MHSA & FY 2005-06 DMH Budget Planning Process ADULT COUNTWIDE WORKGROUP

Wednesday, May 11, 2005

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GSA 1/2005

Two commitments

Everyone is essential to the success of this process because no one of us can ever have the whole truth about how best to evolve every aspect of this system. Therefore, I will;

- Treat everyone in this process as essential to its success; and
- I will share my truth with compassion and an openness to learn.

05/11/2005

3

Reasons for this meeting

- ☐ Begin discussion and test for agreement about focal populations
- ☐ If time: Begin discussion and test for agreement about criteria for systems capacity investments
- ☐ Develop agreement about timelines and next steps
- ☐ Move to committee meetings

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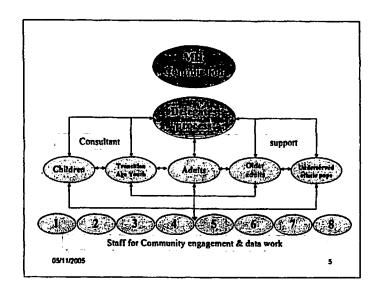
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The context for our work today

- ☐ One of 5 countywide workgroups
- ☐ In the middle of a planning process for the Community Services and Supports plan
- ☐ Timeline: June 3 for our recommendations to be finalized and sent to the delegates

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□Enro	ollee-based programs	_
□Syst	em capacity investments	
14.04.00 To 15.00 To 15.00		
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Enrollee-based programs

- ☐ Discrete individuals who meet certain population criteria enroll in a program
- ☐ Each enrolled individual participates in the development of a plan that is focused on recovery and wellness
- ☐ Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults; case managers for youth and children)
- ☐ Each PSC or case manager has a low enough case load to insure 24/7 availability

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Enrollee-based programs

- Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC for adults or case manager for children/youth
- ☐ A whatever-it-takes commitment
- Reporting quarterly on outcomes for the individuals enrolled

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A focus on outcomes □ Los Angeles County outcomes ■ A safe living arrangement ■ A meaningful way to use one's time ■ Supportive relationships ■ The ability to get the assistance needed ■ The ability to weather crises successfully ■ Physical health (as it relates to the achievement of the other outcomes)

ㅂ	What are the essential elements of the model design? Why these?
	Who are the focal populations? Why these? Implications for cultural, racial, and ethnic groups? Implications for Service Areas?
	How much money do we recommend allocating to enrollee based programs over the next 3 years?
	What are our target numbers?

Additional state outcomes	
Reduce incarcerations	
Reduce institutionalizations	
Others likely to be determined	***

Focal populations: State State recommendation

- Adults with serious mental illness, including:
 - Adults with a co-occurring disorder or health condition,
 - Who are not currently served and are homeless, and/or
 - Who are at imminent risk of homelessness, involvement in the criminal justice system, or institutionalization.

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Focal populations: Leadership Team beginning reflections	Focal populations: Adult enrollee-based sub-committee recommendation
	 ☐ Homeless ☐ Living in institutional care ☐ Incarcerated and at risk of incarceration ☐ Living in Residential Care Facilities
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Focal populations: discussion	Systems Capacity Investment Criteria: A proposal

Learning and action agenda Scheduled meetings Wednesday, May 18: 9-noon: Presentations from sub-groups begin Wednesday, May 25: 9-noon: Moving to test for consensus Tuesday, May 31: 1-4 (if needed to complete recommendations)

	xt steps ————————————————————————————————————
•	Thursday, May 12: 1:00 - 3:00 p.m. St. Anne's
□W	/ebsite
	http://dmh.lacounty.info/stp/index.htm
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