

# Transforming the Los Angeles County Mental Health System

DRAFT DMH Strategic Plan (2020-2030)



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

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# Introduction

## Vision

We envision an LA County unified by shared intention and cross-sector collaboration that helps those suffering from serious mental illness heal, grow and flourish by providing easy access to the right services and the right opportunities at the right time in the right place from the right people.

## Mission

Our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and opportunities that promote not only independence and personal recovery but also connectedness and community reintegration.

## Values and Principles

Our Strategic Plan is based on a core set of fundamental values and principles that will guide us on how best to implement change. To succeed, the plan must embody the following values and principles:

- **Client driven** – where we engage consumers, families, communities and all of our grassroots stakeholders as full collaborators in transformation, from care delivery to systems redesign.
- **Community focused** – where the needs and preferences of the communities are recognized and where resources are specially designed and aggressively deployed to meet them.
- **Equitable and culturally competent** – where consumers, family members and communities are cared for equitably and where services are delivered with cultural respect.
- **Accessible and hospitable** – where all services and opportunities are readily available, easy to find, timely and welcoming to everyone.
- **Dedicated to customer service** – where our core calling is to provide premier services to all of our customers, from consumers and families to DMH staff and the vast network of contractors.
- **A heart-forward culture** – where we hold sacred the humanity, dignity and autonomy of those we serve because everyone has the right to flourish and to live a healthy, free and fulfilling life.
- **Collaborative** – where we recognize that we cannot go it alone and that we need the expertise, dedication and teamwork of many other departments and the full range of community partners.
- **Continuous improvement** – where care is focused on meeting the needs of those we serve through best practices, where decisions are tailored and informed by outcomes and where ongoing efforts to increase our impact are built into our work at every level, every day.

## How This Plan Was Developed

As DMH advances its mission, it is entirely committed to playing a key role as partner and contributor to the County's broader vision for addressing critical challenges and helping communities thrive. To this end, DMH has aligned the goals of its plan with the County's Strategic Plan to ensure a cohesive response. Addendum A provides additional detail about this unifying approach.

DMH is thankful to the Board of Supervisors and myriad stakeholders, partners, providers, community members and staff for contributing to this Strategic Plan. DMH has worked, and will continue working, diligently to ensure that the diverse voices and needs of the County's population and stakeholders are represented in this plan. DMH has engaged the community through the Mental Health Commission, LA County's eight Service Area Advisory Committees, seven Underserved Cultural Communities, the Faith-Based Advocacy Council and the Coalitions, among others. Addendum B provides additional detail on the department's formal engagement through our recent strategic listening sessions in each service area, which supplemented the careful listening we have done on a regular, less formal, basis over the past three years.

## How This Plan Is Organized

This plan focuses on transformational goals we need to achieve across the four domains we use to define our system, namely the three clinical domains, where we interface with people (Community, Crisis System and Institutions), and the administrative domain, which functions as our support engine (Infrastructure).

The Community, reflected in the green circle of the diagram on the following page, signifies our north star where we always prefer, and strive, to provide resources. We aspire to have enriched, welcoming and inclusive communities where human needs are met in a responsive, effective, age informed and culturally competent manner across the County and where falling out of community is neither common nor acceptable. In time, our work in the community domain will eventually interweave to construct a heart-forward, recovery-oriented system of care. This goal will require more prevention services, resources to address social determinants and outpatient mental health care.

The Crisis System, reflected in the yellow ring, signifies our interface with individuals experiencing crises and includes both real-time response and triage services, as well as facility-based treatment for stabilization. With adequate crisis system resources in place, episodes of homelessness, prolonged or repeated child welfare involvement, incarceration (the institutions of our day, see next) and recidivism in general can be avoided. Proper function in this domain will require that we expand our real-time service and mental health treatment bed (urgent care, residential, subacute and acute) capacity, with particular attention to child and adolescent resources in this area. Increasing these capacities in tandem will help to create an impenetrable guardrail around communities to help keep the most vulnerable individuals in our communities out of harm's way.

Institutions, reflected in the red ring, signify the "open-air" asylum of the streets and the "closed-air" asylum of the jails, neither of which is an acceptable place for engagement and care, let alone habitation. To mitigate the homelessness and incarceration of individuals with mental illness, both having reached epidemic proportion in our county, will require a more robust portfolio of re-entry initiatives designed to engage this population and provide clear pathways back to community. For children, analogs for these "Institutions" include prolonged or repeated child welfare involvement and juvenile probation.

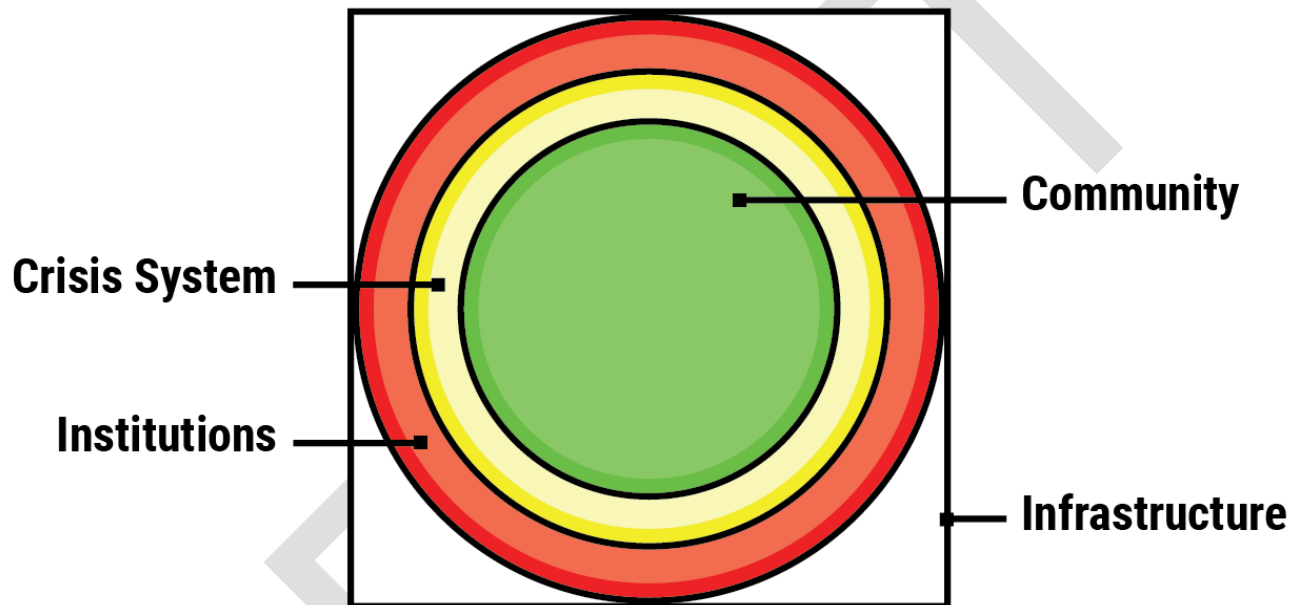
Infrastructure, reflected by the square and circular lines, signifies the departmental engine that takes care of our numerous support operations. Being ever-present and enterprise-wide, the administrative domain provides us with a foundation for everything we do, from staffing and contracting to managing our technology, facilities and budget to supporting stakeholder engagement and communications. Achieving new levels of administrative success will require additional units to firmly anchor its structure, more coordination with activities across the clinical domains and ongoing process engineering.

This plan in its current form is organized around overarching goals across the four domains (one goal for each domain; see below), along with a sampling of strategies for pursuing each goal.

- **Community** – Goal 1 focuses on creating enriched, equitable and inclusive communities in which human needs are met in a responsive, effective, age informed and culturally competent manner such that falling out of community due to mental illness is neither commonplace nor acceptable.
- **Crisis System** – Goal 2 focuses on both real-time and intensive services that target individuals in crisis, functioning like a guardrail to connect them into treatment and back into the community, thereby avoiding falls into isolation, homelessness, justice involvement and harm's way otherwise.

- **Institutions** – Goal 3 focuses on those who are deeply isolated in life, experiencing homelessness or prolonged or repeated child welfare involvement, and entangled in the criminal justice system or other locked facilities for extended periods.
- **Infrastructure** – Goal 4 focuses on our organizational engine itself and how it, as our core operational platform, must be redesigned in order to successfully manage and support the ongoing efforts and changes envisioned throughout this Strategic Plan.

## DOMAINS FOR OUR STRATEGY



Above all else and across our overarching goals, the emphasis on community, as formulated here, and a full commitment to optimizing, expanding and maintaining various partnerships across both the public and private sectors are critical in this document. Combined, our goals reflect our philosophy that individuals with serious mental illness can – and must – live and flourish in communities across our county.

While our goals and their strategies describe the direction we are heading, it is the tactics we consider and choose for implementation that will make our vision a reality. Whether tactics are currently operating, under development or as yet unidentified, they must always align with our strategy (and Board priorities, see Addendum A), and we must recognize that we will need to continually refresh and adapt them as we learn more about, and keep striving to meet, evolving needs. We have listed sample tactics, including active tactics and those in the pipeline, in Addendum C. Furthermore, in Addendum D, we have listed outcomes we expect and will be looking to achieve via implementation of selected tactics.

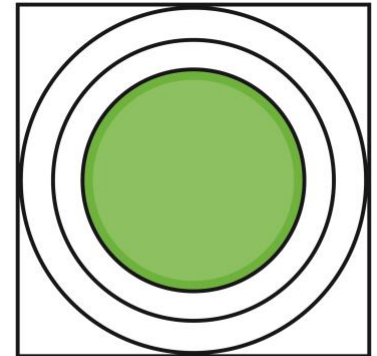
# COMMUNITY

The Community signifies our north star where we always prefer, and strive, to provide resources. We aspire to have enriched, welcoming and inclusive communities where human needs are met in a responsive, effective, age informed and culturally competent manner across the County and where falling out of community is neither common nor acceptable. In time, our work in the community domain will eventually interweave to construct a heart-forward, recovery-oriented system of care. This goal will require more prevention services, resources to address social determinants and outpatient mental health care.

## Prevention Services (Goal 1A)

*Prevent and/or mitigate mental health challenges by identifying individuals at risk and in need and getting them timely access to the indicated resources.*

Consistently identifying people in need and providing expedient navigation to resources requires a comprehensive approach. We will continue expanding public campaigns to promote greater awareness and understanding of suffering and mental health in communities (Strategy 1A.1). In addition, through focused training across our communities, people experiencing mental health issues and/or suffering in life will be more readily identified so we can help get them to needed resources (Strategy 1A.2). To this end, the navigation, coordination and follow-up across our system must be improved to ensure that individuals of all ages, families and communities get the resources they want and need (Strategy 1A.3). And, every strategy will be viewed through the lens of culture to ensure we are providing outreach and engagement that takes into consideration individuals' cultural backgrounds and linguistic needs.



Community

## Education and Awareness (Strategy 1A.1)

*Promote knowledge and awareness of mental health in communities and reduce stigma.*

- **Expand investments for additional public outreach campaigns**
  - Promote mental health education and awareness in our communities, including a focus on school-based programs to reach children and youth and faith-based efforts
- **Educate communities about local resources**
  - Ensure individuals know how to find help for themselves, family, children, friends and colleagues, continuing our ongoing efforts to reduce the stigma around mental illness and promote the concept of mental wellbeing

## Early Identification and Engagement (Strategy 1A.2)

*Recognize individuals in need and provide early engagement in the community whenever and wherever possible.*

- **Invest in community access platforms as ideal entry points to resources**
  - Use homes, clinics, parks, libraries, schools, places of worship, community centers and other gathering points in local communities as platforms for providing access to mental health information for children, youth, families and individuals in comfortable settings



- **Train up the ecosystem of community access platforms to identify needs and coordinate resources to meet them**
  - Provide training to ensure those who work at community-based access points are more knowledgeable about mental health issues and can better recognize community members (including children and youth) who may be in need, and engage them and connect them to appropriate resources
  - Improve health equity through better coordinated care and community collaboration
- **Expand local community resources for preventing and mitigating stressors**
  - Invest in and expand access to more programs that promote effective coping skills, parenting classes and support for children and teachers, and school-wide interventions to promote a positive mental health climate
  - Equip community access platforms to help address community trauma and promote community healing
- **Train professional staff at LA County and City agencies involved in human services**
  - Equip these staff members to recognize and engage children, youth and adults at risk for or experiencing mental health challenges in order to connect them to appropriate resources

### Navigation and Follow-up (Strategy 1A.3)

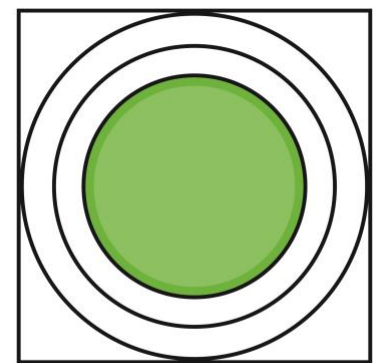
*Partner with communities to create pathways to resources and ensure individuals actually receive the resources they need.*

- **Improve navigation to and coordination with resources**
  - Make it easier for community members and the organizations that help them to find culturally competent and linguistically accessible resources that can help meet their needs
- **Enforce live hand-offs to resources as the intended standard practice**
  - For individuals who are being introduced to new resources and settings, set an expectation that community partners will actively transition them to those resources in a manner that helps ensure a solid and sustained connection
- **Follow up to ensure that community members' needs are being met**
  - Use consistent follow-up to ensure the connection to resources was made and sustained, and track this follow-up in a structured manner across the system

### **Social Support** (Goal 1B)

*Provide for the basic human needs required to support personal recovery and community reintegration.*

In collaboration with other County departments, agencies and a multitude of community partners, we must address the social determinants of health for individuals living with serious mental illness, including children and youth living with a serious emotional disturbance. The basic social determinants include access to affordable and safe community housing, aka “place” (Strategy 1B.1); support from kin (including peers), family, friends, respite care providers and community members at large, aka “people” (Strategy 1B.2); and opportunities to take on meaningful community roles, aka “purpose,” such as those provided through employment, education and other developmentally appropriate activities, such as play (Strategy 1B.3). When met, such efforts lay a solid foundation for recovery and wellbeing.



Community

## Housing – “Place” (Strategy 1B.1)

*Ensure safe and secure places to live and rest.*

- **Embrace a “housing first” approach**
  - Provide access to housing with low barriers to entry and low demands for maintaining residency, including for transition-age youth and families with children who face mental health challenges
- **Expand interim supportive housing and related communities**
  - Increase options for safe, clean, organized and coordinated housing with connections to supportive social services to help transition individuals experiencing homelessness
- **Invest in a higher quantity and quality of permanent supportive housing**
  - Increase the number of mixed, tenant-based and board-and-care units in all communities, and ensure that all housing options include child friendly amenities
- **Evaluate the service continuum to ensure the appropriate housing supports for crossover youth from the Departments of Children and Family Services and Probation are embedded in programs**
  - Pay particular attention to programs serving youth transitioning from other placements into more independent living settings

## Kin – “People” (Strategy 1B.2)

*Support close relationships with people including family, friends, respite care providers and/or kin (including paid peers) and facilitate socialization.*

- **Leverage peers as agents of kinship and support**
  - Provide social support through a “buddy” or an advocate, including parent advocates, a key factor for stability
- **Support and expand accessible social environments**
  - Give individuals with mental illness opportunities to engage and build meaningful relationships with others in their community
- **Invest in family engagement and reunification efforts, and maintain family relationships**
  - Show families how they can effectively support their loved ones and help them flourish
- **Partner with the Departments of Children and Family Services and Probation in their efforts to recruit, train and retain resource (foster) parents that house crossover youth**
  - Provide appropriately trained caregivers for children and youth to live and connect with when they are coming out of psychiatric inpatient and residential placements

## Occupation – “Purpose” (Strategy 1B.3)

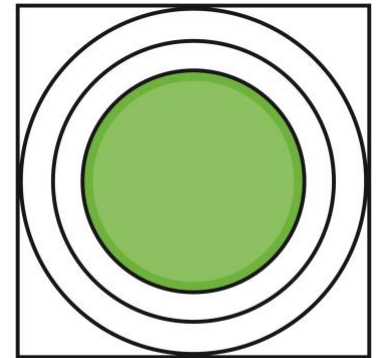
*Offer, and promote, a range of opportunities for purposeful participation in the community.*

- **Expand education, training and work opportunities**
  - Increase staffing for peers to help support individuals as they transition to employment
- **Increase opportunities for individuals to engage in civic or volunteer efforts**
  - Pursue meaningful roles for individuals in their communities while helping provide social connections
- **Help individuals to develop and pursue hobbies and interests**
  - Integrate individuals into communities through engaging activities
  - Help promote developmentally appropriate educational, social and recreational activities for infants, children and transition age youth
- **Support systems-impacted youth to remain and succeed in school**

## Outpatient Mental Health Care (Goal 1C)

*Deliver welcoming, enriched and easily accessible services that are responsive to evolving needs to keep individuals living in communities and to sustain recovery.*

To ensure that we are delivering the highest-quality outpatient mental health care, we will involve our clients, including parents of children, in decision-making and optimize our clinical assessment and interdisciplinary care planning to address the needs of people in a holistic manner (Strategy 1C.1). We will also enhance the coordination of the care being delivered through DMH with other needed services and resources from other agencies in order to build up integrated and personalized foundations for recovery (Strategy 1C.2). And finally, we will find ways to make sure treatment plans are executed in a timely manner and continuously updated; that high-quality care is delivered uniformly across communities for all ages and in a culturally competent manner; and that services are designed to do everything possible to guard against crisis, isolation, hospitalization, homelessness, prolonged or repeated involvement in the child welfare system and justice involvement (Strategy 1C.3).



Community

### Assessment and Care Planning (Strategy 1C.1)

*Identify the services and pathways needed to meet the multifaceted needs of individuals.*

- **Emphasize a whole-person approach to assessment**
  - Integrate individuals' comprehensive needs including behavioral health, physical health and social support during assessments through the lens of their culture and native language
  - For children, include developmental and educational needs
- **Make care plans comprehensive and interdisciplinary**
  - Identify appropriate roles for clinicians, peers, family members and individuals themselves
- **Ensure that care planning is person-centered**
  - Provide culturally competent assessments to ensure the individual's plan is unique to their needs, background and age, particularly for children and youth

### Service Coordination (Strategy 1C.2)

*Deliver care and coordinate with non-DMH resources to meet all needs of those we serve.*

- **Build care teams that are accountable and empowered to coordinate all needed services in an integrated manner**
  - Take responsibility for enacting treatment plans and coordinating outpatient mental health services, physical health services, substance use disorder services and any other needed clinical services and supports
- **Increase alignment of outpatient care with LA County Medi-Cal managed care plans and other LA County departments and agencies to better leverage the resources available that will best serve the needs of the consumer**
  - Work with LA Care and HealthNet to ensure children, youth, and adult Medi-Cal beneficiaries with outpatient mental health care needs receive all types of needed health care services in an integrated and culturally competent manner
  - Work with the Departments of Health Services and Public Health to holistically integrate and coordinate outpatient care for individuals with co-occurring physical health and substance use care needs
- **Identify team liaisons who are accountability agents**

- Ensure teams have a fixed point of responsibility for coordinating individuals' care and linking them to resources and opportunities as indicated by their care plans

### **Outpatient Care** (Strategy 1C.3)

*Ensure that our care delivery and resource coordination efforts are effective in helping those who are in need of our care to stay in community and recover from illness.*

- **Ensure that outpatient care teams adhere to and respect care plans and evaluations**
  - Regularly assess and evaluate care plans with individuals through the lens of culture to support recovery, and staff outpatient care teams with the full range of providers, including peers
  - For children, regularly assess and evaluate treatment plans with their parents or caretakers through the lens of culture and appropriate development to support achievement of developmental and educational milestones; staff outpatient care teams with the full range of providers, including parent advocates
- **Design outpatient services to ensure individuals stay in communities**
  - Mitigate the risk of crises, isolation, hospitalization, homelessness, prolonged or repeated involvement in the child welfare system and justice involvement through coordinating services that are community-based and linked
- **Provide right-sized assertive community treatment (Full Service Partnership) programs**
  - Ensure Full Service Partnership (FSP) programs, DMH's version of assertive community treatment, are properly staffed to deliver the most comprehensive community-based outpatient services to individuals with the greatest needs
- **Conduct culturally and linguistically specific outreach to engage underserved communities in understanding what outpatient services are available to them and how to access care**
  - Expand outpatient clinic hours into the evenings and weekends in order to more effectively engage these communities and provide services to enhance accessibility
  - Support communities in advocating for equity of resources and services
- **Evaluate the system of care to ensure it meets the needs of the most at-risk children, youth and families engaged with the Departments of Children and Family Services and Probation**

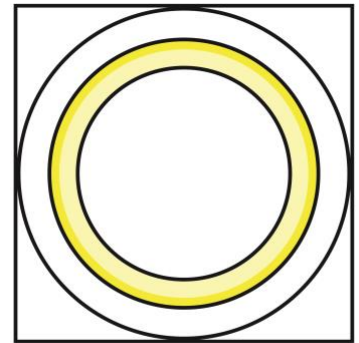
## CRISIS SYSTEM

The Crisis System signifies our interface with clients experiencing crises and includes both real-time response and triage services as well as facility-based treatment for stabilization. With adequate crisis system resources in place, episodes of homelessness, prolonged or repeated out of home placement, incarceration (the institutions of our day) and recidivism in general can be avoided. Proper function in this domain will require that we expand our real-time service and mental health treatment bed (urgent care, residential, subacute and acute) capacity, with particular attention to child and adolescent resources in this area. Increasing these capacities in tandem will help to create an impenetrable guardrail around communities to help keep the most vulnerable individuals in our communities out of harm's way.

### Intensive Care (Goal 2)

*Create a seamless crisis response and resolution network that helps individuals to stay in community.*

A robust and well-coordinated crisis response network is needed to connect with and safely triage individuals with serious mental illness who are at risk, or in the process, of deteriorating and falling out of community. This network must operate as a coherent and functionally contiguous community “guardrail” that prevents individuals of all ages from having any number of adverse outcomes such as illness-related aggression toward self or others, becoming homeless, being removed from their family or entering the criminal justice system.



Crisis System

We must reinforce this guardrail, which includes numerous elements such as our emergency outreach and triage division working in collaboration with a bevy of first responders from County, City and other entities, various call centers and behavioral health urgent care centers as well as emergency department and residential services for crises. Aside from needing a broader workforce trained to de-escalate crisis situations and help individuals stabilize, mitigating their departure from community (Strategy 2.1), we need a massive expansion of acute, subacute and residential facilities to provide environments that can be used for intensive care episodes to resolve crises and provide connection back to community (Strategy 2.2).

Despite the best efforts of crisis responders and the inpatient and residential treatment network, there are some individuals who continue to experience intensive needs over a longer period of time, resulting in frequent hospitalization and intensive care. For them, we are building a premier program of co-located care, a network of Restorative Care Villages across LA County campuses that will be designed to deliver a treatment-intensive continuum of care and stop at nothing in providing these individuals with the best possible chance of recovery (Strategy 2.3).

### Real-Time Crisis Response (Strategy 2.1)

*Develop capacity to safely and respectfully resolve mental health crises around the clock in every community.*

- **Build a real-time, robust, well-coordinated, recovery-oriented and client- and family-centered crisis response network**
  - Integrate high-quality crisis response services into every community and staff them with well-trained, culturally competent and caring first responders who work to resolve crises safely, for both youth and adults, and make every attempt to avoid the need for hospitalization
- **Develop a seamless network of relationships among all crisis care providers**

- Include assertive community treatment (Full Service Partnership) teams, call centers, mobile crisis response teams, law enforcement first responders, urgent care centers, crisis residential facilities, emergency departments and hospitals in a network as one unified system with shared goals, technology and information to provide the best possible care for those in crisis

### Facility-Based Intensive Care (Strategy 2.2)

*Build a right-sized, efficient and effective network of facility-based, intensive mental health services.*

- **Right-size the network of acute, subacute and residential treatment services**
  - Create a network that meets the needs of all communities, age groups (e.g., children and youth) and special populations and that recognizes cultural backgrounds
- **Actively manage client care throughout the facility-based intensive care network**
  - Ensure clients are receiving the right care at the right time and are progressing positively through care
- **Facilitate live hand-offs to outpatient care and supportive housing**
  - Sustain individuals in communities and minimize the risk of readmission, homelessness and justice involvement through real-person interaction and active transitions to sustain individuals in community care
- **Explore opportunities to create a Youth Crisis Residential Program for children and adolescents**
  - Help decompress emergency rooms and psychiatric hospital beds serving youth

### A Restorative Care Network (Strategy 2.3)

*Create a premier program of integrated services across the treatment continuum for individuals with chronic intensive needs.*

- **Develop restorative care villages, providing a culturally competent continuum of services on a single campus**
  - For individuals with chronic intensive needs, utilize this mode to provide:
    - A full range of housing options, including interim and permanent supportive housing;
    - All levels of care, including emergency, acute inpatient, subacute, residential and outpatient care, with easy movement between them;
    - Coordinated mental health, physical health and substance use care (including detox);
    - Linkages to care facilities that provide intensive care specifically for justice-involved individuals; and
    - Resources to support the social determinants of health
  - For children and youth include educational and developmental services which are integral to their wellbeing

## INSTITUTIONS

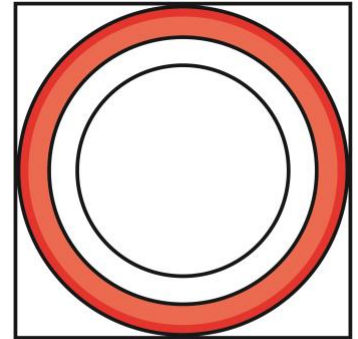
Institutions signify the “open-air” asylum of the streets and the “closed-air” asylum of the jails, neither of which is an acceptable place for engagement and care, let alone habitation. To mitigate the homelessness and incarceration of individuals with mental illness, both having reached epidemic proportion in our county, will require a more robust portfolio of re-entry initiatives designed to engage this population and provide clear pathways back to community. For children, analogs for these “Institutions” include prolonged or repeated child welfare involvement and juvenile probation.

### Re-entry Initiatives (Goal 3)

*Help institutionalized individuals to re-enter and reintegrate into community.*

Goals 1 and 2 of this Strategic Plan propose significant investment and fundamental changes to the system of care in LA County that, when fully realized, will dramatically reduce the number of individuals with serious mental illness and youth with a serious emotional disturbance who fall out of their community and into the institutions of deep isolation, the street, prolonged or repeated child welfare involvement, juvenile probation and jail.

Unfortunately, these interventions will take time during which we cannot ever give up on those already living in, or likely to enter, the institutions. Goal 3 is framed around aggressive strategies to safely and humanely get individuals living with serious mental illness, including youth living with a serious emotional disturbance, out of institutions and back into community, which will often require a pit stop in the hospital or other element of the Crisis System. As above, Goal 3 targets individuals who are not connected to community, were missed by the Crisis System and have fallen into deep isolation (Strategy 3.1), homelessness, prolonged or repeated child welfare involvement and/or involvement in the justice system (Strategy 3.2). A portion of these individuals will require involuntary treatment as part of their recovery journey, but we must ensure they do not languish in involuntary settings (Strategy 3.3).



Institutions

### Identifying and Connecting with the Deeply Isolated (Strategy 3.1)

*Reach out to and engage individuals who are living in isolation and cut off from community.*

- **Deploy tactics for reaching out to and engaging individuals who are isolated**
  - Bring these individuals back into community and give them the chance to flourish, which is key to stability and successful re-entry
- **Evaluate any systemic issues within DMH that may be promoting or enabling the isolation**
  - Train front-line and clinical staff in cultural humility and sensitivity in order to better demonstrate empathy for increased cultural competency
- **Identify co-occurring disorders that may be further isolating individuals**
  - Train staff to understand the associated stigmas attached to co-occurring disorders and inter-generational trauma within the cultures represented
  - Understand the various healing practices different cultural groups observe and incorporate those into how DMH delivers services
- **Identify and address the systemic issues which put children at risk for being involved in the justice and child welfare systems (e.g., early and repeated suspensions and expulsions)**

## Outreach on the Streets and In-reach to Justice Systems (Strategy 3.2)

*Reach out to and engage individuals who are living on the streets or unstably housed, as well as those currently in jail and juvenile justice, to ensure successful community re-entry.*

- **Coordinate and integrate outreach/in-reach efforts with partner organizations**
  - Develop and deploy robust outreach and engagement efforts to individuals living with serious mental illness, including youth living with a serious emotional disturbance, who are homeless, unstably housed and/or involved with the justice system
  - Enhance alignment and collaboration with relevant partner agencies in the County, e.g., Departments of Public Health, Health Services and Children and Family Services
- **Recognize and take responsibility for care and support for homeless individuals with serious mental illness**
  - Prioritize resources, connection and care delivery for this population in order to move them to stable housing
- **Help improve systems of diversion from justice systems**
  - Ensure navigation for individuals who are justice-involved because of serious mental illness or serious emotional disturbance to more appropriate care settings
- **Develop new care facilities that focus on a recovery-oriented approach**
  - Address the mental health needs of the justice-involved population in a more ethical manner than historical approaches
- **Create and train multidisciplinary teams, including peers, for homeless outreach**
  - Build relationships with individuals who are homeless and/or have justice involvement and get them the resources they need to successfully integrate back into community through expanded in-person outreach

## Involuntary Care – Conservatorship (Strategy 3.3)

*Expand capacity for engaging and resourcing care of individuals who meet criteria for grave disability.*

- **Recognize and more effectively engage individuals who require surrogate decision makers**
  - Utilize the conservatorship option with discretion but fully and intentionally, when needed, so as to restore decision-making and empower recovery as quickly as possible
- **Commit resources that address both clinical needs and social determinants of health**
  - Help promote a holistic recovery for our consumers in need of mental health conservatorships
- **Right-size all needed services for conservatees**
  - Align with conservatees' more-intensive needs and ensure that the full suite of resources accompanies all mental health conservatorships
  - Provide support to parents needing to have their children go through this process, so they can more effectively advocate for their child



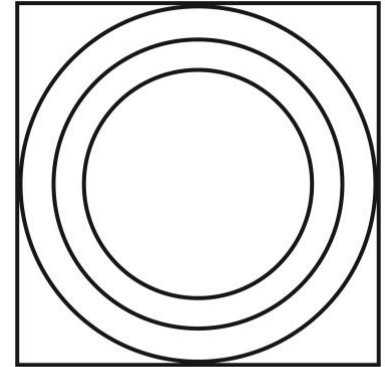
## INFRASTRUCTURE

Infrastructure signifies the departmental engine that takes care of our numerous support operations. Being ever-present and enterprise-wide, the administrative domain provides us with a foundation for everything we do, from staffing and contracting to managing our technology, facilities and budget to supporting stakeholder engagement and communications. Achieving new levels of administrative success will require additional units to firmly anchor its structure, more coordination with activities across the clinical domains and ongoing process engineering.

### Organizational Support (Goal 4)

*Build the engine required to develop, implement and sustain needed change in the interest of serving our entire universe of customers including clients and families, staff, contractors and the full range of partners beyond.*

Realizing all aspects of Goals 1 through 3 of this Strategic Plan will require an extraordinary amount of change. To be successful, the department must optimize its structural design, streamline its internal processes and its interface with partnering systems and assess its own performance across the board. Goal 4, therefore, frames out the key strategies for building an efficient and effective organizational engine that focuses on entrepreneurial but disciplined financing, right-sized staffing, improved contracting and contract monitoring, better use of technology and proactive approaches to space utilization as well as facilities development while always embracing principles of ongoing organizational learning and improvement – e.g., a department driven by outcomes that leverages training and many other tools to operationalize continuous quality improvement.



Infrastructure

### Structure (Strategy 4.1)

*Organize a structure to effectively drive and manage the change needed to realize departmental goals.*

- **Develop an organizational structure that effectively supports community-based care and partnerships**
  - Ensure clinical and administrative programs and support staff can quickly adapt to meet changing community needs
- **Improve and integrate data systems within DMH and across departments and agencies**
  - Facilitate coordinated, whole-person and high-quality care through the effective utilization of electronic medical records (EMR), health information exchanges (HIE) and other critical health information systems
- **Optimize existing funding streams and gain access to new funding streams**
  - Engage and facilitate partnerships with the County Medi-Cal managed care plans in the context of CalAIM and the future of payment reform
- **Redesign payment and documentation systems to promote whole-person care**
  - Allow for the right care activities at the right time, regardless of the setting
- **Ensure adequate staffing throughout the department**
  - Meet the needs of clinical services and administrative staff so that they are well resourced
- **Refresh DMH facilities and workspaces**
  - Use these spaces effectively and efficiently, including through alternative work arrangements, to meet the needs of our communities in the modern era

## Process (Strategy 4.2)

*Engineer and support the core administrative processes needed to empower both internal and external customer service.*

- **Streamline and improve processes for developing contracts, soliciting proposals from the community and supporting new contractors**
  - Build an empowered and effective network of community partners
- **Overhaul processes for recruiting and hiring new staff to enable quicker program development and to more competitively attract talented hires**
  - Develop improved systems for training, deployment and retention of staff to build out and maintain an effective and high-impact workforce
- **Provide premier customer service to our network of contracted community partners (e.g., legal entities)**
  - Recognize and elevate these contracted partners as an asset and a critical resource in our communities
- **Gather and align departmental planning and budgeting processes**
  - Blend the many available funding streams to support DMH's mission
- **Develop unified and coordinated processes to monitor providers' quality of service**
  - Include fair mechanisms for quality assurance when standards are not met and provide support as needed to proactively sustain high-quality service

## Outcomes (Strategy 4.3)

*Establish an impact-driven system characterized by listening, learning and continuous improvement.*

- **Actively manage change throughout the department**
  - Enhance listening among leadership to ensure staff are efficiently, effectively and sustainably achieving strategic goals even as change is underway
- **Enhance multidirectional communication between DMH and key stakeholders to help inform strategies and change**
  - Provide transparency through consistent communications with Service Area Advisory Committees (SAACs), Underserved Cultural Communities (UsCCs), the Faith-Based Advocacy Council (FBAC) and other critical stakeholder networks
- **Optimize DMH's services from the ground up with the values of a *Just Culture* and continuous quality improvement**
  - Identify and leverage outcomes to drive needed change throughout the system to better support our staff to do good work
- **Process consumer grievances, complaints and appeals through the lens of culture relating to the background of that individual**
  - Ensure equity in the reviews to help address racial and ethnic disproportionality in access to and delivery/quality of care
- **Improve training and professional development to increase the skills and capabilities of departmental staff**
  - Create a true learning organization by building the capacity for staff to manage projects and improve the quality of programs and services
  - Infuse cultural competency training in every new employee orientation
  - Conduct regular and frequent staff trainings to increase their cultural competency, with a focus on staff who directly engage with clients in outpatient and inpatient settings
- **Collect and utilize data to analyze service utilization by communities of color to address disparities and inequities in the system of care**

- Conduct cultural competency assessments to better understand the demographic characteristics of communities
- Work to improve data collection to track and specify the cultural composition of DMH consumers beyond broad ethnic category labels, e.g., “Latino,” in order to provide enhanced culturally specific services
- **Translate key documents for DMH consumers into the top 13 languages spoken in LA County to capture the elements of culture**
  - Ensure documents like consent for services, treatment plans and assessments are widely available in-language and capture culturally specific details that will help enhance the delivery of care to the consumer

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## Addendum A – Alignment with County of LA Strategic Plan

The goals in DMH's Strategic Plan are aligned with the following strategies from the County of LA Strategic Plan:

DMH Goal	County of LA Strategies
Goal 1A – Prevention Services	<ul style="list-style-type: none"> <li>• Strategy I.1 – Increase Our Focus on Prevention Initiatives</li> <li>• Strategy II.2 – Support the Wellness of Our Communities</li> </ul>
Goal 1B – Social Support	<ul style="list-style-type: none"> <li>• Strategy I.2 – Enhance Our Delivery of Comprehensive Interventions</li> <li>• Strategy II.2 – Support the Wellness of Our Communities</li> </ul>
Goal 1C – Outpatient Mental Health Care	<ul style="list-style-type: none"> <li>• Strategy I.2 – Enhance Our Delivery of Comprehensive Interventions</li> </ul>
Goal 2 – Intensive Care	<ul style="list-style-type: none"> <li>• Strategy I.2 – Enhance Our Delivery of Comprehensive Interventions</li> </ul>
Goal 3 – Re-entry Initiatives	<ul style="list-style-type: none"> <li>• Strategy I.2 – Enhance Our Delivery of Comprehensive Interventions</li> <li>• Strategy I.3 – Reform Service Delivery Within Our Justice Systems</li> </ul>
Goal 4 – Organizational Support	<ul style="list-style-type: none"> <li>• Strategy II.1 – Drive Economic and Workforce Development in the County</li> <li>• Strategy III.1 – Continually Pursue Development of Our Workforce</li> <li>• Strategy III.2 – Embrace Digital Government for the Benefit of Our Internal Customers and Communities</li> <li>• Strategy III.3 – Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability</li> <li>• Strategy III.4 – Engage and Share Information with Our Customers, Communities, and Partners</li> </ul>

## **Addendum B – What We Heard**

Over the past three years there has been an active and intentional effort to engage, learn from, discuss and contemplate the strengths, weaknesses, threats and opportunities facing the department. Further, in the course of 2019, DMH reached out more formally to a wide variety of stakeholders to help inform an ongoing strategic planning process. These stakeholders included DMH staff and leadership, the Service Area Advisory Committees (SAACs), our Underserved Cultural Communities (UsCCs), Faith-Based Advocacy Council and the Mental Health Commission:

- Service Area Advisory Committee 1
- Service Area Advisory Committee 2
- Service Area Advisory Committee 3
- Service Area Advisory Committee 4
- Service Area Advisory Committee 5
- Service Area Advisory Committee 6
- Service Area Advisory Committee 7
- Service Area Advisory Committee 8
- Underserved Cultural Communities Subcommittee: Access for All (deaf, hard of hearing, blind and physical disabilities)
- Underserved Cultural Communities Subcommittee: African / African American (AAA)
- Underserved Cultural Communities Subcommittee: American Indian (AI) / Alaska Native (AN)
- Underserved Cultural Communities Subcommittee: Asian Pacific Islander (API)
- Underserved Cultural Communities Subcommittee: Eastern European (EE) / Middle Eastern (ME)
- Underserved Cultural Communities Subcommittee: Latino
- Underserved Cultural Communities Subcommittee: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Two-Spirit (LGBTQI2-S)
- Cultural Competency Committee
- Faith-Based Advocacy Council
- Mental Health Commission
- DMH staff members

The following is a high-level summary of feedback that was received and then organized according to the goals in the Strategic Plan. This feedback included areas where DMH and the public mental health system of care in LA County are working well as well as areas where the system needs to improve.

### **Goal 1A – Prevention Services**

Our prevention services in LA County must do better to engage those experiencing mental health stressors and navigate them to needed resources.

Stigma and lack of awareness remains a problem throughout the County. Individuals, families and communities often have difficulty recognizing early signs of mental health challenges. People who work in communities often lack the knowledge and training that would help them to recognize and engage individuals in need.

Even when people recognize mental health stressors, engagement and navigation to the right resources may be difficult. Establishing a trusting relationship in an environment that is welcoming, comfortable and culturally competent and appropriate is critical for early engagement. Having access to appropriate resources and the knowledge of how to navigate people to resources is also key.

### **Goal 1B – Social Support**

Too many individuals living with serious mental health needs struggle to maintain safe and secure housing within their communities. An adequate supply of quality housing continues to be a Countywide issue. This is particularly challenging for youth, the elderly and individuals who have co-occurring substance use or physical health issues.

Many family members are stressed and feel they lack the resources required to help their loved ones. Further, many individuals with mental illness find it difficult to maintain their relationships with others and become isolated. Often communities lack venues where these individuals can interact with others free of stigma and do not offer enough opportunities for meaningful social roles. Employment and education are currently only a small part of DMH programming, and too few consumers experience improvement in these key life domains.

Recovery is more than keeping symptoms in check. More importantly, true recovery includes living a full and satisfying life. Our mental health system of care is not currently able to ensure that all individuals attain this kind of recovery.

### **Goal 1C – Outpatient Mental Health Care**

High-quality local outpatient mental health care is a critical service for individuals living with serious mental illness. It promotes and sustains recovery and reduces the risk of crisis, isolation, hospitalization, homelessness and justice involvement. The outpatient mental health system of care in LA County must be improved in order to fully deliver on this promise.

Individuals and family members are often unable to access outpatient services in a timely manner or have trouble finding appropriate services in communities. It is difficult for providers to deliver whole-person care, particularly when individuals live with a complex set of behavioral health, physical health and/or social support needs. Family members often feel left out of treatment planning and care and want opportunities to be more involved in helping their loved ones.

Coordinating care is often challenging. Collaboration and follow-up between providers is especially difficult when services are delivered by different programs located at different sites or when providers take varying approaches to treating the same individual.

Even when individuals can access the care they need, they rarely experience being active members of the care team. Many individuals and their families find DMH clinics to be unwelcoming or stigmatizing. And there are not enough clinic staff with the appropriate language skills and cultural competence to adequately serve LA County's diverse communities.

### **Goal 2 – Intensive Care**

Too often, the current system of mental health intensive care in LA County fails to prevent individuals in crisis from falling out of community and into isolation, homelessness, involvement in the criminal justice system and/or long-term institutional care.

DMH crisis response is often too slow, with people waiting hours for mobile crisis response teams. When crisis response finally arrives, individuals in crisis do not consistently receive services in the least restrictive environment possible. Children are particularly vulnerable during crises. Parents/caregivers need to be present with their children, especially when hospitalization is required. The shortage of

community-based acute inpatient services for children often forces parents to travel hours to provide support for their children.

Adults are impacted by shortages as well, particularly shortages of subacute and residential treatment services. They may be stuck in emergency rooms for long periods of time when no acute hospital beds are available and stuck in acute care when no subacute beds are available. Special populations, such as those with co-morbid physical health conditions, those with co-occurring substance use disorder, the developmentally disabled and the justice-involved, often have difficulty getting needed care.

Clients with intensive care needs frequently experience challenges moving between levels or types of care. Individuals may fall through the cracks when moving from inpatient to outpatient care and may not make the connections needed to avoid future crisis, isolation, hospitalization, homelessness and justice involvement.

### **Goal 3 – Re-entry Initiatives**

There are too many individuals living with serious mental illness in LA County who, because of a system that failed them, have fallen out of community. Instead of addressing their serious needs early and adequately, the system allowed those needs to fester and worsen until these individuals became lost.

Now, these individuals occupy LA County's institutions at alarming rates. These include not only the institutions of long-term involuntary psychiatric care, but also the insidious institutions of chronic homelessness, criminal justice system involvement and isolation. Whether closed- or open-air, these institutions cut off individuals living with serious mental illness from community. And without community, people cannot flourish and move towards recovery.

### **Goal 4 – Organizational Support**

Our organization was designed and built in a different era to address a different paradigm of need in LA County. In order to successfully implement this Strategic Plan, we need an overhaul.

Now, with so much change already in progress and on the horizon, the department often struggles under the weight of it all. The **structure** of the department, which includes its people, divisions, facilities, fleet, technology and funding streams, sits on a broken foundation that needs fundamental repair to truly meet the need. And as the structure has grown in recent years, this presents new organizational challenges.

Furthermore, as the structure of the department grows there is a need for new **processes** to more efficiently and effectively utilize it. We must improve how we hire staff and develop contracts to deploy programs. We need new processes for ensuring stakeholders are consistently heard and addressed. We need to reduce the burden of documentation and administrative requirements on our staff. And we need to ensure that, with all our myriad data, it is being consistently translated into actionable knowledge.

Finally, an organization as large, complex and dynamic as ours will never be perfect, especially as the environment around us is ever-changing. But we must always strive to improve the **outcomes** that our structures and processes work together to produce. These include the quality of services we provide to all of our customers and most importantly their impact on the individuals and communities we serve.

Despite all the challenges, our staff and contracted entities do amazing work, even when the system throws up barriers, and we all deserve a better organizational system to support us and help us realize our full potential. In so doing our system will help those we serve reach their full potential, too.

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## Addendum C – Sample Tactics

The goals and strategies in our strategic plan will be carried out through a broad range of specific tactics. A few key examples of tactics are provided below (both active tactics and those in the pipeline), but this list is neither comprehensive nor static: the department's activities will grow and adapt as implementation of this plan continues and the needs of our clients evolve.

### Goal 1A – Prevention Services

#### *Active Tactics*

- **The WhyWeRise Campaign (including the We Rise events):** A movement to break through barriers and defy old assumptions about mental health and the many related social conditions that compound problems and hurt our communities.
- **School-Based Community Access Platforms (SBCAPs):** Provide programming and training for students, their families and the school's workforce to address issues related to violence and trauma, and to facilitate healthy dynamics in schools and community.
- **Expanding the Promotores de Salud Mental (Spanish Speaking) and the Mental Health Promoters (Multicultural and Multilingual) Programs:** These programs provide specialized mental health prevention services in the community by trained community residents familiar with the language and culture. Services include mental health education, family and community empowerment and the reduction of stigma that creates a barrier for access to care. Community outreach in the field, in schools and in community centers allows for engagement of community residents in need of care, and linkage to either formal or informal systems of care.
- **Home Visitation Program Expansion:** Now nearing the end of the first full year of implementation, this partnership with the Department of Public Health has achieved a number of its goals: expanded services from 4,000 to almost 10,000 children and families across LA County, and improved access with increased coordination and emphasis on quality through workforce development and training.
- **Department of Children and Family Services / DMH Child Protection Hotline Project & Lancaster ER Project:** Dedicated staff that supports and enhances LA County Child Protection Hotline operations and ER sites by delivery of mental health consultations, assessments, training, resources and linkages to a full continuum of mental health services ranging from prevention and early intervention to intensive mental health services.
- **The LA County "Health Neighborhoods" Initiative:** In partnership with the Department of Public Health and community coalitions, an initiative to address the multiplicity of needs that communities may be experiencing.

#### *In the Pipeline*

- **MHSA Innovation #3, "The MH Technology Suite":** Implementing technology-based mental health solutions accessed through multi-form factor devices (e.g., a computer, smartphone, etc.) to identify and engage individuals, provide automated screening and assessments and improve access to mental health and supportive services focused on prevention, early intervention, family support, social connectedness and decreased use of psychiatric hospitals and emergency services.
- **Pilot a customization of UCLA's STAND (Screening and Treatment for Anxiety and Depression) program,** a data-driven tiered treatment model that uses mobile technology to identify the appropriate level of care. This technology continuously monitors symptoms to adapt to evolving treatment needs for consumers. STAND offers prevention, early intervention, outreach to those who are suicidal and technology-augmented treatments.

## **Goal 1B – Social Support**

### ***Active Tactics***

- **Investments to Develop and Expand Permanent Supportive, Interim Housing:** Investments in the capital development of permanent supportive and interim housing through No Place Like Home, Homeless Mentally Ill Outreach and treatment program funds in addition to expanding the Flexible Housing Subsidy Program to help clients retain permanent supportive housing.
- **Upfront Family Finding for Child Welfare Youth:** A DMH and Department of Children and Family Services collaboration focused on finding relative placements for newly detained children and on increasing the number of children placed with family at first detention to reduce the number of children in foster care.
- **The Peer Resource Center (PRC):** Provides training, resources and kinship in a peer-to-peer environment for all those in need of it in LA County. DMH will look to develop and replicate more prototype PRCs throughout the County.
- **The Countywide Housing, Employment and Education Resource Development Division:** Provides a range of housing services and resources for homeless consumers that includes housing subsidies through the Section 8 Housing Choice Voucher Program and Shelter Plus Care Program; financial assistance for rental assistance, household goods and eviction prevention through the Countywide Housing Assistance Program; and temporary shelter through the Specialized Shelter Bed Program.

### ***In the Pipeline***

- **Board and Care Program Expansion:** Expansion of the Enhanced Residential Care Program to house clients in need of a licensed residential facility (Board & Care) placement. This may also include pursuit of legislative actions to support changes needed for the expansion.
- **Peer Enterprise:** Development of peer employment/entrepreneurism programs (also known as Social Cooperatives) that could include opportunities such as delivering amenities across our departmental footprint, selling crafts across our County and even concepts such as a peer radio station that connects our mental health system with other progressive mental health systems, such as Trieste, Italy.

## **Goal 1C – Outpatient Mental Health Care**

### ***Active Tactics***

- **PRC Replication:** Addition of bona-fide space and employment opportunities for Peer Resource Centers in each Service Area under the Service Area Chiefs.
- **Medical Hubs:** Expansion of co-located DMH staff in the Dept. of Health Services Medical Hubs to address the holistic needs of children and families involved in child welfare system.
- **Transcranial Magnetic Stimulation (TMS):** A pilot program to bring the transcranial magnetic stimulation procedure to DMH clients when clinically indicated

### ***In the Pipeline***

- **Redesigning the Full Service Partnership (FSP) Program:** In 2018, DMH embarked on an effort to transform the FSP program so that front-line staff have what they need to do “whatever it takes” to serve their clients and set them on the path to recovery and wellbeing. This redesign includes changes to the FSP service, staffing and funding models; increased flexibility and accountability; and more responsiveness when it comes to administrative practices.

- **Hollywood Mental Health Pilot Project:** Implement a pilot project that is modeled, in part, after the system of mental health care used in Trieste, Italy, as an MHS Innovation Project that provides wellbeing-focused rather than illness-focused services to clients. This recovery model has the goal of achieving true community inclusion for people who are marginalized by their experience with severe and persistent mental illnesses.
- **Directly Operated Clinics:** Right-sizing staffing at the directly operated clinics, including upgrading these facilities and expanding their hours in order to increase efficiencies and improve service delivery; also conducting a GAP analysis of the directly operated clinics to determine where there are gaps and shortages in resources and services; redeploy resources as needed to fill the gaps in order to balance out the entire treatment service system.
- **Multiple Treatment Tracks:** Treatment tracks to more efficiently triage and meet the needs of individuals who require different levels and types of ongoing care at our clinics.

## **Goal 2 – Intensive Care**

### ***Active Tactics***

- **Therapeutic Transportation Project:** Vans are deployed and operated by the Psychiatric Mobile Response Team (PMRT) in order to transport a client who is on a hold or to intervene on the streets to avoid the need for an involuntary hold. Vans are staffed with peers, nurses and social workers and are equipped with a 40-inch monitor to allow conferencing with a psychiatrist before and/or during transport.
- **Psychiatric Mobile Response Teams (PMRT) Program:** Provides 24-hour, non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency in the community.

### ***In the Pipeline***

- **MLK Behavioral Health Center (BHC):** Developing the MLK BHC, DMH's first Restorative Care Program, which will provide a premier program of integrated, coordinated care for individuals with chronic intensive needs. Includes contributions and programming from the Departments of Health Services, Public Health, Mental Health, Probation and Workforce Development, Aging and Community Services.
- **Expanding Network Mental Health Bed Capacity:** Addressing gaps in our intensive facility-based network of services, including expansion of acute hospital, subacute and residential treatment capacity.
- Improve resource navigation with **The Mental Health Resource Locator and Navigator (MHRLN) Application:** Developing an application to track bed availability in DMH's crisis and intensive facility-based care network as well as to assist with navigating clients successfully throughout this network.
- **Restorative Care Programs:** Pursue legislation for Restorative Care Programs under one administrative umbrella to include the full continuum of mental health, physical health, substance use, probation, recovery and reintegration services.

## **Goal 3 – Re-entry Initiatives**

### ***Active Tactics***

- **Expanding the Homeless Outreach and Mobile Engagement (HOME) Program:** Over the last two years, the HOME team has redoubled its prior efforts, which were focused on Skid Row and

Hollywood only, to become a comprehensive Countywide program with over 120 staff (and growing) that covers all eight service areas. This expansion derives from the integration of two outreach programs into one, and the addition of new staff.

- **Involuntary Treatment:** Advocating at the state level for more resources and improved processes for when it is necessary to employ involuntary treatment as an engagement tool of last resort.
- **Outpatient Conservatorship Referrals:** Developing an outpatient pathway to investigate the need for a mental health conservatorship and, if indicated, initiate conservatorship proceedings, without requiring potential conservatees to be admitted to and remain in a hospital.

#### ***In the Pipeline***

- **Developing the Veteran Peer Access Network:** Creating a Veteran Peer Access Network (VPAN), an innovative, world-class program that puts a cadre of trained Veteran Peers on the ground throughout the County to connect veterans and their families to the benefits and services they have earned and deserve. From housing, health care and substance abuse intervention to training, education and job placement, VPAN provides one-stop access to these programs and serves as a catalyst to improve the hope, wellbeing and quality of life for LA County veterans and their families.
- **WIC 5200:** Ask the Board of Supervisors to pass ordinance authorizing WIC 5200, allowing the community to apply for court-ordered evaluation for involuntary treatment.

#### **Goal 4 – Organizational Support**

##### ***Active Tactics***

- **Contract Monitoring and Management Division:** A centralized division for monitoring the service quality of our contracted provider network, including fiscal, administrative and clinical program integrity, as well as for providing elevated customer service to our contracted provider network as needed to support their work.
- **Reorganizing the Department of Mental Health:** Reducing fragmentation in the department by transitioning from an organizational structure driven by funding streams to a structure organized around departmental functions.
- **The YourDMH Project:** Producing a more active partnership between DMH and the diverse group of stakeholders who work collaboratively with consumers, family and community members in a process that generates meaningful input on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation and budget allocations.
- **Just Culture:** Implement *Just Culture*, an initiative in partnership with labor unions that provides a framework for shared accountability that will help increase morale in the workplace by improving frontline input on operational issues and promoting fairness.
- **Public Guardian Reclassification:** Reclassified the Office of the Public Guardian to more accurately reflect its critical role supporting many of our most vulnerable clients, clients who are on a mental health (LPS) or probate conservatorship and require a surrogate decision maker.

#### ***In the Pipeline***

- **CalAIM:** Providing ongoing input into the CalAIM process to determine the future of Medi-Cal
- **Relationship With County Managed Care Plans:** Participating in ongoing discussions with managed care plans (LA Care and HealthNet) about a more holistic and integrated future for care financing, coordination and accountability.

- **Capital Improvement Projects:** Investing in capital improvement projects that include evaluating and redesigning treatment spaces so that clinicians and social workers have the appropriate space and equipment needed to do their best work in serving consumers.
- **New Headquarters:** Building a new DMH headquarters building that will improve the department's ability to support the updated administrative structure that will be in place following the reorganization.
- **Staff Training:** Training DMH staff on customer services skills to ensure that consumers have a positive experience in DMH settings.
- **Health Information Exchange:** Link County hospitals, legal entities and directly operated clinics on one or more common Health Information Exchanges (HIE) to better coordinate care for clients across the provider system and improve efficiencies.

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## **Addendum D – Key Outcomes**

The following are the key targeted outcomes DMH expects based on implementing tactics to achieve the goals and strategies in this strategic plan.

### **Goal 1A – Prevention Services**

- Increased number of community members who are knowledgeable and aware of mental health challenges and know how to get help for individuals in need.
- Reduced number of stigmatizing and discriminatory incidents experienced by individuals living with mental illness.
- Increased number of community “access platforms” that can recognize and engage individuals in need.
- Increased number of professionals and para-professionals working outside of DMH who are trained to recognize and engage those experiencing mental health stressors and who can provide navigation to needed resources.
- Increased number of community resources and programs for children, youth, families and individuals experiencing mental health stressors.
- Increased number of children, youth, families and individuals who are successfully linked to needed resources.
- Reduced number of individuals experiencing mental health stressors who develop serious mental health needs.

### **Goal 1B – Social Support**

- Increased number of individuals housed and able to maintain supportive housing.
- Increased number of housing units and range of housing options available in communities.
- Increased number of individuals with peer support.
- Increased connection for parents to Parent Advocates.
- Increased number of individuals living with healthy families.
- Decreased number of individuals living in isolation.
- Increased opportunities for individuals to socialize and engage with community members.
- Increased number of individuals engaged in meaningful employment.
- Increased number of children reaching developmental and educational milestones.
- Increased number of individuals who volunteer or take part in civic activities, interests and hobbies.
- Increased size and quality of individuals’ social support networks.

### **Goal 1C – Outpatient Mental Health Care**

- Increased number of individuals with comprehensive, whole-person treatment plans.
- Increased number of treatment plans that are actively driven by individuals.
- Increased number of treatment plans that include roles for peers and family members.
- Increased number of individuals whose outpatient mental health care is well coordinated.
- Increased number of individuals whose other care and social needs are well coordinated.
- Increased coordination with other systems significantly impacting children and youth (e.g., educational, juvenile justice and child welfare systems).
- Increased adherence to individuals’ treatment plans.
- Increased number of children, youth, families and individuals who receive the high-quality care they want and need.
- Increased number of family members involved in the treatment process where appropriate.

- Reduced rates of crisis, hospitalization, justice involvement and homelessness.
- Increased rates of recovery and reduced rates of escalation to higher levels of care.
- Increased number of DMH-funded facilities that are welcoming and culturally competent and relevant for the community they serve.
- Increased individual satisfaction with the care and services received.

### **Goal 2 – Intensive Care**

- Reduced response times of first responders to individuals in crisis.
- Reduced proportion of crises that result in involuntary holds, hospitalization and justice system involvement.
- Reduced lengths of stay in emergency rooms for individuals in crisis.
- Reduced wait times across the system to transition to appropriate levels of care.
- Reduced number of individuals who fall through the cracks during the transition from intensive services to community-based outpatient care.
- Reduced rates of readmission to facility-based intensive care after discharge.
- Increased family resilience and support.
- Reduced number of individuals who experience intensive needs over a longer period of time, thus reducing the need for frequent hospitalization.
- Increased flourishing of individuals with longer-term intensive needs, and increased engagement and meaningful activities for these individuals in the community.

### **Goal 3 – Re-entry Initiatives**

- Increased identification, engagement and treatment of individuals languishing in yet not connected to community.
- Reduced number of individuals with serious mental illness who are homeless or at risk of becoming homeless.
- Reduced number of individuals who are justice-involved because of a serious mental illness and/or co-occurring SMI/SUD.
- Reduced recidivism of individuals with serious mental illness who were formerly incarcerated.
- Reduced rates of long-term institutionalization in locked facilities.
- Increased rates of restoring the decision-making capacity of conserved individuals.
- Increased family resilience and support.

### **Goal 4 – Organizational Support**

- A logical and effective organizational structure that above all helps to support the work of those on the front lines.
- Reduced paper workflows and improved data sharing and institutional knowledge retention.
- Improved staffing to meet needs throughout the department.
- More flexible and less onerous funding streams.
- Improved technology (e.g., communication and data management systems).
- Reduced budget discrepancies and the development of a more transparent and easier-to-manage budgetary process.
- Improved customer service and support to our provider network, including improved contract provider and community partner satisfaction and professional capacity to do good work.
- Reduced time to hire new staff, as well as improvements in other staffing measures such as improved employee satisfaction and reduced turnover.
- Higher and more consistent quality of services throughout the department.

- Reduced perception of information "silos" and increased awareness of departmental activities and change among both staff and external stakeholders.
- Improved measures of internal and external stakeholder satisfaction through inclusion in departmental planning.
- Increased visibility and utilization of outcomes data to drive departmental decision-making.
- Increased staff competencies and skills to both perform their regular work and also improve upon it.

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