COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
LONG BEACH – SOUTH BAY GEOGRAPHIC INITIATIVE

June 7, 2005

TO: Jim Allen
Deputy Director

FROM: Debbie Innes-Gomberg, Ph.D.
District Chief

SUBJECT: **STATUS OF SERVICE AREA VIII ADULT DIRECTLY OPERATED PROGRAM TRANSFORMATION**

This is to inform you of the progress being made in the Service Area VIII directly operated adult programs relative to the transformation expectations. Two months ago, I convened an every-other- week meeting of all adult directly operated program managers and key staff in order to discuss progress toward basic transformation expectations. The meeting not only serves to convey information but it also acts as a support for the managers and their staff.

San Pedro, South Bay and Long Beach Adult Mental Health Centers (MHCs) have developed flow charts detailing services available to clients at various stages of recovery and the flow from various levels of service. These plans, attached, detail the types of Wellness and Peer Support services available to clients. San Pedro MHC has utilized Stanislaus County's Milestones in Recovery From Mental Illness materials (attached) that are posted throughout the Center as a way to promote recovery as a goal for clients and staff.

South Bay MHC has added "stage of recovery" to their weekly peer review team paperwork and is the most advanced in the use of Levels of Care model. Long Beach Adult and Coastal Asian Pacific Mental Health Center are transforming their older-model, long-term psychosocial rehabilitation programs into time-limited services that assist clients in transitioning to independent living.

All Service Area VIII, non-Harbor programs have implemented client councils and Harbor-UCLA's adult program is developing theirs with input from our group.

I will continue to update you on our progress toward achieving recovery and outcome oriented services.

Attachments

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

SOUTH BAY MENTAL HEALTH CENTER

May 19, 2005

TO: Debbie Innes-Gomberg, Ph.D.
District Chief

Jim Allen
Deputy Director

FROM: Cathy Warner, LCSW
Clinic Manager

SUBJECT: **CLINIC TRANSFORMATION PROJECT (*DRAFT*)**

South Bay has been selected as one of the Department's five proposed pilot sites for implementation of the Adult System of Care (ASOC) planned transformation process. Staff has been engaged in the development of an initial planning process promoting transformation of the current system into a recovery-based system of care.

Key elements of this new system include:

- Creating recovery-oriented leadership and staff culture
- Changing practice expectations to embrace and value recovery practices
- Incorporating quality of life program elements into mental health programs (employment, money management, supportive housing; substance abuse treatment, supportive education and community integration)
- Incorporating quality of life outcome data and cost data into program monitoring and accountability
- Involving and employing consumers and family members widely within the program across both direct services and administration
- Incorporating outreach and engagement strategies for individuals who hold important social interest (homeless, jail diversion, transitional youth, residential care and/or other institutionalized settings, etc.).
- Program design to support people moving through the program to the greatest extent possible including exiting the mental health system, where appropriate

South Bay staff and supervisors have worked with administration to review all current open cases at the center, determining each consumer's stage of recovery. Both existing and new clients are being assessed establishing "stage of recovery" as well as clinical risk. Drawing from the models implemented in Stanislaus County and at MHA-The Village, South Bay will engage and partner with consumers based on levels of care, clinical risk and functioning across key treatment components that support recovery. Recovery-based services will be spread across four (4) multi-disciplinary teams with key treatment elements including: Assertive Community Treatment (ACT), Intensive

Community Services and Supports, Wellness Recovery, and Transition Medication Services.

SOUTH BAY RECOVERY AND WELLNESS CENTER COMPONENTS

Welcoming and Engaging Clients in Treatment

As envisioned, the center will initiate the Department's "Access Improvement" process as of July 1, 2005. Each of the center's 4 multi-disciplinary teams will hold responsibility for triage, linkage and referrals, as appropriate, one day per week, with Fridays rotated across teams. Consumers will be welcomed and provided a full assessment on their first visit to the center. As part of the center's planned transformation to a recovery-oriented culture, non-licensed staff and/or consumer volunteers will be utilized to *welcome new consumers* at the front door, upon entry into the center. It is this administrator's goal to also include members of local NAMI groups in such volunteer activities. Consumers will be provided a full initial assessment on their first visit and physicians will conduct individual evaluations, prescribing medication, if needed, also on the consumer's initial center visit.

Supervisors/Team Leaders will serve as ***"Navigators"*** for their respective teams, assuring consumers' individual treatment needs are fully addressed, assisting with any problems that may arise, and/or negotiating other community services, if needed or desired.

The center's 3.5 currently employed physician are each assigned to one of the center's 4 teams. This administrator trusts that additional funds can be allocated from the Mental Health Services Act (MHSA) to increase the center's FTE allocation to 4.0 psychiatrists.

New consumers will continue to be given a "single fixed point of responsibility" (SFPR) assignment, however, all new consumers will be introduced to the team concept wherein they will appreciate that multiple members of the team will be working with them over their clinic tenure, based on individual staff strengths and skills as well as consumer needs, strengths, and goals. Attachment I describes the continuum of services that will be available to consumers, as well as the manner in which clients will move through the program including exiting from the mental health system, where appropriate.

Assertive Community Treatment (ACT)

Clients assessed as poorly engaged with high clinical risk may be referred to the center's ACT team. Historically, referrals to ACT have been based on service utilization and treatment costs however further refinement of the ACT admission criteria will be undertaken to allow direct referrals from the clinic/community. It is essential to note that the earlier mentioned and completed "stage of recovery" assessment identified a number of existing cases that will benefit by referral to ACT.

ACT will continue to build its wrap-around 24 hours/day 7 days per week model of care addressing multiple recovery-focused consumer goals such as housing, education,

employment, and social relationship skills. The on-call schedule has been operational since July 2004. The schedule is provided to the Department's ACCESS center monthly. ACT staff rotates on a weekly basis providing crisis resolution or crisis intervention activities from 5:00 p.m. to 8:00 a.m. Monday through Friday and on a 24-hour basis on Saturday and Sunday. A log is kept identifying who called and the reason for the call. Since the team has both licensed and non-licensed members, whenever a possible field visit is conducted the on-call worker contacts the team leader assuring a licensed and designated team member is available to write needed involuntary holds. All phone calls and/or field visits made to ACT members are discussed daily at the morning team meeting with the Team Leader/Supervisor.

Primary Care and Other Recovery/Wellness Activities

At the point of entry into the system, consumers will be linked or referred to community providers, where appropriate, based on the stage of recovery and/or where desired by the consumer. Consumers will be engaged in wellness activities provided at the center across the week, as appropriate to their level of engagement and service goals. South Bay has a number of client-run, self-help activities including: Project Return, The Next Step, in both English and Spanish, Procovery Circles, and an array of wellness groups (see Attachment I). The center has sought consultation from Catherine Bond of MHA to assist in the development of Wellness Recovery Action Plans (WRAP) for interested consumers. Other peer recovery activities and supports will be established to assure outreach and engagement is provided to consumers residing in residential or other institutional settings, to build relapse prevention activities, dual recovery efforts, and allow consumers to be of service to others through volunteerism.

Administration hopes to successfully deploy consumer volunteers regularly over the course of treatment and recovery efforts. This administrator will establish a South Bay Advisory Board involving consumers and families on the board. The development of a Family Educational group is planned. Both groups will meet monthly to further assure the incorporation of consumer and family values into the daily work practices of the center. Use of consumers and families will build strength-based and recovery-focused values for both clients and staff alike.

South Bay uses a weekly Peer Review process to review all new admissions and resolve any treatment concerns with existing clients. Individual teams may choose, as done with the ACT team, to meet daily or more regularly to assure all members of the multi-disciplinary teams embrace "one team with one plan for one client" values. It will be essential that outreach and re-engagement activities be strengthened to assure consumers receive services. Wherever possible, non-licensed staff and/or consumer volunteers will be utilized to augment or sustain through outreach and re-engagement activities consumers in their recovery goals and treatment plans. This administrator hopes funding from MHSA will be directed to this center to provide outreach and engagement services to a highly underserved population in the Service Area, namely the community's transition age youth (TAY) population.

Administration plans to have clinician caseloads based upon both staff and consumer interests and needs. For example, some staff excels in providing evidence-based therapies such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing, etc.

Such staff will work with consumers engaged in the Time-Limited Intensive Community Services and Supports component of the center. Other team members, including the planned Nurse Practitioner, will provide brief episodes of case management and regular medication services monitoring to consumers who are in the center's Wellness Recovery component. Consumers will flow across the team components based on their level of recovery. Staff will have caseloads based on the intensity of services they provide to consumers with ACT services resulting in a small client to staff ratio (1:15) and Transition Medication Services or Wellness Recovery Services resulting in a larger client to staff ratio (perhaps 1:100). The program design is intended to support people moving through the system to the greatest extent possible and indeed, it will be essential that consumers, who can successfully exit the mental health system, do exit the system, provided with the opportunity to "give back" to other consumers the benefits they received over their time in active treatment. (See Attachment II).

Final noteworthy activities at South Bay include the center's active efforts with community partners around co-occurring consumers' needs and services. South Bay has excellent, long established collaborative efforts with Behavioral Health Services (BHS) – Pacifica House and The Patterns Program. Administration hopes to build on these endeavors by strengthening wellness activities and establishing co-occurring disorders (COD) Self-Help groups. Should funds from MHSA be made available a planned cooperative effort or contract augmentation would allow for the funding of specialized, substance abuse counselors at South Bay and/or mental health staff hired at BHS. Additionally, South Bay will be participating in an Integrated Dual Disorders Program pilot in the fall of 2005. This program will "enroll" some 70 dually disordered consumers into a highly structured and integrated treatment format. This evidence-based treatment model uses a similar, stage-based approach moving COD consumers from precontemplation through engagement, persuasion and active treatment to relapse prevention supporting the consumer's needs and fostering hope for recovery.

CW:cw

Attachments (2)

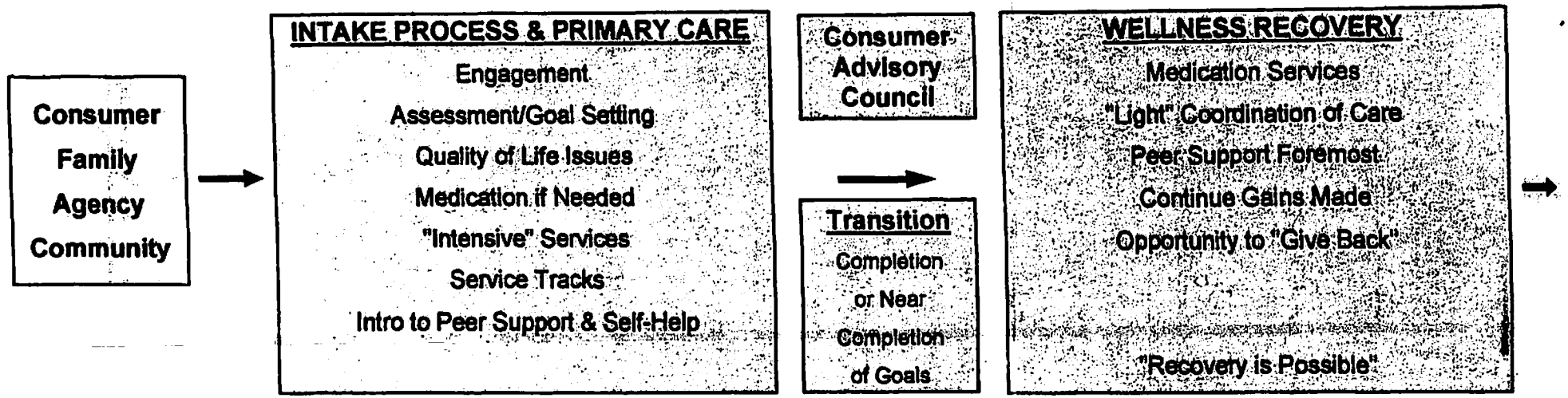
Mental Health

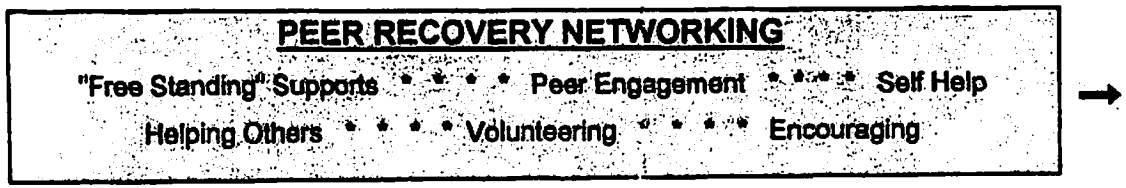
Adult Community Supports & Integrated Services (ACSIS)

LEVELS OF CARE

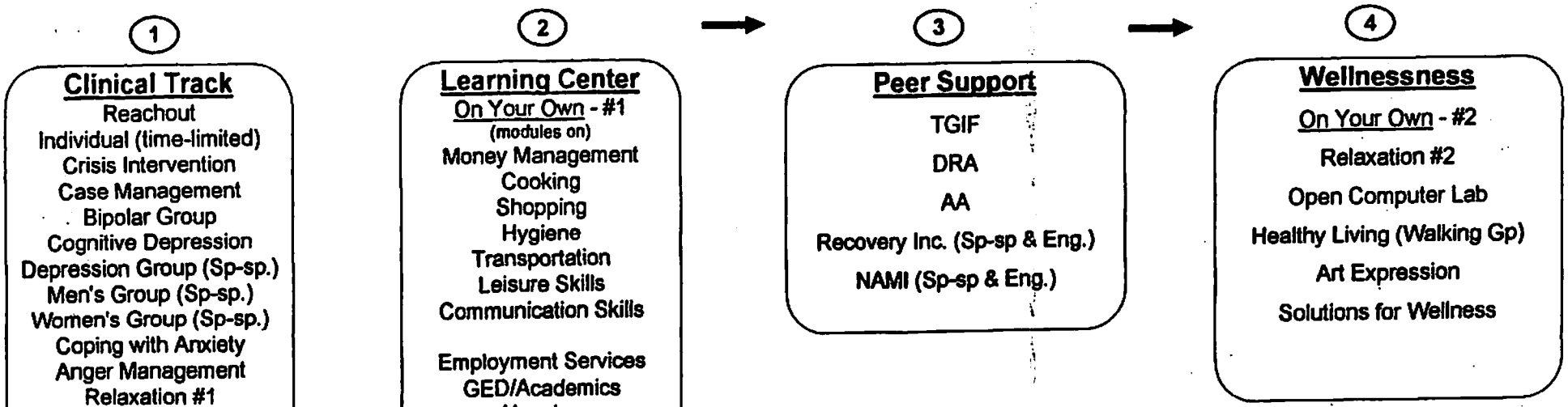
	Stage of Recovery. Clinical Risk. Level of Functioning.	KEY COMPONENTS (that support Recovery)						
		Case Management / Care Coordination	**Housing, Employment, Education, and Wraparound Supports**	**Meds, MD, RN, Physical Health Services**	**Counseling and Therapy**	**Psycho-Education**	**Peer Supports**	**Family**
ACT or ACT-lite	Pre-contemplation to early active treatment. High risk. High degree of impairment.	< 10-15:1 24/7 >50% in field Outreach and engagement. Multidisciplinary teams. Stage-based. Follow while in hospital.	Extensive use of wrap-around supports, housing and employment services. Housing 1st Work 1st.	Readily available. <150:1	MH, IDDT and AOD readily available, as needed. Culturally appropriate and strength based. Group treatment.	Yes	Peers used in engagement and outreach and as role models of hope and recovery. Self-help encouraged.	Family actively engaged as resource, engagement approach and as natural supports.
Intensive Community Supports and Services	Pre-contemplation to Relapse Prevention. Moderate to high risk. Moderate to high degree of impairment.	<35-40:1 Multidisciplinary teams. Stage-based.	Housing 1st Work 1st. Independent living and competitive employment are goals.	Readily available.	MH, COD and AOD readily available, as needed. Culturally appropriate and strength based. Group treatment	Yes	Peers used in engagement and outreach, as well as in building supports, role model hope and recovery. Self-help encouraged.	Family actively engaged as resource, engagement approach and as natural supports. Self-help encouraged.
Wellness Recovery	Contemplation to maintenance. Low to moderate risk. Low to moderate impairment.	>40:1, 200:1 Brief episodes of case management.	Peer supports for independent living and competitive employment.	Readily available. Possible med. Rx groups.	As adjunct to peer support, not instead of. Possible use of interns or referral out. Self-help for AOD.	Yes	Extensive use of peer supports as primary component of this level.	Family self-help actively supported.
Transition Medication Services	Early active treatment to maintenance. Low to moderate. Low to moderate	Minimal, provided by Psychiatrist.	None	Transition to primary care is goal, possible consultative support provided to PCP.	No	Not routine.	Encouraged.	Referred to self-help supports.
Non-Specialty Mental Health Primary Care		Primary Care Physician.						

San Pedro Mental Health Center Recovery Model & Flow of Services





Selecting



San Pedro Mental Health Center Recovery Model & Flow of Services

Consumer / Family / Agency / Community

Call-In / OC

If meets target, or appears likely, tell to come in any morning /b/ 8:00 & 12 for evaluation by CM.
If not target refer. Note on IC if at high risk & file A or B

No show at risk ICs who don't come in during next week are called for purposes of reachout and further assessment.

Walk-In / OC

CM who sees walk-in assesses target & medical necessity. If so, client opened to CM & schedules follow-up visit following week & next to complete assessment & Recovery Care Plan. If appropriate Svs explained. If need for meds is clear, schedule, otherwise defer to after 2nd session to determine.

1st session focus is more upon engagement, medical necessity and crisis intervention. 2nd & 3rd session shifts more to assessment of client's life domains, medication determination & Care Plan.

Client presented in Service Team between 1st & 2nd session.
Treatment tracks considered. If appropriate, Self-Help introduced & encouraged.

If stable & does not appear to need or desire more focused services at this time, refer to Wellness Center.

Harbor/CW/GR Referral / OC

If Harbor Inpatient or Psych ER, caller or client told to come in any morning /b/ 8:00 & 12 for evaluation by CM.
If CW, give appointment to semi-monthly assessment(orientation group).

At CW orientation, program presented & client asked to call next week if they want services offered. If in crisis or other clinical significance is noted, OC is called in. Otherwise, client is scheduled for OC intake. Unless clinically indicated otherwise all CW clients are scheduled for two groups - 'exploring barriers' & 'work options..

1

Clinical Track Guilelines

If crisis, 4 to 6 sessions or less
Check criteria for groups
Time limited focus groups.
Time limited tx groups
Case management
Co-occurring engagement

2

Learning Center

Refer for
Independent Living Skills
On Your Own #1
Employment Services
Housing
Computer Lab

3

Wellnessness

NPs 'Light' Co-of-Care' &
further engagement
Medication services
Relaxation
Healthy Living (Walking Gp)
Art Expression
Solutions for Wellness

4

Peer Support

TGIF
DRA
AA
Recovery Inc. (Sp-sp & Eng.)
NAMI (Sp-sp & Eng.)

Milestones in Recovery from Mental Illness

R E C O V E R Y

I begin to **recognize** my inner distress but may be unable to identify what it is.

I begin to **examine** my distress with the help of others.

I **choose** to believe that hope exists.

I start **overcoming** those symptoms that keep me from examining what is important to me in life.

I **voluntarily** take some action toward recovery.

I start to **enjoy** the benefits of mutual recovery.

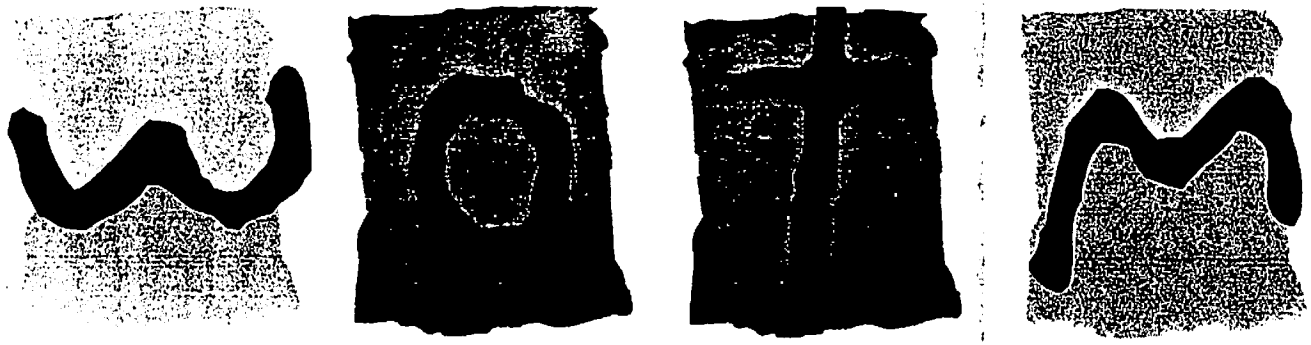
I am **responsible** for my own recovery.

Yes, helping others strengthens my recovery.

Recovery is Possible!

Word Of The Month

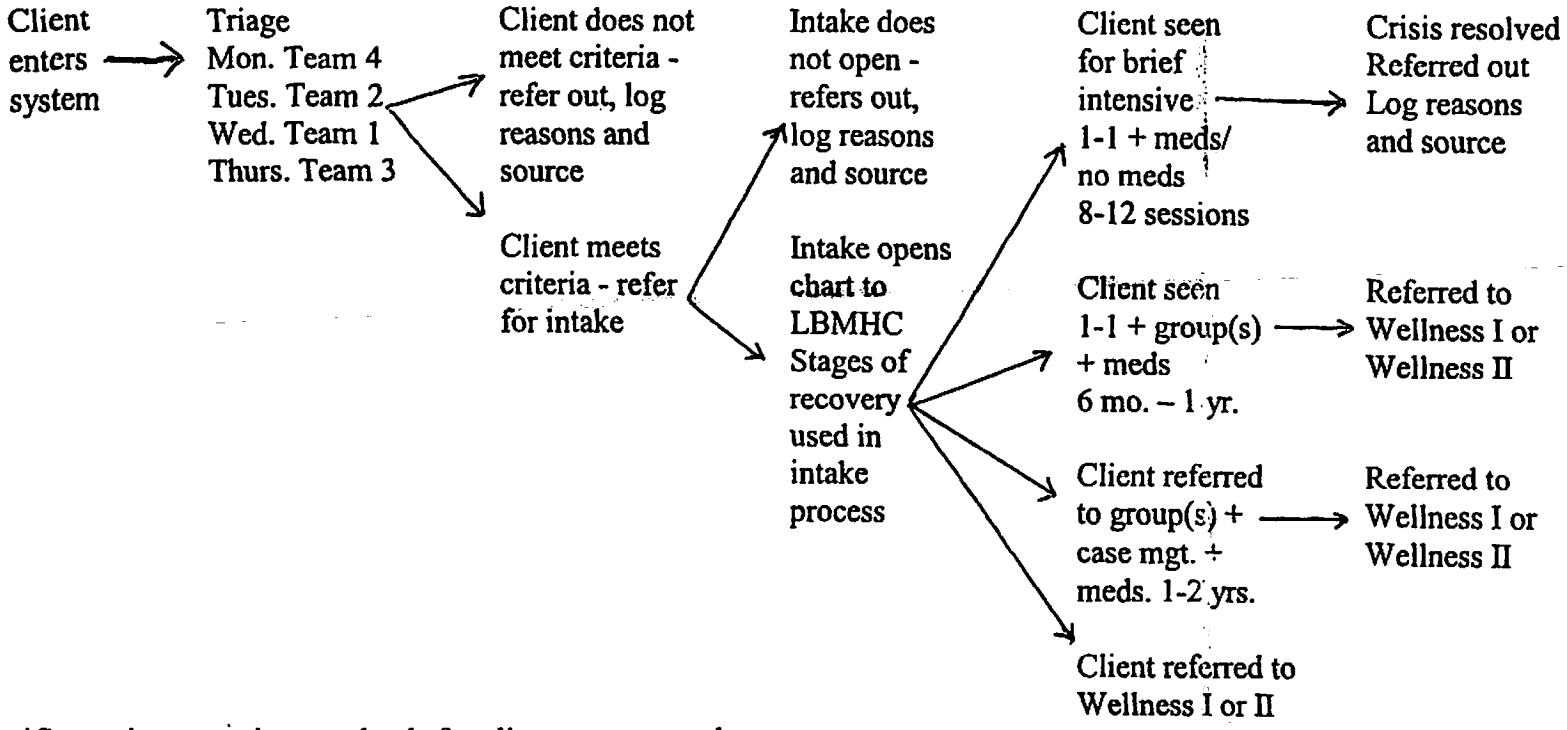
Recovery



Word Of The Month

Change

LONG BEACH MENTAL HEALTH CENTER



*Supervisors monitor caseloads for client progress and movement.

05/31/05

Draft

Implementing Wellness & Recovery Program Components
Harbor UCLA

Expectations by July 1, 2005

- Creation of Consumer council
- Creation of and effective linkage to consumer-run groups and services.
- Moving toward creation of consumer run groups and services
- At least one wellness activity per day for clients to attend.
- The presence of individual and group mental health services for clients with co-occurring disorders that are geared towards stage of recovery.

In Place

- Wellness activities each day serving consumers along the continuum of recovery
- AMI-ABLE/Family Medicine clinic every other Thursday
- Mental health services for consumers with co-occurring disorders.
- Linkage process to self help groups
- AMI-ABLE ACT like teams on going

Plans

- Development of consumer council **(Priority Level I; Paul)**
    1. ID leaders from HGH clinics
    2. ID appropriate and willing council members
    3. Develop separate councils for AOP & AMI-ABLE
    4. Councils to help plan the development of the Harbor Wellness & Recovery Program

- Self help groups on campus
    1. Project Return
    2. Recovery Inc.
- Possible additions **(Priority Level II; Jeff)**
    1. WRAP; Catherine Bond
    2. SHARE; Ruth Holman
    3. The Village; Eugenie
    4. Ron Schraiber; Procovery Group/Peer support leaders

- Development of Recovery based clinical pathways
- Identification of consumers could be graduated to a Recovery case load
- Health Assessment/Education Clinic **(Priority Level I; Jeff)**
- Expansion of healthy lifestyle choices groups, move toward one group leader **(Priority Level I; Jeff)**
- Re-instituting healthy living focus with Dual Dx. program **(Priority Level I; Jeff)**
- Inclusion of HIV/PMHNP in Wellness & Recovery Process
    1. Develop wellness groups geared toward HIV/MI clients
    2. Sharon H. PMHNP to coordinate

LONG BEACH MENTAL HEALTH CENTER

GROUPS

African-American Men's Support Group
Life Skills and Academics
Possibilities – Co-Occurring
Bi-Polar Group
Dual Recovery – Spanish
Depression - Spanish
Anger Management
Relapse prevention
Anxiety Group
CBT – Depression
African-American Women's Support Grp.
Health and Wellness
Employment Workshop
Job Club
DBT – Borderline / Co-Occurring
Journalism
Art Expressions
Craft Group

WELLNESS I – 6 mo.–1 yr.

Physical activity
- Yoga
- Walking
- Exercise

Vocational
- OJT
- School

Education
- Life skills
- Academics

Housing
- Section 8
- Roommates Group

Self-help Groups
- Schizophrenics Anon.
- Emotions Anon
- Procovery
- Project Return
- Dual Recovery Anon.

Independent Living Skills
- Laundry
- Transportation
- Shopping
- Cooking
- Community resources
- Money management

Health and wellness
- Nutrition
- Smoking cessation
- Weight control
- Substance abuse control
- Hygiene

Leisure time activities
- Socialization
- Poetry
- Music
- Parks
- Movies

Computer Lab
Medication Management

WELLNESS II GRADUATION

Physical activity
Vocational
- Jobs
- Coach

Housing
Self-help Grps
Med. Mgt.
Health & Wellness
Computer Lab
Socialization
Comm. Res.
Leisure Time activities
Spirituality

05/31/05