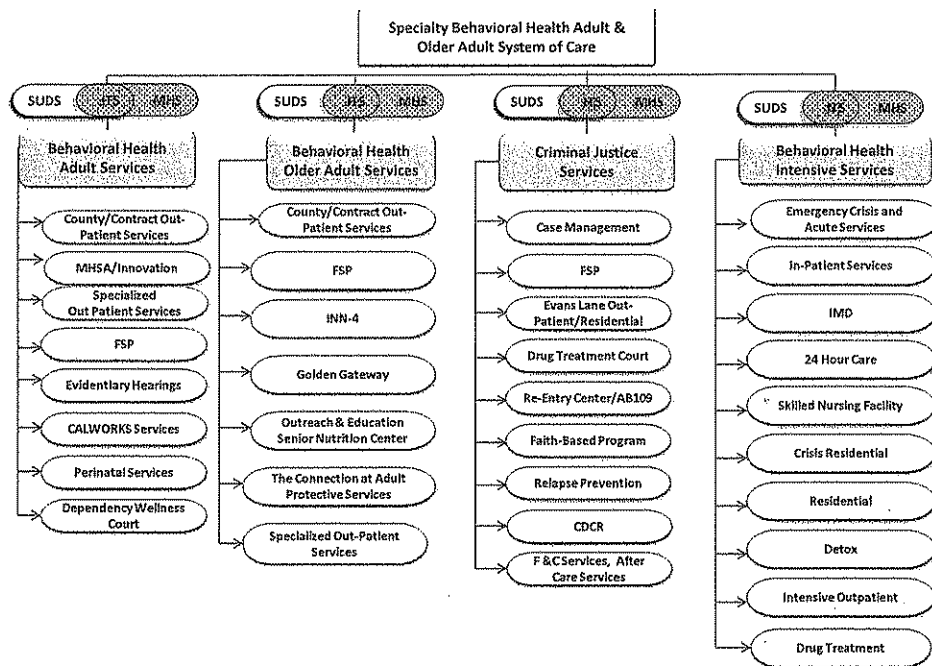


assessment from an integrated treatment specialist therapist rather than two therapists, which will result in a better client experience. Based on client experiences during the pilot activities, DADS and Mental Health propose to move forward toward an integrated youth system of care by July 1, 2014, that will result in improved client care and client experience.

H. Adult, Older Adult, Criminal Justice Treatment and Support Services

The proposed organization of the Adult and Older Adult specialty system is organized around continuums of care for four large populations of adult clients. These continuums will be continuous both laterally and horizontally, according to the needs of the adult populations served by the new integrated system.



Adult and Older Adult System

Planning Process and Rationale

The Adult and Older Adult Services Work Group (A/OA Work Group) members consisted of Program Managers, line staff, SEIU members, community-based organization service providers, and a client that has received services from both the MHD and DADS. The Work Group accomplished the following tasks:

- A. An inventory of Adult and Older Adult Services available to MHD and DADS;

- B. A resource guide for DADS and MH staff;
- C. Geo-mapping to assist in determining appropriate locations of integrated service centers;
- D. An integrated screening tool to be piloted at the AB 109 Re-Entry Center; and
- E. A Behavioral Health integrated services matrix.

As with the Family and Children/TAY Work Group, the A/OA Work Group incorporated the “four-quadrant” model as a basis for the development of service tracks, however, the proposed structure was influenced by several additional factors:

1. Since the integrated division will be responsible for serving Adults and Older Adults, the system must consider the Adult and Older Adult lifespan.
2. An integrated system must consider the system partners that have contact and service relations with the populations. This included Probation, Social Services and primary care services.
3. In addition, client acuity and service intensity were considered in order to ensure that a comprehensive system of care ranging from state hospital, long-term locked hospitalization (i.e., Institutions for Mental Disease), unlocked residential (crisis, transitional and detoxification facilities) are available to clients.
4. While all programs of the system provide access to integrated behavioral health services, the integrated Adult and Older Adult system will provide targeted services to clients in all four quadrants of the Quadrant Model, the cornerstone of the hybrid integrated system framework.

The integrated Adult and Older Adult Behavioral Health Department will include mental health specialty services, substance use services, and co-occurring services for Adult and Older Adult clients who have both mental health and substance use diagnoses. Clients will be referred to the appropriate County site or contractor who will best meet their needs. MHD and DADS Programs providing similar types of services will be grouped together in one of four service areas; 1) Behavioral Health Adult Services, 2) Behavioral Health Older Adult Services, 3) Behavioral Health Intensive Services, 4) Criminal Justice Services.

The final consideration is the development of a “Seamless System of Care.” This care system is based on the concept of “no wrong door.” It allows for a client to receive all necessary treatment with a consistent care team and to receive higher and lower levels of care in an integrated fashion. The following describes the four “divisions” identified in the above chart:

Behavioral Health Adult Services will include the current specialty care populations that the two departments traditionally serve. These populations are the seriously mentally ill and the

chronically addicted population. Many of these clients exhibit both mental illness and substance abuse. The prevalence of co-occurring disorders in this population is between 30% and 50% of the served clients.

Behavioral Health Older Adult Services will serve individuals age sixty and older with integrated behavioral health services. This is a growing and currently underserved population within the current departments. The services will be integrated with the primary care health system and the outreach and support services currently provided by the Social Services Agency in the Adult Protective Services Department. Elder services will emphasize case management and social support development that will address elders who have lost contact with friends, family and community activities.

Behavioral Health Intensive Services will include the residential services that are provided to clients that need 24-hour care to address their chronic MH and SUD symptoms. These services will provide wraparound services with the goal of stabilizing MH/SA symptoms in as short a time as possible and returning clients to community support services. The population has a high prevalence of co-occurring disorders that require a full assessment and determination of which presenting issues need to be addressed in the residential setting and which can be initiated once the clients return to community care.

Criminal Justice System of Care Services will include all of the current activities associated with the services provided to the Superior Court's criminal and dependency treatment court clients. This population has the highest prevalence of co-occurring disorders among the population served in the departments. The development of the AB 109 services has accelerated the integration of the two departments. With the multi-service Reentry Resource Center, the departments integrated the clinical assessment staff under one manager. It is a collaborative effort of multiple departments that includes Probation, Parole, Social Services, housing, medical, MH and SUD services. It is the first example of an integrated mental health, primary health and substance abuse treatment component.

Work Force Development will be an important aspect of the new integrated Adult/Older Adult system and will include development of Integrated Treatment Specialists (ITS) with dual competencies necessary to work with the co-occurring client population with both MH and SA problems. These staff will receive specialized training in both mental health and substance use treatment in order to become Co-Occurring Disordered Enhanced (COD-E) qualified, thus allowing staff to treat clients who have both mental health and substance use diagnoses. This competency will support the aim of providing "person-centered" recovery services. Trainings will focus on evidenced-based practices for working with this population

I. VMC Acute Emergency and Inpatient Psychiatric Services