# **EXECUTIVE SUMMARY**

The Comprehensive Community Care (CCC) process, a multi-stakeholder change effort involving over 300 people since 1998, was initiated by the Department of Mental Health (DMH) to create a client-centered, family-focused integrated mental health system.

## VISION

The Department's Vision - "We make our community better by providing world class mental health care" - was crafted to represent the aspirations of the community, DMH employees, and service providers to improve the services of clients and families through the vehicle of CCC. The term "Comprehensive Community Care" is utilized to indicate that (1) Every aspect of the Department of Mental Health must be designed to improve the care provided to consumers and their families; (2) In order to make our community better, we must use our resources in partnership with others; and (3) Isolated programs, no matter how outstanding, cannot produce the results we expect from "world class mental health."

Strategies and Tactics. The Department Vision creates an image of the future. Four overarching strategies were identified to anchor the Vision to a set of core principles that have guided the work of the CCC:

- Enhancing treatment quality through innovations.
- Creating mental health services without walls.
- Becoming a community asset.
- Developing wellness, remission and recovery focus.

Integral to the strategies are a subset of tactics, all of which encapsulate basic tenets that support achievement of the Vision. These include Family Focus, Integration, Transition Support, Team Work, Local Planning, and Empowered Local Management.

# COMPREHENSIVE COMMUNITY CARE PROCESS

Using a group process methodology, committees and task forces were formed to obtain recommendations from experts in specific areas of mental health and human services, including consumers and service providers from the public and private sector. The redesign for a comprehensive, community based system of care occurred in four phases.

Phase 1 November 1998 Mobilization	Phase 2 October 1999 Vision	Phase 3 November 1999  Development of a Client/Family Focused System	Phase 4 June 2000  Recommendations for Comprehensive Community Care
Initiating change through the Systems of Care planning process	Envisioning world class mental health services	Participant action leading to the redesign of the system	Results and implementation
4 Task Groups focus on consumers/ families, integrated care across age spectrum	Vision and milestones further delineated	<ul> <li>5 CCC committee         recommendations in Interim         Report</li> <li>Care Coordination model         proposed</li> <li>Structure Committee         integrates recommendations         and proposes a plan of action</li> </ul>	<ul> <li>Client/family focused, team based model</li> <li>Special and Geographic Initiatives</li> <li>Community Advisory Groups</li> <li>Operational Plan</li> <li>Recommended changes initiated or in process</li> </ul>
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## CHANGES TOWARDS A CLIENT/FAMILY FOCUSED SYSTEM

As a result of an unprecedented level of effort and commitment to redesigning the system, extensive changes are occurring that will significantly impact the administrative structure of the Department; the way services will be delivered to clients and families; the level of community involvement; and specific programmatic areas. The CCC recommendations address the following critical issues in creating a client/family focused system: (1) how to build a client/family focused system; (2) how to change operations to support the new system; and (3) how to assess the impact/value of the changes.

## 1. BUILDING A CLIENT/FAMILY FOCUSED SYSTEM

The geographic and special initiatives, team model, and resource mapping represent first steps in building the new system.

- Geographic Initiatives. Three Geographic Initiatives will be organized to have a single administrative structure under which all programmatic The objectives of the efforts will be integrated. geographic initiatives are to: (1) Implement a single administrative structure in a defined geographic area to serve clients across an age and service continuum; (2) Utilize the family focused, client centered team model to provide comprehensive and integrated services in a focused geographic area; (3) Identify factors that need to be taken into consideration in transitioning clients and providing integrated services; and (4) Evaluate the effectiveness of a single administrative structure in improving (reshaping and modifying) the accessibility and quality of services to clients in a given geographic area. Three geographic initiatives located in the areas of Long Beach, Hollywood, and Santa Monica will be commenced beginning July 1, 2000. One or more of the sites will provide services using the CCC recommended team model; all of the programs will provide a setting for managerial restructuring initiatives. These areas were selected based on clearly defined geographic boundaries, existing interagency collaborations, and a current scarcity of mental health services compounded by a great need for services.
- Special Initiatives. Special Initiatives are programs and approaches to treatment that will be implemented at different levels of care within DMH and the mental health community. The Special Initiatives are: (1) Mapping Resources (will assess existing resources, demographic data, and community needs to create a new geographically integrated system of care); (2) Incentive Planning (will eliminate perverse incentives and reward desired system-wide focused outcomes and behavior changes); (3) Integration and Transition from Adult Jail/Juvenile Justice System (will integrate and transition consumers

- from adult jail and juvenile justice services into a community system for client/family); (4) State Hospital and IMD (will evaluate the appropriateness of present client placement in the IMDs and State Hospital, develop transition mechanisms for existing clients, and create system protocols to ensure proper future client placements); (5) Hospital Discharge, Admission, and Aftercare (will link hospitals and geographically responsible agencies so that inpatient resources are appropriately used; (6) Decreasing Inappropriate Hospitalization of Children in Foster to decrease Care (will create new approaches hospitalization for children in foster care); and (7) Older Adult Case Management (will establish community based services to include assessment, individual, group, and case management, and provide direct mental health services to elderly clients)
- Team Model. A family focused integrated systems delivery model using a team approach was developed. The central aspect of this model is the concept of client-family focused, multidisciplinary integrated teams committed to a strength-based model. The types of services provided will include, but are not limited to: assessment of medical, social and clinical needs; ongoing support to ensure client's continuous growth and increased independence; coordination of medical, psychiatric, and general health care needs; access to immediate crisis responses (24 hours a day, 7 days a week); on-site and community-based support; collaboration with other service systems and agencies (e.g., foster care, schools, hospitals) to coordinate a return to the community; in-home services; case management services; group and family therapy; substance abuse treatment; parent education; money management; job placement assistance; culturally sensitive services; older adult services.

#### 2. CHANGING OPERATIONS TO SUPPORT THE NEW SYSTEM

The proposed operational recommendations will result in systemic changes and create an infrastructure supporting the redesigned system.

- Operational/System Recommendations. Key recommendations regarding DMH operations and implementation strategies were directed at:
- (1) the *Management Information System* (ensuring that appropriate information technology requirements are implemented, streamlining the focus for ease of automation, and developing a countywide tracking system based on specified client/financial data).
- (2) Human Resources And Staff Development (implementing training on initiatives and creating a performance management system and staff/ management development based on CCC values).
- (3) Inter And Intra-Department Communications, (increasing communications, including multilingual and multimedia forms).
- (4) *Financial Resources* (streamlining the central administrative structure, developing procedures for congruency between the system and expectations of the new CCC structure, instituting processes to speed up contract negotiation, and streamlining the billing system with contracted agencies).

Furthermore, the mental health system is being transformed to allow local communities more control over the delivery of services. This includes entrusting the geographic initiative managers with the authority to make budget decisions and to shift funding within their area to respond to local needs. Financial incentives will be offered to encourage programs to provide quality services efficiently.

### 3. ASSESSING THE IMPACT/VALUE OF THE CHANGES

The only true measure of the success of this endeavor will be in how the lives of the clients and their families are enhanced by their interaction with the mental health system.

- **Community Advisory Committees** will be established in each geographic initiative area to facilitate continuing community participation in the redesign process and to ensure these endeavors are congruent with the communities' needs.
- Indicators that monitor the efficacy of services will be identified and measured throughout the system.

### THE NEXT STEP - IMPLEMENTATION

The CCC represents just the beginning of an ongoing process to improve the system for the betterment of clients and their families. The CCC Implementation Committee has begun the arduous task of initiating the changes at all levels throughout DMH. The Department expects the change process, which by necessity involves continuous interaction with the community and providers, to take three to five years. DMH will continue to seek a wide range of community involvement as it leads the change while responding to the community and the requirements of the County's strategic plan.

# **PROPOSED INITIATIVES**

INITIATIVE	DISTRICT I	DISTRICT II	DISTRICT III	DISTRICT IV	DISTRICT V
GEOGRAPHIC INITIATIVES	Hollywood Area		Santa Monica Area	Long Beach Area	
SPECIAL INITIATIVES	1. Mapping Resources  2. Incentive Planning  3. Supporting Children in the Community  4. Older Adults and Case Management	1. Mapping Resources  2. Incentive Planning  3. Integration & Transition from Jail/Juvenile Justice System  4. State Hospital and IMD  5. Supporting Children In the Community	1. Mapping Resources  2. Incentive Planning  3. Supporting Children in the Community	1. Mapping Resources  2. Incentive Planning  3. State Hospital and IMD  4. Hospital Discharge  5. Supporting Children in the Community	1. Mapping Resources  2. Incentive Planning  3. State Hospital and IMD  4. Supporting Children in the Community