

Santa Clara County Behavioral Health Integration Executive Directors/Division Directors Team CHARTER

Project Description:

Aim

[In collaboration with key stakeholders, develop and implement a plan to] **fully integrate the county's behavioral health vision, values, approach, infrastructure, systems, processes, services and supports** to:

- Support the HHS Vision and Strategic Priorities
- Recognize the frequent co-occurrence of mental health and substance use disorders
- Better meet the needs and expectations of current and future consumers and their families
- Focus on prevention and early intervention
- Be prepared for ACA implementation and full collaboration with primary care doctors
- Merge the perspectives into a broader model of integrated care and apply best practices to our work with those with single and dual diagnoses.

Project Goals

1. Increase consumer satisfaction with and experience of care
2. Improve consumer outcomes
3. Increase efficiencies in service delivery and administrative processes
4. Align efforts across providers to deliver effective and coordinated care

Project Objectives

1. Work in functional area teams to develop recommendations for effective and timely consolidation of two departments into one integrated department by June 2013.
2. Work together to discuss and agree on a cohesive set of recommendations to optimize the process and success of the integration by June 2013.
3. Present recommendations to the Steering Committee and make refinements according to their input and recommendations by June 2013
4. Proceed to implement the plan once fully approved, with continuous monitoring and adjustments as needed, with integration complete by June 2014.

Strategic Business Alignment

This project is in complete alignment with the SCVHHS's Strategic Plan and the SCVHHS Roadmap: Vision, Core Objectives and Major Strategies and Priorities and is one of the Roadmap's 10 Projects. It is also fully aligned with the current missions of the Mental Health Department and the Drug and Alcohol Services Department.

Sponsors:

Board of Supervisors (President Yeager)
Deputy County Executive Rene´ Santiago

Project Managers:

Bruce Copley, DADS Director
Nancy Pena, MHD Director

Prioritized Project Variables 1-4 (based on sponsors expectations):

3 Time	4 Cost	1 Quality	2 Scope
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Target Population:

Current and future consumers of Mental Health (MH) and/or Substance Use (SU) services and their families; those at risk of developing MH/SU conditions in the community; system partners in service delivery; and the broader community.

Project Tactical Approach:**STRUCTURE:**

- **Chairs:** Directors, Santa Clara County MHD and DADS
- **Steering Committee Members:** see separate list of invitees
- **Work Group Members:** Subject matter experts, Division Director leads, and others as appropriate and needed
- **Staff Support:** Decision Support, Quality Improvement and Quality Assurance/ Compliance Staff from the Learning Partnership, and MIG, Inc.
- **Meeting Frequency:** Steering Committee: Monthly (2 hrs) for four months; ED/DD Team: Bi-monthly for as long as needed for planning, coordination and implementation until June 2014
- **Decision-Making & Roles/Responsibilities:** All decisions or other outcomes associated with each topic will be clearly documented in meeting notes. The Steering Committee, ED/DD Team and each Work Group will have clear decision-making parameters. Work groups recommend to the ED/DD team who presents consolidated recommendations to the Steering Committee for review and input. Final decisions rest with the County Executive and the Board of Supervisors.
- **Work Groups:** Ongoing with regular reporting to the ED/DD Team and Steering Committee
 - **Work Groups Charters:** Each work group will develop its own charter, including integrating the client voice, and then submitted to the Steering Committee for approval. This will include scope, outcomes and parameters.
 - **Standing Committees:** Any 'work group' that meets on a permanent, ongoing basis will be considered a "Standing Committee"
 - **Work Group Processes:** ED/DD and Work Group leads will promote real-time interaction amongst work groups. ED/DD will empower those groups to develop and proceed with execution detail that is not at the policy level.
 - **Work Group/Standing Committee Reporting:** Work Groups and Standing Committees will have a template for reporting their progress and presenting recommendations to the ED/DD Team and then on to the Steering Committee.

Proposed Start & Completion Dates:

Start date: June 2012	Completion date: Planning: Dec 2013; Implementation: June 2014
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Estimated Budget:

Project Costs (one-time):	New Program Costs (operational):
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Major Milestones / Deliverable Components

<u>Milestone/Deliverable</u>	<u>Target Date</u>
1. High level outline and organization of department positions and first wave of personnel changes;	June 2013
2. Agreement on the desired model of integration	June 2013
3. Plan for integrated support services and basic infrastructure	June 2013
4. Implementation of integrated administrative and support services	Dec 2013
5. Full plan for integration of all other functional areas	Dec 2013
6. Full integration of all functions	June 2014

Key Risks / Conditions / Assumptions:

1.
2.

Comments:

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Approval

<u>Name</u>	<u>Title</u>	<u>Date</u>