

## PROBLEM STATEMENT

The California Public Mental Health System currently serves over 300,000 adults with serious mental illness. While many of these clients are progressing towards having their preferred home, job/education/meaningful activity, and social connections, far too many are not. Many leave services unchanged and without hope for a better future; others remain stuck, dependent on the system and without belief that independence from public mental health supports is even possible. Many factors contribute to this current state:

- Historic beliefs that clients do not recover from mental illness and cannot achieve an independent life with meaningful roles;
- Stigma against individuals living with mental illness;
- Lack of person-centered plans and services driven by clients' goals and aspirations;
- Limited array of interventions, services and supports for individual clients;
- Poorly defined continuum of recovery services which often lack naturally occurring community supports;
- Minimal measurement and use of data for recovery assessment and improvement;
- Lack of coordination and integration with the primary care health system; and,
- Continuing fiscal challenges in a difficult economic landscape.

## AIM

The aim of the **Advancing Recovery Collaborative (ARC)** is to advance the recovery and independence of individuals with serious mental illness. To accomplish this, ARC will focus on supporting clients' achievement of short term goals, movement to higher levels of recovery, and overall progress towards the life of their choice. Over 11 months, teams will test and adapt innovative changes that will help people develop meaningful, self-directed lives in their communities with a focus on improved:

- Health,
- Housing,
- Purpose in daily life, and
- Relationships in their community.

## GOALS

1. Improve the overall emotional and physical health of clients and support their involvement in the management of their own health;
2. Increase the number of clients with a safe and stable home consistent with their individual desires and resources;
3. Increase the number of clients that report a desired sense of purpose in life and the ability to engage in meaningful community activities, (such as a job, school, volunteerism, family caretaking or creative endeavors);
4. Increase their agency's capacity to serve a greater portion of individuals in need in the communities they serve.

## OBJECTIVES

1. All clients to achieve at least one short-term goal every month.
2. At least double the number of clients who successfully transition out of the program each month, including clients who graduate from the mental health system or transfer to a lower level of care.
3. All clients experience meaningful activities in their communities every day.
4. At least 75% of all clients report that they are satisfied with their housing situation.
5. At least 75% of clients participate in paid or unpaid employment.
6. At least 90% of clients have a designated PCP whom they've seen in the last 12 months
7. Provide field-based Strengths Model supervision to all front-line staff
8. Increase total number of clients served by at least 5-10%

## GUIDANCE

Achievement of this aim and associated goals and objectives will require focus in some specific areas. These areas of focus include:

1. Recovery and self-sufficiency as an expectation for all clients will be emphasized at the beginning of client engagement and throughout the service relationship; this emphasis will include supporting clients' independence and client identified meaningful roles in their communities of choice.
2. Strengths-based assessments and recovery planning will be important changes that help to shift away from a provider-centric approach to service design and delivery and toward a person-centered one that excels at meeting individual needs, goals and promotes client independence and self-sufficiency.
3. Use of Milestones of Recovery Scale (MORS) in tandem with a client self-assessment will be a cornerstone for achieving the aim and objectives, particularly for identifying clients who persist at the same stage of recovery.
4. Use of peer supports will also be fundamental to programs' achievement of their collaborative aim and objectives.
5. Identification and use of community resources will be central in achievement of the aim and objective
6. Data will be gathered and used in both daily practice and to guide improvement activities.
7. Programs will make changes that increase management support and resourcing for supervisors to use program data for improvement.
8. Systems will create greater flexibility to move in and out of services, and across services.