Sylvia Martinez

From: Debbie Innes-Gomberg
Sent: Thursday, July 21, 2005 2:48 PM
To: Cathy Warner; Nancy Kless; Jim Allen; Kathleen Daly
Subject: RE: current services/transformed services

It looks like the focus of the next 2 meetings will be CSS plan and the budget.

-----Original Message-----
From: Cathy Warner
Sent: Thursday, July 21, 2005 2:31 PM
To: Nancy Kless; Debbie Innes-Gomberg; Jim Allen; Kathleen Daly
Subject: RE: current services/transformed services

Hi, Nancy - Deb - Kathy and Jim,

Will we present any details about clinic transformation at tomorrow's Stakeholders or has this been postponed pending other agenda items? Thanks, cw

-----Original Message-----
From: Nancy Kless
Sent: Tuesday, July 19, 2005 9:53 AM
To: Debbie Innes-Gomberg; Jim Allen; Cathy Warner; Kathleen Daly
Subject: RE: current services/transformed services

I think that your table is a great start and will be a useful document. How about including (with better wording):
traditional "medical model" vs. client as equal partner in treatment
focus on professional services vs. referral and encouragement for clients to use self-help and consumer-run services

-----Original Message-----
From: Debbie Innes-Gomberg
Sent: Monday, July 18, 2005 5:53 PM
To: Jim Allen; Cathy Warner; Nancy Kless; Kathleen Daly
Subject: current services/transformed services

<< File: Doc1.doc >>
Here is my first attempt at this table. It feels like I'm not totally capturing the transformation though- anyone have ideas?

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE

Components of a Transformed Adult System of Care

Current General Outpatient Services	Transformed Services
Single Fixed Point of Responsibility – individual caseloads > 100 *My caseload*	Personal Services Coordinator- 1:15 caseload for FSP/ACT programs, reduced caseloads due to increased supportive service availability *Our caseload*
Treatment teams that do not function as teams	Treatment teams, multi-disciplinary in nature with peer advocates
Focus on symptom reduction and maintenance	Assessment and services based on level of recovery and stage of change Services geared toward supporting clients in recovery from mental illness, Including living in the most independent setting desired and becoming employed.
Reliance on medication-only level of care	Utilization of stage of change and level of recovery to guide interventions and services offered. Clients truly only needing medication presumably would have achieved independent living and employment.
Poor access and high drop-out/no-show rates	A welcoming, accessible environment coupled with engagement services designed to meet client's shorter and longer-term needs.
Clients receive a fixed array of mental health services	Clients involved in service delivery and service planning (through client councils).
Getting better means seeing fewer mental health staff less often and living in an adult residential facility	Getting better means clients are integrated into their community, living in an apartment or house with friends, family or by themselves, making meaningful use of their time. Clients may attend a Center-based Wellness Center to continue to receive medication and to attend groups that focus on maintaining wellness and health.
Services for clients with co-occurring disorders are most prevalent for those who have are engaged and already accepting some level of self-responsibility.	Availability of group and individual mental health services for clients with co-occurring disorders that are geared toward a client's stage of recovery. *One team, one plan for one person.*