STRATEGIC PLANNING FRAMEWORK

DEPARTMENT OF ALCOHOL AND DRUG SERVICES

Objective	Activity	Status	Projected Date of Completion
Addiction Medicine Division (AMT)			
Continued development of BH services within ambulatory and specialty care that address BH as it related to chronic-care stabilization and management.	Collaborative work with Ambulatory and Specialty Care. Seek opportunities to add SUDS staff to Medical-Home model.	Pending	06/01/14
Client Activity Level to 65% as routine	Standing agenda item on weekly manager/Leads meeting. Provide resources and additional training as needed. Monitor productivity reports.	Pending	12/01/14
CoCENTRIX Implementation Plan developed	Attend trainings. Assign SMEs. Make sure all equipment is up to date and replace any that are outdated. Participate with user practice sessions.	Pending	01/01/15
AVATAR and HealthLink implementation plan	Replace all outdated equipment to make sure computers work with the AVATAR upgrades. Finalize contract with NetSmart. Schedule on site trainings.	Pending	06/01/14
AMT Policy and Procedures update and revision	Assign sections of the P&P to identified staff. Review and comment on all recommended changes. Provide Department Director with final copy of revised draft for review and comment.	Pending	09/01/14
AMT CARF accreditation readiness (they will be here in February 2015)	Attend CARF continued accreditation seminars in 2014. Prepare matrix of items needing review. Prepare the "ASPIRE" binder of documentation needed by the CARF Surveyors.	Pending	12/01/14
New contracts development (Kaiser, VA, Sutter, Dignity, etc.)	Prepare new marketing materials for AMT targeting health exchange providers. Meet with Kaiser and develop MOU for methadone maintenance services. Meet with VA for same. Meet with other health plan organizations to market addiction medicine services.	Pending	07/01/14

Objective	Activity	Status	Projected Date of Completion
Addiction Medicine Division (AMT) Con't.			
Vivitrol/Suboxone expansion	Expand services with AB 109 funding. FY 15 to offset program expansion costs under Object 2. FY 16 seek to fund both Object 1 and 2 for the Vivitrol expansion project.	Pending	07/01/14
Integrated SUD/primary care expansion	Develop plan to bring SBIRT to ED, Urgent Care and the hospital. Pilot a collaborative effort and review findings on feasibility of implementation. Prepare report recommending future directions based on findings.	Pending	09/01/14
Implement the evaluation protocols for Pain Clinic, Heart Failure Program and Medical Homes	Prepare and submit collaborative research methods protocol in conjunction with SJSU. Seek funding to bring in Research Associates. Implement outcomes evaluation protocol.	Pending	10/01/14
Cross training plan developed and implemented for BH Services	Identify dates to begin cross training MH and DADS staff in best practices in the treatment of patients with co-occurring disorders. Review model developed by DDCAT and prepare curriculum for training. Cross training program design and implementation in conjunction with the Behavioral Health Primary Care Work Group as per its AIM Statement and Work Plan.	Pending	12/01/14
Presentation for at least one major Conference on SUD and a hospital Grand Rounds	Conduct interest survey and provide at least one hospital grand rounds on a topic identified by primary care staff related to addiction medicine.	Pending	12/01/14
Implement/Coordinate the medical resident program in Addiction Medicine with SCVMC	Continue to meet with Stanford Med to collaborate on placement and supervision of interested physicians enrolled in the addiction medicine fellowship program. Coordinate service with VMC medical residency program. Placement at all AMT clinics, Valley Homeless and pediatric medicine.	Pending	07/01/14
Develop Submit Vivtrol Pilot for both jail and County outpatient clients	The Study will provide between 30-50 clients services in the first year.	✔	COMPLETED
Develop Integrated Care Partners Team (ICPT). Team will provide addiction medicine consultation to ambulatory care physicians.	Deployment of DADS addiction medicine staff for onsite consultation at the ambulatory care clinic sites	✔	COMPLETED

Objective	Activity	Status	Projected Date of Completion
Addiction Medicine Division (AMT) Con't.			
Develop pilot project and implement behavioral health (BH) services to non-cancer chronic pain management patients who are exhibiting addictive behaviors or are non-compliant with recommended dosage of pain medications and medical care plans.	Will provide evaluation of clients determined at risk with pain medication for abuse and addiction. All patients will be screened as to risk of abusing medications and provided a behavioral health pain management intervention. Patients will be linked to LCSW staff for specialty care addiction treatment and support. Goal is to reduce abuse of pain medications and patients incorporating behavioral changes into their daily activities that can address pain reduction through life style changes rather than with reliance on pain medications for the long-term treatment of chronic pain.	✔	COMPLETED Submitted a proposed expansion plan that is pending review
Implement collaborative BH services for SCVCMC Heart Failure Program	Placement of LCSW in the clinic to assist in patients developing -self-management skills and addressing substance use that is contra-indicate to stabilizing cardiac instability.	✔	COMPLETED
Expand BH service at the Tully and Medical Respite, and Moorpark clinics.	Provide LCSW SUDs clinicians to consult with physicians and take referrals for assessment and treatment of substance use disorders.	HOLD Pending review	Completed for Tully and Moorpark. Not completed at Moorpark due to clinic infrastructure problems trying to get resolved.
Introduce the screening, brief intervention and referral to treatment (SBIRT) model to the ED, Urgent Care, Trauma Center and other clinics at VMC	Common intervention that each physician will accomplish as part of medical appointment and make appropriate referrals for follow up by DADS staff.	HOLD	Not completed. Insufficient funds.
Develop formal consultation services through expanding the addiction medicine team of physicians available to consult with ambulatory and specialty care units.	Dedicated hiring of Addiction Medicine MD for use as specialty and consultation practices. DADs is develop internal enhanced revenues with AMT to fund this new position.	✔	COMPLETED Completed and available to HHS. Will roll out to psychiatry in 2014

Objective	Activity	Status	Projected Date of Completion
Adult Outpatient Division			
Increase 65% staff productivity in the County Outpatient Central Treatment & Recovery Program.	Implement a variety of changes to see which ones help achieve the objective. These activities may include: centralize scheduling of client appointments by the business office, utilize electronic calendar to show client counseling slots to be filled, expand daily treatment slot capacity as needed, remind clients of appointments to reduce no shows, have stand by appointments to fill no-show slots.	Initial Implementation	Date of completion 01/01/15 and then continued monitoring of changes
Work with Outpatient Contract providers to increase staff productivity to 65%.	Implement a variety of changes to see which ones help achieve the objective. These activities may include: centralize scheduling of client appointments by the business office, utilize electronic calendar to show client counseling slots to be filled, expand daily treatment slot capacity as needed, remind clients of appointments to reduce no shows, have stand by appointments to fill no-show slots.	Initial Implementation	Date of completion 01/01/15 and then continued monitoring of changes
Develop Intensive Outpatient Services for the AB109/Realignment/Criminal Justice clients.	Contract with FCS for these services by using AB109 funds they already receive. FCS will develop a curriculum for this program service for 20 clients at any given time. Clients will attend this program nine or more hours per week.	50% Completed	Date of completion 04/01/14 start up, program on-going
Implement SAMHSA grant contract for case management and transitional housing services for the Developmentally Delayed population in Drug Treatment Court.	Work closely with Judge Manley and the Developmentally Delayed Drug Treatment Court Team; enter into contract with provider to provide these services. Monitor and evaluate how program is working and report back to court and SAMHSA.	50% Implemented once implemented will be on-going	Date of completion 04/01/14 start up, program on-going
Develop and implement services for CDCR population at the Parole RRC. Work with CDCR and Director of ReEntry Resource Center to develop program.	Hire HCPMII, 2-4 Rehabilitation Counselors and MH Peer Mentor to staff the CDCR RRC. Implement policies and procedures for this new CDCR RRC.	50% Implemented once implemented will be on-going	Date of completion on-going FY14 & FY15
Fully implement AB 109 Reentry Reception Center with MH and Custody Health	Continue process of integrating DADS and MHD team at the RRC Map Center. Renamed the MAP Team to indicate behavioral health aspects, develop and implement an integrated assessment tool. Complete the development of Policy and Procedures for the DADS/MHD MAP Team.	70% Implemented once implemented will be on-going	07/01/13
Expand integrated services for adult population with co-occurring SUDS and MH presenting issues	Continue to meet with Adult Tx Work Group tasked with developing a behavioral Health Adult Treatment Division. Implement cross training as appropriate and relevant to creating a behavioral Health Department.	15% Completed on-going	07/01/13

Objective	Activity	Status	Projected Date of Completion
Adult Outpatient Division Con't.			
Sobering Station development and implementation	Community referral and ED discharge for simple inebriation patients. Currently seeking support and funding for the 2.2 million dollar operation.	HOLD	08/01/13
Bench Strength and Mentoring Management Staff			
Monthly management/leadership meetings with all CEMA staff chaired by Director.	Training presentations on innovative leadership practices and incorporation of strategic quality planning in all service development and improvement activities. Incorporation of CLT philosophy in activities.	Implemented	ONGOING
Children, Family and Prevention Services Division			
Develop prevention media use	Develop joint Behavioral Health Face book page. Develop Prevention site on DADS web page	20% Completed	Will be completed 07/01/14.
Implement unified Prevention contract monitoring procedures	Standard evaluation of all Providers. Common set of data sets to determine effectiveness of interventions.	90% Completed	07/01/14
Expand outreach to communities to engage them in planning and operations of CFPS services	Establishment of CFSP community planning stakeholders group to assist in advising of needs services within the respective communities.	✔	COMPLETED
Integrate the DADS/MH DADS juvenile hall treatment team under one manager	DADS/MH manager will integrate the two teams under common service structure.	80% Completed	Joint staff meetings occur. Integration will be completed 03/15/14
Complete and submit new Prevention Strategic Plan to State DHCS.	Community assessment of primary prevention needs in high-risk communities.	✔	COMPLETED
Review and adjust Three-Principles services in alignment with new Prevention Plan	Deployment of staff into SAMSHA defined Prevention Strategies.	✔	COMPLETED

Objective	Activity	Status	Projected Date of Completion
Compliance Office			
Review and update all administrative and clinical policies and procedures and ensure alignment with HHS P/Ps. Update all administrative and clinical P&Ps; ensuring alignment with HHS and MHD with the goal of developing consolidated Behavioral Health Services Policies and Procedures	Review and update with the Executive Group.	20% Completed	12/31/14
Contracts Administration			
Develop contracts unit policy & procedures for specific processes for contracts unit activities in an effort to document workflow for the Contracts Unit.	Draft peps and review to validate content and processes. Finalize to serve as resource for reference and cross-training.	90% Completed	07/01/14
Change contractor reimbursement to Case Rate Reimbursement	Collaborate with key staff (fiscal, management, data), to coordinate the development of contractor reimbursement process to change from actual allowable cost reimbursement to case rate reimbursement.	15% Completed	06/30/14
Re-bid ASOC services to be in compliance with 5-year re-bid per Board Policy Chapter 5.	Develop, issue, and complete RFP process for ASOC services which include all adult outpatient, residential, detox, and transitional housing unit (THU) services with management.	90% Completed	07/01/14
Re-bid Prevention - Information and Referral services to be in compliance with 5-year re-bid per Board Policy Chapter 5.	Develop, issue, and complete RFP process for Information and Referral services with management.	50% Completed	07/01/14
Prepare for integration of DADS and Mental Health Department.	Participate in workgroups and processes to bring awareness to DADS contracts unit operations and to identify area of similarity and uniqueness in contract responsibilities and workflow. Coordinate with workgroup members to focus on straight-forward contract activities to consolidate and to develop alternatives and/or resolution to contract activities that may not be as easy to consolidate without compromising the responsibilities of each individual Department.	15% Completed	01/01/14

Objective	Activity	Status	Projected Date of Completion
Covered California Unit			
DADS Financial Counselors to obtain Covered CA Enrollment Counselor Certification (CEC).	Complete 2 1/2 days of instructor-led training, 2 online modules, and final exam	✓	COMPLETED
Monitor Covered CA outreach and enrollment schedule for DADS treatment sites.	Beginning in February, CECs will be conducting 15 min group presentations on Covered CA at all Outpatient WTTs. In addition, 1:1 enrollment assistance will be provided for OP, RES and AMT clients.		ONGOING
Track # of Covered CA enrollments	Excel spreadsheet to track the # of Covered CA applications completed (online and paper) - DADS clients		ONGOING
Weekly Covered CA webinars	CECs will participate in weekly Covered CA webinars. The purpose of the webinar series is to provide new information and resources on Covered CA		ONGOING
Departmental Integration of MH and DADS			
Implementation of community Stakeholders group to review and endorse BH integration activities	Meets every six weeks as integration plans are developed by work groups for review and endorsement.	✓	COMPLETED
Develop integration plan for the Quality Improvement activities of the departments.	Plan was submitted and endorsed by Stakeholders for integration operations.	✓	COMPLETED
Develop integrating plan for Administrative Services	Plan is complete. Integrate contracts and other regulatory and HR activities into one unit.	✓	COMPLETED
CJS Integration	Work groups are meeting regularly.	✓	COMPLETED
Adult Integration	Work groups are meeting regularly.	25% Completed	07/15/14
Children, Family and Prevention Services Division Integration	Work groups are meeting regularly.	50% Completed	01/01/15
Homeless and Housing Services	Work group is meeting to determine plan.	30% Completed	01/01/15

Objective	Activity	Status	Projected Date of Completion
Linkage of Executive Leaders to Budget Process			
Budget process is transparent with each director and agenized for regular review and discussion at the Executive Group meetings.	Financial Reports distributed and managed by respective division managers.	✔	COMPLETED
Streamline and align all services into integrated BH model.	Develop master departmental strategic plan.	Pending	07/01/15
Joint monthly labor management meetings to discuss improvement in client services and address line-worker involvement in CQI activities.	CQI teams have been development and supported by executive team.	✔	COMPLETED
Quality Improvement and Data Support Division			
Integration	On-going. The Quality Circle was developed, presented, received Steering Committee endorsement and is finalized in the BOS report on Integration. Staffing plan and organizational development to be presented by March 10th. Awaiting staff position reconciliation and addressing space issue (possible solution exists). On Schedule.	75% Completed	07/01/15
Implementation of Concentric IS.	EHR: Weekly project meetings occurring regularly. Next milestone is March 11th-15th: onsite workflow reviews and pre-validation planning. Work teams have been formed and are producing specifications. (Slow but on schedule). EDI: Data dictionaries are completed. Hardware specs established. Hardware acquisitions and set up on schedule. (Fell behind schedule).	35% Completed	12/30/14
Establish consistent service productivity standards that are managed through bi-weekly management reports for both county and contract operations	Completed--Report development, staff training, implementation of reporting process all complete. Completed--On-going productivity reporting operational	✔	COMPLETED
Implement outcomes measurements for all divisions compatible with 2014 standards.	On-going but nearing completion. Process measures for OP are developed, tested, and in early production (we can produce them but they are not automatically populating a "dashboard" quite yet). Residential measures require final approval and then will need to be put into production. Slow but on schedule.	70% Completed	07/01/14

Objective	Activity	Status	Projected Date of Completion
Quality Improvement and Data Support Division Con't.			
Develop Transitional Housing Certification process and take over operation from the District Attorney's Office. This includes certifying all staff and Residential modality as well as THU.	Annual review and certification of all THU's within Santa Clara County who receive referrals from the various county departments. We have to certify all new applications as well as yearly review. For entire County--not just DADS Contracts.	90% Completed	07/01/14
Revise Utilization Management P/P to reflect 2014 standards including management reports on client service levels.	On-going. Development has been affected by DADS involvement in the Duals Project making revisions and additions necessary. As Duals project and addition of Health Plans evolves the content and scope of utilization management for DADS grows considerably. This is an on-going work, especially when you factor in the integration process. On schedule.	60% Completed	04/01/14
Research and Outcome Measurement Division			
Develop executive dashboard for substance abuse treatment	A test dashboard was created and is being refined for regular updates to the Executive Group	✔	COMPLETED
Complete evaluation of CRM project	The CRM evaluation will be completed in the next few months. This will enable the department to assess how best to proceed with a post-discharge modality for clients	25% Completed	07/01/14
Develop a database to capture the AB109 client flows through the MAP center	Hire a MISA to design and implment a database for the MAP center, roll out a provisional database by first quarter of next fiscal year	50% Completed	09/30/14
Evaluate the Heart Failure Study project	A grant was submitted to UCLA to study the effect of brief intervention on readmission rates of heart failure patients post discharge	50% Completed	02/01/14
Work on implementing the Quality Circle	Working with staff to complete a staffing plan for the Quality Circle units. Other work includes consulting on designing each unit, with the areas of responsibility and key tasks.	75% Completed	06/30/15
Create a Integrated Behavioral Health workgroup to integrate treatment ideas to staff and discuss how integrated treatment protocols can be reflected in the EHR	Established a new meeting to discuss linkages between the proposed integration plan and the electronic health record.	50% Completed	07/01/15

Objective	Activity	Status	Projected Date of Completion
Research and Outcome Measurement Division Con't.			
Support Behavioral Health integration through consultation and research	In the process of setting up the DDCAT training to train the system in assessing dual diagnosis capability. This will assist in planning purposes	50% Completed	04/30/14
Develop common performance measures for an integrated BH department	Local and National standards for outcomes and process standards of SUDS/MH services are being tested to create an executive dashboard	40% Completed	07/01/14
Develop county wide-data sharing protocols for the purposes of improving services in the health and hospital system	The AB109 project will serve as the 'pilot' case for developing protocols and MOUs for data sharing for the purposes of service improvement, developing common data definitions and effectiveness analysis of multi-agency programs.	25% Completed	07/01/14
Develop and implement framework for a data-driven decision making organization that meets "Better Health for All" vision of county. This involves developing a set of consistent performance measures for staff & management.	Working to revise Provider Overall Performance (POP) measures, annual performance measures for OP and residential tx and reconciling these measures with those designed for an executive dashboard. Will finalize the measures for next fiscal year and next RFP cycle.	25% Completed	07/01/14
Create an office of translational research that will take the lead in adapting EBPs to the population served by the Behavioral Health Department	The relationship with San Jose State University will be formalized to collaborate on projects of mutual benefit- draft agreement will need to be reviewed by EG and County Counsel	25% Completed	04/30/14
Provide consultation to departmental and other stakeholders regarding evaluation, data collection strategies and other methods to assess the effectiveness of county provided services	Work with staff as a consultant on a variety of projects from tracking clients, to creating standards to measurement and reporting.		ONGOING

N. Peña – FY14 Performance Objectives and Performance Measures

Strategic Aim	Objective	Performance Measure
I. **Expand capacity for new Medi-cal, Medicare and other insured;**	A. **Establish Behavioral Health** contracts/agreements for Medi-Cal, Medicare (Duals Demonstration) and Exchange Medical Health Plans (SCFHP, Anthem Blue Cross and Family Health Plan);	• July 2014 – all contracts completed;
	B. **Obtain Board approval and expand capacity** within MHD/DADS contracts 200 referrals per month; capacity for 1,000 additional clients per year;	• July 2014 – **1,000 new capacity in place;**
	C. **Implement Katie A services** for Foster Care referrals through RFP and expansion to estimated 600 youth;	• July 2014 – **600 new capacity in place**
II. **Integrate substance use and mental health specialty systems**	A. **Call Center** – Redesign, relocate, establish leadership and implement new Behavioral Health Call Center;	• July 2014 – Call Center implemented; calls tracked and reports generated;
	B. **Administration** – Consolidate contracts, personnel, facilities, finance and compliance functions; and obtain all ESA, Labor and Board approvals; Establish position for Health Plan Manager;	• July 2014 – New Admin structure and leadership successfully implemented;
	C. **Quality Improvement and Decision Support** – Consolidate staff and integrate functions to establish integrated Improvement of new Integrated BHD;	• July 2014 – New QI Division in place;
	D. **FY15 Budget** – Recommended budget jointly completed; New recommended budget chapter designed and written; consolidated budget presentations;	• July 2014 – Integrated BH in place in BOS budget process structure;
	E. **Behavioral Health Board** – modify Mental Health Board bylaws in collaboration with County Counsel and submit to Board of Supervisors for approval.	• August 2014 – Initiate newly expanded Behavioral Health Board;

Strategic Aim	Objective	Performance Measure
	D. **High User Initiatives** –a) continue P4P development to improve outcomes for individuals with MH/SU who are frequent users of the VMC and other emergency rooms; b) implement Acute Services High User Pay for Success Initiative;	• July 2014 – P4P Data report on first 100 completed; • January 2015 – PFS initiative implemented;
	E. **Expanded Crisis Response System** – Successfully compete and acquire SB82 funding to develop Crisis Triage workers; Mobile Crisis Teams, Crisis Residential, and Crisis Stabilization Services in East and South county regions and to reduce acute and emergency utilization and cost;	• July 2014 – New contracts for Crisis Services established;
	F. **Person-Centered Care Initiative** – Design and implement a Behavioral Health initiative to measure and improve client experience and person-centeredness of the new BHD.	• July 2014– design completed and initiative launched;
	G. **Screening, Assessment and Client Progress Tracking System** – Pilot a new tool to screen, refer, assess, and measure client clinical needs and progress. This tool will provide an electronic tool to track client need, risk and clinical progress over time.	• July 2014 – implementation designed and pilot launched.