

## **County of Santa Barbara ADMHS Consultation**

### **Proposed Additional Consultation Activities – February 8, 2013**

#### **4. Project #4-B: ADMHS Integration and Transformation Consultation**

The purpose of Project #4-B is to support ADMHS, DPH, and the County in implementing necessary health system integration activities to prepare for Medicaid expansion and the implementation of health reform under state and federal initiatives in 2014. The scope of Project #4-B is 6 months, from April to September 2013.

On Project #4-A, TriWest will work with Project #2 subcontractor ZiaPartners, Inc. (Zia), to carry out most of work for this project, supported with additional technical implementation consultation through TriWest lead Andrew Keller, PhD, and Kathy Sternbach, MBA, MEd, of Sternbach Consulting. The project will build on work done during the initial system assessment phase of the consultation project to provide consultation, technical assistance, and training to SBC for the purpose of transforming and better integrating the SBC behavioral health system within the context of its broader health systems managed by DPH, in order to leverage limited resources to more effectively meet the needs and inspire the hopes of the individuals and families in the county with complex needs who need services. The purpose of the consultation will be to assist in the planning and implementation of systems objectives prioritized by SBC, related to the central recommendations of Phase #3 and the broader goal of creating an integrated, recovery/resiliency oriented, culturally and linguistically competent, trauma informed system of care within Santa Barbara County and across its delivery system.

The major activities will concentrate on the capability of the system to provide appropriately matched, welcoming, accessible recovery/resiliency oriented, and integrated services for individuals and families with mental health and/or substance use disorders and other complex co-occurring health and human services needs in Santa Barbara across health settings. The level of effort will focus on county direct operated services within SBC; contracted mental health and substance abuse provider organizations, as well as partner service systems such as primary health services, homeless services, criminal justice services, juvenile justice services, and child welfare services. Across this work, the effort to develop capacity to deliver integrated services will be aligned with other transformational system goals and objectives (such as preparation for Medicaid expansion and health care reform, Katie A implementation, crisis system development, recovery oriented system of care development, improved cultural and linguistic competency, etc., per Project #2 findings), with the goal that the framework for integrated service delivery will form a common template for system quality improvement across any participating components of Santa Barbara. The vision in Santa Barbara is to use this project (at whatever level of effort it begins) as the first step in launching a process that provides

transformed and integrated services to all populations seeking public health and human services, and across multiple domains of the Santa Barbara County delivery system.

In addition to continued technical assistance regarding all of these activities with lead Project #2 consultants, Keller, Minkoff and Sternbach, given the broader integrative focus of this consultation, TriWest will utilize ZiaPartners' Comprehensive Continuous Integrated Systems of Care framework for system design (CCISC) and its associated "Twelve Step Program of Implementation", developed by Senior Systems Consultant to ZiaPartners, Kenneth Minkoff, MD, in collaboration with Christie A. Cline, MD, MBA, President of ZiaPartners. Dr. Cline's bio is included at the end of this document.

**CCISC** is a model for system design based on **research based consensus clinical best practice principles of treatment for individuals with complex co-occurring conditions, including health, mental health and/or substance use disorders**, embedded in an integrated recovery philosophy. In this approach, because individuals with co-occurring conditions are an expectation throughout the service system, associated with poor outcomes and high cost, **all programs in the system are designed to be, at minimum, Co-occurring Capable (sometimes described as complexity capable)** within their existing role and resources, but each one has a different function, providing matched services to the cohort of individuals or families with mental health and/or substance disorders and/or other complex health and human services needs already present in that setting, according to best practice principles for treatment matching practice guidelines. Thus the process is not just about "co-occurring", but about designing a service system at all levels, with every policy, procedure, practice, program, person, and resource to be about meeting the needs and inspiring hopes of the people with complex challenges who need help.

The model thus provides a framework for designing system transformation and integration that can be adapted and utilized in any system to create a system plan for incorporating incremental development of co-occurring capability or complexity capability into both new and existing services. In order to facilitate understanding of this process, the TriWest team will help Santa Barbara utilize the **ZiaPartners toolkit** for implementation of CCISC that provides measurements of fidelity or capability at the system level (**CO-FIT 100™**), program level (**COMPASS-EZ™**), and clinician level (**CODECAT-EZ™**).

Finally, within the context of the broader system quality improvement implementation plan, the TriWest team will provide system and program consultation and technical assistance, front line staff training, and organize the development of a **Santa Barbara County change agent team**, to promote the implementation of best practice interventions for individuals with co-occurring conditions throughout the system.

**Project Design:** This proposal offers one approach to designing an implementation process, but it should be understood that this design is flexible to meet the needs of Santa Barbara and to align with other transformational activities in a strategically planned sequence. Key activities include the following:

- **Core Transformation Activities:** ZiaPartners leads Drs. Minkoff and Cline will provide two two-day on site visits to Santa Barbara during the period of this contract to organize and facilitate the development of the transformation and change agency process: the first in April and a second in the summer (June to August, as negotiated). This on site time will ground the development process, and be continued in between the visits and through the end of the engagement via teleconferencing, e-mail support, policy and procedure review, and other technical assistance services to assist with every aspect of clinical policy development that needs to be addressed to align with and support the transformational vision.
- **First Transformation On Site Visit:** This visit would involve a two day on-site training and kick-off event conducted by the principals of ZiaPartners, Dr. Minkoff and Dr. Cline, along the TriWest project lead to ensure the integration of the Project #2 and #3 findings into the process. The first day event is a full day training with Drs. Minkoff and Cline on the principles of recovery oriented integrated service delivery for individuals and families with complex and co-occurring conditions and on the principles of how to develop and implement a quality improvement framework within which any and all participating components of the system can participate successfully in improving recovery oriented and integrated service delivery over time within existing resources.
  - The first day training event would be open to the widest possible array of Santa Barbara County managers, clinical staff, support staff, and consumers, families, and advocates. Paradoxically, the “bigger” the system change project is (and the broader the range of the participants involved), the more efficient and effective are the results. To put it another way, trying to implement this level of change in only one component of the system is much more difficult than when all parts of system – including all the providers, community partners, and populations – are invited to participate from the beginning.
    - The first half of the training would be provided by both Dr. Minkoff and Dr. Cline and would lay the ground work for the vision of “changing the world” in Santa Barbara County and for the basic principles of successful intervention.
    - The second half of the training would be divided, and Dr. Cline would work with system managers (e.g., the current transformation leadership team chaired by Assistant CEO Terri Maus) and other key stakeholders on the strategies for implementation of recovery oriented integrated practice at the agency and system level, while Dr. Minkoff provides more

in depth basic front line service delivery training. This first day will provide groundwork for any county program, contracted provider or community partner in the system that wishes to follow up with participation in an ongoing implementation process.

- The second day of the two day training event would likely involve a combination of: 1) a more specific planning process for how to evolve from a redesign advisory process to an ongoing transformational quality improvement process, with a specific charter and measurable outcomes for the system as a whole and for each partner, and 2) a hands-on practicum introductory training event specifically designed for county operated services. Drs. Minkoff and Cline will each work directly with small teams of county staff to illustrate both how to develop a quality improvement process for building recovery oriented co-occurring capability within direct operated services, as well as providing practice experience in applying the CCISC principles in role play and “actual” clinical case scenarios. This event will give the direct operated service programs and staff a firm foundation for an ongoing improvement process for building integrated services capability.
- While this training is happening, Dr. Keller will provide focused consultation with key system leaders and operational leads regarding implementation planning and data-driven progress monitoring to support implementation of all of the Project #2 and #3 recommendations approved by the Board of Supervisors. He will carry out this work in a series of separate meetings outside of the trainings and transformation start-up activities conducted by Drs. Minkoff and Cline.
- **Implementation and Continuation:** The initial kick off event is designed to create excitement, energy and input for a project plan for integrating and transforming the Santa Barbara County system. The next phase of the proposal describes how **ZiaPartners** will assist the system to transform at every level, identify and develop an empowered team of front line change agents, design a redesign process with specific work teams operationalizing aspects of the overall vision, and provide ongoing system consultation, agency and program technical assistance, and continuing clinical support to assist Santa Barbara in developing a integrated/transformed system, recovery oriented co-occurring capability at the program level, and recovery oriented co-occurring competency at the staff level.
  - The next step activities relate to designing a change partnership within all levels of county services, outlining specific implementation activities within each program, helping to form a countywide “change agent” team, and beginning the specific quality improvement activities to address step by step improvement in integrated welcoming, screening, identification, assessment, stage matched recovery planning for individuals and families with complex needs. The next steps also relate to the design of a process to achieve county wide consensus to

proceed with implementation, development of a plan for “roll out” of the project in a way that engages stakeholders at all levels in partnership with the county, incentivizes participation for all providers within limited existing resources, and frames the organization of a county wide continuous quality improvement process with implementation efforts defined in partnership between Santa Barbara County leadership, each Santa Barbara behavioral health program, collaborative divisions, programs, and systems as identified (most centrally DPH, but also as many others as possible, per above), clinical practice development (including policies for helping all programs improve their internal design and ability to match what people actually need more efficiently, using improvement strategies related to welcoming, screening, access (crisis and routine), person-centered/recovery oriented assessment and treatment/recovery planning), improved outcome tracking and data collection, psychopharmacology, and clinician competency and training, facilitated by the development of a clinician/consumer “change agent” team.

- The role of the TriWest team will be to assist Santa Barbara (at all levels of engagement) in making the comprehensive infrastructure changes needed to support universal integrated, recovery oriented co-occurring capability to manage the complex population of the County within limited resources, as well as to provide programmatic technical assistance, consultation on the design of specific clinical or human service practices, and clinician/support worker training and competency development.
- **Primary Activities:** This process will involve a combination of on-site (in June / July) and off-site activities in between. On-site activities will include periodic meetings with system leadership and working committees at all levels, direct technical assistance to any involved subsystems, on-site consultation and support to involved agencies and programs, training events, and provision of training and clinical support to a team of “change agents” and front line workers at various levels of the system. Off-site activities will include regular teleconferences, ongoing e-mail contact, review and revision of system and/or program materials (e.g., policy statements, contract language, regulations, reimbursement criteria, paperwork content, scopes of practice and credentialing requirements), and customization of system specific materials, such as training curricula. These activities will be provided across the six months directly by Drs. Minkoff, Cline and Keller, supported as needed by Ms. Sternbach. The focus of Ms. STernbach’s consultation will be to support administrative operational changes within ADMHS and, to the extent prioritized, with other county departments.
- **Focused On Site Technical Assistance:** Across the months between the initial on site in April, the follow up on site in June, and the delivery of the Project #4 findings and

recommendations for continued integration in September, Dr. Keller and Ms. Sternbach will be available to provide up to 4 days each of additional consultation and targeted assistance in between. Dr. Keller will focus on clinical systems and Ms. Sternbach on administrative supports, coordinating closely with each other and the lead transformation work of Drs. Minkoff and Cline (as they have in Projects #2 and #3).

- **Final Integration Report and Recommendations:** The project will conclude with a final summary report assessing integration progress across the six months and offering recommendations to continue the transformation process. Since the CCISC process tends to be a multi-year transformation project, it is likely that we will recommend additional consultation (e.g., quarterly on site and interim telephone/email support) by our consulting team for the last quarter of 2013 and first quarter of 2014 at a minimum. However, the recommendations offered will be self-contained and the County will be able to decide if they prefer to implement them with internal resources.
- **Project Scheduling:** The scheduling of the visits and the amount of time spent on each visit will be mutually agreed upon by SBC leadership and the consultant team, roughly conforming the proposed schedule of events noted above, but adjusted as needed to ensure our team's involvement and the availability of the leadership and change agents from participating programs and agencies on site to be involved in the technical assistance activities, including clinical training to front line clinicians, identified clinical change agents / trainers, and other participants, as determined by the project plan.

## County of Santa Barbara – Proposed Additional Activities

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The costs and major activities for Project 4-B are summarized in the table below.

4. Project #4-B: ADMHS Integration and Transformation Consultation	Staff:	Sternbach	Keller	Minkoff	Cline	Wilson	In-State Trips	O-O-State Trips	Total Hours	Consulting Costs
Work Plan Activities	Rates:	\$300	\$300	\$440	\$440	\$170	\$1,000	\$1,750		
<b>4. Project #4-B: ADMHS Integration and Transformation Consultation</b>									<b>Total Cost</b>	<b>\$107,590</b>
Planning and preparation for initial on site	April	1	4	4	4	4			17	\$5,700
Core Transformation Activity #1: Initial Transformation On Site (Minkoff, Cline, Keller)	April		16	16	16		2	1	48	\$18,880
Core Transformation Activity #2: Implementation and Continuation (off-site)	May - Aug			12	12				24	\$10,560
Core Transformation Activity #2: Second Transformation On Site (Minkoff, Cline)	April			16	16		2		32	\$14,080
Focused On Site Consultation (Keller and Sternbach)	May - Aug	32	32				2	2	64	\$19,200
Focused On Site Consultation (off-site)	May - Aug	8	16			40			64	\$14,000
Final report and recommendation development, revision and finalization	Aug - Sept	4	16	4	4	20			48	\$12,920
CCISC Licensing	N/A									\$1,000
<b>All Consulting Costs</b>		<b>45</b>	<b>84</b>	<b>52</b>	<b>52</b>	<b>64</b>	<b>6</b>	<b>3</b>	<b>297</b>	<b>\$96,340</b>
<b>All Travel Costs</b>	In State: 6 trips at \$1,000 each      Out-of-state: 2 trips at \$1,750 each									<b>\$11,250</b>



**Christie A. Cline, MD, MBA**

**Christie A. Cline, MD, MBA**, is the founder and President of ZiaPartners, Inc., and ZiaLogic. Both corporations provide consultation, products and technical assistance nationally and internationally to behavioral healthcare systems in the areas of systems transformation, policy, procedure and practices for integrated services development, and quality improvement. Since 2001, Dr. Cline and Dr. Kenneth Minkoff have worked as a team in the process of system transformation for individuals and families with complex needs, including mental health, AODA, developmental disability/brain injury, trauma, health, homelessness, and criminal justice.

Dr. Cline is a Board-certified psychiatrist and also has a Master's in Business Administration with an emphasis in strategic development within organizations. She served as the Medical Director of the Behavioral Health Services Division of the New Mexico Department of Health from 1998 - 2003, responsible for the public safety net indigent mental health and substance abuse treatment system in that state. In that role, she was responsible for assisting BHSD in designing a statewide array of regional behavioral health managed care entities (Regional Care Coordination entities or RCCs) whose function was to design and manage complex populations through all levels of care in a resource-poor system. In addition, as the behavioral health medical director within a state department of health, she designed numerous primary health and behavioral health integration initiatives that permitted more cost-effective population health management of complex populations statewide, including developing guidelines for primary health practitioners working with behavioral health issues. She was also responsible for initiating the statewide Co-occurring Disorders Services Enhancement Initiative (recognized by SAMHSA in 2002) in a system with the second lowest per capita behavioral health funding of any state. In the context of these efforts, with no new resources, the New Mexico Behavioral Health Services Division was able to reduce the death rate among its indigent safety net population, improve access and continuity to community-based care for individuals and families with all types of complexity, and successfully establish a positive image and partnership with consumer and family stakeholders.

Dr. Cline and Dr. Minkoff are the leading experts on the implementation of the Comprehensive Continuous Integrated Systems of Care Model (CCISC) in adult and child and adolescent systems of care. These projects have involved working in all types of systems and service settings with extraordinarily diverse populations. Dr. Cline has personally trained over 2000 change agents (including numerous consumers and family advocates) in the course of her work. She has experience with systemic implementation of integrated services in adult services, older adult services, and child and adolescent services, and has worked with the full continuum (e.g., prevention and early intervention, peer driven support, outreach, crisis, hospitals and institutional care, outpatient, adult and juvenile justice, diversion courts, homeless shelters, child welfare, public health, and primary health, etc.). She has assisted hundreds of programs with the development of co-occurring-capable practices within a multitude of programming



approaches, including ACT, SAMHSA evidence-based practice toolkits including IDDT, gender-specific programming for pregnant and parenting women, family reunification, trauma and domestic violence service, services to adolescent sexual offenders, children's system of care wraparound, wet-damp-dry housing, adult and juvenile correctional programming, diversion and drug and mental health courts, WRAP, traditional healing, elder support, DD/MR/TBI and homeless services and shelter care, integrated primary health settings and many more. Dr. Cline has provided over 1000 presentation, trainings, and group consultations on system, program, clinical practice, and clinician competency development in support of welcoming, accessible, integrated, continuous and comprehensive behavioral healthcare systems.

Dr. Cline developed the design and format of the CCISC Change Agent Approach and the CCISC Change Agent Curriculum, and has been largely responsible for linking the content of training to the overall quality improvement process for systems development. She is a co-author of the CCISC Co-occurring Disorders Capability Toolkit, and has published several articles on co-occurring disorder system and services development. Recognized as a national leader in the area of systems integration, she was a member of the SAMHSA consensus panel for development of the Center for Substance Abuse Treatment's Treatment Improvement Protocol (TIP) 42, on co-occurring disorders.