



**County of San Diego
Health and Human Services Agency**

**Behavioral Health Services
Three Year Strategic Plan
2005-2008**

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Executive Summary

The Health and Human Services Agency (HHSA) is one of five groups that make up the structure of the County of San Diego. The Agency provides a broad range of health and social services, promoting wellness, self-sufficiency, and a better quality of life for all individuals and families in San Diego County. The Agency integrates health and social services through a unified service-delivery system. This system is family-focused and community-based, and is reflective of business principles in which services are delivered in a cost-effective and outcome-driven fashion. The Agency's vision is to have safe, healthy and thriving communities and the mission is to make people's lives safer, healthier and self-sufficient by managing essential services. In addition to six regions, HHSA has thirteen divisions. Three of those thirteen divisions provide Alcohol and Drug Services (ADS), Adult/Older Adult Mental Health Services (A/OAMHS), and Children's Mental Health Services (CMHS).

The ADS division provides a comprehensive and integrated system of community-based alcohol and other drug prevention, intervention, treatment, and recovery services throughout San Diego County via contracts with local service providers. The A/OAMHS division offers a wide variety of treatment, rehabilitation and recovery services to help people who are experiencing persistent and severe mental illness or a mental health crisis. The CMHS division aids children and adolescents who are emotionally disturbed, and their families. CMHS offers a wide variety of services, from early intervention to residential services. The divisions provide services that are oriented to meet the unique linguistic and cultural needs of the diverse clients they serve.

In December 2002, San Diego County HHSA implemented the Dual Diagnosis Initiative in all three divisions (ADS, A/OAMHS, and CMHS). Each division advanced dual diagnosis capability throughout the service delivery system and has increased the ability of ADS, A/OAMHS and CMHS providers to serve clients who are experiencing serious alcohol and drug addiction and serious mental illness simultaneously.

In March 2005, HHSA launched its Behavioral Health Services Initiative with strong community input and great interest in improving service coordination and service integration among alcohol, drug, and mental health service providers. With that goal in mind, various service models were reviewed and explored to develop a service delivery approach that would meet the multiple needs of clients and families. ADS and MHS will continue to focus on providing services to their respective target populations of individuals with primary alcohol and/or drug issues and to those with primary mental health disorders. The concurrent services model will require existing ADS and MHS providers to be trained on standardized screening tools and referral processes to ensure clients and families receive coordinated, appropriate, and needed services. The integrated services model will focus on the provision of highly specialized integrated screening, assessment, and treatment services to clients with serious co-occurring issues. Paraprofessional and professional staff will be trained on the continuum of services that are dually welcoming, dually capable, and dually enhanced for clients who are experiencing serious co-occurring issues. These models were presented at multiple community education meetings with key stakeholder groups, including the Alcohol and Drug Advisory Board and the Mental Health Board, and were received positively. The community was also was supportive of the implementation of the BHS Three Year Strategic Plan.

Behavioral Health Services is being defined as an array of coordinated and integrated alcohol, drug, mental health, and co-occurring services for children, youth, families, adults, and older adults by improving their quality of life within their communities.

The Behavioral Health Services (BHS) mission will be to provide accessible, culturally competent, age appropriate, holistic, accountable, cost effective, outcome-driven, and client and family focused services to the residents of San Diego County.

BHS Strategic Plan

The plan includes critical programmatic strategies to ensure services are provided in a coordinated and integrated way for clients who are experiencing alcohol, drug, mental health, and co-occurring issues. A comprehensive continuum of care will be enhanced for clients and their families. It will include education,

outreach, prevention, early intervention, screening, assessment, treatment, case management, after care, and peer-run services that will promote wellness and recovery. These services will be provided by alcohol and drug counselors, mental health clinicians, peers, and others, in a professional and respectful manner. Services will be enhanced in the following ways:

- Access will be centralized through one behavioral health services phone line;
- Screening and referral processes will be standardized with the use of common tools and written procedures;
- Coordinated and integrated alcohol, drug, mental health, and co-occurring services will be provided by a trained and competent workforce via a network of contracted service providers and County programs; and
- Client satisfaction will be improved and demonstrated by positive ratings in survey results

The BHS Strategic Plan also includes critical administrative strategies to ensure business practices are strengthened and operations are continuously assessed for improvements. The strategies in this plan will help improve the current service delivery systems by ensuring that resources are maximized and client outcomes are improved.

Strategies, Measurements, and Timelines

The BHS Plan includes specific strategies, measurements, and timelines. Implementation of the BHS Plan will begin November 1, 2005 and includes specific action plans that will be completed by June 30 2008. An evaluation plan will be developed and progress reports will be provided to respective boards and key stakeholder groups in HHSA and in the County.

Programmatic Strategies

I. Access to Services

Services will be promoted and advertised through a combined Behavioral Health Services Resource Directory and access line to meet the unique linguistic and cultural needs of the diverse clients in San Diego County.

Strategy#1:	Develop Behavioral Health Services Resource Directory
Measurement 1a:	100% of ADS, A/OAMHS and CMHS providers and HHSA Administration will receive BHS Resource Directories.
Timeline:	4/30/06
Strategy#2:	Establish centralized access and crisis line for behavioral health services available 24 hours a day, 7 days a week
Measurement 2a:	95% of calls on the Access and Crisis Line crisis queue shall be answered within 30 seconds with less that 5% of calls abandoned by callers after 45 seconds.
Measurement 2b:	Average speed to answer all other Access and Crisis Line calls shall be less than or equal to 60 seconds with less than 5% of calls abandoned by callers after 75 seconds.
Timeline:	4/30/06

Strategy#3:	Increase knowledge and understanding of Behavioral Health Services by regional, public health, and primary care staff
Measurement 3a:	Five joint regional meetings with ADS contractors and MHS County and contract providers, representatives from HHSA regions and public health, and primary care will be conducted per year to discuss behavioral health issues.
Timeline:	Ongoing
Measurement 3b:	Five regional trainings regarding services availability, admission criteria, and resources, will be incorporated into six regional meetings and provided on an annual basis and integrated into existing collaborative meeting structures, including HHSA regions and Public Health representatives, and primary care representatives.
Timeline:	Ongoing

II. Concurrent and Integrated Behavioral Health Services

Behavioral Health Services will be provided in a coordinated and integrated way to ensure client needs are being met and their level of functioning is improved.

Strategy #1:	Develop age appropriate and culturally competent screening and referral processes for ADS, A/OAMHS and CMHS contract providers, County programs, and HHSA regions and divisions, to help identify alcohol, drug, mental health, and co-occurring issues
Measurement 1a:	100% of ADS, A/OAMHS and CMHS clients and/or their family members will be screened for alcohol, drug, mental health, and co-occurring issues with existing screening tools.
Timeline:	Ongoing
Measurement 1b:	ADS, A/OAMHS and CMHS organizational providers will receive training on the screening and referral processes to help facilitate access to appropriate services.
Timeline:	6/30/07
Measurement 1c:	100% of HHSA regional and centralized divisions will receive training on the new BHS standardized screening and referral processes, using standardized tools, to help facilitate access to appropriate services.
Timeline:	9/30/07
Strategy #2:	Develop service capacity for clients with Co-occurring Disorders (COD)
Measurement 2a:	15 additional ADS, A/OAMHS and CMHS providers will complete training on Co-occurring Disorder (COD) services through the Trainer of Trainers Program (CADRE III), including the continuum of services that are appropriate for clients who are experiencing serious co-occurring issues.
Timeline:	12/31/06
Measurement 2b:	15 additional ADS, A/OAMHS and CMHS providers will complete training on Co-occurring Disorder (COD) services through the Trainer of Trainers Program (Cadre IV)
Timeline:	6/30/07
Measurement 2c:	4 new integrated treatment programs, Children's Wraparound, Transition Age Youth, Adult Full Service Partnership, and Behavioral Health Problem Gamblers will be initiated to develop services for clients who are experiencing serious co-occurring issues (serious and persistent mental illness, emotional disturbance, and addiction).
Timeline:	6/30/07

III. Workforce Development

Services will be provided by trained contract providers and County staffs to ensure quality services are provided in a culturally and linguistically competent manner.

Strategy#1:	Contract and County providers will be trained and skilled to serve clients with alcohol, drug, mental health, and co-occurring issues
Measurement 1a:	ADS, A/OAMHS and CMHS designated leaders will develop BHS Training Plan to include core competencies such as: <ul style="list-style-type: none"> • Cultural Competence • Comprehensive Continuous Integrated System of Care (CCISC) Model • Professional Cultures: Recovery, Medical and Rehabilitation Mental Health Models • Assessment, Referral and Treatment • Evidence-based practices • Dual Diagnosis Psychopharmacology Training
Timeline:	06/30/07
Measurement 1b:	Continue implementation of BHS Training Plan
Timeline:	On-going

IV. Co-Occurring Disorders (COD) Client Outcomes

Outcomes for clients with serious co-occurring disorders (serious mental illness, emotional disturbance, and addictions) will be developed to ensure services are provided in a coordinated and integrated way to produce meaningful results for clients and their families.

Strategy#1:	Develop and track outcomes for individuals with co-occurring disorders (COD)
Measurement 1a:	Establish outcome measures for COD clients based on the following suggested general areas: <ul style="list-style-type: none"> • criminal justice involvement • improved functioning by clients • increase employment/vocational/educational success • avoidance of hospitalization • increase housing supports
Timeline:	12/31/06
Measurement 1b:	Establish baseline data for COD client outcome measures.
Timeline:	6/30/07
Measurement 1c:	Complete COD Client Outcomes Evaluation Plan.
Timeline:	6/30/07
Measurement 1d:	Track improvements on COD client outcome measures
Timeline:	12/31/07
Measurement 1e:	Complete the first six-month Evaluation Report on COD Client Outcomes.
Timeline:	2/28/08

V. Administrative Strategies

The Behavioral Health Initiative Administrative Support Functions Committee reviewed and evaluated existing administrative services performed by ADS, A/OAMHS, and CMHS. The following are initial strategies that will be implemented to strengthen business practices across divisions, improve coordination, and increase efficiency of operations.

Strategy #1:	Integrate general administrative functions
Measurement 1a:	Continue weekly combined ADS-MHS executive management planning and operations meetings.
Timeline:	Ongoing

Measurement 1b:	Combine and track Board Letter Forecasts and shared Quality First goals on a quarterly basis to ensure coordinated activities.
Timeline:	Ongoing
Measurement 1c:	ADS, A/OAMHS and CMHS staff will be briefed on relevant findings that apply to all systems and will coordinate enhanced procedures to respond to findings.
Timeline:	Ongoing
Strategy #2:	Establish Behavioral Health Contracts Support Unit
Measurement 2a:	Hire Behavioral Health Administrative Services Chief for Contract Support Services.
Timeline:	5/31/06
Measurement 2b:	Conduct one to two joint monitoring visits for shared COD contractors.
Timeline:	12/31/06
Measurement 2c:	Implement streamlined payment methodologies process for BHS providers.
Timeline:	12/31/06
Measurement 2d:	Analyze and make recommendations for potential combining of COD contracts for shared clients.
Timeline:	6/30/07
Measurement 2e:	Develop standardized contract and records filing system to facilitate information sharing across divisions and adhere to ACS policies.
Timeline:	6/30/07
Measurement 2f:	Implement standardized invoice review policies and practices across ADS and MHS that will continue to adhere to ACS policies on invoice verification requirements.
Timeline:	6/30/07
Strategy #3:	Coordinate financial management and budgeting
Measurement 3a:	Hire Behavioral Health Services Administrative Services Chief for Financial and MIS Services.
Timeline:	5/31/06
Measurement 3b:	Begin development of joint policies and procedures addressing financial management such as management of grants and revenue agreements.
Timeline:	12/31/06
Strategy #4:	Initiate planning for integrated data systems
Measurement 4a:	Complete plan for integrating Behavioral Health Services data.
Timeline:	6/30/08
Strategy #5:	Establish Integrated Behavioral Health Quality Improvement Unit
Measurement 5a:	Develop plan for BHS Quality Improvement Unit.
Timeline:	6/30/07

Evaluation Plan and Timelines

The joint ADS, A/OAMHS, CMHS program and administrative support functions committees, in consultation and collaboration with experts in the field and ADS and MHS performance outcome staff, will develop an evaluation plan on the specific strategies and measurements identified in the BHS Strategic Plan. Potential COD client outcomes that will be considered are as follows: criminal justice involvement, level of functioning, employment/vocational/educational success, avoidance of hospitalization, and housing supports. A six month status report on the BHS Strategic Plan for the period of November 2005 through April 2006, including the action plans, will be presented to the Agency, respective boards, and key collaborative groups by 6/30/06, and the first annual report will be provided by 12/31/06. Specific action plans have been developed and will be completed by 6/30/08.