

**Lassen County
Health and Social Services
Alcohol and Other Drug (AOD) Integration Plan**

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BACKGROUND

Lassen County Health and Social Services Department (HSS) has been discussing integration of services for many years. It has been a theme and recommendation for Best Practices at both the Federal and State levels but has not been supported through regulation or by dedicated or easily accessed funding mechanisms.

In 2008 our first effort was implemented by placing a Mental Health Therapist and a Certified Alcohol and Drug Abuse Counselor in the Lassen County Family and Child Protection Services, which resulted in a new program referred to as Integrated Child Protection Services (ICPS). Although the program has endured many obstacles and difficulties, it is at least partially responsible for decreasing out-of-home placement of children by one-half in comparison to previous years. By identifying substance abuse and mental health problems earlier in the intervention process, many families have addressed their core problems and have completely avoided mandatory court cases or have been able to reunify their families much quicker.

As a result of funding cuts in 2009, the Alcohol and Other Drug Programs Department (AOD) was faced with massive reductions in funding which would essentially cut the department in half. Had this been permitted to happen, substance abuse services to the community would have been drastically reduced and services for the clients of other HSS departments would not be able to get the treatment they needed.

As a result, HSS Leadership began to explore options to maintain and possibly expand substance abuse treatment. The Quality Improvement Department conducted research which showed the prevalence of substance abuse problems within all the other HSS departments. The results were as expected, indicating that substance abuse was the most prevalent problem for clients throughout the HSS system. Statistics reflecting this prevalence by department are as follows:

- Child Protective Services – 81%
- Mental Health – 50%
- Veteran’s Services – 30%
- Social Services – 20+%
- Adult Protective Services – 17%
- Public Health – 10%

Special planning sessions were conducted to brain-storm solutions. Evidence-Based interventions were researched and selected as the most viable options for Lassen County. As a result, the Leadership Team decided to move forward with integration strategies that could not only keep substance abuse treatment services intact, but could greatly increase our capacity to serve clients in a variety of settings and make access to treatment easier and more convenient to clients throughout the HSS system.

The following plan will delineate multiple strategies, with timelines, to incorporate Multi-disciplinary Teams (an Evidence-Based Practice) throughout several HSS Departments and provide clients with substance abuse problems within the primary department(s) where people enter the HSS system. The results will likely decrease departmental silos and increase seamless, horizontal service delivery. Please refer to the following related documents for additional information:

- HSS AOD Charter
- QI Phase 2 Plan
- ICPS Plan and MOU
- UCLA Systems Outcomes Plan

GUIDING PRINCIPLES

1. Program Driven and Fiscally wise
2. Family and Strength-based
3. Mutual Respect between all staff and clients
4. Incorporation of Evidence-based, Best or Promising Practices

INTEGRATION OBJECTIVES, STRATEGIES AND OUTCOMES

Objectives - As stated in the previous section several measurable objectives will be accomplished by integrating AOD services into other HSS Departments. They are as follows:

Objective 1 - Assure vibrant AOD treatment services achieve Proportionate Influence – *Measure by number of staff and clients served in FY 10-11 vs. FY09-10*

Objective 2 - Wisely blend resources and funding streams to best meet client needs – *Measure by diversified (use of alternative) funding streams and QI Council Reports*

Objective 3 - Reduce reliance on departmental silos and change the work “culture” – *Measure by number of clients being served in non-AOD silos. Observation of staff interactions in multi-disciplinary settings*

Objective 4 - Create a seamless service delivery system for clients – *Measure by the multiple services received nearly simultaneous to the identified need(s) through warm hand-offs rather than traditional referrals. Chart review and client interviews by QI Council.*

Strategies - The Substance Abuse and Mental Health Services Administration (SAMHSA) provides three examples of Evidence-based Practices for the provision of integrating HSS services. Two of the practices, Community-based Assertive Treatment

and Modified Therapeutic Communities are not viable options for Lassen County HSS for a variety of reasons. Therefore, the Integrated Dual-Diagnosis Treatment (IDDT) approach was selected as the most logical, effective model to adopt and incorporate into practice. The IDDT approach uses existing professional staff and organizes them into multi-disciplinary teams to address a wide range of client needs from the onset of treatment.

Even though SAMHSA's focus is primarily upon mental health and substance abuse integration, lessons can be learned from our own local programming such as the Wraparound Process and Multi-disciplinary Team approaches that are at times employed within our system. When a multi-disciplinary team is available to assess client needs, a comprehensive service plan can be developed to meet the client's needs at the onset of treatment. Client needs can then be prioritized and served by a team of professionals and natural supports that will eliminate the need to "refer" clients to various agencies at different locations, which often prove to be a hardship for clients and a barrier for successful outcomes.

Since the full integration of all HSS services will take some time and many of the resources not yet identified, the plan will be developed and implemented over a series of phases. The first and most important phase will be to provide AOD services in the Mental Health and Social Services departments since they serve the greatest number of people entered into the HSS system. Eventually, other services can be incorporated into the Multi-disciplinary Teams.

It's also felt the initial strategies will act as the stimulus changing customer flow from services within disciplines (services silos) to supporting customer sequential, seamless, timely qualitative outcomes. The Agency will likely achieve a "Tipping Point" encouraging changes to customer flow rather than traditional service designs. At this time, resources and funding for full implementation are not identified but will through the various phases of implementation.

Outcomes - The outcomes of integrated services are an important aspect of this project. After many years of research, discussions, planning and partial implementation, a fully integrated service system will provide the following outcomes:

1. Wise (improved) use of limited resources
2. Seamless service delivery
3. Improved customer outcomes
4. Healthier communities
5. Model design

INTEGRATION PLAN - PHASE I

- A. Hire Temporary Integration Lead Worker who works with the Change Team Leader to implement integration plan – **Target Date 4/15/10**
 - a. Submit recruitment request to Deputy CAO of HSS
 - b. Identify funding to support position

- c. Hire from existing AOD staff if possible and backfill with temp AOD counselor or hire new temp staff to perform duties
- B. Embed Certified AOD Counselor(s) in MH Department – Target Date 4/30/10**
- a. Incorporate Substance Abuse Subtle Screening Inventory (SASSI) into MH intake to determine high / low probability of substance abuse of clients entering the MH system
 - b. Initiate meetings with Clinic Psychiatricians-same view strategies
 - c. AOD Director / Supervisor attend MH Access Team meetings to develop relationships for AOD participation in Multidisciplinary Team setting.
 - d. Reorganize existing MH Case Manager Caseloads to accommodate current MH Caseloads.
 - e. Hire initial Certified AOD counselor to Assess and treat Dually-Diagnosed clients (DD)
 - f. Hire additional counselors as caseload increases and revenues support additional positions
- C. Incorporate the Quality Council for oversight to Program Principles and outcome Measures – Target Date 5/1/10**
- a. Assign Quality Council Members to assess departments for fidelity to principles and practices
 - b. Provide written report to Leadership Team on a quarterly basis
 - c. Provide annual report as needed
- D. Hire Certified AOD Counselor in Social Services Department (SS) – Target Date 7/1/10**
- g. Counselor will administer SASSI and conduct AOD assessments on targeted client population within Social Services.
 - h. Outline customer flow
 - i. Counselor will also train SS Case Managers to administer the SASSI and help identify high / low probability of substance abusing clients.
 - j. Counselor will perform AOD assessments for SS clients and develop treatment groups to meet client needs
 - k. Some referrals will be made to the AOD silo for specialized programming (i.e. Perinatal, Codependency)

INTEGRATION PLAN – PHASE II

- A. Develop Multi-disciplinary Team(s) to serve smaller HSS Departments – Target Date - 1/1/11**
- a. Identify population needs within Veteran's Services, Adult Protective Services and Public Health.
 - b. Identify funding mechanisms to support Multi-disciplinary Team(s)
 - c. Provide screenings, assessments and treatment within these HSS Departments

- B. Expand Multi-disciplinary Teams to include other professional service providers (nurses, job specialists) – Target Date 7/1/11**
 - a. Identify specialized staff to participate in Multi-disciplinary Teams throughout the HSS system
 - b. Identify funding opportunities to support additional Team members to include Public Health services and Education / Employment Services within all Multi-disciplinary Teams
 - c. Add other professionals to existing Multi-disciplinary Teams for true seamless services for all clients in a wider range of services

- C. Expand Supervision and Support Staff to support Integrated HSS System – Target Date 7/1/11**
 - a. Reassign or hire additional Supervisors to oversee Multi-disciplinary Teams as they expand throughout the HSS System.
 - b. Reassign or hire additional Administrative Support staff to support Multi-disciplinary teams as well as tracking and billing responsibilities

INTEGRATION PLAN - PHASE III

- A. Change Customer flow from vertical to horizontal design – Target Date 1/1/12**
 - a. Acquire sufficient building to adequately support the service
 - b. Flow chart client flow
 - c. Strive to reduce redundant processes
 - d. Co-locate professional and administrative staff
 - e. Blend funding streams to support Intake Center

WORKFORCE DEVELOPMENT

It is important to note that a certain amount of technology transfer will occur during the normal course of duties while working in a multi-disciplinary team. In addition, staff will be encouraged to participate in cross-training in both formal and informal settings. Since Lassen County is an isolated frontier region, it will be imperative to “grow our own” personnel who have the skills and knowledge base to eventually provide DD services to clients even outside of the team setting. Transference of Learning will benefit clients, staff and systems. Eventually, we will have a better developed workforce who will be able to sustain and replicate an integrated approach to serving clients in any work setting.

CONCLUSION:

After many years of discussion, considerations and successful partial efforts, Lassen County HSS is poised to assertively pursue implementation of integrating services throughout the Agency. It will be a very difficult task to accomplish as State and Federal regulations are not designed to support these types of services and there are no “real” models to follow currently incorporated at our County service level.

Change within an organization is always challenging for leadership, line staff and existing clients who have been doing things “a certain way” for many years. However,

the results of this endeavor will benefit both clients and staff by providing comprehensive assessment and treatment from the onset of services, which will enable us to eliminate barriers to success for clients that may have not even been noticed in the past.

This culture change could be the single most effective venture that Lassen HSS has ever implemented toward the ultimate goal of the helping professions, “to work ourselves out of a job”. The hardest task will most likely be maintaining gains that are made and sustaining a culture shift. However, as difficult and challenging as the process may be, through the ongoing commitment of dedicated leaders and staff, improved client outcomes will prevail and should encourage ongoing participation and continuous quality improvement to the benefit of our entire community.