COUNTY OF SANTA BARBARA
Sesquicentennial 1850-2000
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James L. Broderick, Ph.D.
Director

August 23, 2001

Honorable Rodney S. Melville
Presiding Judge
Santa Barbara County Superior Court
312-C East Cook Street
Santa Maria, CA 93456

Mr. William L. Cathey
2000-2001 Grand Jury Foreperson
1100 Anacapa Street
Santa Barbara, CA 93101

Dear Judge Melville & Mr. Cathey:

I would like to take this opportunity to thank and commend the work of the Fiscal Year 2000-2001 Grand Jury for the many hours of time and effort that went into reviewing the operation of the Alcohol, Drug and Mental Health Services (ADMHS) Department. The Grand Jury's commitment to quality service delivery, improved staff morale, and better facilities for ADMHS clients and staff is much appreciated. As the new Director, I am pleased to have the opportunity to respond to the findings and recommendations of the Grand Jury's Report on *Mental Health Services.*

My responses to the Report may be better understood within the context of the nature and structure of ADMHS services in Santa Barbara County, the funding of mental health services in the State of California, pressing fiscal and administrative issues in our local system of care, and our evolving service philosophy. Therefore a brief introduction follows before my responses.

M L Gordon
Assistant Director
Administration

Charles H. Nicholson, M.D.
Assistant Director
Medical

ADMHS SERVICES

ADMHS is a complex service delivery system. Services are provided by county employees (317 positions) and through contracts with 217 entities within and outside the county, that include community-based organizations, private network providers and hospitals. There are six major Adult Mental Health contracts; four major Children's Mental Health contracts; and 36 contracts with Alcohol & Drug service providers.

ADMHS is part of the Health & Public Assistance "safety net" in Santa Barbara County. The Department is charged with providing services primarily to three specific groups: 1) the target population of children, adults, and older adults with severe mental illness delineated by Realignment Legislation; 2) the 44,000 Medi-Cal beneficiaries in Santa Barbara County (adults, children, and older adults) that meet medical necessity criteria under our Managed Care Plan; and 3) adults and children with alcohol and/or substance abuse problems who may or may not have a coexisting mental illness. The Department is not permitted to deny services to individuals because they have no means to pay for services. ADMHS serves approximately 7,533 unique clients annually. In Fiscal Year 2000-2001, the Department served an unduplicated count of 3,839 individuals in Adult Mental Health Services; 2,074 individuals in Children's Mental Health Services; and 1,620 in the Alcohol & Drug Programs.

ADMHS STRUCTURE

On May 22, 2001, in order to provide for a better management system, the Board of Supervisors approved the Department's organizational restructuring which provided for the consolidation from six to three divisions:

- The *Division of Administration* has seven sub-divisions: Director's Office, Administration, Personnel, Fiscal/Budget, Contracts, Facilities Management, and Management Information Systems;
- The *Division of Treatment & Services* has four sub-divisions: Acute and Forensic Services, Adult Services, Alcohol & Drug Program, and Children's Services; and
- *The Division of Compliance* has four sub-divisions: Access/Quality Assurance, Medical Records, Patient Rights Advocacy, and Program Evaluation/Performance Outcomes.

Two advisory groups have formal roles in advising the ADMHS Director, as specified in state law: the Advisory Board on Alcohol & Drug Problems (per Health & Safety Code Section 11964) and the Mental Health Commission (per Welfare & Institutions Code Section 5604). These statutory bodies provide ongoing public input into the overall functioning of the department.

FISCAL AND ADMINISTRATIVE ISSUES

Within the six weeks since becoming Director, I have already identified several critical fiscal and administrative challenges. The Department's financial health is currently affected by a number of

factors. First, California's public mental health system is severely under-funded. A major finding of the November 2000 Report from the Little Hoover Commission was that, "Mental health funding is inadequate to ensure all Californians who need mental health services have access to care." The 1991 Realignment Legislation was intended to give counties greater consistency and control over their mental health revenues. But Realignment funds have not kept pace with the need. Santa Barbara and other medium-sized counties have been particularly affected by the lack of growth in Realignment funding.

New state and federal revenues are being distributed through competitive grant programs that focus on specific populations. Funding streams are now categorical with the emphasis on specific under-served clients, such as homeless persons with mental illness, people with co-occurring mental illness and addictions, youth in the juvenile justice system, etc. Grants for these programs tend to fragment our core-funding base because the rise in categorical funding makes it more difficult to plan and fund a comprehensive system of care when we are serving an increasing number of mandated service recipients.

We are also negatively impacted by a lack of crisis intervention services. While emergency psychiatric assessments are available throughout the county, we do not have sufficient alternatives for those in crisis who do not meet the stringent criteria for involuntary hospitalization. Failure to provide crisis stabilization services is associated with risks to clients, their families, staff providing services, and the entire community. The lack of crisis services also causes the Department to expend our limited resources on high-cost treatment such as extended stays in hospitals and skilled psychiatric nursing facilities. The high cost of housing in our county is another contributing factor, as difficulty in finding community living arrangements delays the release of clients from residential treatment and acute care settings thereby delaying their rehabilitation and integration into our community.

The cost of providing services to uninsured adults and children has risen dramatically in recent years, from approximately $6.0 million in 1996-1997 to nearly $10.0 million (a 67% increase) in FY 2000-2001. This upward trend in uninsured costs is expected to continue as the county‘s population grows. We are augmenting efforts to link clients with all eligible benefits in order to minimize the percentage of clients who are uninsured and to ensure that every revenue source is billed in a timely manner. The Department needs to be more assertive in assuring that all clients receive the benefits for which they are entitled to so that the Department recoups revenue from all appropriate third-party payers. The Department's budget is also currently negatively affected by cost settlements for services provided in past years. I am currently reviewing and assessing the budget issues and will develop immediate strategies to address our budget problems.

In order to better serve target client populations with decreasing revenue, it is essential to identify processes that foster improved integration and communication between internal and external delivery systems particularly in the fiscal administration of the Department. The present challenge is to institute tighter linkage and feedback mechanisms between the service delivery and fiscal systems, including additional efforts to inform staff, in an understandable manner, about the Department’s budget and how they can positively and proactively contribute to the resolution of our financial difficulties. Finally**,** our goal is to design and implement the best and most cost-effective methods of service delivery in order to better utilize available resources.

MEDICAL AND REHABILITATION MODELS

The narrative section of the Grand Jury's Report describes a dichotomy between the "medical" and "rehabilitation" models of care in Adult Mental Health Services. Serious mental illnesses such as schizophrenia and bipolar disorder have biological, psychological, and social components. Santa Barbara County ADMHS, like most California counties, is moving toward a biopsychosocial model of care that encompasses both medical treatment and rehabilitation services. Comprehensive care necessarily includes psychotropic medication, psychotherapy, physical health screening, vocational services, housing, crisis stabilization, care coordination, and hospitalization, when necessary.

The Department has utilized the Medi-Cal "rehabilitation option" since it became available in 1993. Prior to that time, California counties were only able to obtain Medi-Cal reimbursement for services provided in clinical settings. The "rehabilitation option" enables staff to bill Medi-Cal for services provided in community settings under the direction of a licensed mental health practitioner, as long as the services are focused on treatment of the mental disorder and the associated functional limitations that may jeopardize community living.

The Report also refers to the Program of Assertive Community Treatment (PACT) model of outpatient care that has been shown to reduce hospitalization and improve community functioning for adults with serious mental illness by utilizing multi-disciplinary teams which include both medical and rehabilitative expertise. These teams provide intensive supports and community-based "wraparound service" on a 24-hour basis. While ADMHS has been successful in contracting with community-based organizations to provide these services to limited segments of our highest-need adult mental health clients, the Department has not had sufficient funding to implement the high staffing levels required by this model on all of our county-operated long-term care teams. A Department-wide review will be initiated of our vision, mission, and model of care that will draw on all available "best practice" service models for adults, older adults, and children while searching for consistent, sustainable revenue sources and administrative structures to support the desired services.

RESPONSE TO THE FINDINGS AND RECOMMENDATIONS

Please accept the following as my official response to the 2000-2001 Grand Jury Report on Mental Health Services in Santa Barbara County, which was released on June 25, 2001. Throughout my responses recognized themes will include:

- Inadequate funding for mental health services throughout California
- New Director’s vision
- Need to review vision, mission and model of care
- Need for the integration of fiscal and treatment concepts/practices
- Need for the integration of mental health and alcohol & drug services
- Need for clearer and more effective organizational structures and communication flow
- Need for collaboration with all stakeholders

- Methods to improve staff morale

I began serving as ADMHS Director on July 16, 2001. These responses were developed in concert with key administrators and management staff. We were also fortunate to have comments from the Mental Health Commission in preparing our response.

FINDING 1a: *The Grand Jury found that management has failed to:*

- *communicate adequately with staff,*
- *perceive and anticipate problems,*
- *work to resolve problems brought to its attention by staff, and, in general,*
- *deal proactively with the care and handling of staff and clients.*

RESPONSE: I disagree partially with the finding. Methods to improve communication among staff, contractors and all ADMHS partners certainly rank as one of my highest priorities for the new ADMHS administration. Regular staff meetings will be held by administrators, on a rotating basis, throughout the various regional clinics to discuss and resolve, wherever possible, the issues and concerns raised by staff. Plans are being developed to create structures that will enable staff to meet with the Director and to help the Director understand staff issues.

It appears that the situation in which some staff feels that management has failed to perceive, anticipate, or resolve problems was in part due to the former structure of the Department. Because there were no Division Manager positions, administrators were also serving as Division Managers and were heavily involved in day-to-day operations with little or no time to develop policy, plan, or create effective strategies to deal with financial problems and organizational functioning. The span of control for Program Managers still ranges from 30 to 40 employees. With a high vacancy and turnover rate in some of the clinics, managers spend a great deal of their time focusing on recruitment and new employee training efforts. With the new management structure, administrators will now have the time to develop policies, anticipate short and long-term problems, and improve communication throughout the system. In addition, the Department is in the process of developing a working Supervisor position and is analyzing the feasibility of adding a "Team Leader" or working "Clinical Supervisor" classification/assignment which would allow Program Managers to be more responsive to staff, as well as to facilitate improved communication. These changes should also provide opportunities for administrators and managers to have time for effective analyses and better decision making.

There have been some positive signs that management and staff can work cooperatively and successfully together. For instance, the State Department of Mental Health, during its most recent Managed Care Compliance review, commented that Santa Barbara ADMHS provides quality care to its clients. This is an acknowledgement that Management and staff can produce quality work when their assignments are clear and focused.

FINDING 1b: *The beginning of solutions to these problems are in place:*

- *A well managed recruitment process has led to the selection of a new ADMHS Director.*
- *A Labor-Management Project Team has been created in Adult Programs.*
- *More emphasis and effort have been placed on employee recruitment and retention.*
- *Better management of clinical operations is being facilitated by the new ADMHS structure.*
- *A contract with the Auditor-Controller for fiscal management of ADMHS clarifies the fiscal situation and should lead to more informed and confident decision making.*

RESPONSE: I agree with the finding. These are excellent beginnings and will assist in the identification of solutions to the many challenges facing the Department. The County Administrator's Office recently completed an extensive national recruitment and screening process resulting in the selection of a new ADMHS Director.

The work of the Labor-Management Project Team brings together representatives of ADMHS management, the Adult Mental Health services staff, the Physician's Union, SEIU 620, and the County Administrator's Office. A sub-committee of the Labor-Management Project Team was formed to identify and recommend processes to recruit and attract potential employees to the county and Department, particularly in the clinical classifications. While the Department continues to suffer from a low retention rate in certain classifications, it should be noted that staffing clinical positions is not only a local problem but also a state and national challenge**.** The California Mental Health Planning Council has developed a Human Resources Task Force of key stakeholders (i.e. California Mental Health Directors' Association, Universities, Colleges, Licensing Boards, etc.) to address the statewide shortage of mental health workers. The recommendations of the Recruitment and Staffing Sub-committee of the Labor-Management Project Team, with input from County Personnel, have been extremely helpful in establishing creative processes to attract qualified applicants to Santa Barbara County.

Key elements needed to develop a better managed service delivery system are in place: the new ADMHS structure, vision of the newly hired ADMHS Director, effective communication practices, the efforts of ADMHS staff, the System of Care Project Team, the involvement of the Mental Health Commission and the Advisory Board on Alcohol and Drug Problems, and the ongoing dialogue now occurring with community-based organizations.

The MOU with the Auditor-Controller has been extremely valuable to the Department and to the County. This has been an opportunity for the County to deepen its understanding of the complexities associated with the fiscal management of ADMHS programs, grants, services, claiming procedures, and the severe under-funding of public mental health systems throughout the State. The Auditor-Controller is providing fiscal

expertise that the Department has been unable to obtain through its recruitment process. The anticipated process improvements are intended to assist the Department to again manage all aspects of its fiscal operation.

FINDING 1c: *The Labor-Management Project Team has accomplished much in the seven months that it has been in existence. This Project Team, in combination with the thoughtful and comprehensive search and research done by the Personnel Department and the County Administrator's Office, participated in the evaluation and choice of the new ADMHS Director.*

RESPONSE: I agree with the finding. The Labor-Management Project Team provides a forum for representatives of the employee groups and management to initiate productive communication leading to a collaborative process to recommend solutions addressing concerns facing staff and management.

RECOMMENDATION 1: *The Labor-Management Project Team should continue to meet until all processes proposed by the group are underway.*

RESPONSE: The recommendation has been implemented and will continue to be implemented. The Labor-Management Project Team is scheduled to meet on the 4th Monday of each month, unless otherwise determined by the Project Team. I will continue to meet with the Project Team and will ensure that Administration carefully considers implementing its recommendations.

FINDING 2: *After a lengthy process involving major stake holders including the Labor-Management Project Team, the Mental Health Commission, the Advisory Board on Drug Problems, ADMHS management, and the Auditor-Controller's Office, the Department's restructuring proposal was presented in May 2001 by the Department to the Board of Supervisors. This restructuring should benefit clients by facilitating an integration of service delivery among the ADMHS staff serving adults, children, and alcohol/drug clients. Creating a supervisory level between program managers and their staffs will resolve the presently large span of control being dealt with by the program managers.*

RESPONSE: I agree with the finding. The process to restructure the Department was very lengthy but included employees, the Mental Health Commission, the Advisory Board for Alcohol and Drug Problems, and community interest groups. On May 22, 2001, the Board of Supervisors approved the Department's new management structure. Currently, an analysis is being conducted to review the creation of supervisory positions to reduce the span of control of Program Managers.

RECOMMENDATION 2: *The restructuring proposed by the Department with input from the Auditor-Controller and the County Administrator is necessary in order to improve ADMHS*

services in the County. The incoming Director should review and act on the proposal's key ideas.

RESPONSE: The recommendation has been implemented. I am reviewing the restructure as approved by the Board of Supervisors in May 2001. The first step in implementation is to set up an internal infrastructure that will support the restructured organization and encourage a spirit of inclusiveness and effective communication among staff. I am establishing an administrative team that will assist in carrying out my vision and mission for the Department. Currently, there is support from the County Administrator's Office, the Auditor-Controller's Office and the Labor-Management Project Team to improve the Department's functioning. The shared goal is for the Department to again manage all aspects of its operations.

FINDING 3: *Morale is low. People feel stressed and many are unhappy enough to seriously consider leaving ADMHS or even the mental health profession. Failures in communication contribute to this stress and unhappiness.*

RESPONSE: I disagree partially with the finding. Low morale is a problem in some areas of the Department. However, in the short time that I have been here, I have already observed that some staff, particularly in the Psychiatric Health Facility, Children's Mental Health Services and Alcohol and Drug Programs Divisions, do not experience the same morale problems as in some of the Adult Mental Health outpatient clinics. A department-wide assessment is warranted to better understand the current situation and to learn from staff about actions that would help to achieve positive staff morale across all divisions. I am inviting all ADMHS employees to participate in small focus groups with me during the months of September & October 2001 for this purpose.

RECOMMENDATION 3a: *Current and new management must signal that it will listen to staff and do what it takes to improve conditions and boost morale. The leadership capacities and expectations of the managers and executives in the Department should be enhanced. Resources are available from the County Director of Organizational Effectiveness to assist ADMHS with these critical tasks. Managers should be held responsible for demonstrating improved leadership practices.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. Based on the findings from the focus groups with ADMHS employees, I will establish structures to ensure that staff is heard and Management acknowledges their concerns. Consultation is already underway from the County Director of Organizational Effectiveness.

Managers will be encouraged to attend Employee University classes and the County's Leadership Congress. The Department will work with the EU to develop a curriculum that addresses the needs of ADMHS staff and managers. I have already initiated the development and implementation of a revised structure for administrative meetings that

will enhance the information, support, direction, problem-solving mechanisms, and accountability that managers at all levels need in order to be effective leaders. I am establishing an administrative team that is highly competent in administering all aspects of mental health treatment and fiscal systems. These tasks will be completed within six months.

RECOMMENDATION 3b: *Following the success and example of the Labor-Management Project Team, programs and activities that promote openness should be evaluated and, if believed to have promise, implemented.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. It is my goal to have a Department climate that promotes openness and effective communication. Consultation from the County Director of Organizational Effectiveness is already in process. I will hold focus groups in the next two months with staff throughout the Department to assess their concerns and needs. The findings of these focus groups will be documented and made available to all staff and stakeholders within two weeks of the completion of the focus groups.

FINDING 4a: *Clinicians and other line staff might fail to understand fully the difficult and complex problems facing management. Unfocused, imprecise complaints about job dissatisfaction are not sufficient to enable busy decision-makers to perceive that a real problem might exist. In any case the lack of specificity is a communication failure.*

RESPONSE: I agree with the finding. One of the goals of the upcoming focus groups is to ask ADMHS employees for their recommendations about structures that will promote effective communication among staff and management. In particular, we need to find ways to prioritize staff complaints so that those requiring management attention are brought to the forefront. I will also work on the infrastructure of the Department including developing processes that encourage staff participation and feedback.

FINDING 4b: *The Labor-Management and the System of Care Project Teams are appropriate vehicles for error-free and timely dissemination of information throughout the geographically far-flung Department.*

RESPONSE: I disagree partially with the finding. The Labor-Management and System of Care Project Teams will make important contributions to the resolution of the current problems with communication throughout the Department. The System of Care Project Team is presently studying this issue, and Management is committed to seriously considering the team's recommendations for implementation. Management is ultimately responsible for improving and sustaining the flow of communication and for developing an organizational structure that is responsive to staff.

RECOMMENDATION 4: *Staff should take pains to assure that the complaints they voice and the recommendations they make are real, specific, and appropriately directed. Management, in turn, should create a climate that encourages candor and assures that every complaint or recommendation is given attention and follow-up. Staff members should extend a climate of good will to new management and, particularly important, should allow sufficient time for new management to form an agenda to address problems. A climate of patience, openness, and willingness to listen should be demonstrated from the start by staff and management.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. A structure to build and sustain improved communication among staff and management will be established within three to six months. ADMHS Administration will continue to review all organizational structures to ensure that they promote effective communication and to make ongoing adjustments as needed. I agree that we will all benefit from approaching this task in a spirit of patience, openness, and willingness to listen to each other.

FINDING 5a: *Heavy caseloads were reported and appear to be a major source of staff concern:*

- *Adult Services Long-Term Care clinicians have too many clients.*
- *Each client needs more attention (time) than is often available to the clinician.*
- *Paperwork, required for funding purposes, takes a large fraction of clinician time.*
- *Lack of management attention can create a sense of isolation, which can make an already heavy caseload become unbearable.*

RESPONSE: I agree with the finding. Our administrative and management teams will be looking at the system of care, vision, mission, and organizational values while recognizing that there will never be enough resources to do all we want and need to do. In the Adult Mental Health Services Division, long-term care teams have high caseloads which, on some workdays, exceed the service time available to the clinician. The paperwork, required for quality care and funding purposes, is addressed in our response to Finding 9a and Recommendation 9a. Management attention to staff is addressed in our response to Finding 2.

FINDING 5b: *The interdisciplinary System of Care Project Team is well suited to research and propose a comprehensive plan that addresses some of the broader issues involved in high case loads. This should help to assure that those served by ADMHS - within the resources available- receive quality services in a timely manner.*

RESPONSE: I agree with the finding. This is also an opportunity to further integrate the Alcohol and Drug Program Divisions and Mental Health Services Divisions into a more blended service delivery system. The System of Care Project Team is in the process of formulating a comprehensive plan. I am an ex-officio member of the Project Team.

The role of both the Mental Health Commission and the Advisory Board on Alcohol & Drug Problems in advising the Department Director is specified in California Code. The Advisory Board on Alcohol & Drug Problems is established, at the discretion of the Board of Supervisors, under the authority of Health & Safety Code Section 11964. Welfare & Institutions Code Section 5604 specifies that the county shall have a Mental Health Commission which performs the following functions: advise the Director on any aspect of local mental health programs, review and evaluate the community's mental health needs, services, facilities, and special problems; report on the needs and performance of the mental health system; and assess the impact of Realignment on services to clients and on the local community. In addition to this important role in advising the Director on the local system of care, the advisory boards are also valued as an important link between the Department and the general public.

I want to ensure that any plan incorporates the creative talents of stakeholders such as service recipients, family members, ADMHS employees, community-based organizations, schools, other related county departments, unions, the Mental Health Commission, the Advisory Board on Alcohol & Drug Problems, and all ADMHS partners.

RECOMMENDATION 5a: *Assessments done by ADMHS professionals in the Main Jail for the Mental Health Treatment Court (MHTC) should be aligned with the types of assessments done in the Long-Term Treatment clinics.*

RESPONSE: The recommendation will not be implemented because it is not reasonable. The assessments performed in the Jail for MHTC must address a number of components required by the MHTC grant as well as the jail environment. These items are not a component of assessments done in the long-term treatment clinics. However, MHTC and long-term teams both address the issues of diagnosis and adult target criteria and will work collaboratively whenever possible.

RECOMMENDATION 5b: *The caseload situation, specifically as a result of the MHTC, needs to be assessed by management or, preferably, by the System-of-Care Project Team. Management should recognize that a perceived problem is a real problem. It is not enough to try to prove that the caseload is manageable if many members of the clinical staff are having trouble dealing with their caseloads.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. High caseloads are due in part to the increased demand for our services and the fact that the county is the “safety net.” We are unable to deny services to people because of their inability to pay. Management needs to assess the caseload situation and will do so in reviewing the current model of care and service delivery system over the next six months. Management is committed to seriously considering any feasible

recommendations from the System of Care Project Team for improving the caseload situation.

FINDING 6: *Most clinicians favor a return to the four-person intake team, which was abandoned in favor of the change to a call-in (1-800) client-intake access system in which prospective clients are interviewed and triaged by telephone. A call-in system omits information that would be obtained by seeing the client and noting facial expressions, body language, demeanor, dress, hygiene, stress-level, etc.*

RESPONSE: I agree with the finding. Face-to-face assessments are preferable to telephone assessments because they generate more comprehensive clinical information. However, creation of intake teams separate from clinic services may add unnecessary delays and barriers to client care. The Department's current approach to intake, assessment, crisis intervention, and long-term care is not clearly delineated and needs review.

RECOMMENDATION 6: *Management should return to the four-person intake team as a more effective way of assessing clients and distributing work.*

RESPONSE: The recommendation requires further analysis. As a provider of specialty mental health services to MediCal beneficiaries, the Department is required to have an 800 access telephone number. However, as stated above, the Department's overall approach to intake, assessment, crisis intervention, and long-term care for all mental health clients needs to be reviewed and more clearly delineated. We must deploy our limited resources to be responsive to the needs of both current and newly identified clients. The diverse functions of intake, assessment, crisis intervention, and long-term care need to be organized in a way that promotes high quality care, client & family member satisfaction, effective clinical practice, and long-term cost-effectiveness. Improvements in this area could also contribute to better staff morale and reduced burn-out. As part of the review of the model of care and service delivery system over the next six months, Management will consider a wide range of options.

FINDING 7: *Having to share offices impedes clinicians' counseling efforts and could compromise clinician-client confidentiality.*

RESPONSE: I agree with the finding. Clinical office space is inadequate in every region of the Department. Client confidentiality is of great importance to staff and management, and its protection is mandated by law. ADMHS will continue to investigate creative ways to provide privacy rooms until new facilities can be identified, refurbished or constructed. ADMHS is currently working with General Services on a Master Plan for the development of a 25,000 to 30,000 square foot building for use by ADMHS at the

former Rehabilitation Institute site. (See the schedule in Attachment A). The design of new office space will incorporate features to protect client confidentiality.

RECOMMENDATION 7: *This problem must be resolved by providing private interview areas, if not private offices, that are available for all interviews at all times.*

RESPONSE: The recommendation has been implemented. A site-by-site analysis was conducted in late 2000 to ensure that client confidentiality was not being compromised despite facility problems. Private interview areas have been implemented to the extent possible. However, until improved facilities are available, the limited number of private interview areas and lack of private offices will continue to pose an extra challenge for staff. Management presented its facility needs to the Board of Supervisors through the County's Five-Year Capital Improvement Plan. At the July 10, 2001 hearing, the Board of Supervisors approved a modification to the plan for Building 5 (formerly occupied by the Rehabilitation Institute of Santa Barbara) on the Calle Real campus to be used for ADMHS clinic and administrative offices. Completing this project is a high priority for the Department. I will continue to work closely with General Services and the County Administrator's Office to address this and other ADMHS facility issues in all regions.

RECOMMENDATION 8: ADMHS *should locate some satellite counseling sites in downtown Santa Barbara and Santa Maria that are closer to where clients live.*

RESPONSE: This recommendation will not be implemented in the near future because it cannot be accomplished without an identified source of funding. While ADMHS would be very supportive of relocating staff in satellite counseling sites in downtown areas, we currently do not have the funds to pay market rate rents. Doing so would require the redirection of limited funds from direct services into rental payments to private landlords.

Effective immediately, I plan to meet monthly with our contract providers to better coordinate public/private planning, system of care development and enhance services to the public. Developing effective public/private partnerships is crucial to the quality of care provided to ADMHS clients. Many community-based organizations are providing services in more central locations in the Santa Barbara and Santa Maria areas.

FINDING 9a: Too *much paperwork is a universal complaint because clinicians feel that they need to spend more time with their clients.*

RESPONSE: I agree with the finding. It is accurate to say that health care providers, in most private and public settings nationwide, feel that they spend too much time on paperwork. The demands on staff to document the services they provide are specifically mandated by state and federal regulations for reimbursement and quality assurance

purposes. Although the burden of paperwork is problematic, timely charting is a key part of quality care, especially when the system is collaborative, multi-disciplinary and multi-agency.

The ADMHS Medical Records Division has already taken steps to support and encourage clinicians to chart in the most time-effective manner. For example, overnight transcription of audio-recorded progress notes and on-line templates for all medical records forms are now available. However, further gains in efficiency may be available from other technological innovations. We are currently investigating, through a pilot project with key staff, the feasibility of implementing an electronic medical record that would save time in charting, provide rapid access to clinical information from multiple locations, provide billing information, and also safeguard client confidentiality.

FINDING 9b: Despite *all the paperwork, client information is not readily available to assist a clinician in designing urgently needed services.*

RESPONSE: I disagree with the finding. The current client record has been updated and does contain the information that clinicians need in order to implement treatment and service plans. I strongly believe that automation is the long-term solution to addressing this matter more proactively and, as discussed in my response to Finding 9a, the Department is currently conducting a pilot project on electronic charting.

RECOMMENDATION 9a: Redundant *data collection should be minimized.*

RESPONSE: The recommendation has been implemented. Within the past 12 months, ADMHS internal project teams have reviewed, streamlined, and updated the clinical record. The teams were comprised of staff from Medical Records, Utilization Review, Adult and Children's Mental Health Services, and our partners in the Multi-Agency Integrated System of Care. Wherever possible, forms were eliminated or simplified, while still ensuring that they provide the information necessary to comply with funding and clinical needs. For example, the Comprehensive Service Plan for adult mental health clients is now reviewed annually by staff, at a minimum, rather than every six months. In addition, full client assessments were previously performed every time there was a change in the Care Coordinator, whether or not the client's situation had changed; that requirement was eliminated.

RECOMMENDATION 9b: Patient *data, respecting all confidentiality laws, should be easily available to those professionals who need to provide urgent client care, and appropriately authorized professionals system-wide should have access to client data both during and outside of regular clinic hours, especially at the Jail.*

RESPONSE: The first segment of the recommendation requires further analysis. Computerized medical records would provide rapid access to client information in an emergency any time of day or night -- an important component of a comprehensive urgent care system. We are proceeding carefully in investigating computer-based records systems that would improve our current processes while protecting client confidentiality. We anticipate that we will have a written plan for transitioning to an electronic medical record within six months.

The segment of the recommendation pertaining to the Jail has been implemented. The Medical Records Administrator has recently reviewed and updated Jail Mental Health Service record-keeping. The after hours and weekend Jail Medication Administration staff has access to Jail Medical/Mental Health Records as needed. Crisis Workers on the Mental Health Assessment Team call the Psychiatric Health Facility (PHF) for information regarding current ADMHS clients during evenings, nights, and on weekends. ADMHS also has a 24 hour Access Team line (1-800 868-1649) with staff on-call to provide urgently needed client information after hours and during weekends.

FINDING 10: Reimbursement *problems created in the budget might have been avoidable if there had been a way to cross-check service data between Departments prior to submitting the services information to the State, or any other granting agency.*

RESPONSE: I disagree with the finding. Partner Departments capture the details of the services they render on ADMHS documents that are then entered into the ADMHS data system, as they are not eligible to bill directly for Medi-Cal. Nothing else is captured that would enable a crosschecking procedure. Manual procedures have been used to review client records to ensure that all services are entered and billed; any services that were not in the system were subsequently entered and billed to the appropriate Department for reimbursement**.** ADMHS would not want to cause an additional burden on the staff of our partners by requesting they keep separate files and information for this purpose.

RECOMMENDATION 10: ADMHS *Management should undertake data sharing with other Departments partnered in client services to assure that the most accurate information is being used to design client services and to create reports.*

RESPONSE: The recommendation requires further analysis. ADMHS is working with its partners, the Departments of Public Health, Social Services and Probation, on how to best obtain information that we can all share and the processes by which data sharing activities may be designed and implemented. These efforts and their timelines are fully described in the County's response to the Grand Jury Report on Data Sharing. Each Department has funding sources that require separate reporting mechanisms and each have confidentiality laws with which they must comply. This will require some analysis and consideration of funding sources before determining what can be implemented.

FINDING 11: Staffing *vacancies in ADMHS add to the casework overload of the current staff.*

RESPONSE: I agree with the finding. A high level of vacancies in the Adult Mental Health clinics, especially in positions for licensed clinicians, contributes to a problem with high caseloads.

The shortage of mental health workers is a statewide problem. Last year, the California Mental Health Planning Council initiated a Human Resources Task Force, citing "the shortage of human resources at all levels of service as one of the most urgent issues facing California's mental health system." Santa Barbara County is further disadvantaged by the high cost of housing. On countless occasions we have offered a job to a qualified job candidate from out of the area, only to have him or her turn down the position after spending a day researching the local housing market.

When a clinical vacancy occurs, it would be ideal to find an immediate replacement. However, several barriers often prevent our doing so. Many of our openings are in Adult Mental Health services, while many of the applicants are interested and experienced in Children's Mental Health services. Another significant problem that the Department faces is that many applicants for the Mental Health Practitioner class are interns, not experienced clinicians. Because the outpatient clinics deal with the target population of persons with severe mental illness, we need trained, experienced and licensed clinicians; applicants with this background are often unavailable because graduate schools typically do not train mental health professionals to have the ability to practice successfully in the public mental health system.

Finally, some of the caseload stress is the result of staff away from work on short or long-term leaves of absences, or limitations on the work they can perform when they return from a leave. As much as possible, and when funding is available, we seek to fill vacant positions temporarily with Extra Help or Contractors on Payroll while completing the recruitment of a permanent employee.

RECOMMENDATION 11: *In addition to staff recruitment, proposals on caseload redistribution developed by the Labor-Management and System of Care Project Teams should be evaluated and, if found to be useful, implemented.*

RESPONSE: The recommendation will be implemented. Caseload management is not only a local problem; this issue is a real concern among other county mental health systems throughout the State. As the System of Care Project Team continues it research and concludes its work, Administration will carefully review and consider implementing any feasible recommendation. I am an ex-officio member and am committed to working with the System of Care Project Team and all ADMHS staff to find solutions to this concern. I will continue to attend System of Care meetings, and when unable to attend,

will be kept up to date by the ADMHS Medical Director who attends the meetings on a regular basis.

FINDING 12a: There *has been a lack of management commitment to job training and career advancement for the staff.*

RESPONSE: I disagree partially with the finding. ADMHS has consistently provided training, or paid time off for training opportunities, to its clinical staff. Attached is a list of the training sessions provided by ADMHS for staff between January 2000 to June 2001; it attests to the Department's commitment to job training. (See Attachment B). The Department has borne considerable effort and expense to become authorized by the clinical licensing boards as a provider of Continuing Education courses for the following disciplines: Registered Nurses, Psychiatric Technicians, Licensed Clinical Social Workers, Marriage & Family Therapists, and Clinical Psychologists. Through these training sessions, staff members are able to obtain continuing education credits on county time, without travel, and at no cost to the employee.

The issue of career advancement is addressed in response to Finding 12b.

FINDING 12b: A *career path to supervisory positions may be unavailable to most of the staff due to what appears to be a requirement to have supervisory experience in order to qualify for a supervisory position.*

RESPONSE: I agree with the finding. If an ADMHS clinician has no previous supervisory experience, his or her career path within the Department appears to be very limited. However, in the past year, five management positions have been filled by promotions from within the Department. I will encourage my administration to continue this effort. Not only do we want promotional opportunities for our staff, but also we want to reduce the span of control that now burdens Program Managers. Administration is working with the County Personnel Department to establish supervisory classifications/assignments. The addition of these classifications or assignments would enable clinicians without supervisory experience to qualify for promotion to management while also increasing our capacity for team leadership and clinical oversight on a day-to-day basis. Meetings with County Personnel to facilitate this process will occur in the next two months.

RECOMMENDATION 12a: Management *should encourage staff to advance professionally, increase their knowledge, and keep up-to-date via courses, seminars, workshops, and related activities.*

RESPONSE: The recommendation has been implemented. I believe that training, whether clinical or administrative, is essential to the life of a mental health and alcohol & drug services organization. I am committed to ensuring that training time and opportunities are available to staff and that cross training, where applicable, is implemented. The Employee University (EU) is an untapped resource for this Department. We will work with the EU staff to design classes for our managers, clinicians, and support staff. The Management Leadership Congress is another great tool that I will encourage managers to attend in greater numbers. While continuing these efforts, I will seek additional opportunities for our staff to increase their knowledge and skills, particularly in biopsychosocial rehabilitation and fiscal management. These training opportunities, as well as the ones mentioned in the response to Finding 12a will be encouraged and implemented throughout the organization.

RECOMMENDATION 12b: *In combination with the restructuring of ADMHS, efforts introduced by the Labor-Management Project Team are valuable toward addressing employee career advancement concerns. These include the evaluation of grades within the clinical classifications and by the addition of working supervisor assignments within the clinics. These efforts should continue to be supported and advanced by management.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. ADMHS administration is working with County Personnel and the County Administrator's Office to develop the appropriate classifications for supervisory assignments in the clinics. ADMHS and County Personnel are also currently reviewing the Mental Health Technician classification. In addition, we anticipate that several classifications identified will be reviewed for levels, ranges, experience and scope of responsibilities. The analysis will include an examination of which classes may supervise other staff and a consideration of the fiscal impact of creating new classifications. We anticipate that these analyses will be completed during this fiscal year.

FINDING 13: *No incentives are provided to recruit staff members proficient in needed foreign languages.*

RESPONSE: I disagree with the finding. A financial incentive is provided for staff who are required to use bilingual language fluency. The amount of bilingual pay is standard throughout the county and is specified in the MOU between SEIU and the County of Santa Barbara and is currently set at $42.64 per bi-weekly pay period.

ADMHS strives to attract and retain staff with diverse language skills. We maintain a Language Directory (see Attachment C) which lists the individuals with non-English language proficiency available to ADMHS clinics by region. We also utilize the AT&T real-time translation service as needed.

Like most employers in Santa Barbara County, we would always benefit from additional bilingual staff. While we believe we have done an admirable job of attracting and

retaining a culturally and linguistically diverse staff, the shortage of bilingual and bicultural licensed mental health clinicians is a statewide problem. As stated previously, the California Mental Health Planning Council is developing a range of strategies to attract a diversity of students to mental health training programs and to public service statewide.

RECOMMENDATION 13: *In view of the ethnic makeup of the communities being served, the recruitment and retention of adequate numbers of clinicians fluent in languages in addition to English should be made a priority.*

RESPONSE: The recommendation has been implemented. In order to provide effective services, we need to have staff who are bilingual and bicultural; language proficiency is not enough. ADMHS has a comprehensive Cultural Competency Plan. The State Department of Mental Health oversees our compliance with statewide mandates for cultural competency. As indicated in my response to Finding 13, we also maintain a Department Language Directory which assists staff to rapidly locate individuals with diverse language proficiency as needed, with AT&T real-time translation services available as needed.

The August 2001 update of our Cultural Competency Plan will provide data about the Department's culturally diverse clients such as their access, diagnostic differences, treatment duration, and available culturally diverse staff. This data will be analyzed to provide direction for needed training, and type and amount of staff.

FINDING 14: *Many clinicians don't understand Department funding, funding mechanisms, and funding planning, and are uninformed about the long-term and near-term planning of ADMHS.*

RESPONSE: I agree with the finding. As detailed in the Introduction to this document, improved communication is a top priority for the new ADMHS Administration. We need to communicate more frequently and more fully with staff, clients and their families, community-based organizations, the Mental Health Commission, the Advisory Board on Alcohol & Drug Problems, other Departments, and the general public about our Department's goals, operations, financing, and successes.

The funding of today's public mental health and alcohol & drug service systems is very complex. Over the past two years, Administration has held meetings in the regional clinics to share information about the Department's budget, funding and revenue sources. In the FY 2000-2001, ADMHS began accounting for revenues by programs and that information is extremely helpful to managers as they compare expenditures and revenues. For over a year, monthly financial status reports have been prepared and distributed to managers of each clinic, program, and the administrative operations. Annual and revised projections are prepared and shared with the managers at monthly meetings. ADMHS will assess the amount of information that staff would like to have about the financing of the Department and find ways to keep them better informed. More training and ongoing communication is warranted. We need to continue to find new and better ways to express complex financing concepts and to present budget issues/problems in a clear and accurate

way for all staff.

The needs for communication about budget and planning vary across the Department's Divisions. Last year Children's Mental Health Services Division underwent a comprehensive strategic planning process which involved sixty representatives of the various stakeholder groups; extensive information was provided about the budget at that time. Periodic updates have been provided by e-mail and will be continued. The Alcohol & Drug Program is currently engaged in Strategic Planning and recently completed public meetings in all three regions of the county which provided a budget overview. The process to develop the Five-Year Plan for Adult Mental Health Services, co-sponsored by the Department and the Mental Health Commission, was developed in 1996-98 and should be updated.

As described earlier, I will be actively engaging Department staff through focus groups in the development of a clear vision, mission, and model of care, and description of our desired system of care. This process should help to better inform staff about our budget and program plans.

RECOMMENDATION 14a: *New management must find ways to explain ADMHS financing so that it is readily understood. The leadership in the Labor-Management and System of Care Project Teams should educate colleagues as the new system of care is designed.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented over the next three to six months. I agree that we must continue to find new and clearer ways to describe the complex web of public mental health and alcohol & drug financing so that it is easily understood. As indicated in my response to Finding 14, a department-wide process to clarify the vision, mission, model of care, and desired system of care is underway. As part of this process, we will educate and engage staff and our other partners in a dialogue about the relationship between our programs and financing. Financing is an integral part of services and clinical services are an integral part of financing. We agree that the Labor-Management and System of Care Project Teams should provide additional support to management's efforts by encouraging their staff/colleagues to participate in the system of care visioning and redesign process.

RECOMMENDATION 14b: The *System of Care Project Team should ensure that all stakeholders have an opportunity to review and comment on their work before final recommendations are made.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. The System of Care Project Team is structured to work on a variety of issues via a "task force" approach, with input sought from a broad array of stakeholders. The Project Team is addressing a wide range of issues. Critical areas will receive this broad input, but not all items pertaining to daily operations. The System of Care Project Team, as did the Labor-Management Project Team, has targeted effective

communication, as a top priority for the Department. I am committed to identifying processes that will improve communication. As stated in the Introduction to this document and my response to Findings 1a, 4a, 4b, 14, and Recommendations 4 and 14a, steps will be undertaken to improve communication in the next three to six months.

FINDING 15: *Three specific challenges face the new ADMHS Director:*

- *Staff concerns for whom they are providing services and the way in which they serve their clients.*
- *The sustainability of ADMHS funding.*
- *The necessity of communicating staff concerns to administrators and, in turn, communicating administrators' concerns to the staff.*

RESPONSE: I agree with the finding. These are certainly important and specific challenges. Additional challenges include:

- Developing a vision, mission and model of care which includes the integration of treatment and fiscal principles and practices;
- Developing a more effective infrastructure for meetings, communication and decision making;
- Developing solutions to the budget problems to ensure future financial stability; and
- Developing ongoing forums for staff input while supporting Management. Administrators and managers need more opportunities to dialogue with staff about their concerns and ideas in order to develop mutual understanding, improve communication, and enhance decision-making.

On a more immediate basis, I plan to complete the administrative team in the next two to three months and to this end, am currently recruiting for an Assistant Director – Programs. As I assess the needs of the organization, I will establish priorities and develop plans to address each of these challenges and will make them available to stakeholders.

RECOMMENDATION 15: *The new Director should enlist the support of all employees as well as the Labor-Management and System-of-Care Project Teams in dealing with these important issues.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented. I am already enlisting the support of the Project Team as well as the support of clients, the Advisory Board on Alcohol & Drug Problems, the Mental Health Commission, family members of clients, community-based organizations, schools, unions, other related county Departments, and the community at large to address these issues that impact us all. As part of my orientation over the first three months on the job, I have been meeting with staff in all regions, with other county departments, and with community stakeholders. I plan to develop structures for ongoing staff and community input.

FINDING 16a: *ADMHS has contracted with the Auditor-Controller to provide fiscal management services.*

RESPONSE: I agree with the finding. ADMHS and the Auditor-Controller entered into a financial MOU to assist ADMHS with the management of its fiscal sub-division. The length of the agreement was established for up to two and one-half years. The agreement commenced in January 2001. Prior to the MOU with the Auditor-Controller, ADMHS contracted with a private consultant to benefit from his experience with Mental Health cost reporting.

FINDING 16b: *While fiscal matters are important, the mission of ADMHS is the delivery of mental health services within the county.*

RESPONSE: I agree with the finding. The delivery of alcohol and drug prevention and treatment services is also an integral part of the Department's mission.

Funding and service planning are completely interdependent in today's public mental health and alcohol & drug service systems. While funding is extremely important to the sustainability of the services, we must have a coherent and broadly understood vision, mission, and model of care. While the substantial under-funding of public mental health care in California today does affect quality of care and access to care, ADMHS still has discretion about our priorities, treatment philosophy, collaborative partnerships, and innovations within available resources. However, the mission and service delivery system has to be considered in the context of mandated treatment populations.

RECOMMENDATION 16a: *Complete the work that remains to be done to streamline financial processes for clinical staff and to increase the accuracy of records and billings.*

RESPONSE: The recommendation has been implemented. ADMHS is currently addressing this need and steps are already being taken in this direction. Meetings with the contractors are currently being held to ensure the accuracy of information being received by the ADMHS management information system. The position of Patient Representative Supervisor was created and filled in November 2000 to provide universal oversight and supervision of benefits screening in all regional offices. Training and regular meetings are being held with the Patient Representatives and Department of Social Services Eligibility Workers to ensure consistency and accuracy in reporting and billing all claimable services. ADMHS is investigating the use of computer-based medical records to further streamline and automate record keeping and billing. As indicated in my response to Recommendation 9b, a written plan will be completed within six months.

RECOMMENDATION 16b: *Before any reductions in programs are proposed, the restructuring and streamlining of the Department should be allowed to go into operation and take hold.*

RESPONSE: The recommendation requires further analysis. It should be noted that wherever improvements and good business practices may be implemented, I will take those steps necessary to ensure that the budget is balanced by the end of Fiscal Year 2001-2002. Over the next four months, the business practices and protocols will be reviewed to identify immediate improvements to existing systems. Revenue enhancement will be a major priority, particularly Early Periodic Screening Diagnosis and Treatment (EPSDT). However, restructuring alone may not solve all of the Department's financial problems.

FINDING 17: *The need to upgrade ADMHS facilities, especially the Psychiatric Health Facility (PHF), is one of Santa Barbara County's most pressing space problems.*

RESPONSE: I agree with the finding. I will be working closely with General Services and the County Administrator's Office to identify solutions to the improvement of needed clinical and office space within each region of the county. It should be noted that the Psychiatric Health Facility (PHF) operates under hospital certification and licensing. Should the PHF be relocated to another site or considered for new construction, the current state laws and building codes would apply, which could be cost prohibitive without state or federal financial assistance. I will be working with the County Administrator's Office and General Services on a plan to upgrade the PHF environment.

In accordance with the standards set by the Board of Supervisors' approval of the County's Space Plan, all ADMHS facilities are inadequate and in need of expansion, refurbishment and/or new construction. ADMHS has identified and submitted facility capital projects in each region. Two of the projects (Santa Barbara and Lompoc) are on the County's list of Tier One projects with identified funding. Dialogue continues with General Services regarding identifying a facility in Santa Maria that is closer to the downtown area and includes our county and community-based partner agencies. I will be looking at ways to ensure that our facilities communicate our high regard for staff and clients; that we strive to create environments that support the healing process.

RECOMMENDATION 17: *ADMHS facilities need to be evaluated and immediate action taken to recondition or replace existing buildings as necessary.*

RESPONSE: The recommendation requires further analysis. Over the next six months, I will be working closely with General Services to expedite solutions to facility problems

in each region. In addition, I will solicit suggestions from staff, our county partners and community-based organizations regarding viable temporary and long-term solutions. As indicated in my response to Finding 17, projects have been identified in all three regions of the county and funding for these projects will require further fiscal analysis.

FINDING 18: *The public has little knowledge of the work done by ADMHS and how this work benefits the community.*

RESPONSE: I disagree partially with the finding. ADMHS, in conjunction with the Advisory Board on Alcohol & Drug Problems and the Mental Health Commission, has engaged in activities designed to raise public awareness about the Department, its activities, and the needs and successes of the people we serve. For example, the Mental Health Commission has a "Mental Health Awareness Committee" that has conducted presentations to almost 1,800 children and adults at elementary schools, high schools, colleges, PTAs, and business organizations since November 1998. A panel consisting of a mental health professional (most often an ADMHS employee), a family member, and a person who has experienced mental illness give the presentation. The material presented is designed to dispel myths and reduce the severe and pervasive stigma associated with having mental illness.

The Department routinely stages public events during May (Mental Health Month) and October (Mental Illness Awareness Week). Last year, Department staff worked with consumers, family members, and contract providers to stage public forums on Spirituality and Mental Health in Santa Maria and Santa Barbara. The forums -- which were advertised on radio, television, newspapers, and direct mail -- were attended by over 200 people.

The Alcohol & Drug Programs (ADP) Division dedicates a portion of its revenues to prevention activities, which involve educating the community about the dangers and risks of alcohol and drug use and abuse. As part of the ADP Strategic Planning Process currently underway, the Department recently sponsored Town Hall Meetings in Lompoc, Santa Maria, and Santa Barbara. The Meetings were advertised via newspapers, radio, television, direct mail, and the Internet. Over 400 interested community members attended. The program included a presentation about the Department's goals, revenues and expenditures, and strategic issues related to alcohol & drug services. Dozens of participants gave testimony about the strengths and weaknesses of the current system, gaps in services, and desired outcomes.

RECOMMENDATION 18: *The public should be made aware of the efforts of ADMHS via better public relations efforts that take advantage of all media. Publicity could be obtained through efforts to involve civic organizations, social service groups, and philanthropic organizations committed to the best interests of the people of Santa Barbara County.*

RESPONSE: The recommendation requires further analysis. While the Department has engaged in public relations activities, as described above in my response to Finding 1b, the community would certainly benefit from a coordinated, intensive public education campaign about mental health and alcohol & drug issues and services. To do so effectively would require a dedicated Public Relations position and we do not presently have funding available to establish such a position. However, Management will assess opportunities for public relations activities within the next six months.

FINDING 19a: *Thus far, the Alcohol/Drug services component of ADMHS has been poorly integrated into the Department's mental health system of care.*

RESPONSE: I agree with the finding. The integration of mental health and alcohol & drug services is a local, statewide, and national challenge. The two fields are divided by disparate funding streams, contrasting service philosophies, and differences in the experience and training required of service providers. County and state departments across the country are routinely reorganized in an attempt to improve the coordination of services to persons with dual disorders. Because so many people have co-occurring disorders, we must find ways to overcome these barriers.

Santa Barbara County actually faces unmet needs in both directions: people with alcohol & drug problems often lack access to mental health treatment, and people with serious mental illness often lack access to alcohol and drug interventions. Insufficient progress has been made in the integration of these two components of our Department since 1998 when they were united to form ADMHS. In my first week on the job, I reassigned the Alcohol and Drug Program Manager to report directly to me, and to be a part of the administrative team, along with other Assistant Directors. The Project Charter for the Alcohol & Drug Programs Strategic Planning process currently in progress (see Attachment D) includes the goal of assisting with the integration of ADP within ADMHS.

While mental health and alcohol & drug services need to be better integrated, ADMHS has made progress in several areas. Specifically, integrated services are available to children and families through the Multi-Agency Integrated System of Care (MISC), Substance Abuse Treatment Court, Mental Health Treatment Court, CalWORKs vocational assessments and services, and dual diagnosis services are available through our contract providers.

FINDING 19b: *The dually diagnosed comprises the largest single group of clients in ADMHS.*

RESPONSE: I disagree partially with the finding. As with so many aspects of our work, an accurate response depends on the client definitions being employed. The number of individuals served by ADMHS and our contract providers is large and varied. As indicated above, we strongly agree that many people with alcohol & drug problems

lack access to mental health treatment, and that many people with serious mental illness lack access to alcohol and drug treatment. If the term "dually diagnosed" is used in this broad sense, then the finding is accurate.

FINDING 19c: *Based on the SEARCH survey, and managerial and staff interviews, the dually diagnosed is a client group on which more focus should be placed.*

RESPONSE: I agree with the finding**.** Comments by interested community members at our recent Town Hall Meetings on Community Needs and Services Regarding Alcohol & Drug Problems also indicated that this is a client group on which more focus should be placed. I have already taken steps to improve the integration of our Mental Health Services and Alcohol & Drug Services within our administrative structure. Administration will closely examine the recommendations of the ADP Strategic Planning Process regarding improved access to integrated services. As we define our vision, mission, and model of care, we will pay close attention to the needs of persons with alcohol & drug problems and those with serious mental illness for integrated services. The Strategic Planning results will be reviewed and, where feasible, implemented in the next six months.

FINDING 19d: *The System-of-Care Project Team is chartered to identify and address the needs of the community and to assess the resources of the Department to design appropriate programs. The assessment will necessarily include the Alcohol Drug Programs.*

RESPONSE: I agree with the finding. The System of Care Project Team is chartered to address the Department's entire system of care, including Children's Adult Mental Health Services, Adult Mental Health Services, and Alcohol & Drug Programs.

I will also be looking to the findings of the Alcohol and Drug Programs Strategic Planning Committee for recommendations regarding the ADP programs and resources. Cross representation between the ADP Strategic Planning process and the System of Care Project Team has been established to ensure communication and coordination.

RECOMMENDATION 19a: The *expertise of experienced alcohol and drug therapists in the County should be incorporated in the design of a comprehensive system of care. Such a system should particularly address the needs of dually diagnosed individuals.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented**.** I am committed to developing a shared vision for our system of care that is responsive to the needs of all of our clients, including those with co-occurring disorders. The system of care must include processes that will identify needs and link clients with

needed treatment, regardless of the "doorway" through which they enter our service system -- alcohol & drug treatment, mental health assessment or hospitalization, the courts, the social service system, or a community-based provider. The expertise of mental health counselors should be readily available to persons with alcohol & drug problems, and the expertise of alcohol & drug counselors should be available to persons with serious mental illness.

I am hopeful that this work will be completed within 9 to 12 months, or upon the completion of the System of Care Project Team and the Alcohol and Drug Programs Strategic Planning process. ADMHS Administration will lead the development of a comprehensive system of care designed to serve clients and families experiencing mental illness and/or alcohol and drug problems. This process will also include the active participation of the Mental Health Commission and the Advisory Board on Alcohol and Drug Problems.

RECOMMENDATION 19b: ADMHS *management and the commissions (Mental Health and Drug & Alcohol) must continue to embrace and support the work of the System-of-Care Project Team, and fully commit to implementing its recommendations.*

RESPONSE: The recommendation requires further analysis. It is too soon for me to "fully commit" to implementing the recommendations of the Project Team because they are not yet developed. I will also be eliciting input from all staff, managers, and community stakeholders. However, as an ex-officio member, I can firmly commit to supporting and embracing the Project Team's work, and ensuring that Administration carefully considers their recommendations.

FINDING 20: *A sustainable system of care cannot be designed and funded without clearly defining the clients who are to be served. Client definition (e.g., dual diagnosed, acute only, preventive services, etc.) is the foundation on which all administrative decisions should be based.*

RESPONSE: I agree with the finding. While some of the client definitions employed by ADMHS are specified in law, we need to ensure that all staff and contract providers share a common vision, mission and model of care that includes clarity about who we serve and how we serve them. For example, Welfare and Institution Codes 5600.1 (Realignment Legislation), clearly delineates the definition of "target population" for mental health services. Under Managed Care, our Mental Health Plan specifies that we will provide mental health treatment to Medi-Cal beneficiaries who meet the criteria for "medical necessity." Each funding stream, revenue source, and grant program in the Alcohol and Drug and Mental Health Services Divisions carries its own client definition. More importantly, we know that our overall level of resources is insufficient to fully serve all of the people in Santa Barbara County who need our help. We must work to be fair and consistent in determining who we serve and how. The goal of developing a

vision, mission, and model of care is to be fully articulate and communicating our client definition to ADMHS staff, partner agencies, and the general public.

RECOMMENDATION 20: *The system of care, and the funding to support it, should be consistent with the definition of the client. In order for the system to be sustainable, there must be uniform understanding of who ADMHS is expected to serve, what services will be provided, how those services will be provided, and how those services will be funded.*

RESPONSE: The recommendation has not yet been implemented, but will be implemented within each Division of the Department: The Project Charter of the Alcohol and Drug Strategic Planning Committee includes clearly defining the clients to be served. Their work is anticipated to be completed within four months.

The target population for adult mental health services is clearly articulated by law; however, clinical judgment must be applied on a case-by-case basis. ADMHS will undertake, within the next six months, clarification of the rehabilitation option and managed care to ensure that staff in the Adult Mental Health Services Division have a uniform understanding of the model(s), treatment philosophy, clients to be served, and funding for these target populations. as we develop the department's model of care.

The Children's Mental Health Services Division continues to serve several different client populations. Each is defined based on its own unique funding and referral mechanism. The portion of the caseload most subject to change is the MISC Program. As the result of a comprehensive Strategic Planning process completed last fall, a MISC "Right-Sizing Charter" was developed. The Charter establishes general principles for caseload and service adjustments in MISC. During Fiscal Year 2001-02, the number of clients to be enrolled by each of the four partner agencies will be adjusted to match funding streams that can be sustained for FY 2002-03. The exact "client referral profile" for MISC will be defined by each partner agency. The array of services available will be defined jointly by ADMHS administration, the MISC Assistant Directors and the Executive Directors of the MISC Community-Based Organizations.

This recommendation supports my efforts to integrate the treatment and fiscal segments of the Department. It will be absolutely critical to the future of the Department, particularly as the model of care is identified, to have a clear understanding of the finances available to support our programs and services. There are distinct differences in the needs of children, adult and older adults. The system of care will require tailoring to those specific needs and age groups.

FINDING 21: *Comprehensive plans and projects, specifically SEARCH and the Five-Year Plan for Adult Services, took a substantial amount of professional time and energy to create. Leaving them "on the shelf" costs taxpayer money and leads to staff frustration.*

RESPONSE: I disagree with the finding. The findings from these two planning processes have been strongly incorporated into many aspects of the Department, and will continue as funding becomes available.

The SEARCH Conference report has served as the primary planning guide for the Alcohol and Drug Program over the past three years and continues to be a critical planning tool for the program. Service priorities and funding decisions have been based on the recommendations contained within the SEARCH Conference. Similarly, many of the recommendations of the Five-Year Plan for Adult Mental Health Services have been implemented. In particular, ADMHS has initiated grant requests to obtain funding to implement the plan. This has enabled the Department to augment our urgent care capacity -- identified as the highest priority need in the plan -- including jail diversion (Mental Health Treatment Court with Intensive Support Teams - in operation), supported housing (Supportive Housing Initiative Act), integrated treatment for persons who are homeless and have mental illness (AB 2034 - Homeless Outreach Mental Health Enhanced Services) and regional crisis stabilization centers (Mobile Crisis Response - request pending). These documents have continued to inform and guide the work of the Advisory Board on Alcohol & Drug Problems, the Mental Health Commission, and ADMHS Administration.

RECOMMENDATION 21: *The County Administrator and the Board of Supervisors should monitor, on a regular basis, specific ADMHS plans and the adherence to and progress of such plans. Some internal ADMHS mechanism, perhaps an evolution of the Labor-Management Project Team, should be involved.*

RESPONSE: The recommendation has been implemented. I welcome the involvement of the County Administrator's Office and the Board of Supervisors in the monitoring of ADMHS plans and progress of such plans. Mechanisms are in place. There is a quarterly Operations Review Meeting with the County Administrator. The Board of Supervisors will receive a financial update in November 2001. The Board of Supervisors appoints the members of the Mental Health Commission and the Advisory Board on Alcohol and Drug Problems. A Supervisor is an active member of the Mental Health Commission. There are frequent contacts with the County Administrator's Office Analyst assigned to ADMHS and monthly Financial/Budget Projection meetings with the County Budget Director. Internally, ADMHS has established Management meetings that identify and manage risks within the Department.

Again, I appreciate the opportunity to respond to the findings and recommendations of the 2000-2001 Grand Jury Report on Mental Health Services.

Sincerely,

James L. Broderick, Ph.D.
Director

JLB/mc

cy: Michael F. Brown,
County Administrative Officer

Attachments: See list

LIST OF ATTACHMENTS

Attachment A: Schedule of Project Activities for ADMHS - Former Rehabilitation Institute - Building 5

Attachment B: ADMHS Training Sessions - January 2000 to June 2001

Attachment C: ADMHS 2001 Language Directory

Attachment D: Project Charter - ADP Strategic Planning

Attachment A

SCHEDULE OF PROJECT ACTIVITIES for ADMHS (FORMER REHABILITATION INSTITUTE - BUILDING 5)

The following schedule of Project activities has been established by the COUNTY for the Alcohol, Drug & Mental Health Services Building:

Date	Task
July 27, 2001	Project Kick-Off Meeting
September 18, 2001	BOS approval of architect contract
September 21, 2001	Architectural Program prepared (8 weeks)
September 28, 2001	Receive bids for demolition project
November 16, 2001	Schematic Design Documents due (8 weeks)
November 30, 2001	S.D. review by County completed (2 weeks)
December 21, 2001	Demolition Complete
February 8, 2002	Design Development Documents due (10 weeks
February 22, 2002	D.D. Review by County completed (2 weeks)
April 19, 2002	50% Construction Documents due (8 weeks)
May 3, 2002	50% C.D. review by County complete (2 weeks)
July 5, 2002	90% Construction Documents due (9 weeks)
July 19, 2002	90% C.D. review by County complete (2 weeks)
August 9, 2002	100% Construction Documents due (3weeks)
September 13, 2002	Building plan check and permits (5weeks)
October 25, 2002	Construction Contractor Bid opening (6 weeks)
November 25, 2002	Notice to Proceed (4 weeks)
November 29, 2002	Construction Begins
December 31, 2002	Construction completed (13 months)
January 30, 2004	Move-in completed (5 weeks)

Attachment B

ADMHS Training Sessions Jan 2000 – June 2001

Training for 5150 Certification	January 13, 2000
The Potential of Prevention: Fundamentals and Strategies	January 14, 2000
Disaster Response Team Training, Year 2000: Mental Health Interventions in Disasters (Part I)	January 27, 2000
Risk Management 2000	February 15, 2000
Teaching Parenting Skills to High Risk Families	February 17, 2000
Recognition, Assessment and Documentation of Antipsychotic-Induced Extrapyramidal Symptoms	February 25, 2000
EMT Group and SBC ADP Present: Prevention Strategies for Adolescent Families	March 8, 2000
ADMHS Documentation Guidelines	March 28, 2000
Disaster Response Training Team, Year 2000 – Mental Health Interventions in Disasters (Part II)	April 20, 2000
The Role of Mood Stabilizers in Mania Complicated by Substance Abuse	April 25, 2000
Speaking out on Spirituality: Exploring the Relationship between Religion, Spirituality and Mental Health Treatment	May 10, 2000
Hepatitis C and The Public Sector	May 11, 2000
Transitional Age and "Bridging Services"	June 14, 2000
Treatment Options for Bipolar Mood Disorder: Management of the Acute and Maintenance Phases	June 27, 2000
Women and Substance Abuse	July 14, 2000
Inclusion by Design: cultural Competency in the Family Setting	September 19, 2000
Physical Contact between Psychotherapist & Patient: Clinical, Ethical and Legal Implications	November 9, 2000
Exposing a Hidden Problem (Older adult substance abuse)	November 2000
Disaster Response Team Training 2000 – Session 4	November, 2000
The Challenge of Providing Quality Care While Avoiding Burnout	January 25, 2001
Sexual Harassment and Workplace Safety in a Mental Health Setting	February 1, 2001
Opportunity and Visibility: Providing Culturally Competent Alcohol, Drug and Mental Health Services for the Lesbian, Gay, Bisexual and Transgender Community	March 8, 2001
Blood-borne Pathogens	March 13, 2001
The Art of Being Culturally competent	April 25, 2001

Legal Update – Issues of Concern for Clinicians	May 25, 2001
Geriatric Depression: Review and Update	June 4, 2001
Suicide Risk among the severely and persistently mentally ill	June 7/June 8 2001
When Anxiety turns to Depression	June 14, 2001
The Management of Schizophrenia: Review and Update	June 26, 2001

Attachment C

ADMHS 2001 Language Directory

Language skills are listed by Santa Barbara, Lompoc, and Santa Maria Department Staff, then Community Contractors, with Cultural Diversity Department Staff on the final page.

Language:

SANTA BARBARA DEPARTMENT STAFF

SPANISH

Agency	Phone	Name	Affiliation/Unit
ADMHS	681- 5229	BOULETTE, TERESA, Ph.D.	ADMIN
ADMHS	681- 5220	CORTEZ-MEJIA, LAURA, Acct. III	ACCOUNTING
ADMHS	681- 5220	DE LA MORA, BRANDY, Acct Tech	ACCOUNTING
ADMHS	681- 5220	DEL ROSARIO, CHEVELLA, Dept DPSP	MIS
ADMHS	882- 3779	GALLERY, BETSY,MFT	SB CAL WORKS
ADMHS	681- 5190	HAMIDEH, MIRIAM, Ph.D.	CALLE REAL TEAM 2
ADMHS	681- 5244	LEYVA, CARMEN, MHT II	PHF
ADMHS	681- 5450	MARKS, DUNYA, OA, SR.	CALLE REAL TEAM 4
ADMHS	884-1664	MONTES, FRANCISCO Ph.D.	SB CHILDRENS
ADMHS	681- 5244	MOODY, FRANKLIN, MH ASST.	PHF
ADMHS	884-1640	MORENO, CHRISTINA OA, SR.	QI/UR
ADMHS	681- 5190	NUÑEZ, JOSE, MHT II	CALLE REAL TEAM 2 &
ADMHS	681- 5450	PAVICH, DALE, LCSW	CALLE REAL TEAM 4
ADMHS	681- 5244	ROHRINGER, GERHARD, M.D.	PHF
ADMHS	884-1610	SCHLADWEILER, EVELYN, R.N.	ACCESS
ADMHS	681- 5190	SERRANO, RAPHAEL, MFT	CALLE REAL TEAM 3
ADMHS	681- 5330	SMITH, NANCY,M.D.	CALLE REAL TEAM 4
ADMHS	681- 5220	SUAREZ, RAY,Medical RecordsTech II	MEDICAL RECORDS
ADMHS	681- 5244	TRUJILLO, ROBERT,MHT II	PHF
ADMHS	681- 5190	TURNER, CANDICE, MH CASE WORKER	CALLE REAL TEAM 2 &
ARABIC ADMHS	681- 5244	TANIOS, WAHID, M.D.	PHF

GERMAN	ADMHS	681- 5244	ROHRINGER, GERHARD, M.D.	PHF
FARSI	ADMHS	681-5190	HAMIDEH, MIRIAM, Ph.D.	CALLE REAL TEAM 2
SERBIAN	ADMHS	681- 4094	PAVLOV, JELENA, EDP II	MIS

LOMPOC DEPARTMENT STAFF

SPANISH

ADMHS	737- 6646	DELGADILLO, ED, MH CASE WORKER	LOMPOC CHILDRENS
ADMHS	737- 7715	DOSSEY, ART,LCSW	LOMP0C ADULT
ADMHS	737- 6634	EMBLETON, EILEEN, OA, SR	LOMPOC CHILDRENS
ADMHS	737- 6615	HENRY, CLAUDIA,Ph.D	LOMPOC CHILDRENS
ADMHS	737- 7715	HERNANDEZ, O.A., II, MARIA,Ph.D	LOMPOC ADULT
ADMHS	737- 6672	LOPEZ, DIANA, OA, SR	LOMPOC CHILDRENS
ADMHS	737- 7715	SALGADO, ANDREA, MHT II	LOMPOC ADULT
ADMHS	737- 7715	TERRONES, CARMELA, PAT.REP.	LOMPOC ADULT
ADMHS	737- 7727	VILLELA, CRUZ, MH CASE WORKER	LMP CAL WORKS
ADMHS	737- 6613	ZAZUETA, ANITA, OA II	LOMPOC CHILDRENS

DUTCH	ADMHS	737- 7715	ZIMMER, CHARLES, Ph.D.	LOMPOC ADULT

SANTA MARIA DEPARTMENT STAFF

SPANISH

ADMHS	934- 6186	APODACA, XAVIER,Ph.D.	SM CHILDRENS
ADMHS	934- 6380	ASHBY, DEBBI,MFT-I	SANTA MARIA ADULTS
ADMHS	839- 8583	CAMACHO, LUCILA,MFT	SM CHILDRENS
ADMHS	922- 6321	COATS, RANDOLPH,MFT	SM CHILDRENS
ADMHS	934- 6380	CORDERO, FERNANDO,Ph.D.	SANTA MARIA ADULTS
ADMHS	934- 6321	DAVIS, ALICE,MFT	SM CHILDRENS
ADMHS	934- 6378	ESPARZA-ORTIZ, MARIA, OA II	SANTA MARIA ADULTS
ADMHS	934- 6534	GOMEZ, EPI, MH CASE WORKER	SANTA MARIA CHILDRE
ADMHS	934- 6385	GUZMAN, ROSA, OA II	SM CHILDRENS
ADMHS	934- 6380	MALDONADO, SONIA, OA II	SANTA MARIA ADULTS
ADMHS	934- 6387	MURGUIA, MARTHA, OA, SR	SM CHILDRENS
ADMHS	934- 6374	SIMMONS, YOLANDA, MH ASST.	SANTA MARIA ADULTS
ADMHS	614- 1379	SLIM-SYLLING, IVONNE, MH CASE WORKER	SM CAL WORKS

TAGALOG	ADMHS	934- 6390	DEGUZMAN, ANGELINA,M.D.	SM CHILDRENS

COMMUNITY TRANSLATORS

South County

ASL	PHOENIX	965- 3434	OUSEY, KATHLEEN,
SPANISH	PRIVATE	899- 1153	CAVALIER, FAITH,M.F.T.
	PRIVATE	687- 0236	DUNLAP, DORA,L.C.S.W.
	PRIVATE	688- 4567	FREEMAN, DEBRA,M.F.T.
	PRIVATE	705- 8420	JACOBS, ELAINE,M.F.T.
	SB COTTAGE HOSP	569- 7486	SLUZKI, CARLOS,M.D.
	PRIVATE	687- 9441	ZUCHOWICZ, NORMA,M.F.T.

NORTH COUNTY:

ASL	INDEPENDENT LIVING	925- 0015	Independent Living Resource Center
	INDEPENDENT LIVING	963- 0595	Independent Living Resource Center
GERMAN	PRIVATE	349- 9706	PURDY, ANNELIE,Ph.D.
HEBREW	PRIVATE	937- 2006	GINSBERG, CARMELLA,M.F.T.
HMONG/ LAOTIAN	PRIVATE	735-3099	YANG, JOHN (9-11 AM ONLY)
SPANISH	PRIVATE	349- 9706	PURDY, ANNELIE,Ph.D.
	PRIVATE	925- 4030	RATNER, LARRY,Ph.D.
	PRIVATE	545- 8951	WYLIE, THOMAS,Ph.D.

CULTURAL DIVERSITY DEPARTMENT STAFF:

DISABILITIES	ADMHS	882- 3778	DI MARIA, ADRIA,M.A., Rehab Specialist	SB CA
DRUG/ALCOHOL	ADMHS	882- 3779	GALLERY, BETSY,MFT	SB CA
GAY/LESBIAN./TRANSGENDER	ADMHS	681- 5249	SMAGALA, KAREN, MFT	PHF
GAY/LESBIAN	ADMHS	681- 5244	SMITH, CAROL, MHT II	PHF
GAY-LESBIAN/BI-SEXUAL	ADMHS	934- 6308	ASHBY, DEBBI,MFT-I	SANTA
SINGLE PARENT	ADMHS	614- 1379	SLIM-SYLLING, IVONNE, MH CASE WORKER	SM CA

Attachment D

Project Charter - ADP Strategic Planning

Project Sponsor: Merna McMillan, Director, Alcohol, Drug and Mental Health Services

Project Lead: Al Rodriguez, ADP Manager

Project Facilitators: Laura Mancuso, Dennis Pankratz

Staff Support: Nancy Vasquez, Mary Rodrigo

I. PREAMBLE: Alcohol & Drug Programs (ADP) has a unique role and responsibility to coordinate services to all individuals and families in Santa Barbara County affected by alcohol and drug problems, whether those services are privately or publicly funded. This strategic planning process will generate recommendations to ADP (a component of County Alcohol, Drug and Mental Health Services) and, ultimately, to the County Board of Supervisors, about action to be taken by the County to best meet current and projected community needs. While ADP can act directly with respect to services that are supported by ADP-administered funds, the strategic plan should reflect a broader vision for alcohol and drug services countywide. It is a priority for the planning process to assist with the integration of ADP within ADMHS and to contribute to overall ADMHS strategic planning.

II. PURPOSE: To develop a written Strategic Plan to achieve the best structure for ADP service delivery in Santa Barbara County.

III. GOALS: 1. The primary goal is to develop a written strategic plan that fully and accurately reflects the service philosophy of ADP Services and guides program planning and decision-making.

2. The plan should describe specific steps to increase capacity to provide alcohol and drug services that are comprehensive, accessible, and integrated.

3. The plan should describe how ADP interacts with community-based organizations, other county departments, and other systems of care.

4. The plan should address the removal of barriers and increased accessibility of integrated alcohol and drug services to individuals and families in the criminal justice system, the social service system, or other systems of care.

5. The plan should address the removal of barriers and increased accessibility of integrated services for people with co-occurring mental illness and substance abuse or dependency.

6. The plan should ensure coordination with other current or anticipated planning efforts (e.g. Proposition 36, Children & Families Commission, etc.).

7. The written document resulting from the strategic planning process should include recommendations regarding:

- the desired vision, mission, and values for alcohol and drug services county-wide;
- action plan for ADP services;

- policy statements for adoption by county government to implement the strategic plan; and
- specific steps to evaluate and update the plan over time.

IV. PROJECT PHASES:

Phase 1 - Design Strategic Planning Process - Project Planning Team
(Jan 30 & Feb 6, 2001)

- Review draft project charter
  - Clarify scope and goals of the ADP strategic planning process

- Identify who will be involved in strategic planning process
  - Individuals and organizations to be invited and their roles
  - Opportunities for public input

- Review authority and responsibility for process
  - Will there be a Steering Committee?
  - If so, who are the members? How/when does it meet?

- Set timeline
  - Is now the time to launch this process?
  - Proposed schedule?

- Other issues or questions

Phase 2 - Environmental Scan & Communication- Process involving all stakeholders
(March to May 2001)

- Environmental scan
  - review foundational material
    - prior planning activities
      - 1998 ADP Search Conference
      - 1992 ADP Master Plan
      - Adult Mental Health Five-Year Plan
      - Dual Diagnosis Plan
      - MISC Strategic Plan
    - laws and regulations
      - Health & Safety Code
      - County ADP Functions
      - ADP Advisory Board
    - funding streams, requirements

  - gather information about community needs and/or gaps in services
    - Town Hall Meetings co-sponsored by the Community Recovery Network, a North County ADP Provider, and the Steering Committee
    - who are ADP's customers? (e.g. individuals in the community with alcohol or other drug problems, community members who might receive prevention messages, people in the recovery community, schools, law enforcement, courts, Probation, PHD, DSS, MISC, Adult MH, etc.)
    - how are needs projected to change over time?

  - review current services and identify existing resources

  - identify local, state, and national trends

-- learn about service system models (e.g. visit or invite speakers from other counties, such as Stanislaus or Riverside)

- Identify strategic issues

- Work on improved communication
  - identify and address any areas of conflict
  - identify ways to communicate better in the future

Phase 3 - Action Planning- Process involving representative group of stakeholders (June 2001)

- Develop recommendations and specific action steps that address each of the strategic issues

- Identify areas of agreement and disagreement as needed

- Develop performance measures

- Schedule ongoing evaluation and updating of the strategic plan

V. STAKEHOLDERS:

Public Health and Human Service Agencies - e.g. DSS, PHD, ADMHS
Private Providers - community-based organizations, health care providers, homeless providers, etc.
Educational Institutions - local school districts, County Education Office
Law Enforcement - Public Defender, DA, Courts, Probation, Sheriff, Police
Constituencies - e.g. consumers of services, their family members, county residents in general, Recovery Network members, etc.
Advisory and Governmental Bodies - ADP Advisory Board, MH Commission, BOS, City Governments, KIDS Network, etc.

VI. ROLES AND RESPONSIBILITIES

Project Sponsor: Establishes charter and provide executive oversight and support. Attend first planning meeting to give Team their charge. Be available for policy direction as needed.

Project Lead: Serves as project manager of project. Ensures that administrative support is provided to the project to accomplish purpose. Works with facilitators to manage all aspects of project.

Project Facilitators: Plan, design and carry out with staff assistance facilitation of Strategic Plan process. Facilitate and record team meetings and other strategic planning group sessions.

Project Planning Team: Provide initial advice and direction in developing the planning process design. Review environmental scan and other assessment data and develop initial strategic issues. Help establish a consensus statement of where ADP has been and where it is currently. Help plan and conduct Town Hall Meetings. Develop recommendations and priorities regarding ADP service strategies. Synthesize all input into a completed Strategic Plan. Ensure evaluation of strategic plan process.

VII. PRIORITIES

The following are important priorities in the planning process:

- consistent participation/attendance
- commitment
- broad representation of the entire community

- production of a product that will be used and can be clearly communicated
- maintain a focus on our strategic planning goals
- assist with the integration of ADP services within ADMHS and contribute to overall ADMHS strategic planning

VIII. CONSTRAINTS AND DEADLINES

In order to be successful, the Strategic Planning process must address these constraints:

- broad and consistent attendance/participation
- time
- achieving consensus
- multiple agendas (including hidden agendas)
- size/scope of the task
- gathering of all relevant data
- parallel or competing planning processes
- equality of participation
- capacity to hear all voices
- limited resources to fund needed services
- differing priority levels among involved agencies/departments
- stigma and denial regarding alcohol and drug problems