

County of Lassen Quality Oversight Program Project Plan

Project Name: AOD Integration Phase One

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Date: March 20, 2010

A Executive Summary

Business Need/Problem

Substance abuse impairs the capability of HSS clients to benefit fully or optimally from agency services to improve outcomes in their lives, outcomes such as:

- Live independently in a place called home
- Gain an education, for career enhancement or personal growth
- Have a job that enhances income, provides a means to make a contribution, and enables us to receive recognition
- Have meaningful relationships with family and friends
- Avoid spirit-breaking experiences of hospitalization, incarceration, or active substance abuse

Clients often continue abuse of alcohol or drugs while receiving services from agency departments. Substance abuse during this time causes the client to use county resources for a longer period. During this time, these limited resources are unavailable for other persons in need in the county. Or, in the case of pregnancies, the substance abuse increases the risk of cognitive and behavioral impairments in the newborn.

Project Approach

The Leadership Team will utilize the Quality Council to monitor the implementation of the HSS Integration Charter and the AOD Integration Implementation Plan and to employ quality improvement activities to test process improvements within departments.

Statement of Work

The Quality Council members will participate in regularly scheduled meetings to improve services for persons with substance abuse, advocate and “ramrod” activities within their department to implement AOD Integration Plan, monitor department integration activities, learn and be able to utilize continuous quality improvement (CQI) and NIATx process improvement toolkits, and prepare monthly progress reports for the Leadership Team.

Project Objectives

1. Develop a uniform agency client measure and compile a baseline of persons with substance abuse issues currently receiving services in departments other than AOD;
2. Complete Integrated Services Readiness Assessment
3. Conduct pilot runs of process improvement techniques using CQI / NIATx tools for rapid cycle deployment
4. Interface with UCLA Integrated Substance Abuse Program on ADP Continuum of Services System Re-Engineering (COSSR) Task Force objectives to develop outcome measures
5. Report progress to Leadership Team

B Agency Points of Contact

This should be the list of individuals that will be involved with the project during the Execution Phase.

Position	Name	Phone	E-mail
Project Manager	John Larrivee		
Executive Sponsor	Kevin Mannel		
Team Leader	Lyle Dornon		
Stakeholders:	Leadership Team		
Other:			

C Project Plan Documents Summary

PROJECT SCOPE STATEMENT

Provides a documented description of the project as to its output, approach, and content.

CRITICAL SUCCESS FACTORS

Provides the project team, and management, with project critical success factors (objectives) that all members of the team understand, accept, and are committed to.

WORK BREAKDOWN STRUCTURE

Describes a deliverable-oriented grouping of project elements which organize and define the total scope of the project.

ORGANIZATIONAL BREAKDOWN STRUCTURE

Provides an organization chart that defines the communications channels, responsibilities, and the authority of each participating person/unit.

COST BENEFIT ANALYSIS

Provides the project team with information to make a balanced decision about the costs and benefits, or value, of various economic choices.

RESOURCE PLAN

Describes the major resources needed to proceed with the execution of the project.

PROJECT SCHEDULE

Provides the project schedule using a Gantt chart. The schedule must include milestones, task dependencies, task duration, work product delivery dates, quality milestones, configuration management milestones, and action items.

RISK PLAN

Provides a description of all risks identified for the project and a plan to integrate risk management throughout the project.

PROCUREMENT PLAN

Identifies those needs for the project which can be met by purchasing products or services from outside of the agency.

QUALITY PLAN

Provides a Quality Plan that defines the person(s) responsible for project quality assurance, procedures used and resources required to conduct quality assurance.

COMMUNICATIONS PLAN

Defines the information needs of the project stakeholder, and the project team by documenting what, when, and how the information will be distributed.

CONFIGURATION MANAGEMENT PLAN

Provides the project team with a change management methodology for identifying and controlling the functional and physical design characteristics of a deliverable.

PROJECT BUDGET ESTIMATE

Describes cost and budget considerations including an overview, additional resource requirements, and estimated cost at completion.

PROJECT PLANNING TRANSITION CHECKLIST

The Project Planning Transition Checklist ensures that planning activities have been finished, reviewed, and signed off so that the project may move into the Execution Phase.

D Signatures

The signatures of the people below relay an understanding in the purpose and content of this document by those signing it. By signing this document you agree to this as the formal Project Plan.

Name/Title	Signature	Date
Project Manager		
Executive Sponsor		
Team Leader		
MH QC Rep		
AOD QC Rep		
PH QC Rep		
FCPS QC Rep		
SocSvcs QC Rep		
Client Advocate QC		
MH Director		
PH Director		
FCPS Director		
SocSvcs Director		
EH Director		
Public Guardian		
VSO Manager		

PROJECT SCOPE

The objective of this project is to develop and utilize a core team of agency leaders that will influence the culture of the organization and move the departments towards integrated services. The last quarter of the 2009/2010 fiscal year is Phase One and will prepare the team to be an effective change agent by the beginning of the next fiscal year. The Phase Two project plan will be developed during this quarter.

The scope of Phase One is targeted to five departments in HSS: mental health, family and children's protective services, public health, social services, and alcohol and other drug. One program within each department is targeted: SMI adults, emergency response, maternal and child and adolescent health, CalWorks, and AOD clients with mental health issues.

The customer of the project is the HSS Leadership Team. The customer needs a body of leaders to monitor progress and conduct process improvement activities on the HSS Charter, the AOD Integration Implementation Plan, and department integration plans. The charter and plans are based on the evidence-based model for Integrated Dual Diagnosis Treatment and Integrated Treatment for Co-Occurring Disorders (SAMHSA). The Quality Council is to establish fidelity to the evidence-based model.

The customer's criteria for acceptance are the Principles for Making Integrated Services a Success that were identified at the November, 2009, Leadership Team workshop.

- Welcome, accessible, empathetic, hopeful, integrated treatment
- Seek upstream solutions by screening and assessment as early as possible
- Interventions and clinical outcomes must be individualized
- Co-occurring disorders should be considered primary

CRITICAL SUCCESS FACTOR

The critical success factors are the forming of an effective Quality Council and the establishment of a baseline measure of clients with substance abuse issues and co-occurring disorders.

WORK BREAKDOWN STRUCTURE

1. Work load Assignments
 - a. Determine work load assignments for Quality Council
 - b. Estimate hours required to complete assignments
 - c. Confer with department directors regarding work load assignments
 - d. Reassign department work loads or reprioritize completion times
2. Baseline Measure
 - a. Review projections based on national estimates
 - b. Compile existing estimates or surveys
 - c. Develop common unit of measure so that data is comparable and unduplicated (e.g. current open cases at a point in time)
 - d. Conduct chart reviews to confirm estimates
 - e. Develop chart review checklist
 - f. Consider administration of SASSI for accurate estimate
 - g. Prepare baseline report for Leadership Team
3. Integrated Services Readiness Assessment
 - a. Review SAMHSA Evidence-Based Practice Kit "Evaluating Your Program"
 - b. Complete Readiness Assessment for departments
 - c. Compile departmental Readiness Assessments into HSS assessment
 - d. Prepare Readiness Assessment report for Leadership Team
4. Training and Education

- a. Presentation and training on continuous quality improvement (CQI) toolkit
- b. Presentation and training on NIATx process improvement toolkit
- c. Presentation on General Electric CAP/WorkOut toolkit
- d. Trial runs of case studies using CQI and NIATx tools and techniques
5. Outcome Measurement System
 - a. Attend webinar on Integrated Treatment by UCLA COSSR team
 - b. Attend training on DDMHT and baseline facility assessment by UCLA COSSR team
6. Phase Two Project Plan
 - a. Prepare “after action” report on Phase One of project plan
 - b. Determine SOW, objectives, and project scope for Phase Two
 - c. Secure commitment from stakeholders for Phase Two project plan

ORGANIZATION BREAKDOWN STRUCTURE

See attached matrix management organization chart

PROJECT SCHEDULE

- | | |
|-------------------------------------|----------------|
| 1. Baseline measure completed | April 30, 2010 |
| 2. Readiness Assessment completed | May 28, 2010 |
| 3. Training and education completed | June 25, 2010 |
| 4. Attend UCLA training sessions | June 30, 2010 |
| 5. Phase Two project plan completed | July 2, 2010 |

COMMUNICATIONS PLAN

The Quality Council will communicate with the Executive Sponsor through the Project Manager. The Executive Sponsor may attend meetings of the Quality Council for direct communications. The Team Leader will communicate project reports with the Leadership Team. Informal communications are encouraged. The Project Manager and department directors will have active and continuous communications within the matrix management organizational structure. This is to relieve individual stress and overloaded work assignments to the Quality Council members.