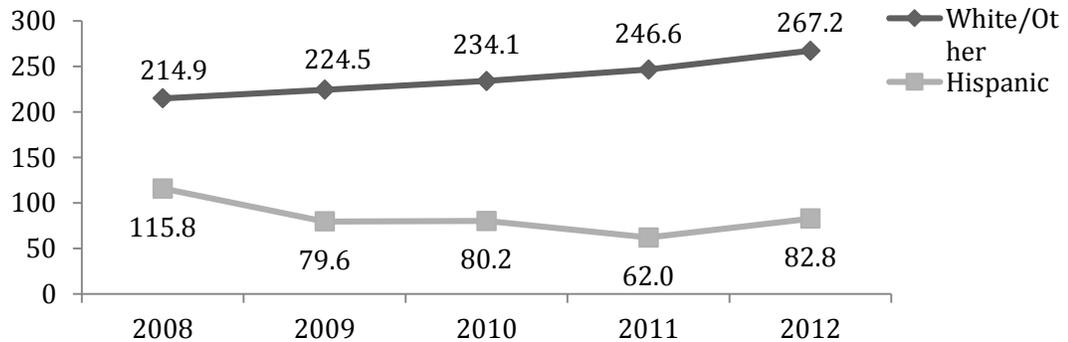
Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Rates are calculated per 100,000 population.

Figure 97: RATES OF NON-FATAL HOSPITALIZATIONS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE BY GENDER, SANTA CRUZ COUNTY



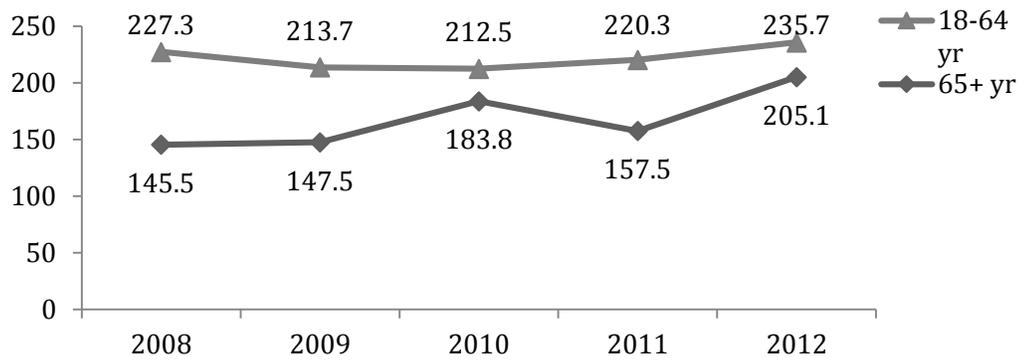
Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Rates are calculated per 100,000 population.

Figure 98: RATES OF NON-FATAL HOSPITALIZATIONS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE BY ETHNICITY, SANTA CRUZ COUNTY



Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12. Rates are calculated per 100,000 population. Ethnic groups not shown had unstable rates due to low population counts.

Figure 99: RATES OF NON-FATAL HOSPITALIZATIONS WITH DIAGNOSES OF ALCOHOL AND/OR DRUG USE BY AGE GROUP, SANTA CRUZ COUNTY



Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2008-12.

Rates are calculated per 100,000 population. *Age groups not shown had unstable rates due to low population counts.

Figure 100: NON-FATAL HOSPITALIZATIONS CATEGORIZED BY TYPE OF DRUG, 2012

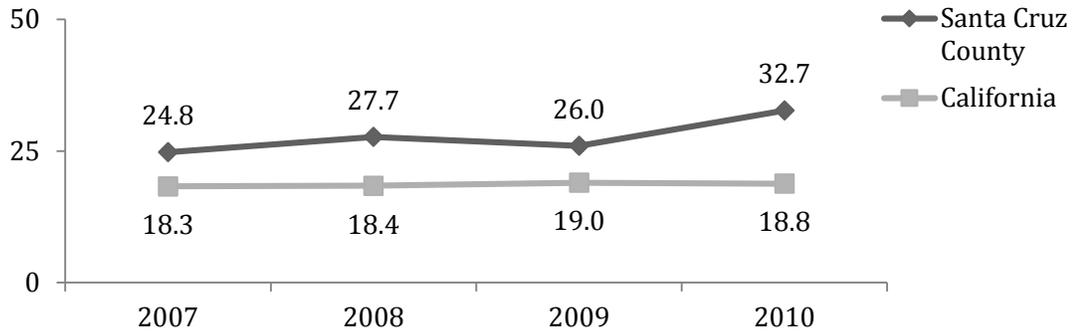
	Santa Cruz County		CA
	(N)	(rates*)	(rates*)
Alcohol only	314	117.4	85.3
Drugs only (see list below)	188	70.3	75.1
Opioids	60	22.4	21.8
Hallucinogens	0	*	-
Unspecified/Mixed Drugs	78	29.2	30.5
Sedatives	39	14.6	17.9
Cocaine	1	*	-
Amphetamines	4	*	-
Cannabis	1	*	-

Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2011.

*Rates are calculated per 100,000 population. Rates are not displayed if they are based on fewer than 20 cases because they are not reliable.

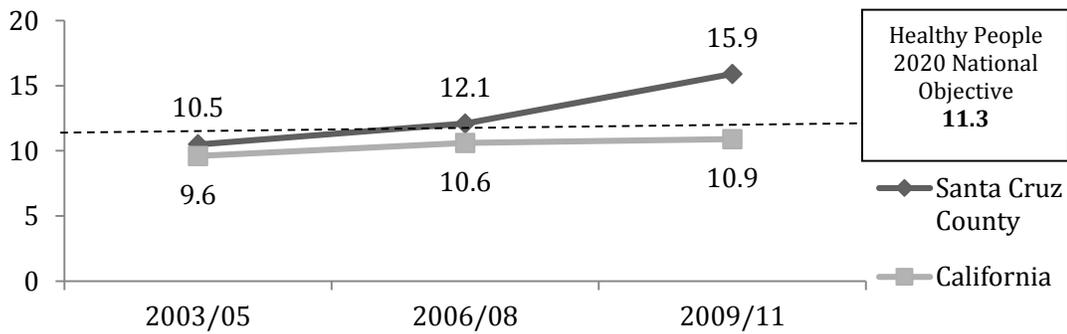
Deaths Due to Alcohol and/or Other Drugs

Figure 101: CRUDE DEATH RATES FOR DEATHS ATTRIBUTED TO ALCOHOL AND/OR OTHER DRUGS -



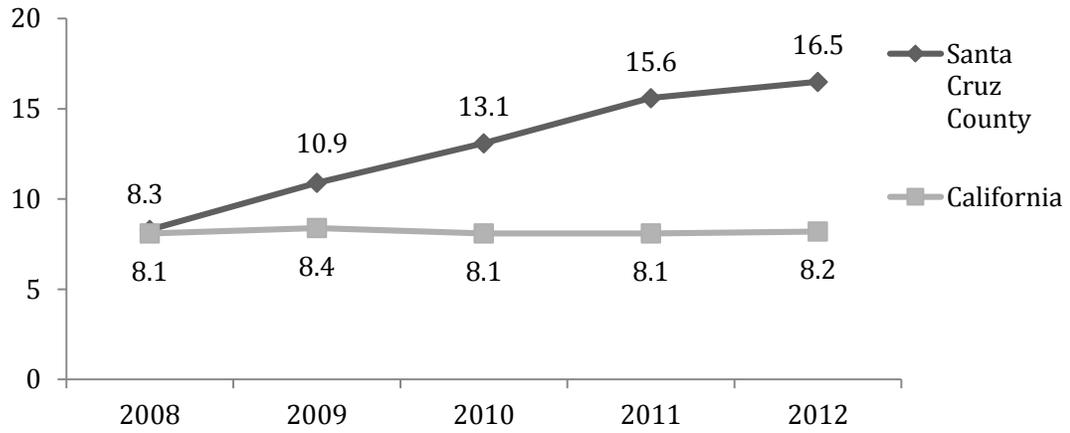
Source: Epic Alcohol Drug Report. (2014). Data on Alcohol and Drug Health Consequences, 2007-10. Rates are calculated per 100,000 population.

Figure 102: AGE-ADJUSTED DEATH RATES FOR DRUG-RELATED DEATHS, THREE-YEAR AVERAGES



Source: California Department of Public Health. (2013). Death Statistical Master Files, 2003/05-2009/11. Rates are calculated per 100,000 population.

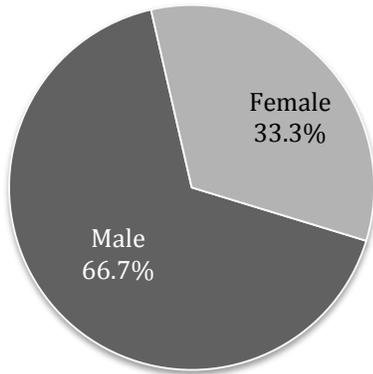
Figure 103: AGE-ADJUSTED DEATH RATE FOR ACCIDENTAL POISONING BY DRUGS AND OTHER BIOLOGICAL SUBSTANCES BY YEAR



Source: California Department of Public Health. (2013). Center for Health Statistics, Vital Statistics Query System 2008-2012.

Rates are calculated per 100,000 population.

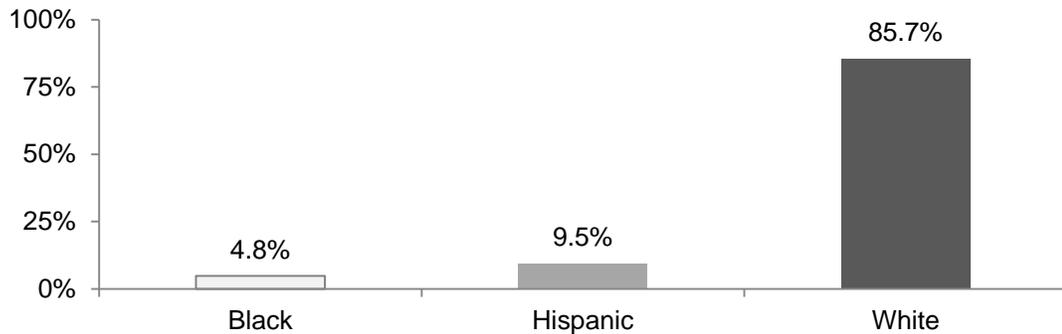
Figure 104: ACCIDENTAL POISONING DEATHS BY DRUGS AND OTHER BIOLOGICAL SUBSTANCES BY GENDER, SANTA CRUZ COUNTY, 2012



N=42.

Source: California Department of Public Health. (2013). Center for Health Statistics, Vital Statistics Query System 2012.

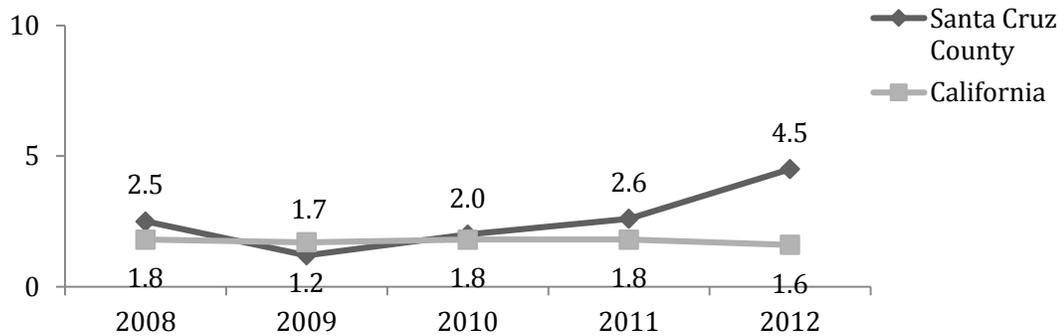
Figure 105: ACCIDENTAL POISONING DEATHS BY DRUGS AND OTHER BIOLOGICAL SUBSTANCES BY ETHNICITY, SANTA CRUZ COUNTY, 2012



N=42.

Source: California Department of Public Health. (2013). Center for Health Statistics, Vital Statistics Query System 2012.

Figure 106: AGE-ADJUSTED RATES FOR DEATHS DUE TO SUICIDES BY AND EXPOSURE TO DRUGS AND OTHER BIOLOGICAL SUBSTANCES BY YEAR



Source: California Department of Public Health. (2013). Center for Health Statistics, Vital Statistics Query System 2008-2012.

Figure 107: DEATHS DUE TO SUICIDE BY AND EXPOSURE TO DRUGS AND OTHER BIOLOGICAL SUBSTANCES BY GENDER, SANTA CRUZ COUNTY, 2012

Gender	Count
Female	8*
Male	4
Total	12

Source: California Department of Public Health. (2013). Center for Health Statistics, Vital Statistics Query System 2012. *Three women were between the ages of 25 and 54 years. Five women were 55 years old or older.

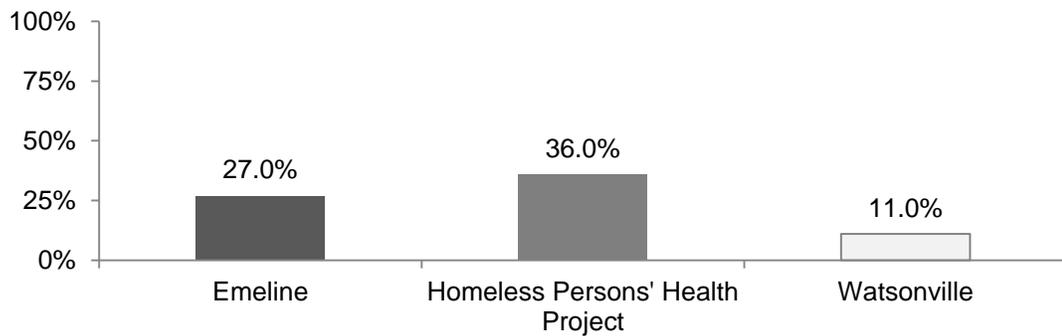
Figure 108: DEATHS DUE TO SUICIDE BY AND EXPOSURE TO DRUGS AND OTHER BIOLOGICAL SUBSTANCES BY ETHNICITY, SANTA CRUZ COUNTY, 2012

Ethnicity	
White	10
Black	1
Hispanic	1
Total	12

Source: California Department of Public Health. (2013). Center for Health Statistics, Vital Statistics Query System 2012.

Santa Cruz County Health Clinic Clients

Figure 109: UNDUPLICATED PATIENTS WITH RECORDED ALCOHOL OR DRUG ABUSE OR DEPENDENCE¹ BY CLINIC SITE, VISIT DATES DURING FISCAL YEAR 2013

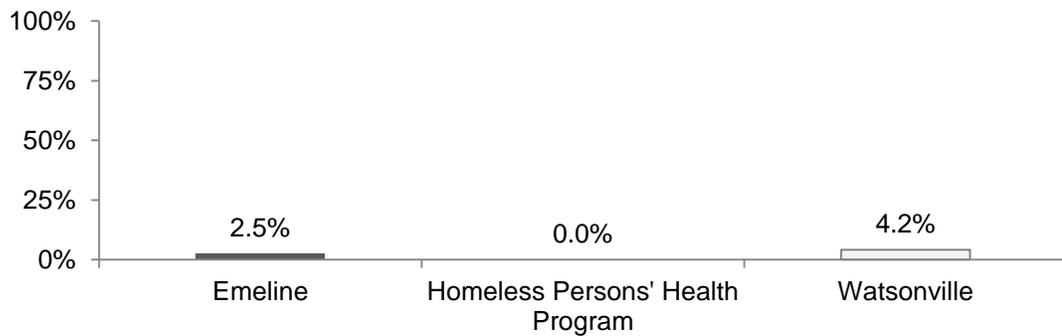


n=10,450 unduplicated patients across sites.

¹Recorded as visit diagnosis or problem list diagnosis identified by ICD9 code series: 303, 304, 305.

Source: Santa Cruz County Health Services Agency. (2014). Personal Communication.

Figure 110: UNDUPLICATED PATIENTS SCREENED WITH SBIRT* TOOL FOR ALCOHOL OR DRUG ABUSE OR DEPENDENCE BY CLINIC SITE, VISIT DATES DURING FISCAL YEAR 2013



N=10,450 unduplicated patients across sites.

Source: Santa Cruz County Health Services Agency. (2014). Personal Communication. *SBIRT: Screening, Brief Intervention, and Referral for Treatment. Of the 332 patients screened with the SBIRT Tool, 21% screened positive for alcohol and/or other drug disorder.

Santa Cruz County MediCruz & MediCruz-Eligible Hospital Patients

Figure 111: SUBSTANCE USE¹ AMONG MEDI-CRUZ (OR MEDICRUZ ELIGIBLE) PATIENTS WHO USED HOSPITAL² EMERGENCY DEPARTMENT OR INPATIENT SERVICES

Substance mentioned in chart	Emergency Dept Episodes-not admitted Jan 2012 – June 2013 (N= 1168)		Inpatient Episodes Jan-Dec 2013 (N=273)	
	(N)	(%)	(N)	(%)
Alcohol	404	34.6	90	32.4
Tobacco	385	33.0	62	22.3
Drug (see list below)	276	23.6	69	25.3
Marijuana/Cannabis	166	14.2	21	7.5
Methamphetamine	90	7.7	30	10.8
Poly drug use	49	4.2	3	1.1
Heroin	47	4.0	27	9.7
Cocaine	13	1.1	3	1.1
Other	15	1.3	3	1.1
Benzodiazepines	4	0.3	1	<1
Opiates	5	0.4	4	1.4

¹Problems with alcohol or other drug use were determined by a chart review of diagnostic codes, laboratory tests, and clinical notes conducted by a registered nurse.

²Includes data from Dominican Hospital and Watsonville Community Hospital.

³Data were incomplete for the period July-Dec 2013 and were not included.

Patients were 16 years or older.

Source: MediCruz Program, Santa Cruz County, Personal Communication.

SOCIAL SERVICES

Social Services Highlights

- Two-thirds of substantiated child welfare cases in Santa Cruz County describe substance abuse in the allegations (Figure 114), yet it is estimated that only 35% of adults who need treatment for substance use disorders receive treatment.
- Leaps and Bounds is a local program designed to support healthy development of infants and young children, ages birth through seven, whose parents are recovering from methamphetamine use and are participants of Santa Cruz County's Dependency Drug Court program, Family Preservation Court (FPC). Among parents entering Leaps & Bounds, (Figures 115 & 116),
 - 94% were identified as needing treatment for drug use
 - 79% were identified as needing treatment for alcohol use
 - 73% were identified as needing psychiatric treatment
 - 90% had problems with parenting related to their substance use (Figure 116)

Social Services: Qualitative Findings

To obtain treatment, a woman should not have to commit a crime, become homeless, be on welfare, or open a CPS case.

Sample quotes:

- *When I was working mom, I had to get on welfare for them to help me. (FGFPCR2)*
- *It doesn't make sense. You've got to throw yourself down to the ground to get help. (FGFPCR1)*
- *Do you have to get arrested or lose your kids before you get help? ...It's cheaper to help someone when they still have clothes on their back. (FGFPCR3)*
- *I think this county got overwhelmed with the drug problem, because it exploded, and it created a system where you have to lose your sh-- to get help. (FGFPCR3)*

There is a need for additional Sober Living Environments and safe housing for women and children.

- Long waiting lists are damaging to women and their children. The repercussions of a mother's addiction continue to magnify as she waits long periods to get into a SLE.
- Family status may be a consideration for access and type of support available to mothers and motivated clients.
- One family shelter available to women upon completing treatment was reported as unsafe for children.
 - *And if you have kids it's ridiculous, trying to get into treatment. There's just not a lot out there for moms trying to get into treatment with kids. Unless you lose your kids, but if you want to keep your kids with you and you want help it's not there. Unless you're on cash aid. (FGFPCR2)*

- *You can't work on being clean and sober when you can't find a place to live. We have a disease triggered by anxiety, so we get worse with all of the stress.* (FGFPCR3)

Parents/Mothers need longer programs, with more comprehensive support.

Specifically:

- Program that include (1) an acclimation period when a client cannot be kicked out, (2) an intensive treatment period, and (3) a transition period with follow-up care.
- Programs where staff work together within solid, coordinated system.
 - *“What I see is that mothers don't get enough help. [I've] got lots of women in my family so I see this. Guys are mostly thinking about getting shelter.”* [FGFPCR6]

This is supported by the voices of treatment providers in focus groups:

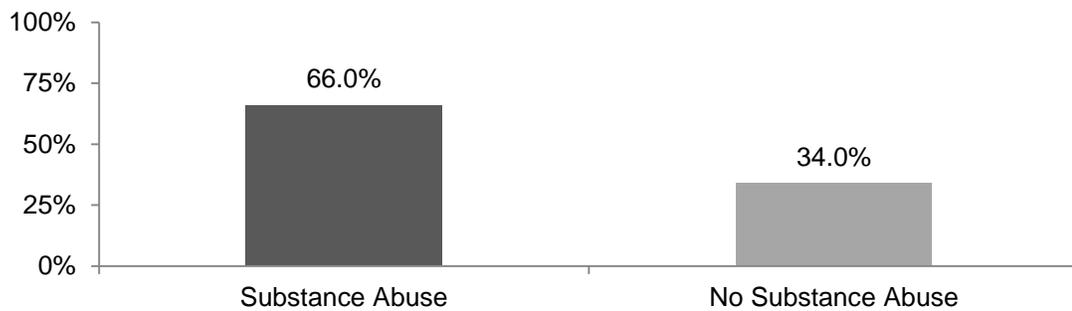
Children are dramatically affected by their parents' addiction. Dysfunctional patterns of addiction and poor coping skills are affecting multiple generations.

- There is a huge population of children in child welfare and foster care systems. There are not enough foster homes.
- Professionals are observing children of addicts are growing up to be addicts.
- Families need education on addiction and harm reduction.
- Families need more services. More services are needed to heal families.

[TPFGRs]

“Child welfare system is not working at all. Their timelines around substance abuse services are NOT realistic. Not in line with recovery process”. [TPFGR5]

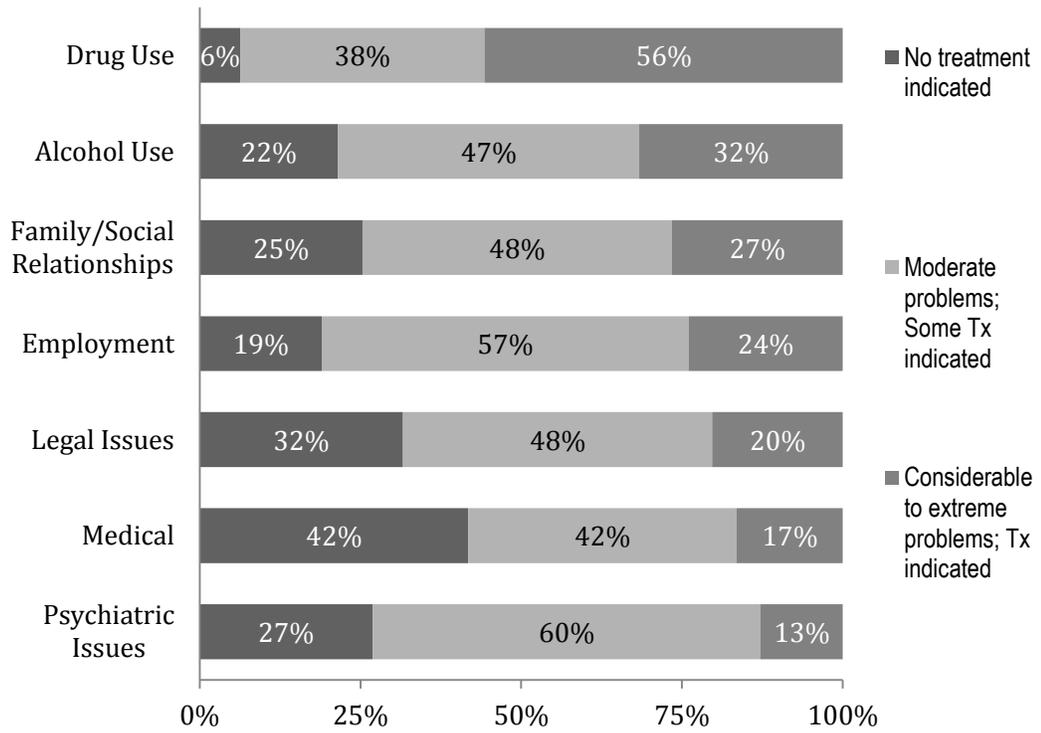
Figure 112: ESTIMATED PERCENT OF SUBSTANTIATED CHILD WELFARE CASES WHERE SUBSTANCE ABUSE IS CITED IN THE ALLEGATION IN SANTA CRUZ COUNTY (AVERAGE NUMBER OF CHILDREN WITH SUBSTANTIATED CASES/YEAR = 518)



It is estimated that only 35% of CWS-involved adults who need SUD treatment receive treatment services.

Source: Santa Cruz County Alcohol and Drug Program, Personal Correspondence.

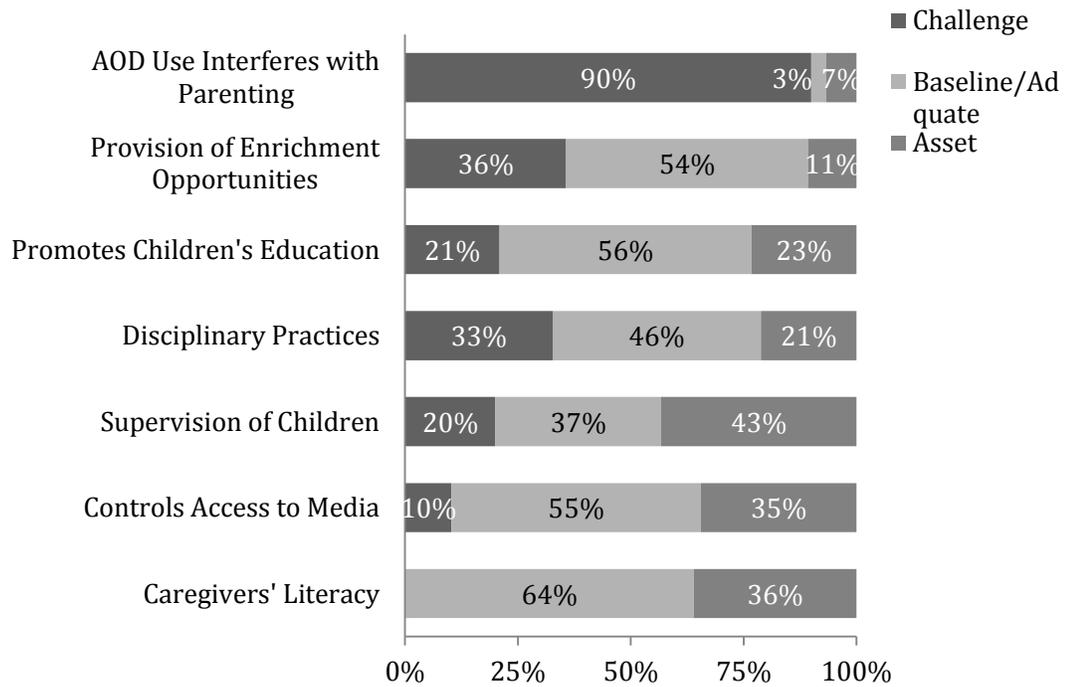
Figure 113: ADDICTION SEVERITY INDEX SCORES¹ AT LEAPS & BOUNDS PROGRAM ENTRY



¹Addiction Severity Index is an interview designed to detect and measure the severity of potential treatment problems in seven areas commonly affected by alcohol and drug dependence.

Source: Applied Survey Research. (2014). Santa Cruz County Leaps and Bounds Report.

Figure 114: ASSETS AND CHALLENGES OF LEAPS & BOUNDS PARENTAL CAPABILITIES ASSESSED DURING HOME VISITS¹ AT PROGRAM ENTRY



¹Assessment Tool: North Carolina Family Assessment Scale.

Source: Applied Survey Research. (2014). Santa Cruz County Leaps and Bounds Report.

ALCOHOL OUTLETS

Retail Outlet Highlights

- The annual estimate of retail alcohol outlets per capita has increased in Santa Cruz County and California since 2006 (Figure 117). The number of retail alcohol outlets per 1,000 residents has been consistently higher for Santa Cruz County than for California, most notably in Capitola, Santa Cruz, and Scotts Valley (Figure 118).

Figure 115: NUMBER OF RETAIL ALCOHOL OUTLETS¹

	June 2006	June 2007	June 2008	June 2009	June 2010	June 2011	June 2012	June 2013
Retail Alcohol Outlets – Santa Cruz County	634	631	638	647	689	707	717	730
Retail Alcohol Outlets – California	68,953	69,891	70,813	71,087	71,599	79,298	80,450	81,590
Outlets per 1,000 People - Santa Cruz County	2.4	2.4	2.4	2.4	2.5	2.7	2.7	2.7
Outlets per 1,000 People - California	1.9	1.9	1.9	1.9	1.9	2.1	2.1	2.1

Source: State of California, Department of Alcoholic Beverage Control. (2013). Alcoholic beverage licenses report, 2006-2013.

California Department of Finance (2013). E-1: City/County population estimates with annual percent change, 2006-2013.

¹Includes both on-sale and off-sale outlets.

Figure 116: RETAIL ALCOHOL OUTLETS, BY CITY

	June 2010	June 2011	June 2012	June 2013
Unincorporated				
Number of Retail Outlets	240	243	238	243
Outlets per 1,000 People	1.7	1.9	1.8	1.9
Percentage of County Retail Outlets	34.8%	34.4%	33.2%	33.3%
Capitola				
Number of Retail Outlets	59	59	64	66

<i>(continued)</i>				
Outlets per 1,000 People	5.8	5.9	6.4	6.6
Percentage of County Retail Outlets	8.6%	8.4%	8.9%	9.0%
Santa Cruz				
Number of Retail Outlets	245	256	259	271
Outlets per 1,000 People	4.1	4.3	4.2	4.3
Percentage of County Retail Outlets	35.6%	36.3%	36.1%	37.1%
Watsonville				
Number of Retail Outlets	104	107	107	102
Outlets per 1,000 People	2.0	2.1	2.1	2.0
Percentage of County Retail Outlets	15.1%	15.2%	14.9%	14.0%
Scotts Valley				
Number of Retail Outlets	40	41	43	48
Outlets per 1,000 People	3.4	3.5	3.7	4.1
Percentage of County Retail Outlets	5.8%	5.8%	6.0%	6.6%

Source: California Department of Alcoholic Beverage Control. (2013). Alcoholic beverage licenses report, 2010-2013. California Department of Finance (2013). E-1: City/County population estimates with annual percent change, 2010-2013.

SOCIETAL COSTS

Societal Costs Highlights

The overall lifetime costs of AOD use and abuse consequences for Santa Cruz County in 2010 are estimated to be \$1.55 billion; tangible costs represent 31% of the total. Alcohol-attributable costs represent about 73% of the total estimated costs (Figure 119).

Qualitative Data

“It’s very expensive to incarcerate and re-incarcerate. Repeating. Clients are overdosing and rotating and in and out of ER, with acute psychosis or infection. This is really expensive. More expensive than treatment or education. This is a big financial drain on the community.” [TPFGR1]

Figure 117: COST OF SUBSTANCE ABUSE IN SANTA CRUZ COUNTY, BY CLASS OF SUBSTANCE, COST, AND COST CATEGORY, 2010

	Alcohol	Illicit Drugs	Total	% of total
Medical	\$76,488,500	\$38,176,600	\$114,665,100	7.4%
Wage Work	\$157,009,600	\$52,131,300	\$209,140,900	13.5%
Household Work	\$59,246,600	\$16,689,600	\$75,936,200	4.9%
Public Services	\$13,754,400	\$35,258,400	\$49,012,800	3.2%
Property Damage	\$15,777,900	\$3,012,600	\$18,790,500	1.2%
Miscellaneous Motor Vehicle	\$16,804,000	\$1,194,900	\$17,998,900	1.2%
Subtotal: Tangible Costs	\$339,081,000	\$146,463,400	\$485,544,400	31.3%
Quality of Life¹	\$801,593,400	\$264,968,700	\$1,066,562,100	68.6%
Total	\$1,140,674,400	\$411,432,100	\$1,552,106,500	100.0%

Source: Miller TR, Lawrence BA, and Zaloshnja E. (2012) *Costs of Substance Abuse by California County in the 2012 California Department of Alcohol & Drug Program California Needs Assessment Report*, January 2013.

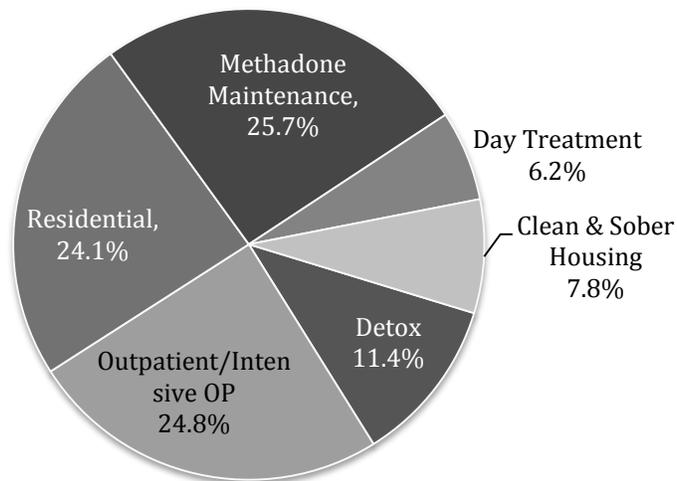
¹Based on quality adjusted life years, taking into account the pain, suffering, and reduced quality of life as a result of AOD problems.

Resources & Opportunities

Resources and Opportunities Highlights

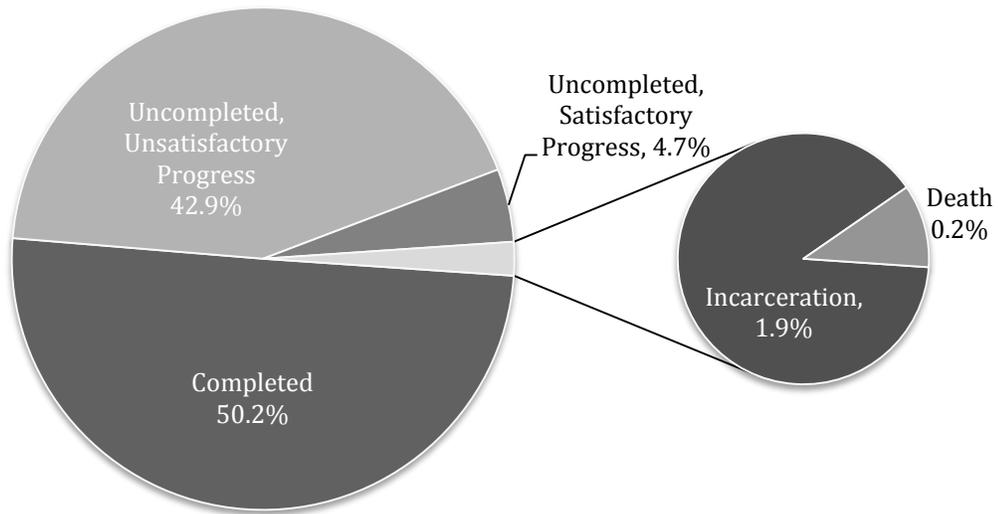
- The Fiscal Year 2014 budget for the Santa Cruz County Health Services Agency Alcohol and Drug Program for Adult Treatment is allocated in the following way (Figures 120 & 122):
 - 26% for methadone maintenance (210 slots, 316 admissions)
 - 25% for outpatient treatment (306 admissions, 5.7 counselors)
 - 24% for residential treatment (40 beds, 297 admissions)
 - 11% for detoxification services (2 beds, 141 admissions)
 - 8% for clean and sober housing (29 beds, 96 admissions)
 - 6% for day treatment (76 admissions, 2.5 counselors).
- In Fiscal Year 2014,
 - 50% of treatment admissions recorded in the California Outcomes Management System (CalOMS) for Santa Cruz County resulted in successful program completion for men and women (Figures 121 & 123).
 - Completion rates were lower for Hispanic/Latinos, persons 18-35 years old, and persons ordered to treatment by the criminal court system (Figures 124-126).

Figure 118: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY ALCOHOL AND DRUG PROGRAM BUDGET FOR ADULT TREATMENT BY SERVICE MODALITY, FISCAL YEAR 2014



Source: SCC HSA Alcohol And Drug Program 2013/14 Budgeted Funds by Modality, Personal Correspondence.

Figure 119: SERVICE UTILIZATION: COMPLETION RATES, FY 2013-2014



N=1,298.

Source: California Outcomes Measurement System (Santa Cruz), Retrieved 2014 from adp.ca.gov.

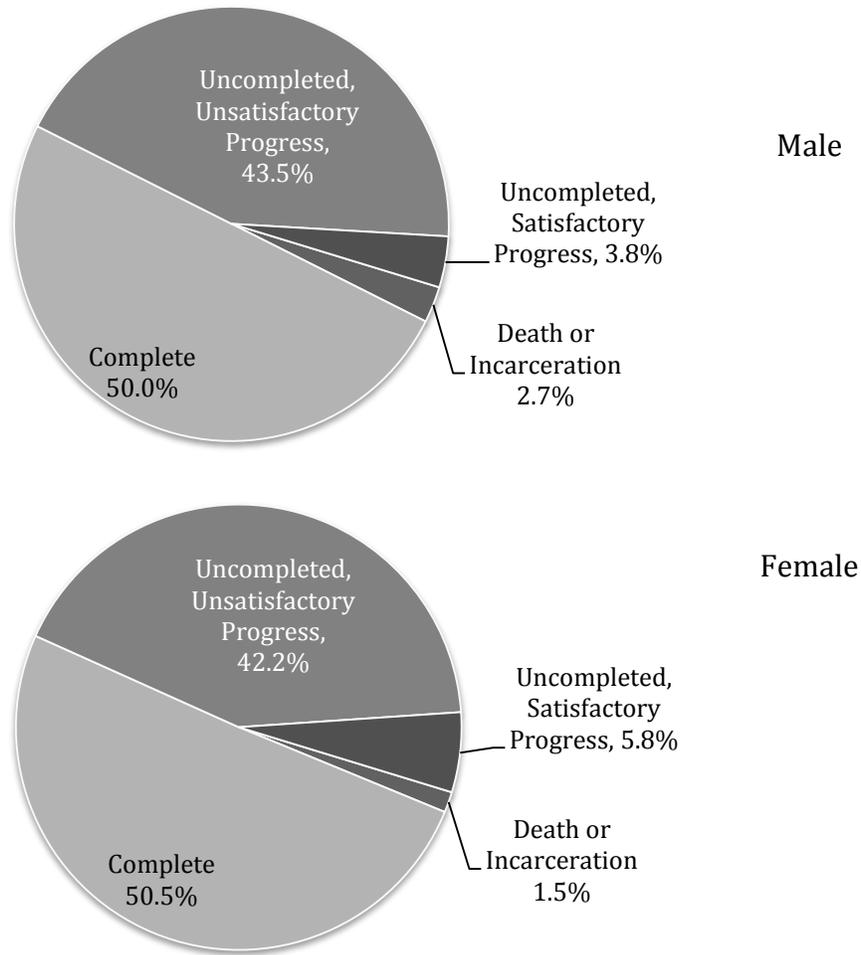
Figure 120: PROJECTED SERVICE CAPACITY AND ADMISSIONS BY SERVICE MODALITY, FISCAL YEAR 2014

	Beds/Slots	FTE Counselors	Tx Admissions
Outpatient/Intensive	*	5.7	306
Outpatient	*	2.5	76
Day Treatment	*	2.5	76
Detoxification	2	*	141
Residential	40	*	297
Methadone Maintenance	210	*	316
Clean and Sober Housing	29	*	96
ADP Service Coordinators	*	5.0	*
Total	281	13.2	1,232

Source: HSA Alcohol And Drug Program FY14 Budgeted Funds by Modality, Personal Correspondence.

Note: * represents a field where a value is not applicable.

Figure 121: SERVICE UTILIZATION: COMPLETION RATES BY GENDER, FISCAL YEAR 2014



N=1,298.

Source: California Outcomes Measurement System (Santa Cruz), Retrieved 2014 from adp.ca.gov.

Statistics regarding SUD treatment completion are most appropriately viewed in the context of treatment of chronic illness rather than treatment of short-term, acute illnesses. According to the National Institute on Drug Abuse (NIDA, 2013), substance abuse and addiction is a chronic illness that has many features similar to other chronic illnesses such as Type II diabetes and cardiovascular disease. All of these diseases are characterized by a strong genetic pre-disposition to the illness; the influence of environmental factors (e.g., family and cultural norms, stress, and poverty) that affect the course of the illness; and all three require significant behavior and lifestyle changes to initiate and maintain remission of symptoms. All three diseases present significant challenges for long-term, stable recovery and post-treatment relapse rates for the three illnesses are similar (40-50% for substance use disorders, 30-50% for Type II diabetes, and 50-70% for hypertension) (McLellan et al., 2000).

Development of additional data on program outcomes is proposed for Phase I of the implementation of the strategic plan (see Chapter 5, *Implementation Activities*).

Figure 122: SERVICE UTILIZATION: COMPLETION RATES, BY RACE AND ETHNICITY

	Completed	Uncompleted, Unsatisfactory Progress	Uncompleted, Satisfactory Progress	Death or Incarceration
White/Caucasian	52.9%	41.5%	4.3%	1.3%
Black/African American	52.6%	42.1%	5.3%	0.0%
Multi Racial	45.8%	48.6%	1.4%	4.2%
Other				
Hispanic or Latino	39.3%	51.9%	4.9%	3.9%
Not Hispanic or Latino	53.3%	40.4%	4.6%	1.7%

N=1,298.

Source: California Outcomes Measurement System (Santa Cruz), Retrieved 2014 from adp.ca.gov.

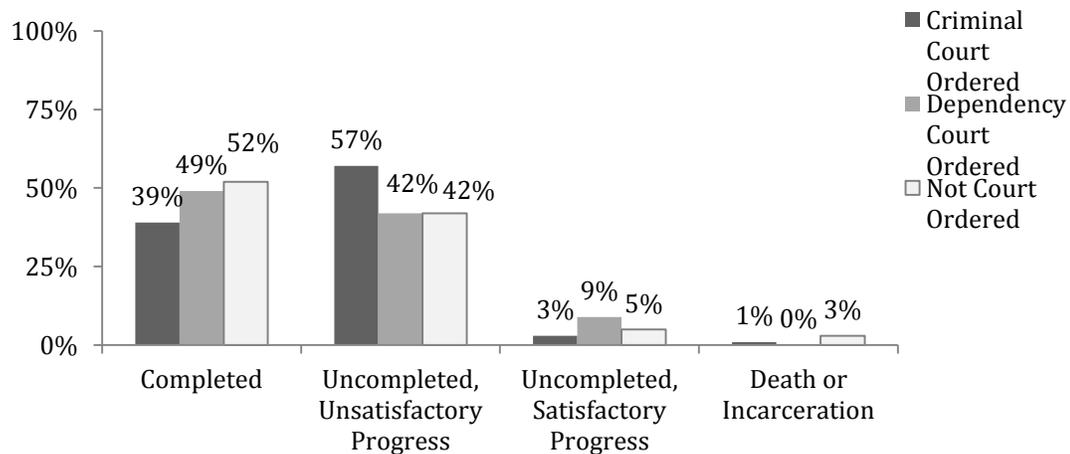
Figure 123: SERVICE UTILIZATION: COMPLETION RATES, BY AGE, FY 2013-2014

	Completed	Uncompleted, Unsatisfactory Progress	Uncompleted, Satisfactory Progress	Death or Incarceration
Less than 18 years old	59.1%	36.4%	0.0%	4.5%
18 to 25 years old	49.7%	45.1%	2.4%	2.7%
26 to 35 years old	41.1%	47.9%	8.2%	2.8%
36 to 45 years old	55.9%	39.7%	4.0%	0.4%
45 years and older	60.9%	34.3%	3.0%	1.7%

N=1,298.

Source: California Outcomes Measurement System (Santa Cruz), Retrieved 2014 from adp.ca.gov.

Figure 124: SERVICE UTILIZATION: COMPLETION RATES, BY REFERRAL SOURCE, FY 2013-2014



N=1,298.

Source: California Outcomes Measurement System (Santa Cruz), Retrieved 2014 from adp.ca.gov.