

**Quality and Productivity Commission**  
**27<sup>th</sup> Annual Productivity and Quality Awards Program**  
**"Saluting County Excellence"**

**2013 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: TRANSFORMATION AND INTEGRATION OF BEHAVIORAL HEALTH**

**DATE OF IMPLEMENTATION/ADOPTION:** MAY 2010  
 (Must have been implemented at least one year - on or before June 30, 2012)

**PROJECT STATUS:**  Ongoing  One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**  Yes  No

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner

1 The County's Department of Public Health (DPH) Antelope Valley Rehabilitation  
 2 Centers (AVRC), a residential substance use disorder (SUD) program was built in the  
 3 1940's. This was a co-ed 300-bed SUD residential facility with a social model modality  
 4 and aging infrastructure and outdated treatment programs. A transformation was  
 5 necessary to increase sustainability in line with Health Care Reform; to improve the  
 6 delivery of treatment and recovery support services in a cost effective way; to advance  
 7 and protect the County's health and to meet the ever-changing needs of the SUD  
 8 population. The project goals are: to provide integrated care by increasing access  
 9 and coordination of care for treatment, mental health and physical health services at  
 10 one site; to improve service delivery to meet the goals of a "good" and "modern"  
 11 system of care; to increase engagement, retention, and positive compliance with  
 12 treatment; and to provide a full range of high quality services to meet the age,  
 13 gender, cultural and other needs of County patients. By establishing best practices,  
 14 enhancing staff skills and developing collaborations with other County departments,  
 15 the project has been successful in meeting these goals.

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
\$ 8,360,952.00	\$	\$	\$ 8,360,952.00	XX

**SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS**  
 Department of Public Health, Antelope Valley Rehabilitation Centers  
 30500 Arrastre Canyon Road  
 Acton, CA 93510

**TELEPHONE NUMBER**  
 (626) 223-8777

**PROGRAM MANAGER'S NAME**  
 Holly McCravey

**TELEPHONE NUMBER**  
 661 223-8777

**EMAIL**  
 hmcravey@ph.lacounty.gov

**PRODUCTIVITY MANAGER'S NAME AND SIGNATURE**  
 (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)  
 Catherine Mak

**DATE**  
 6/12/2013

**TELEPHONE NUMBER**  
 213 989-7240

**EMAIL**  
 cmak@ph.lacounty.gov

**DEPARTMENT HEAD'S NAME AND SIGNATURE**  
 JONATHAN FIELDING, M.D.

**DATE**  
 6/12/13

**TELEPHONE NUMBER**  
 213 240-8117

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**LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS):** The project is consistent with Goal 1: Operational Effectiveness and Goal 5: Integrated Health Services. The project focused on providing quality-integrated care by increasing access and coordination for SUD treatment, mental and physical health services at one site.

**CHALLENGE:** Behavioral health is a component of service systems that improve health status and contain health care and other costs to society. Yet, people with mental and substance use disorders have largely been excluded from the current health care system and rely on public "safety net" programs. As a result, the health and wellness of the individual is jeopardized and the unnecessary costs to society ripple across America's communities, schools, businesses, prisons & jails, and healthcare delivery systems." (Substance Abuse and Mental Health Services Administration-SAMHSA).

The majority of care for this population is received from ER visits and in-patient stays as opposed to SUD treatment. Adults with SUD and mental health (MH) conditions are one and a half more likely to have such co-occurring chronic disease as high blood pressure, heart disease, asthma or diagnosed with two or more as compared to the general population. These individuals incur two to three times the total medical expenses of people without SUD. Average age of death for a person with SUD and MH issues is 45 years old.

As the County's only direct SUD treatment provider, the Antelope Valley Rehabilitation Centers (AVRC) were serving over 2,100 SUD clients a year. While the 134 acre rural Acton site serviced 300 co-ed program, the Warm Springs site housed 199 beds for men. The County could not afford to upgrade both aging facilities. Staffing patterns were inadequate at 30 clients to each counselor. To increase sustainability and capacity in line with Health Care Reform (HCR) and to meet the ever-changing needs of the SUD population, an overhaul was necessary.

**SOLUTION:** Integrated behavioral client-centered services which improve the health status and reduce health care and associated costs must be implemented. To decrease costs and provide better services, the AVRC made the difficult decision to close the Warm Springs program and moved all staff to the Acton site.

The curriculum was completely overhauled. The Transformation and Integration Project built on existing program strengths by adding evidence-based practices (EBP) approved by SAMHSA and the National Registry of Evidence-Based Programs and Practice into the treatment program curriculum. The Matrix Model outpatient program, a Cognitive Behavioral Therapy (CBT) approach that incorporates relapse prevention and brain chemistry education, was adapted to a residential format by the AVRC. Additional evidence-based practices such as the Motivational Interviewing (MI), Mindfulness CBT, 12-Step Facilitation, Seeking

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Safety, Moral Reconciliation Therapy (MRT) along with the Medication Assisted Treatment of long acting injections for clients with alcohol and opiate addiction were included in the curriculum.

The implementation of EBP called for a new skill set for clinicians. A 'Culture of Learning' was developed for the staff requiring clinical staff to attend on-going trainings to increase knowledge, skills and competencies. The AVRC became creative in accessing free technical assistance and training through the State's Alcohol and Drug Programs Institute, UCLA's Integrated Substance Abuse Programs and Social Model Recovery Systems Inc., as well as networking with the Department of Mental Health (DMH) to take part in their MI and mental health trainings for free. A SAMHSA grant further provided training for six staff in MRT. Public Domain curriculum also provided free workbooks and educational materials for the clients.

Wrap-around services offered in one location is a key component to the best client care as it ensures well-coordinated services that address all aspects of life. Providing fully integrated care for clients was a labor-intensive process that uses a multi-disciplinary team with specialists in a number of different fields. The AVRC hired licensed clinical staff (Clinical Psychologist, Mental Health Supervisor, and Psychiatric Social Worker) to insure that all counselors have direct clinical supervision and clients have access to mental health services. Caseloads were reduced to 15:1 to allow staff to better engage with the patients.

New services along with the expanded curriculum include: tele-psychiatry services to help shorten the wait time for mental health services; and an expanded six month intensive SUD and case management program for transitional age youth, 18-25, women, who are either pregnant or parenting at risk children who required Department of Children and Family Services (DCFC) involvement. Case Management is now conducted with input from DMH and Primary Care providers.

Physical transformations of the facility were made to allow for gender separate, trauma informed and culturally competent recovery oriented programs. Reception areas now have color and positive message artwork on the walls to create a welcoming, secure, safe, and caring environment. Living quarters with new functional furniture allow clients to adequately store their belongings and sleep in comfortable beds. The kitchen and dining room with existing appliances from 1945 were completely renovated and refurbished with air conditioning and an added women's dining room.

**BENEFITS:** Process improvement became part of the AVRC culture. Five staff have been to the Network for Improvement of Addiction Treatment academy to become

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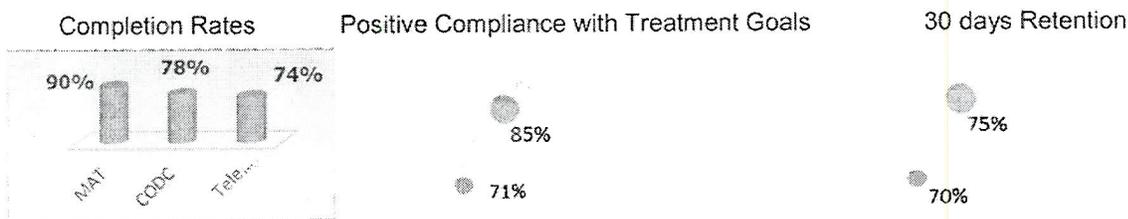
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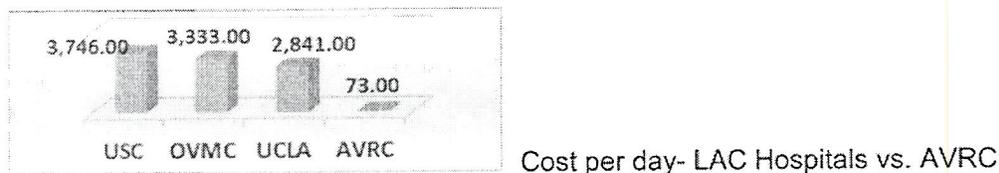
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change leaders to assist in Quality Improvement. The results of this transformation are being realized.

In 2010, UCLA conducted the first Dual Diagnosed Capability in Addiction Treatment assessment. The AVRC rated a 1.75: Addiction Services Only. In 2012, the program was reassessed and had improved its rating to 3.06: Dual Diagnose Capable. Performance Measurement is provided by the Los Angeles County Evaluation System which is data collected for all County funded SUD programs through the Los Angeles County Participant Reporting System. The AVRC have successfully improved access time to services with DMH and DHS, decreased hospitalizations, enhanced the quality of care through increased engagement and retention of the patients they serve while also reducing critical incidents. In 2011 the AVRC was a recipient of the DPH's Innovation Award.



EBP has strengthened the SUD treatment program. The AVRC provides low cost yet quality alternatives to what could be costly care by implementing high quality, evidence based delivery program that integrates SUD services with psychosocial interventions, mental health services and medication management and physical health care. Increased access and coordination of care with "in house" services decrease costs and increase quality control.



Linkage to DMH and DHS services during treatment is a vital component in helping patients reclaim their lives as they transition back into the community by focusing on long term recovery, work on reunification with families and eventual employment. The healing environment outside of the city and four walls of an institution is priceless and gives hope to patients. Armed with relapse prevention and coping skills, patients are better prepared to reintegrate into their communities and become productive members of society. A former patient said it all, "If it wasn't for the AVRC I would be in jail or dead. This program saved my life".

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT):** If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation.

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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**ANNUAL= 12 MONTHS ONLY**

SAMHSA Cost Offset of Treatment Services (2009) reports a benefit-cost ratio of 7:1.

Since 2010, the AVRC have enrolled 2,463 clients into residential treatment. A 90 day stay at the AVRC (room, board, SUD treatment, primary and mental health care) is \$6,570 per person. A stay at an LA County hospital averages \$3,333 (the middle pricing of the 3 hospitals) a day.

Estimating how much money is saved by residential treatment of people with SUD and chronic medical conditions at the AVRC is difficult as we do not have clear numbers of how many of the 2,463 clients served may have had a need for hospitalization.

Calculating that half of these clients (1,231) had chronic medical conditions (including SUD) that would have resulted in hospitalization stays totaling 4 days the cost would run \$13,332 a person. This is a potential cost avoidance of \$6,762 per person. (\$13,332 hospital stay - \$6,570 AVRC 90 days of treatment)

1,231 clients @ \$6,762 = \$8,360,952.00 potential cost avoidance.

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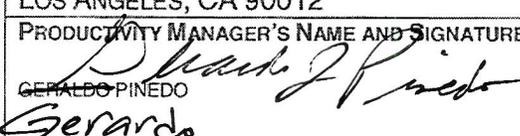
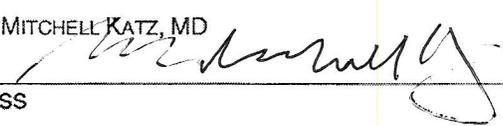
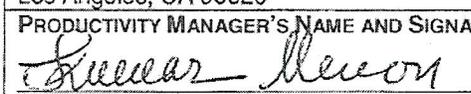
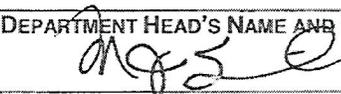
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**FOR COLLABORATING DEPARTMENTS ONLY**

*(For single department submissions, do not include this page)*

<b>DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS</b> DEPARTMENT OF HEALTH SERVICES 313 N. FIGUEROA STREET LOS ANGELES, CA 90012	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>  GERALDO PINEDO <i>Gerardo</i>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> MITCHELL KATZ, MD 
<b>DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS</b> DEPARTMENT OF MENTAL HEALTH 550 S. Vermont Avenue, 12th Floor Los Angeles, CA 90020	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>  KUMAR MENON, MSPA	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>  MARVIN J. SOUTHARD, D.S.W.
<b>DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
<b>DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
<b>DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS</b>	
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