IMPLEMENTING A NEW DRUG AND ALCOHOL TREATMENT MODEL IN SACRAMENTO COUNTY (C)

"In hindsight," reflected Toni Moore, "I realized that both Bob and I had been ineffective at reaching mid-level managers. Bob had told his division chiefs that he wanted their support for the AODTI, and he assumed he had it. On the surface, the division chiefs accepted this--but they never really bought into the project." Mid-level managers were much more difficult to bring to the table to persuade and work with on an action plan to integrate this new program into their departments. Moore said, "I guess we were naive to think they would." From her perspective the mid-level managers were over-looked, assuming that through policy "trickle-down" they would get the message and get on board. She had conducted informational exchange meetings with them early in the process, but she had focused her efforts on training the front-line workers who would actually be doing alcohol and drug assessment and treatment work.

"Project-wise, we could have more formally said to the departments: here are specific policies and procedures for you to use to implement the AODTI into your departments. Take these and make the AODTI work for you and your staff," Moore commented. "We have such diverse departments—from child welfare, mental health, public health to the folks who provide employment assistance—that I felt, early on, it would be better for each department to take the AODTI and adapt it to their respective departments. It seemed too difficult to create one department-wide policy because of our diversity of services. I thought each department would fit the Initiative to the way they operated—but they didn't."

"When we realized exactly what the problem was, Bob immediately put together a team to address the lack of implementation," Moore said. "He pulled the team together in May of 1996, and we had our first meeting in June. The team consisted of mid-level managers from each of our department's divisions."

The team met monthly and developed implementation guidelines for all of DHHS. In addition to these agency-wide guidelines, Caulk charged each department with developing its own, unit-specific guidelines for the AODTI. The AODTI team also developed a one-
day management seminar focused specifically on the top level and middle managers, who attended these seminars in June and July of 1996.

"Here we were, two years into the project, doing these management seminars. I had done presentations for managers early on in the process, but we really should have done these special, management- training seminars six months into the project," Moore said in hindsight.

**Another Implementation Challenge**

Toni Moore had been frustrated with what she viewed as labor union indifference during the planning phase of AODTI. Though she had invited their attendance and encouraged their participation at AODTI advisory board meetings, the input from union representatives had been minimal.

When the UPE (United Public Employees Union), which represented social workers and eligibility workers, realized that the staff was expected to actually use the assessment forms and SASSI on regular basis, Karen Guckert, UPE representative and AODTI advisory board member balked, claiming that Moore had said there would be "no new paperwork or policies as a result of the AODTI."

"Of course I never said that," responded Moore. "I did say that the AODTI was not going to be a paperwork-laden project."

Furthermore, UPE leadership voiced concern when the DHHS Child Protective Services department distributed, as a result of the implementation planning-team meetings ordered by Caulk, departmental guidelines on how staff should integrate the AODTI into their daily work routine. This is when the workload implications of AODTI became obvious to the unions representing agency employees.

In May, 1996, the UPE called a "meet and confer" with Sacramento County’s Human Resources division. This is the formal process a union follows when there are contract implications arising from a new project. The UPE requested this meeting to discuss the use of the assessment tool and the SASSI, but very quickly, this meeting led to a series of meetings where the entire AODTI, came up for discussion. The UPE accused Moore of not adhering to the union contract, and Moore was required to delve into correspondence files and spend time documenting her outreach efforts to the union. In August, the UPE stated that its members would use the SASSI only when they chose to, and that social workers would not do alcohol and drug treatment work with their clients. This was upsetting to Toni Moore. If staff from her home-department wouldn’t use drug and alcohol assessment tools consistently, and if key front-line workers refused to provide any support services, the AODTI would most certainly fail.

However, Moore understood the importance of compromise, and she knew that she had to negotiate with the UPE. Because the SASSI continued to be the biggest sticking point
to an agreement, she concentrated on suggesting modifications regarding the use of this screening tool. Moore offered the UPE these exceptions to required use of the SASSI:

- If a case worker and the client were in agreement that the client had a substance abuse problem, the case worker did not have to use the SASSI.
- If the client self-declared that he or she had a substance abuse problem, the case worker did not have to use the SASSI.

Moore proposed these compromises at an October 27, 1996 negotiating meeting. The UPE accepted them, but made clear that these compromises didn’t go far enough to mitigate all of their concerns about AODTI’s impact, and that union representatives planned to return to the table with more requests.

As of the middle of December 1996, Moore had received no additional formal communication from the UPE.

Where to Go From Here?
Moore knew that she had to get the UPE and the mid-level managers on board to have any chance of success with AODTI. "Just as with the mid-level managers," she said, "when I look back at how we worked with the unions, there are several things I would have done differently. One thing we could have done was to have the UPE work directly with the managers in the Child Protective Services division to design the department's AODTI implementation guidelines—to make this a joint project—but we didn't. Child Protective Services' staff were under immense political pressure, after the Adrian Conway case, with exploding caseloads and changing priorities. We could have worked more closely with the unions to help incorporate the new skills staff gained from the AODTI trainings."