



**Public Health
Behavioral Health & Recovery Services
Collaboration and Integration**

Public Health & Behavioral Health

Public Health

Administration

Nursing

Maternal Child Adolescent Health

Women, Infant, & Children

California Children's Services

Vital Stats

Emergency Preparedness

Communicable Diseases / Immunizations

Reception

Prevention & Wellness

Communications/Social Media

Fiscal

Accreditation

Employee Resources

Grants

Equity

Payroll

Contracts

Behavioral Health

Administration

Specialty Mental Health

Substance Use Disorders Treatment

Mental Health Services Act

Public Conservator

Measures B

Fiscal

Compliance

Reception

Prevention & Wellness

Communications/Social Media

Quality Assurance/Utilization Review

Electronic Health Record

Employee Resources

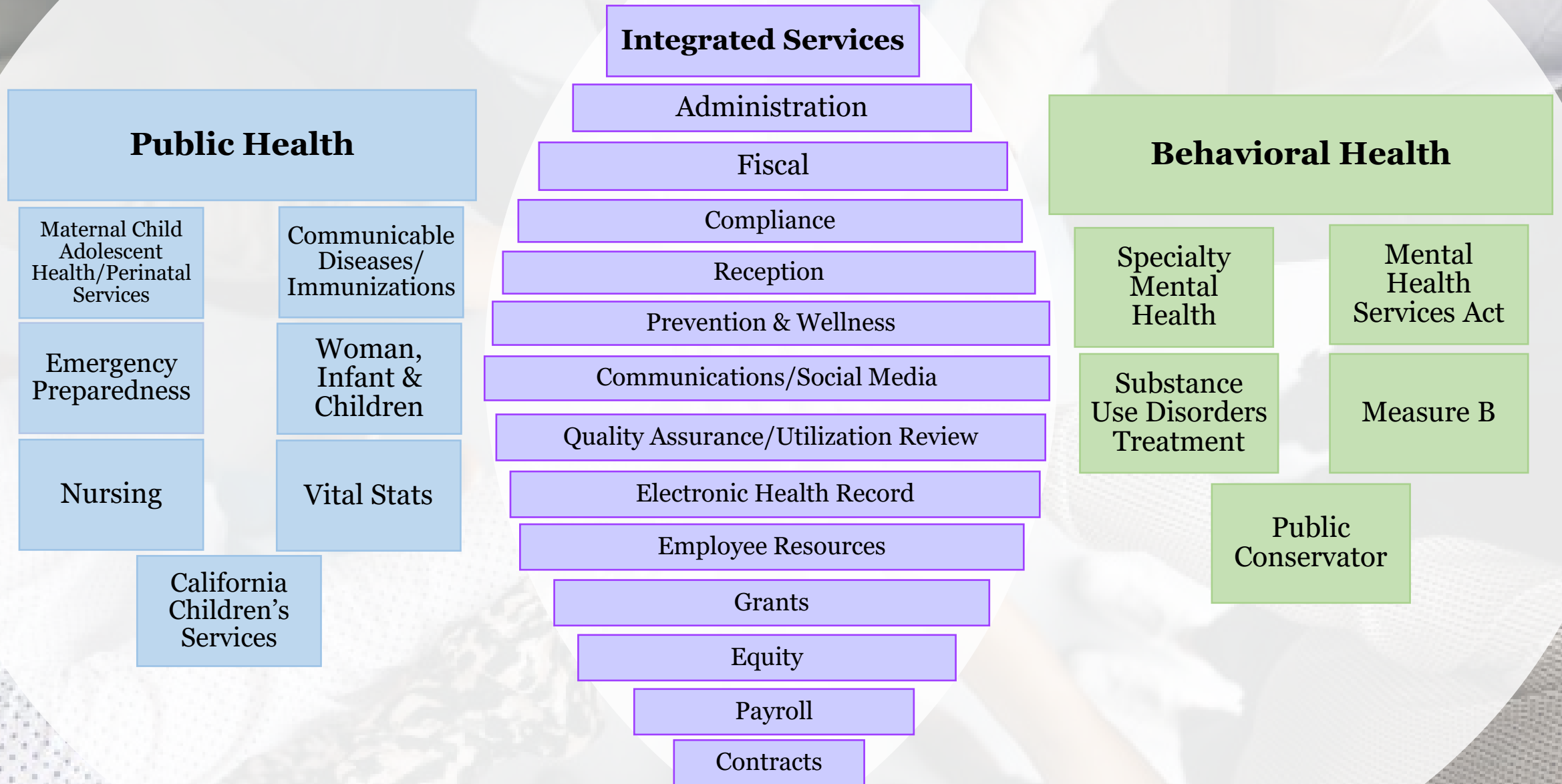
Grants

Equity

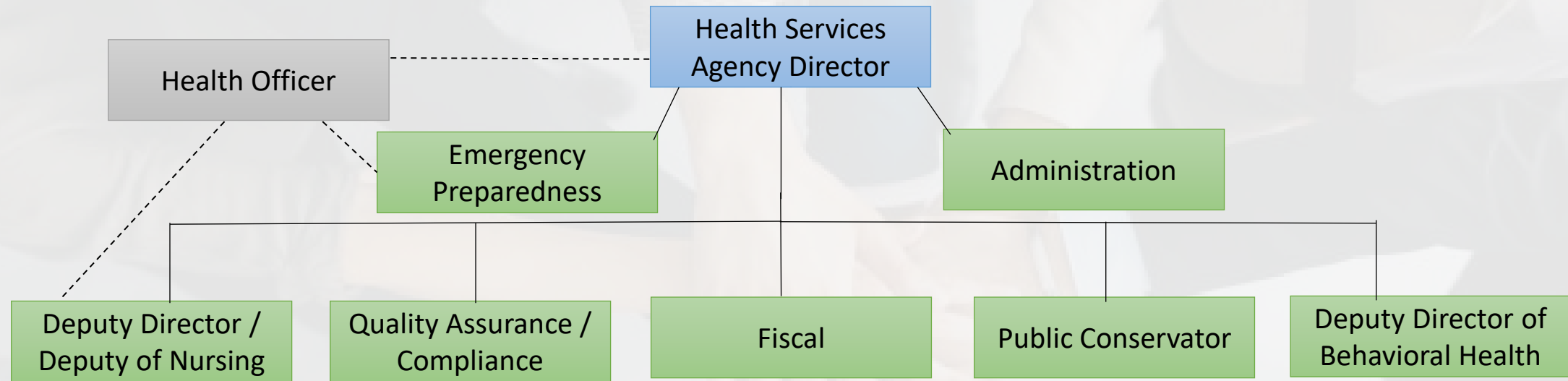
Payroll

Contracts

Collaboration and Integration of Public Health & Behavioral Health



Integration / Collaboration Organization Structure



Behavioral Health & Public Health Collaboration and Integration Timeline:

- September 2023 – Direction to implement collaboration and integration of PH and BH
- November 9, 2023 – PH and BH moved to Willits Justice Center, into a shared space
- November 22, 2023 – Submitted PH and BH Business Fiscal Plan
- December 19, 2023 – Board of Supervisors approved Adoption of Resolution Approving New Classification of Director of Health Services
- February 27, 2024 – Board of Supervisors approved FY 23/24 Budget Deficit Plan which included the plan to integrate PH and BH department leadership

Other Counties with Health Services Agency Model:

- Alameda, Contra Costa, Modoc, Monterey, Orange, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Sonoma, Tehama, Ventura

Collaboration & Integration Projected Efficiencies:

- Minimizing meeting redundancy and making meetings more meaningful - *Completed*
- Expanding collaborations across departments – *Implemented, Ongoing*
- Implementation of additional software systems – *Implemented, Ongoing*
- Supervision efficiencies – *Implemented, Ongoing*
- Building footprint reduction – *Completed*
- Automation of tasks – *Implemented, Ongoing*
- Delegation of tasks to the team member most suited to handle the task - *Implemented, Ongoing*
- Ensuring clear and open communication – *Implemented, Ongoing*
- Implementation of policies and procedures - *Ongoing*
- Implementation of consistency and standardization of expectations - *Implemented, Ongoing*
- Implementation of electronic signatures vs wet signature requirements - *Completed*
- Implementation of electronic health record – *In progress*
- Roll out of online training platform Relias - *Completed*
- Moving toward electronic record keeping – *In progress*
- Shared administration staffing – *Completed*
- Leveraging State and Federal Funding – *Implemented, Ongoing*
- Leverage expertise & knowledge across departments to enhance services & funding opportunities – *Implemented, Ongoing*
- Shared reception to reduce redundancy - *Completed*
- Cross training to increase resources available to community – *Implemented, Ongoing*
- Quality Assurance/Quality Improvement, Utilization Review, and Compliance collaboration - *Completed*
- Community Wellness and Prevention & Wellness collaboration - *Completed*
- Supervision/Management changes to align with collaboration / integration - *Completed*
- Integration of reception – *Completed*

Integration/Collaboration Efficiencies and Projected Cost Savings:

- Enhanced utilization of staff expertise
- Enhanced efficiencies
- Cross department collaboration
- Leveraging similarities and differences across departments to serve community

Projected Cost Savings:

- Reduced staffing by 13.5 FTE
- Estimated savings of \$1,794,623