



LASSEN COUNTY

Health & Social Services Department

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ALCOHOL AND DRUG CHARTER

Integrate Substance Abuse Services throughout Lassen County Health and Social Services Agency

Vision: Vibrant successful Substance Abuse Services

Charter and Action Steps Guided by Quality Council

Present to the Lassen County Board of Supervisors on January 26, 2010

Respectfully Submitted by the Deputy County Administrative Officer for Health and Social Services

Kevin Mannel

1. Executive Overview:

Over the past four years, Lassen County Health and Social Services has implemented various strategies to integrate services for the people we serve. Staff members have sought and research supports strategies that seamlessly blend disciplines to achieve common measurable outcomes. Nationally and throughout California pilot projects seek how best to achieve qualitative and cost effective outcomes. Evidence Based Practices have emerged to offer research models that remove the trial and errors often associated with trying new initiatives while incorporating the unique characteristics that Lassen County has to offer.

In addition, Lassen County Alcohol and Drug Department faces a financial crisis by reduced allocations this and next year(s). The net result is nearly ½ of the A&D Department could be slashed by the start of the 2010/2011 fiscal year unless creative solutions prevail. Should the reduction in staff and services occur, HSS departments,

other county entities and the entire community will suffer without this valuable resource. To the contrary, the effort to seek vibrant solutions for substance abuse services isn't merely to maintain the workforce as status quo but rather to substantially change customer services through an integrated organizational design. The strategy seeks new ways to leverage against existing funding streams that traditionally remain within departmental silos (vertical department designs established by professional discipline).

HSS Leadership chooses to look for opportunities rather than focusing solely on the financial limitations. There is nothing like a good crisis to energize the creative juices! This is easier said than done but other creative thinkers have prevailed during eras of reduced funding. Should we focus on "reduction thinking" or seek "strategies that support opportunities?" Staff members early into the process acknowledge that public services are often under funded and struggle to build capacity to meet the public demands. Thus, the financial crisis is nothing new.

Public services is constantly on a continuum that ebbs and flows with peaks and valleys during flush and lean economic times. The pursuit to enhance services doesn't imply any wrong doing by previous or existing staff. Rather, the integrated design uses Continuous Quality Improvement (CQI) strategies to build on organizational strengths and views employees as valuable resources.

The charter is a tool to build consensus among key partners guiding decisions and forming a basis for strategic plans. Studies support substance abuse as the most common thread creating barriers preventing successful outcomes of people served throughout the HSS agency. The charter focuses primarily on substance abuse integration as a single catalyst rippling change through the traditional departmental "silos".

Substance abuse services is the catalyst of integration not only because of current budgets restraints but rather as the most common thread transcending all HSS departments and the people we serve. Unfortunately, HSS is a reflection of our communities as substance abuse extends intimately into most families, places of employment and communities.

Section # 5 of the Charter identifies the "proportionate influence" of substance abuse in each department and with the people we serve. The graph captures the magnitude of substance abuse and identifies the discrepancy between current capacity and needs. Even at this time before any further reductions the need exceeds the A&D capacity by a ratio of 3:1.

For example; Family and Children Protective Services (CPS) implemented the Integrated Children Protective Services (ICPS) Memorandum of Understanding (MOU) between CPS, Alcohol and Drug and Mental Health Departments three years ago. "Prevent Child Abuse America" surveyed fifty states and concluded that 81% of the people investigated by CPS Emergency Response have substance abuse concerns.

Let's assume CPS serves 100 families with 81% experiencing substance abuse. The 81 families can benefit from substance abuse interventions to assist positive change and successful outcomes. For the sake of example let's assume that 25% of the case

management required for each person served is a substance abuse related activity. If Lassen County employees 10 CPS social workers then 2.5 FTE's is required to match the need?

Corresponding is the "paradigm shift" that assumes everyone served has a substance abuse problem unless proven otherwise. The 81% frequency rate supports a shift in assumptions from "screen, assess in" for the substance abuse too "screen, assess out". The CPS example supports the paradigm shift and encourages strategies that support even those represented by the 19% through strength based strategies. Therefore, the assumptions shift how we engage and offer intervention strategies. The paradigm shift also encourages upstream solutions pursuing the earliest voluntary interventions rather than and the traditional entries into the system.

The Quality Improvement Council through continuous quality improvement (CQI) will monitor compliance with the action plans and strive toward upstream solutions. CQI supported by the Agency Deputy CAO and Departmental Directors provide organizational support and act as "barrier busters" if improvement strategies become stuck when confronting existing bureaucratic issues.

Tom Abbott stated: "ready, fire, aim". Abbott's sequence implies that you can pull the trigger before a perfect plan is written. Then apply CQI techniques for continuous improvements regardless of the stage of implementation.

2. Organizational Principles:

Three management principles guide staff and management practices and provide a basis for staff member interactions with one another and members of the public. Some organizations use a multitude of principles that are difficult to recall and therefore meaningless when considering how the principles apply on a daily basis. Therefore, three easy to recite principles that staff members and community members can expect as a basis for decision making.

- ❖ Mutual respect: This is a common statement as it relates to the people we serve, co-workers, family members and the entire community. During sensitive staff performance issues involving more than one staff member it's apparent rather quickly who adheres to or has compromised the principle of mutual respect.
- ❖ Strength based family based: This is a cornerstone principle of Children Protective Services and also applies to all other departments. Serving individuals and identifying their natural support systems is critical to success. Also strength based approach creates a positive flavor rather than concentrating on negative behaviors. Most of us prefer building on the positives if we were a recipient of services.
- ❖ Program driven financially wise: Start the discussion by clearly identifying who to serve and how best to meet their needs. Research and brain storm options not restricted by financial barriers. Once a design is selected then financial options need to be explored to determine if funds are available to initiate and sustain the initiative. If fiscal discussions occur too quickly, service integrity is compromised as staff members make decisions within their perception of known allowable cost guidelines.

3. Integration Principles Serving People with Co-Occurring Disorders:

- The whole system must be welcoming, promoting acceptance and accessible for people with co-occurring disorders.
- Both psychiatric and substance abuse are regarded as primary. The expectation not the exception.
- Believe that relapse is part of recovery with parallel phases of treatment and recovery.
- Service needs are on a continuum and an array of interventions is required.
- The system promotes a longitudinal chronic care perspective that values the continuous relationship with integrated team.
- Interventions and clinical outcomes must be individualized and seek natural supports.
- The fiscal and administrative operations support the system's vision and these principles.
- Seek upstream solutions by screening and assessments as early as possible.

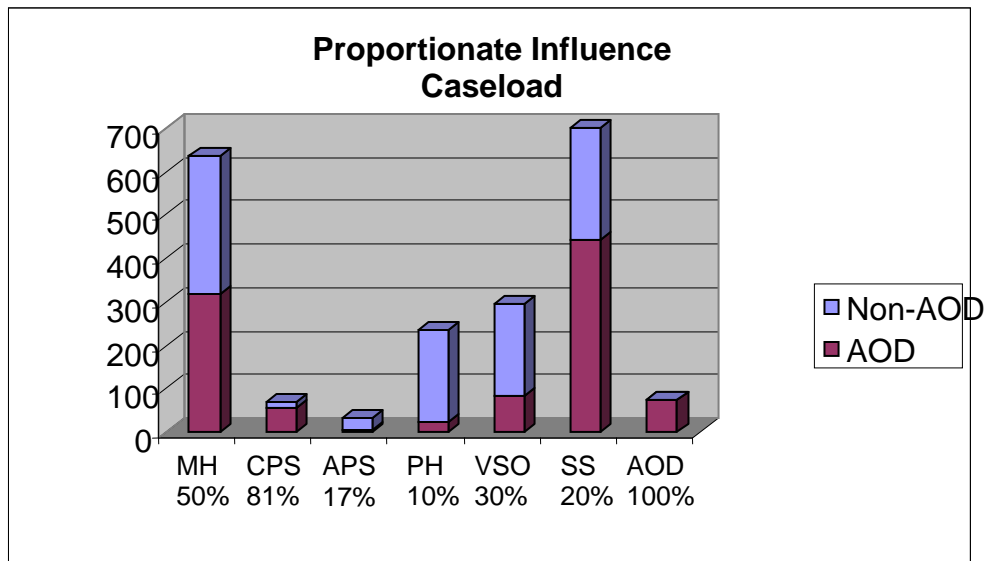
4. Implementation of Two Tier Approach:

- Tier One: Embed A&D staff originally targeted for workforce reductions into other departments while maintaining some A&D duties through clinical lines of authority to the A&D Director. The embedded staff and Quality Council use continuous improvement strategies to establish baseline data and strive toward the proportionate influence goals.
- Tier Two: Redefine client flow and build services around where the people present themselves.

5. Proportionate Influence Graph:

**Proportionate Influence
Alcohol and Other Drug
Estimated Prevalence among Client Populations
Health and Social Services
County of Lassen**

Estimated clients with substance abuse disorders in non-AOD departments: 928



Notes: 1) Bar chart for Social Services is shortened to fit in scale of graph
 2) APS number used as a proxy for APS and PG
 3) Numbers may be duplicated count between departments

References:

Mental Health

SAMHSA Report to Congress, November 2002

47% of schizophrenics had substance abuse disorder

61% of bi-polar disorders had substance abuse disorder

Family and Children's Protective Services

Current trends in child abuse reporting and fatalities: The results of the 2006 annual fifty state survey, Prevent Child Abuse America

81% of cases include substance abuse as one of top two problems

Adult Protective Services

Department of Health and Human Services, Treatment Improvement Protocol

17% of older adults estimated for substance abuse

Public Health

Alcohol and Other Drug Department, County of Lassen

10% prevalence of substance abuse in adult population

Veterans Services

National Survey on Drug Use and Health, November, 2005

Alcohol Use and Alcohol-Related Risk Behaviors Among Veterans

Social Services

Addressing Substance Abuse Problems Among TANF Recipients, 2000

20% of welfare recipients abuse alcohol and/or drugs

6. Models:

- Chronic Care
- Integrated Dual Disorder Treatment (EBP)

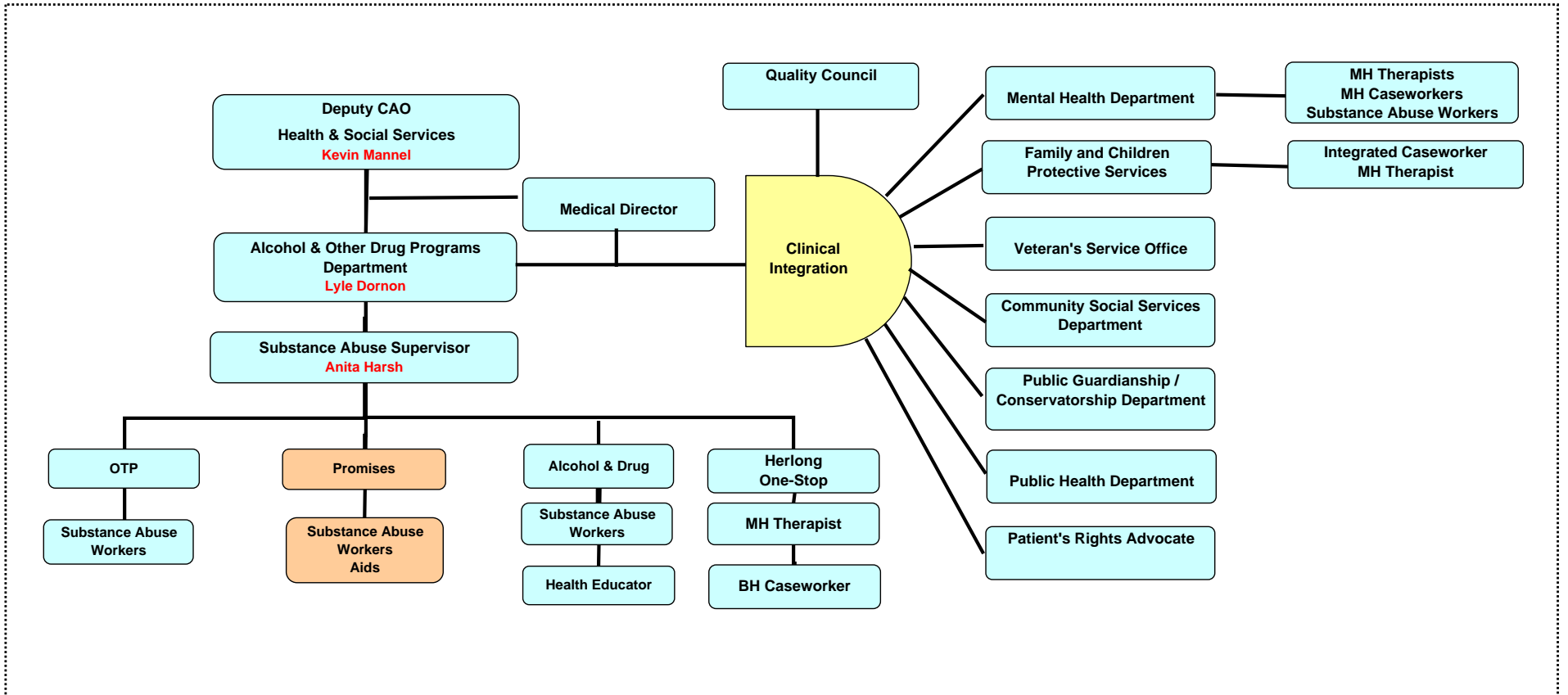
7. Action Steps:

- Quality Council creates qualitative ways to achieve proportionate influence graph
- UC Davis and UCLA offer consultation with three components:
 1. Consultation on the performance of the Quality Council (UC-Davis)
 2. Capture all A&D outcomes through or similar to CALOMS (UCLA consultation)
 3. Develop Continuous Quality Improvement strategies to achieve the gap between proportionate influence and baseline data (UCLA pilot consultation)
- Establish clinical line of authority with A&D Director and Agency Psychiatrist.
- Assure “linkage” of authority and supervision with embedded staff (tier one).

Definition of terms:

- Integrated treatment: The same clinicians or teams providing appropriate mental health and substance abuse interventions
- Seamless service deliver: Meeting with separate clinical teams, programs or systems disappear.
- Coordination: To take place in the same order or class.

**Health and Social Services
Alcohol and Other Drug Programs Department**



* See corresponding Proportionate Influence Graph.