

Frequently Asked Questions (FAQ's) about the MHD-DADS

Integration

Revised 4-16-14

What is integration?

In Santa Clara County, a new system of care was recently approved by the Board of Supervisors (BOS).

The new Behavioral Health System will help people get the care they need. It will provide a seamless treatment experience for consumers. They will no longer have to choose between mental health services or drug & alcohol services as their entry point for care and treatment.

Why are we integrating?

This effort was started in response to Federal and State trends towards the integration of the Departments of Alcohol & Drug Services and Mental Health Department. The County of Santa Clara Board of Supervisors (BOS) requested that DADS and MHD develop a plan for the integration of the two departments into a single behavioral health system. The two departments spent over a year researching and developing a plan in diverse Work Groups. The BOS approved the final plan January 28, 2014.

A unified delivery system of substance use and mental health services means consumers will be able to get treatment without barriers.

As part of the integrated Santa Clara Valley Health and Hospital System (SCVHHS), our integrated department will be supporting the SCVHHS Strategic Roadmap vision of *Better Health for All*.

What are the five core themes of integration and how do they relate to the work we do?

Here is one way to consider how these five strategic themes will help SCVHHS achieve its core objectives, and how your own work will add synergy and direct value to all our efforts:

1. System Integration will deliver better quality and cost effective care;
2. Staff Engagement (your active involvement) will improve the engagement of medical staff and all employees in the change process, as well as align work with the strategic direction;
3. Culture of Accountability will increase ownership of all employees to meet and exceed stakeholder outcomes and core objectives (yours and our customers);
4. Unified and Integrated Managed Care Strategy will improve the sustainability of the healthcare safety net by strengthening strategic partnerships; and,

5. Transforming Communities for Better Health will strengthen our partnerships with key sectors and residents in our communities to build environments that support healthy living and choices.

How is integration related to Health Care Reform (HCR) and outcomes?

As part of the larger SCVHHS, we will strive to achieve the following critical outcomes:

- Become a high performing and integrated health system;
- Be more accountable and transparent;
- Deliver timely, efficient, effective, and equitable care;
- Advance innovation, evidence-based practices, and learning;
- Provide access to safe and quality patient/person centered care at reasonable cost;
- Provide excellent patient, customer, and community service;

Who will lead integration implementation?

The primary group that will lead integration implementation consists of the Division Directors from both departments and is co-chaired by Bruce Copley and Nancy Pena, with assistance from Carolyn Verheyen of MIG, Inc. This group is called the Executive and Division Directors Group (or Joint EDDG).”

Now that the *Behavioral Health Integration Plan* has been approved by the BOS, the EDDG will proceed to implement the plan with continuous monitoring and adjustments, as needed, with integration complete, *or well on its way*, by June 2015.

What is the overall vision and guiding principles of the new Behavioral Health Services Department?

The desired end state is that all consumers of the new Behavioral Health Services Department have a primary health home that offers access to both primary-care based behavioral health support. These consumers will also have seamless access to an array of specialty mental health, substance use services, co-occurring treatment and support provided by an integrated team of professionals.

Are there Best Practice models of integration that we can learn from?

Yes, we are informed by targeted research and are open to learning from other counties that have successfully integrated their services.

In June 2013, the Integration Models Work Group recommended, and the Steering Committee adopted, a hybrid model of integration based on elements of two behavioral health integration frameworks. These were the Comprehensive continuous Integrated System of Care (CCISC) and the Evidence Based Treatment (EBT) Kit, developed by the Substance Abuse Mental Health Services Administration (SAMHSA).

How will employees be impacted by these changes?

The specific executive, management, and line staff functions within each of the functional areas will be determined through an analysis of current positions.

This will be a major task of the implementation plan to be launched upon approval from the BOS to proceed with implementing the new organization.

A special Task Force is proposed and will consist of labor, management, physician, RN, Employee Services Agency, and Executive Management. The Task Force will address staffing and related changes that will be required with implementation of the Integration Plan to insure that appropriate contractual obligations are fulfilled.