MHSA transformation

Sylvia Martinez

From: Debbie Innes-Gomberg
Sent: Friday, February 24, 2006 8:13 AM
To: Cynthia Halpin; Suzane Wilbur
Cc: Sylvia Martinez
Subject: RE: AB 2034 Proposal
Attachments: Big 7 quad plan final draft 1 06.doc

Hi Cynthia,
I'm attaching the Big 7 Domain goals that encompass 4 areas of clinic transformation. Please note that this has less to do with their ACT program and more to do with overall transformation to recovery-oriented services.

Debbie Innes-Gomberg, Ph.D.
Los Angeles County Department of Mental Health
District Chief, Service Area VIII
100 Oceangate #550, Long Beach, CA 90802
(562) 435-2337
FAX: (562) 435-3128
DIGomberg@dmh.co.la.ca.us

> -----Original Message-----
> **From:** Cynthia Halpin
> **Sent:** Thursday, February 23, 2006 6:42 PM
> **To:** Debbie Innes-Gomberg; Suzane Wilbur
> **Cc:** Sylvia Martinez
> **Subject:** RE: AB 2034 Proposal
>
> Hi Debbie, I think the request should of been for a copy of the South Bay Transformation plan which includeds more than just the ACT program. Mr. Allen was also getting some information from some of the AB programs which is, I think, the reason for the confusion. Cynthia
>
> > -----Original Message-----
> > **From:** Debbie Innes-Gomberg
> > **Sent:** Thursday, February 23, 2006 9:00 AM
> > **To:** Cynthia Halpin; Suzane Wilbur
> > **Cc:** Sylvia Martinez
> > **Subject:** FW: AB 2034 Proposal
> >
> > Cynthia and Suzane,
> > I'm not sure what you are looking for regarding this request. South Bay has an ACT program and not an AB 2034 program. If you are wanting a description of their ACT program, please contact Gail Holton.
> >
> > *Debbie Innes-Gomberg, Ph.D.*
> > *Los Angeles County Department of Mental Health*
> > *District Chief, Service Area VIII*
> > *100 Oceangate #550, Long Beach, CA 90802*
> > *(562) 435-2337*

FAX: (562) 435-3128
DlGomberg@dmh.co.la.ca.us

-----Original Message-----
From: Sylvia Martinez **On Behalf Of** Jim Allen
Sent: Tuesday, February 21, 2006 5:56 PM
To: Debbie Innes-Gomberg
Cc: Kathleen Daly
Subject: AB 2034 Proposal

Please forward a copy of the AB 2034 program description for South Bay to the attention of Cynthia Halpin at AFH:

Los Angeles County
Department of Mental Health

"Big Seven"
Organizational Transformation

DRAFT JANUARY 19, 2006

Note:
This document outlines the transformation goals designed by local staff at each of the six initial sites. The seventh site was recently added and is in the process of setting goals. Each site chose specific focus areas to begin with, so do not necessary have activities in every goal area. In addition, some sites blended goal areas together, so activities show up in one goal area but are inclusive of additional goal areas.

Organizational Change Domains and Goals
Los Angeles County Department of Mental Health
Recovery-Based System Transformation

Domain One: Staff Transformation

Goal One: Develop and enhance staff belief in recovery
Goal Two: Energize and instill hope in staff

Domain Two: Staff-Consumer Interactions

Goal One: Develop welcoming environments
Goal Two: Develop successful strategies to work with challenging individuals

Domain Three: Organizational Structures and Processes

***Goal One*:** Collect and use *Quality of Life* and *Recovery-Based* outcomes
Goal Two: Develop structures to promote consumer flow through system.
Goal Three: Build strong teamwork

Domain Four: Available Services and Capacity

Goal One: Develop quality of life support services
Goal Two: Strengthen collaboration with other social service agencies
Goal Three: Develop community belonging and connection

Domain One: Staff Transformation

Contact Persons:

Hollywood: Bertrand Levesque: blevesque@lacdmh.org, Rita Wright: rwright@lacdmh.org
Edelman: Paul Alperin: palperin@lacdmh.org
San Fernando: Dina Dutton: ddutton@lacdmh.org
Compton: Jackie Cox: jcox@lacdmh.org
South Bay: Holly Ledesma: hledesma@lacdmh.org
Arcadia: Steven Hendrickson: <shendrickson@lacdmh.org

Goal One: Develop and enhance staff belief in recovery

Hollywood:
None.

Edelman:

1. Two interns, in a macro-project, will gather four simple research-based articles that define Recovery, consolidate the themes and make a presentation to staff. Steve will bring to Renee.
2. Visits to the Village for 4-5 staff, from different teams, to observe at the Village for 1/2 day. Cycle everyone through. Paul Y. will talk to Dave Pilon.

San Fernando:

1. Stories of Hope and Recovery. Quarterly, one consumer/staff pair, chosen by the team, will dialogue about the recovery process from the perspective of hope, authority, healing, and community engagement. Present at next staff meeting and March 9 first one.
2. Weekly leadership meetings and weekly team meetings will discuss an aspect of Recovery Oriented Leadership. Wendy and leadership team will decide on a weekly topic to bring up with the staff. Begin Dec. 28.
3. Quarterly (Spanish and English) newsletter about recovery which is developed and published by the consumer group. January 1 start a Wellness and recovery group to do this.

Compton:

1. Developing assessment for training needs of staff and consumers
2. Develop resource base for literature and other materials related to recovery
3. Plans to meet with District Chief and Training Division to develop training modules for staff and clients

South Bay:

1. One staff from Domain I to attend other domain meetings on either a monthly or quarterly basis in order to update staff about activities that the domain is doing to enhance staff belief in Recovery. Domain I will assist staff with identifying things they can do to enhance their own belief in Recovery. (Dr. Jung to attend each peer review to help implement this idea.)

2. Staff from each peer review to present a 'Recovery Success Story' twice a month of clients who have had recent successes in treatment in order to enhance staff belief in Recovery. One staff in each peer review to keep a 'Recovery Oriented Case Presentation Log' of these success stories so that staff can keep track of these successes. (Myrna to present this idea to each peer review).
3. Supervisors to provide recovery-oriented supervision in either a group or individual format to help staff who believe that the recovery model to assist staff in enhancing their belief in recovery. (SBMHC Supervisors).

Arcadia:

1. Case Conference: Meet monthly during full staff meeting. Include Dr. Mark Ragins. Mandatory participation by clinical staff. Each team present one challenging or difficult case, which offers potential recovery insight opportunities.

Goal Two: Energize and instill hope in staff

Hollywood:

None.

Edelman:

1. Consumer and their designated staff person coming to staff meeting 1x month and sharing a story of success. Teams and CAB will rotate in providing consumer/staff pair.
2. Paul Y. will bring up at next staff meeting.
3. Alternate case-management meeting and social event every two weeks. Anna will present to the group for vote at next meeting.

San Fernando:

1. Employee of the Week. New employee picked each week to have prime parking spot. Begin Jan. 1.
2. Increase Retreat time for staff to 1/2 day per year per team. Management team will plan the formats and set dates, with management team being the first scheduled. Management team will plan on January 4.

Compton:

None.

South Bay:

1. Having a 'Recovery Employee of the Month', which honors the dedication and actions of a particular employee each month who has demonstrated excellent rapport with clients in assisting them through their Recovery process. (Kathee to present employee of the month at each staff meeting.)
2. Acknowledging staff in staff meetings who have collaboratively and effectively handled challenging situations with clients well. (Richard to present this idea in staff meeting and to introduce it in these meetings.)
3. Providing on-the-spot recognition of staff that handled these challenging situations.

a. Staff recognition can be written down and placed in personnel files that can be considered for inclusion in yearly performance evaluations. (Linda to help implement this idea.)

4. Arranging for bi-annual staff retreats in which we can collectively work to find solutions to on-going problems. (Sonia, Holly, Olga).

Arcadia:

1. Inter-Team Linkage and Networking: Find ways to link team experience and expertise to reduce isolation of one team from another. Include opportunities to work together across teams, in addition to other "social" or informal opportunities, such as potlucks, softball games, etc. Creation of an in-house newsletter is important to staff morale and coalescence.
2. Consider reduction or modification of emphasis on monthly direct service contact percentages to accommodate interagency linkage/community activity, and greater flexibility.

Domain Two: Staff-Consumer Interaction

Contact Persons:

Hollywood: Maria Montenegro: mmontenegro@lacdmh.org
Edelman: Sherwood Johnson: sjohnson@lacdmh.org
San Fernando: Maria Panduro: mpanduro@lacdmh.org
Compton: Mark Kennedy: mkennedy@lacdmh.org
South Bay: Chris Counts: ccounts@lacdmh.org
Arcadia: Sharon Watson: swatson@lacdmh.org

Goal One: Develop welcoming environments

Hollywood:

1. Provide toys and art supplies for children while they are waiting.
2. Create a large display board that lists current wellness activities and other social and community events relevant to consumers needs.
3. Paint murals on walls
4. Hang artwork, get plants, and paint where necessary.
5. Install music system in waiting area.
6. Install T.V./video in waiting area.
7. Rearrange chairs for better seating in waiting area.
8. Provide welcoming letter to consumers at intake that greets them and supplies clear instructions for the processes they will be involved in.
9. Develop a "two-window" front office to expedite services.
10. Improve training and welcoming ability of security staff.

Edelman:

1. Office beautification project: (a collaboration between staff/students/clients)
2. Mural-Sherwood in charge and completed on or before August 1.
3. Signage-Sylvia, Julie, Steve on or before January 15.
4. Coffee-Sylvia/coffee machine price and purchase order submitted by January 15.
5. Phone-Steve will submit order December 20.

6. Concierge Person: Sub-committee to meet with CAB and front office staff to develop a job description/who manages the person/hiring process/equipment needed/training and what the model would look like. (Sandy Keisha Nancy Sherwood,Alyssa, Joobin, Rocio) etc.) (Steve will be administrative liaison) Will meet by January meeting called by Sherwood.

San Fernando:

1. Develop and distribute Welcoming Packets for new clients (250 per month).
2. Purchase order for emergency food supplies on a monthly basis.
3. Transform lobby into a more welcoming place.
4. Consumer survey: What would make lobby more welcoming. Four different survey points by the end of January. Rob.
5. Hospitality Committee: Community meeting and CAB to identify 10 welcomers by end of January.
6. Educational/reading materials: Put diverse newspapers in lobby. Donna

Compton:

1. Team developing/enhancing engaging consumers in the lobby (team will include a consumer council member)
2. Review areas to enhance lobby beautification, safety and privacy for clients

South Bay:

1. Improve Waiting Area: Update waiting room to be less sterile and more welcoming. Modifications to include painting and displaying art generated by clients (a revolving art exhibit).
2. Other recommendations to facilitate welcoming: Consumer-monitored bulletin board with groups information in waiting room, consumer suggestion box and developing a new South Bay MHC brochure with a recovery focus.

   Purpose - To make the waiting room more clients focused and to show new clients coming in that even those with MI have something to contribute and it demonstrates a stage of recovery.

3. Have consumer as Welcoming Host/Greeter -Use the room that the guard sits in for a receptionist to meet the clients as they first enter the building. The receptionist would work in conjunction with the Peer Greeter. Clients sign in/ check-in at the downstairs desk. Clients with open cases would be instructed to check in upstairs, while new clients could remain downstairs to complete paperwork. The Guard will sit with the receptionist. The receptionists could rotate every few hours or a day at a time. The receptionist upstairs then would be utilized solely to call the CM's and make doctor appointments, alleviating problem of lines forming at upstairs reception window. The receptionist down-stairs could also answer the phones or it could remain a task of the up-stairs staff. The greeter would be a volunteer (or a paid client, if item exists)

   Purpose- To assist the clients who come to the center for services, alleviating any stress or anxiety about their visit, decrease any lonely or sad feelings and to re-engage

the client to return to the center for much needed services. The greeter will assist & educate clients to all services at the center.

4. Develop a "What to expect" fact sheet for clients receiving services at SBMHC.

5. Establish Reception staff protocol for welcoming new and existing clients.
6 Encourage all staff to be welcoming when encountering clients throughout clinic facility.

Arcadia:

1. Attempt to clarify services at the entry point in order to minimize client inconvenience.
2. Review and enhance courteous greeting.
    - •Develop a flyer that describes services and outlines realistic expectations—what we can do and referral to other agencies for things beyond our capability or for non-target population. Ask the questions: "Is this your first time at a mental health clinic?"
    - •The "telephone answering script" will be reviewed and a committee will develop an explanation or "first visit" script to remind staff how to welcome new customers.
3. Improve the clinic environment to make it more "welcoming" by:
    - •Establishing a client/staff committee each quarter to renovate or redecorate the s hared counseling rooms.
    - •Utilize a $200 limit per room as the redecorating budget.
    - •Develop fundraisers/solicit donations supportive of redecorating in a motif that will make the client more comfortable and, as the same time, give a classier, less "government" feel to the rooms, lobby, and the overcrowded Arcadia MH facility.
4. Enhance meaningful client engagement by:
    - •Soliciting clients (including current self-help group participants) in an open-ended discussion of "what you like" and "what you don't like" about the clinic. The discussion guidelines will exclude personal service issues, but will focus on the clinic operation.
    - •Consider room alteration to permit a client-run snack bar/employment opportunity.
    - •Develop an "exit card" to give to clients. Similar to a business card, this card would be given to clients at their departure from the clinic. It will contain the name of personal services manager, ACCESS Center emergency number, and similar basic information including phone numbers such as the "Friendship Line." Once peer advocates become involved in the service delivery system, each client will be assigned a "buddy" peer advocate. The contact information for the peer advocate will also be included on the card.

Goal Two: Develop successful strategies to work with challenging individuals

Hollywood:

1. Coordinate and provide DBT training in collaboration with other organizations.

Edelman:

1. Investigate collaboration with DBT with other clinics.
2. Provide DBT training to staff.
3. Revitalize existing DBT group with newly trained staff.
4. Expand DBT to reach dual-diagnosis and TAY and co-occurring disorders.

San Fernando:

1. Develop capacity to re-engage resistant clients.
2. Decide who will be on this team/I.D. two people from each team to participate on a rotational basis.
   Use over 90 days list to identify people to engage with.
   Use peer/advocate or community workers as part of team

Compton:

Team will develop survey of their most challenging people (by stages 2~3 level) versus people eligible for the wellness center (This team will be instrumental in helping to keep the focus of the full service partnership (FSP) activities

South Bay:

1. Define the role of the ACT team in the overall clinic – Since the staff has increased in size we are now able to set up an OD schedule daily in the afternoon or from 10- 3. During this time the ACT team will be available for consultation with any Clinic staff. Clinic staff would be able to meet with the ACT staff face-to-face or by phone and/or request to have the ACT team assess a client for appropriateness to refer to the ACT team as well as meet with the CM and the client to explain the ACT model and how they might benefit form it, or provide other type of resources to aid the client and/or the CM. If the CM and ACT team, along with the client, decide to enroll the client in ACT, the ACT team would then schedule an outreach visit with the client and the clinic staff to meet with the client in the community to facilitate a smooth transfer and termination.

2. For consumers who are poorly coping – engaged, identify those who have clinical barriers to further recovery and develop new clinical strategies. This requires exposure to new strategies, trainings, setting aside time, and having ongoing supervisor support.
3. For consumers who have psychosocial barriers to recovery develop psychosocial strategies.

4. For poorly coping/engaged consumers: Develop a "High Utilizer Prevention Team" This Team would meet with clients who don't qualify for ACT, and are also not responding to traditional treatment and need temporary intensive case management (3-6 months) to stabilize and/or prevent frequent hospitalizations. In addition, this type of client is some one who drops in frequently without an appointment, is in crisis (a lot), hospitalized frequently but not enough to qualify for ACT, not keeping appointments with MD or CM, calls frequently in between appointments, always in crisis, and/or has poor follow through with solving the crisis or other problems.

This team would do outreach in the community to the client to provide short-term intensive case management. They could also follow up with the referrals that come over from Harbor. They would evaluate the client after 30-45 days but only keep them for 6 months. If they still needed intensive case management then they would be referred to ACT depending on what the team and SFPR believe is in the best interest of the client. This team might only work at it one day a week doing out reach or they may make this their primary job, if the referrals are low the team could also maintain a smaller regular caseload also. These clients would keep their regular CM for their SFPR and would be returned after they are stabilized. These clients could also go back and forth, this would be a fluid process.

5. For Consumers Who Are Poorly Coping – develop new, promising clinical strategies. South Bay Staff will utilize and promote new strategies to help clients who experience co-occurring disorders, severe emotional dysregulation, chronic depression, and treatment refractory psychosis and mood swings.

   First, the South Bay Staff will be exposed to some of the following models of treatment that are evidenced-based and have been developed to address treatment refractory symptoms. These models may include: Integrated Dual Diagnosis Treatment (IDDT); Dialectical Behavior Therapy (DBT); Cognitive Therapy for Bipolar Disorder and Psychosis; Acceptance and Commitment Therapy (ACT); Cognitive Behavioral Analysis System of Therapy (CBASP). Other new models of treatment such as the Procovery Recovery Model would also be explored. Following exposure to the new approaches, the staff would have the opportunity to try these interventions and attend follow-up consultation groups focusing on implementation of the model with their cases.

   The in-service trainings would be scheduled on a regular basis and would be conducted by some of the staff and consumers who have been trained in these models of treatment. For example, a staff member who is involved in IDDT would conduct training on this treatment. Staff members who wanted to utilize this model with a client would be asked to complete a concrete task with a client and return to the group leaders for further consultation and refinement of technique. The South Bay Staff has staff and clients who have been trained in IDDT, DBT , Cognitive Behavior Therapy and the Procovery Model.

   What we need to accomplish this:
   - Access to cognitive behavior therapy "experts" for consultation and liaison with clinical cases.
   - Decreased caseloads for staff to provide quality clinical services to clients.
   - Decreased administrative responsibility for staff to attend clinically focused meetings.

6. For consumers who have psychosocial barriers to recovery, survey consumers regarding barriers and resources needed.

7. For Consumers who have psychosocial barriers to recovery, develop psychosocial strategies. Survey consumers regarding barriers, resources needed. Educate clinical staff regarding guidelines/eligibility.
Survey of Consumer Council Committee, Recovery Alumni Group, Social Club Our Way, and the Procovery Circle Group. Total clients surveyed to date = 20

Barriers identified:

- Judgmental Staff
- Staff who feel we want something from them personally.
- Feel Uncomfortable when I come here for help sometimes.
- Sometimes Staff don't know what they are doing
- Staff, need to follow through with what they tell us they will do for us.
- Lack of Participation & follow through with peers with Community outings and other activities.
- Some of the Project Returns activities are too high. Lower prices from $7.00 to $3.00 or 4.00
- Fear – Not knowing what to expect or what will happen to us when we come in. How to overcome fear.
- Sometimes I can't come in, I feel real bad & I don't know why. But when I get here & participate I feel better.
- Clients who come to group but do not talk or participate in activities.
- Encouragement for clients to speak up – Assertiveness training.
- Not feeling welcomed by staff when I come here. They do not speak
- Need more information "In a Nice way", as to why C.M. can't see us. Not just have a seat & wait.
- No initiative or lack of motivation –
- Peers don't know how to talk to each other. Too Quiet.
- Don't know how to solve Problems.
- Nothing Meaningful to do. Boredom.
- Isolation – Depression – Helplessness – Hopelessness.

Needs of clients:

- Learn How to Cope & deal with how to live with a mental illness.
- CLP – I learned a lot from the peers, & self- help groups. They helped me focus.
- Learn how to take the bus and how to cope with the people on the bus. Need a Bus Pass Group.
- Leadership Groups.
- Assertiveness Training Groups.
- Need more / Different medications to help with Schizophrenia.
- Need medications with less side effects & allow me to function more.

- Continue all current groups they really help me.
- Need more clients to join the Social Club. We need each other.
- More Fundraisers to help us buffer some expenses and go into the community more.
- Need maintenance skills with our illness.
- Need more encouragement, uplifting communications.
- How to instill or to learn Commitment & sticking to it plans.

Arcadia:

1. As much as resources and caseload will allow, a process will be developed to match clients to skilled clinical resources, based on client needs and interests. While this action is pursued now, resources limit the matching capability of staff because of the lack of client flow though the graduation goal. This effort will be based on routine and periodic assessment of a clients' stage of recovery.

Domain Three: Organizational Structures & Processes

Contact Persons:

Hollywood: Josephine Chung:jchung@lacdmh.org, Rachel Moore: rmoore@lacdmh.org
Edelman: Eli Selkin: eselkin@lacdmh.org
San Fernando: Steven Avila: savila@lacdmh.org
Compton: Dawn Meggerson: dmeggerson@lacdmh.org, Phyllis Moore-Hayes: pmhayes@lacdmh.org
South Bay: Marianne Pesci: mpesci@lacdmh.org
Arcadia: Kalene Gilbert: kgilbert@lacdmh.org

Goal One: Collect and use Quality of Life and Recovery-Based outcomes

Hollywood:

1. Get draft instrument from MHALA and begin to use.

Edelman:

1. Get draft instrument from MHALA and evaluate.

San Fernando:

1. Use the Quality of Life instrument in all new intakes and annual assessments. Announce the startup for January 1.

Compton:

1. This team's activities will develop tools to address quality of life and recovery based outcomes for consumers. Goal setting for individual staff and clients.

South Bay:

1. Invite Dr. David Pilon to South Bay MHC to conduct further training for staff on the utilization of the eight stages of recovery. Specifically, it is necessary to operationalize the stages and how they would impact and inform treatment as clients flow from stage to stage. This training would help staff gain a more thorough understanding of the development and uses of the stages. (Marianne)

2. Collect and distribute information as it becomes available on Quality of Life Outcomes Measures. (Marianne)

Arcadia:
None.

Goal Two: Develop structures to promote consumer flow through system
Hollywood:
1. Revise intake/new client sheet to focus on recovery language.
2. Reassign Psychiatrist to Wellness Center to make medications available.

Edelman:
1. Gather data on quantity of housing vouchers necessary.
2. Request that number of vouchers from Mental Health administration. Eli to make request.
3. Talk with Susan Edelman about housing development and get current status.
4. Split housing development into short-term and long-term housing needs. Eli to request two housing specialists from Mental Health administration.

San Fernando:
1. Strategic Planning Process: Based on stage of recovery, develop levels of care protocols and when/how to make referrals to different programs within the clinic. Do one hour meeting every two weeks for two months to complete this design work. Completed by March 1.
2. Develop a graduation criteria and formal process. Involve CAB and Wellness center in this design process. Developed by March 1.

Compton:
1. Team will address activities for the wellness center and graduation (quality of life).

South Bay:
1. Incorporate into peer review meetings more detailed discussion of clients' movement through recovery stages. Intakes and problematic cases, such at those at-risk, should be flagged for discussion at the beginning of meetings in order to ensure they are all addressed. Considerable attention should be given to cases re: movement from stage to stage, including transitioning out of services. Perhaps lengthen allotted time for peer review meetings to ensure that adequate time is provided for all staff to address necessary topics. (Kathrine, Belen, Emily)

2. Increase awareness throughout other agencies re: mental illness and our available

services. Inform agencies of our availability for consultation about accessing services, how to deal with mentally ill individuals that they serve, etc. Create (or strengthen where already existing) liaisons with public housing authorities, transportation authorities, apartment owners' associations, employment agencies, courts, community colleges, and local law enforcement agencies. For instance, navigators could help establish and run a booth at community colleges' health fairs to provide information and outreach to potential clients.

3. Establish collaborative interaction with other agencies to help identify clients in need and also to maintain their recovery and independence when they 'graduate' from mental health services. Offer consultation to these other agencies to help promote and maintain clients' recovery. Much of this activity could be coordinated through and/or based at the Wellness Center. (Henry)

Arcadia:

1. Consider need to identify staff coordinator supportive of various group sessions designs and delivery.
2. Need Medical Assistant to file charts and make telephone calls to free clinical staff for other recovery efforts Create client "flow" and movement towards "graduation" by organizing personal services into goal-oriented tiers, including ACT and the Family Wellness Center.
3. Establish client's "stage of recovery" at intake screening. Identify a subcommittee to establish internal recovery transformation criteria. Criteria should include general time limit suggestions to encourage client movement.
4. Survey clinic staff teams to determine which staff might best work with specific types of client needs, then follow up by individualizing client case assignments.
5. Consider need to identify staff coordinator supportive of various group sessions designs and delivery.
6. Secure support staff, volunteer, or peer assistant to deal with routine case management support details... file charts, make telephone calls and reschedule missed medication appointments, thus freeing clinical staff for other recovery efforts.
7. Create services to bridge gaps in the client recovery path. [Dependent upon resources/facility.]
8. Quality Assurance Committee (QIC) meeting to enhance client recovery opportunities and enhance possible "graduation." Concentrate on positive identification and feedback shared with coworkers and clients. [See Domain Group 1, recommendation #1.]
9. Promote rewards for clients for participation and for staff for promoting quality service/recovery. [Annual "Golden Key" award and banquet.]

Goal Three: Build strong teamwork

Hollywood:

1. Consumer council 1x month to give report at staff meeting.
2. Client stories shared at staff meetings 1x month
3. Rotate team leaders on Wednesday OD day to provide cross training and leadership development/phase one just clinicians and then expand to other employee classifications.

4. 1x quarter to hold offsite teambuilding with each team. (Get away, step back and look at functioning, what can team do to support employees in their goals)

Edelman:
None.

San Fernando:
In Domain One.

Compton:
1. Development of teamwork: reforming teams, increasing cohesiveness, leadership groups and encouraging energizing values for interdisciplinary teams. Team will address staff socialization to level the playing field between disciplines

South Bay:
Multi-step approach:
1. Define generalist functions that all staff are expected to perform:
   We defined generalist functions as "in clinic" case management, therapy within scope of practice, medication management by physicians, support staff will perform clerical needs (filing, UOS entries, reports, open/close charts), psychologists perform psychological testing, and all clinical staff are expected to complete the required paperwork such as progress notes, letters for clients, SSA 1002 forms, etc., and coordination plans.

2. Make a list of generalist vs. specialist functions:
   Generalist functions are stated above, and specialist functions arise from the recommendations for a recovery-based model to include expanded services that provide a flow from identification of mental health and life needs. These services extend to initial intake, assessment of need and assessment of level of recovery, traditional treatment within the clinic (case management, medication support, psychosocial groups, brief therapy), and the proposed Wellness Center that will be off-site.

Volunteers	Will be screened, trained and supervised by the occupational therapist in order to promote self-responsibility toward readiness to enter the workforce. Volunteers will be encouraged to find placements on their own or work at a local clinic, or the Wellness Center. The O.T. will explore opportunities and develop relationships with local libraries, schools, SNFs, etc., to provide placement.
Navigators	Will provide resources as well as accompany clients in the community (will need vans or cars). Will be based at the Wellness Center.

Peer Counselors	Will role-model and provide additional support as "life coaches" (will need vans or cars). Provide training for IHSS jobs for clients who can help others on SSI and will work under employment specialist. Some based in clinic and some based at Wellness Center.
Employment Sp.	Based at the Wellness Center to work with clients in the community and assist with applications. They will also develop relationships with companies to provide employment opportunities.
DMH Liaisons	Co-located mental health workers will be based at DPSS, local community colleges (in the health center), with SSA, and with HUD to provide early identification and support for persons with mental illness or severe life problems.
ESL Teachers	To provide English-as-a-second-language classes at the Wellness Center. Peer counselors and volunteers will be utilized as tutors.
GED Teachers	To provide GED classes at the Wellness Center. Peer counselors, volunteers, and student interns will be utilized at tutors.
TAY Team	Provide specialized services to Transitional Age Youth. This team will be mobile part of the time, out in the community, and will work both in the clinic and at the Wellness Center. They will provide family groups (educational, and supportive) and most likely work with the schools. Hands-on but less involved than ACT.
ACT Team	Assertive Community Treatment Team will work with the case managers in the clinic with clients who do not respond to traditional treatment and/or who need more intensive support. Team will be community-based and can be based at the clinic or off site, as long as there is a doctor available to the team who is also mobile.

The idea of the generalist and specialist positions are fluid, as are the locations from which most will work. In particular, the specialists will most likely be mobile and meet clients both at the clinic and the Wellness Center. In some cases, staff will work in the community, depending on the goals for the client and the level of support needed to support the client's recovery. Supervisors will develop teams from generalist and specialist staff and encourage

multi-disciplinary teamwork in order for clients to benefit from multiple perspectives.

Each staff member's skills as a specialist will be accounted for by treatment team leaders, who will also account for ongoing teamwork. They will keep track of consumers' specialist needs so that they are referred appropriately within the team/clinic. Team leaders will keep track of reciprocity of staff helping each other with generalist functions, as necessary.

Arcadia:

1. Offer Arcadia MH staff to "shadow" the District Chief and her staff and invite District Administrative Staff to spend a "day on intake/PET" at Arcadia MH Center.
2. Develop a staff advisory council to advise the clinic manager. The council should represent all groups of clinic workers.

Domain Four: Available Services & Capacity

Contact Persons:

Hollywood: Jonathan Lynch: jlynch@lacdmh.org
Edelman: Kati Kern: kkern@lacdmh.org
San Fernando: LaTina Jackson: ltjackson@lacdmh.org
Compton: Ioma Hawkins: ihawkins@lacdmh.org
South Bay: Phyllis Tate: ptate@lacdmh.org
Arcadia: Vanessa Estrada: vestrada@lacdmh.org

Goal One: Develop quality of life support services

Hollywood:

1. Develop classes and groups based on Maslow's Hierarchy
2. Get all info in one spot that's easily accessible
3. List of hotels and check out each one to be sure it's o.k.
4. Talk with businesses so they know where to send people
5. Calendar of all clinic run groups
6. Survey of what groups people want
7. Continue working on resource guide development

Edelman:

1. Create a physical space for resources in housing, benefits, employment. Kati
2. Resource Information-Reba
3. Create networking group to schedule a regular series of infomercials at regular staff meetings. Create master calendar.

4. Resource Expertise Development. For each team, one individual in each of the areas of housing, benefits, employment to spend 4 hours per week gaining expertise for a period of four months.

San Fernando:
None.

Compton:
1. This teams activities will include developing and enhancing charting skills for billing quality and life support services

South Bay:
1. Have clients create a consumer needs survey.
2. Create a consumer volunteer pool to assist other consumers with needed daily activities.
3. Create access to emergency housing options and petty cash for emergent client issues.

Arcadia:
1. Change the entire clinic operating system to a modified ACT format, to better serve clients needing immediate and intense service delivery effort. Target "meds only" early recovery cases and move them towards wellness. Utilize client peer counselors as a key resource. Establish a time-limited ACT-like client caseload for clinical staff.
2. Develop independent living skills mission statement and curriculum for various client recovery levels. The classes will last approximately 12 weeks. Clients can repeat course if necessary. Successful completion will be acknowledged with a certificate and ceremony.

Goal Two: Strengthen collaboration with other social service agencies
Hollywood:
In above goal.

Edelman:
In above goal.

San Fernando:
1. Identify 12 programs and services to present to staff in the next 12 months. Each team member will visit at least one program and invite the program to come and speak.

Compton:
1. This team highly energized for collaborative services within the community, including mayor's office, police, churches and local community services

South Bay:
1. Identify liaisons for specific community services (Dora- health services, Peter- Regional Center and Senior Services, Sonya- housing, Scott and Jennifer- substance

abuse, Christopher – faith-based/employment, Phyllis – parenting/childcare, Holly-education, Steve and Sheila- forensics.

Arcadia:

1. Each team develops seven agencies, which can be visited by a team of two-four staff—one from each team—to develop more personal linkage and offer informal cross training. Consider periodic out-stationing at other community agencies.
2. Invite other agency's staff to visit Arcadia MH and become familiar with new direction of the recovery service delivery format.

Goal Three: Develop community belonging and connection

Hollywood:
None.

Edelman:
None.

San Fernando:

1. Clinic will have representation at a minimum of four non-social service community based groups annually. LaTina will have identified a list of possible community groups.
2. Develop resource board and update monthly. Irina/Pt. Person plus Brenda, Victor Valencia.

Compton:

1. Team developing activities with the churches and local community services on a quarterly and annual basis. (Goal to establish relationships with service providers in the community

South Bay:
None.

Arcadia:

1. Utilize "community builders/bridgers" (consumer volunteers) to develop community connections and accompany other customers during linkage/service visits.
2. Provide assistance with clothing, transportation for clients seeking to return to work, school, or other community involvements.
3. Utilize peer counselors to assist clients (buddy system) in accessing community services and allied social services.
4. Utilize Vista Volunteers as an option to pay for consumer/volunteer work within the wellness center or other clinic programs.