

**Report to the San Mateo County Board of Supervisors:
Recommendations for a
New Behavioral Health and Recovery Services Division**

Goal

To improve health and behavioral health outcomes for consumers and families with substance use and abuse, mental illness, and those with co-occurring disorders through the consolidation of Mental Health and Alcohol and Other Drug Services into an integrated Behavioral Health and Recovery Services Division within the Health Department .

Introduction

The public health consequences of inadequately treated mental illness and substance use/abuse—including medical and social costs and risks—is significant. It is therefore critical that we create a system of care for both mental illness and substance use/abuse that maximizes opportunities for effective treatment, collaboration, and the leveraging of resources. There is a growing national consensus that when mental illness and substance abuse disorders are treated within closely aligned systems of care, the clients served benefit from the shared understanding, perspectives, and approaches available in both fields of treatment. Moving Alcohol and Other Drug Services (AOD) to the Health Department expands the opportunity to view AOD issues from a disease model perspective. Further, such alignment improves the ability of the system to recognize and treat those with co-occurring mental health and substance problems. It is a principle of both mental health and substance abuse treatment that intervention in and treatment of each of these disorders improves clients' lives. What is less well known is how difficult it is to treat either mental illness or substance abuse effectively when it co-occurs with the other disorder, unless the co-occurring disorder is also addressed.

In 1992 AOD was transferred from the Health Department to the newly created Human Services Agency (HSA) to maximize collaboration with various social services programs. During the past several years Health and HSA representatives have worked together on a number of projects and initiatives, including Partners for Safe and Healthy Children, Health's Roadmap for Alcohol, Tobacco and Other Drug Prevention, and AOD's Strategic Directions 2010. In 2006 the Health Department agreed to provide \$860,000 to AOD for the period March 1, 2006 to June 30, 2008 to support enhanced services delivered by AOD providers to individuals with co-occurring disorders and to support a clinical consultant to provide program development and quality improvement technical assistance to both AOD treatment providers and County departments. As a part of the work to improve services for co-occurring disorders, AOD, MH, and stakeholders have been engaged for more than a year in an energetic change process. During this process it has become increasingly clear that all MH and AOD clients, their families, and our communities would be better served by an organizational structure that locates AOD programs within the Health Department and closely aligns the two service systems. Such a shift would provide increased access to health care for AOD clients, improve services for high need/high-risk populations who have complex health as well

as behavioral health needs, enhance opportunities for viewing AOD issues from a disease model/wellness and recovery care management perspective, and promote more closely integrated services for people with co-occurring behavioral health problems.

Early in 2007 the County Manager directed HSA and Health to explore the options available if AOD were to be transitioned to the Health Department. This report and recommendation to consolidate Alcohol and Other Drug Services and Mental Health into an integrated Behavioral Health and Recovery Services Division within the Health Department represents the findings and conclusions of several months of collaboration and planning between HSA and the Health Department. Led by Assistant County Manager David Boesch, staff from the Human Services Agency and the Health Department have provided oversight for development of the initial design and a work plan based on the concerns, issues, and recommendations of many organizations and stakeholders.

While the recommendation is to make some organizational changes quickly to provide a structure to support longer-term change, it is also recognized that service delivery changes must be phased in selectively and more deliberately to maximize the benefit to clients, their families, and communities to ensure continuity of care.

Recommendations

It is recommended that a Behavioral Health and Recovery Services Division of the Health Department be established combining the assets of AOD and Mental Health to address the challenges and maximize the opportunities identified below including improving client access to health care as supported through collaborations with Health, San Mateo Medical Center, and the Health Plan of San Mateo. Along with other members of the Health Department, the new Division will continue to partner with the Human Services Agency on cross-cutting prevention and early intervention strategies.

The following working principles and parameters, phasing, and first year “wins” for the organizational consolidation emerged as a result of conversations held with stakeholders about what would make the proposed change most meaningful.

Working Principles:

- Preserve and enhance quality care for youth, adults, and families with discrete disorders and maximize access to integrated services and care management approaches for those with complex behavioral health and other health problems.
- Respect and include AOD and MH stakeholders in the process including consumers, family members, providers, and staff.
- Honor AOD and MH values including commitment to cultural competence and reduction of health disparities.
- Assure continuity of existing service levels and consumer-provider relationships during transition.

- Promote mental and emotional health and prevent substance use and abuse.
- Honor and build on the successful collaboration between AOD and MH for the Co-Occurring Disorders Initiative.
- Use current understandings of best practices for mental illness and substance use disorders and approaches for recovery and wellness as basis for San Mateo County behavioral health model.

Process Parameters:

- Improving consumer outcomes is the major impetus for this process. Focus in the planning will be on identifying meaningful improvements in service delivery for consumers/family members and members of the workforce.
- Develop and implement individual, family, community, and population-based strategies for promoting mental and emotional health and preventing substance use and abuse, within the broader Health Department framework for prevention and early intervention planning.
- Develop and support early, open, and ongoing communication/dialogue about the change for all stakeholders.
- Go quickly, go slowly: fuel the change process with 100-day wins as early opportunities to demonstrate benefits. Leverage complementary strengths; proceed more cautiously in higher risk areas.
- Identify a starting point for new division (interim organizational structure) that will support progress toward short- and long-term goals and a permanent organizational structure. This should incorporate:
 - Need for ongoing planning and management function that promotes dialogue/communication.
 - Need for consumer/family advisory function to the planning that represents AOD and MH and dual constituents.
- Approach the organizational change process through a project-focused quality improvement lens. Identify with stakeholders opportunities for people to work in teams across organizational lines to solve shared problems with minimal disruption to ongoing functions. Possibilities include:
 - Co-Occurring Initiative milestones;
 - Collaboration between MH Access Team and AOD assessors to improve access/entry processes;
 - Joint planning for new information technology system and management information requirements;
 - System planning related to frequent users, populations, or geographic regions;
 - Joint planning for selected Requests for Proposals.

Phasing:

- **Proposed interim organizational structure** (attached chart) moves AOD Director with existing AOD organization (comprised of 32 staff and 25 contracted providers serving more than 4,000 clients annually) to report to the proposed Behavioral Health Director. AOD and MH fiscal and contract staff will be integrated. Further changes to the organizational structure will be evaluated this year for possible implementation in FY 2008-09.
- **Budget:** AOD's \$17.9 million budget will be moved to the Health Department, which will be reflected in the budget recommended to the Board of Supervisors in September. AOD will become a program unit of the new Behavioral Health and Recovery Services, which will also include the three program units of the current MH Division.
- **Office space:** Identify space at 225 37th Avenue, San Mateo, for initial move of AOD staff.
- **Transition plan for technology-related support** will be established through a Memorandum of Understanding (MOU) with the Human Services Agency and ISD.
- **Planning for new technology will include consideration of AOD** technology and management information requirements.
- **Health Department and Human Services will collaborate on** Phase II Data Store initiative that adds Human Services-AOD data to the Health Client Data Store (HCDS).
- **Transition plan for finance-related technical assistance** continuing after the budget transfer for FY 2007-08 will be established through MOU with Human Services Agency.

100-DAY WINS

- Create forum for AOD and MH providers to support collaboration.
- Create MH/AOD Transition Advisory Group (TAG) comprised of key stakeholder representatives to provide input into transition and programmatic issues.
- Map AOD Strategic Plan, MH Strategic Plan and MHSA Plan services, strategies and desired outcomes and identify shared goals/objectives.
- Achieve Co-occurring Milestones—following already established timeline:
 - Continue co-occurring self-assessment process of MH and AOD organizations.
 - Establish Access/Welcoming policy/procedures for both MH and AOD providers that include partnership strategies.
- Demonstrate unified community engagement processes:
 - Expand MH same day access pilot project that commenced in East Palo Alto to include a behavioral health focus. Expand the advisory group to this process to include more providers and consumers and to add behavioral health outcome measures.
 - Implement satisfaction survey of client experience of navigating/accessing services.
 - Identify community education/outreach initiatives that will increase awareness of addictions as well as mental illness.
- Opportunities to promote collaboration through AOD Strategic Plan:
 - Child/youth—introduce EPSDT Medi-Cal to AOD Providers.
 - Homeless/adult criminal justice--Pathways, Jail Overcrowding, Jail Reentry.

200-DAY WINS

- Create Behavioral Health mission and values statement.
- Identify opportunities to align and coordinate prevention, access, early intervention, treatment, and recovery services.
- Implement Faces for Recovery for AOD consumers and family members using MH peer advisors as consultants.
- Recommend next phase of Behavioral Health organizational structure.
- Conduct check-in with key stakeholder groups on how the transition is working and seeking recommendations.
- Begin Quality Improvement workgroups around shared priority populations.
- Human Services Agency and Health Department to collaborate through data store technology on analysis of overlap and discrete populations to support continued planning/needs assessment.
- Identify Outcome-Based Management measures for FY 2008-09 budget that reflect priorities for Behavioral Health services and administration.
- MHSA Workforce Development/Training:
 - Conduct joint planning process for new workforce development/training resources.
 - Support cross-training collaboration among AOD and MH providers.

300-DAY WINS

- Establish improvements for contractors including a more integrated contracting process and coordination/consolidation of contract monitoring.
- Issue a report to the Board of Supervisors on the status and progress of the consolidation.

Background: Challenges and Opportunities

There are numerous challenges for both AOD and MH in meeting their respective mandates which include serving people with discrete substance abuse or mental health disorders as well as those with co-occurring disorders.

- **Significant unmet need in both populations:** Alcohol and Other Drug Services Division reported that only one in five people in need of substance abuse treatment in San Mateo County is able to receive services. There is also significant unmet need among priority populations for Mental Health with the most recent estimates of unmet need for mental health services including ethnic and linguistic minority populations and a new and growing focus on older adults. During any annual period, 60% of individuals with a mental disorder receive no treatment.
- **Priority populations for public services:** Within their specific mandates to serve persons with serious mental illness, serious emotionally disturbed and substance use/abuse disorders, MH and AOD both prioritize services to youth and adults involved in the justice system, homeless people, and dependents of child welfare, all of whom are highly vulnerable.
- **Prevalence:** It is estimated that as many as 70% of persons with a serious mental illness have a co-occurring substance use disorder. For persons with a substance abuse disorder approximately 40% have an accompanying psychiatric disorder.
- **High risk:** While mental health disorders and substance use disorders are each extremely disabling and relapsing conditions, when individuals have both serious mental illness and substance abuse as co-occurring disorders, they often have poor treatment outcomes. These individuals are among the highest cost, highest utilizing populations served in behavioral health, health, and correctional systems. They are more likely to relapse, are high users of medical emergency rooms with frequent hospitalizations, are more likely to be homeless, and are often involved in the criminal justice system (Minkoff and Cline, 2004, p.8).
- **Differences in treatment philosophies and approaches:** Despite historical differences in philosophy and treatment approaches in the MH and AOD fields, there is an increasing acknowledgement of the importance of integrating philosophical and service strategies to include the strengths of both social model and medical approaches. This is strongly supported by the emerging research on the biological basis of both mental illness and serious substance abuse as well as the importance of recovery and chronic disease management in both substance abuse and mental health.

- **Disparate funding streams:** Major federal and state mental health and drug and alcohol revenues have distinct administrative and regulatory requirements, processes, and even information system technologies that have made it more difficult to blend funding for integrated approaches. Provider agencies that offer both mental health and drug and alcohol programs thus have an added administrative burden in responding to two sets of requirements. There is, however, a developing federal and state commitment to support integrated services—including blended funding.
- **Federal and state support to reduce or eliminate barriers to integrated behavioral health service delivery:** The federal government sponsors a large co-occurring initiative through the Substance Abuse and Mental Health Services Administration. The State Departments of Mental Health and Alcohol and Other Drugs are co-sponsoring a Co-occurring Disorders Task Force to promote integrated services approaches and reduce administrative, fiscal, and system level barriers.
- **Emerging best practice models for treatment:** There is growing research and understanding of effective mental health and substance use treatments as well as integrated treatment for those with co-occurring disorders. San Mateo Mental Health and Alcohol and Other Drug Services have been engaged for almost a year in implementing the most widely recognized evidence-based practice model for effective treatment of people with co-occurring mental health and substance use with consultation from its creators, Ken Minkoff, M.D. and Chris Kline, M.D. of Zia Partners. In this model, “co-morbidity is an expectation not an exception,” and the goal is to establish a minimum level of competence to recognize and treat co-occurring disorders among all providers regardless of their primary training and focus. The emphasis is on welcoming and engaging people who are seeking help and working with them to secure needed services.
- **Opportunities for Prevention**
AOD funds prevention efforts as part of its federal block grant. A request for proposals that supports the *Roadmap for Alcohol, Tobacco, and Drug Prevention* is currently in process. Later this year MH will apply for funding for prevention, as part of the Mental Health Services Act. An opportunity exists within the proposed Behavioral Health and Recovery Services Division to integrate these efforts to create and implement a more comprehensive prevention strategy in conjunction with the Health Department and Human Services Agency.

San Mateo County's capacity to improve outcomes for people with mental illness and substance use/abuse will be enhanced through the creation of a Behavioral Health and Recovery Services Division of the Health Department. The new Division will be well-positioned with its partners to maximize opportunities for effective treatment, collaboration, and the leveraging of resources to create a more seamless system of care for San Mateo County consumers, families, and communities.

Citation:

Minkoff, Kenneth, M.D. and Cline, Christine, M.D. "Comprehensive, Continuous, Integrated Systems of Care for Individuals with Co-occurring Disorders." *Psychiatric Clinics of North America*, 27(4): 727-43, 2004.