COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SUSAN KERR
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.info

Reply To: (213) 738-4601
Fax: (213) 386-1297

April 21, 2005

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

26 . APR 26 2005

VIOLET VARONA-LUKENS
EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

AUTHORIZATION TO IMPLEMENT THE PLAN FOR RELIEF FOR THE OLIVE VIEW MEDICAL CENTER PSYCHIATRIC EMERGENCY SERVICES AND APPROVAL TO AMEND AN EXISTING DEPARTMENT OF MENTAL HEALTH LEGAL ENTITY AGREEMENT WITH HILLVIEW MENTAL HEALTH CENTER, INC. FOR FISCAL YEAR 2004-2005 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

JOINT RECOMMENDATION WITH THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES THAT YOUR BOARD:

1. Authorize the Departments of Mental Health (DMH) and Health Services (DHS) to implement a plan for Phase I of the Olive View Medical Center Psychiatric Emergency Services Relief Plan (PES Relief Plan), effective May 1, 2005 or upon Board approval, whichever is later.

2. Authorize the Director of Mental Health or his designee, for Fiscal Year (FY) 2004-2005, to utilize existing funding of $494,000, and Federal Financial Participation (FFP) Medi-Cal revenue of $92,000, for a total program cost of $586,000 (Attachment I), to fund Phase I of the Olive View Medical Center PES Relief Plan, and direct the Departments to provide for subsequent years through the annual budget process or additional Board letters, as appropriate.

3. Authorize DMH to fill 17 positions, as detailed in Attachment II, in excess of what is provided in DMH's staffing ordinance pursuant to Section 6.06.020 of the County Code and subject to allocation by the Department of Human Resources (DHR).

4. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute Amendment No. 6, substantially similar to Attachment III, to the existing DMH Legal Entity Agreement No. DMH-01646 with Hillview Mental Health Center, Inc., to purchase 12 adult residential beds for a total program cost of $156,950 for FY 2004-2005. Using existing funding, the Amendment will increase the Maximum Contract Amount (MCA) to $7,011,724.

5. Authorize DHS to fill one (1) position, Utilization Management/Case Management Registered Nurse, in excess of what is provided in DHS' staffing ordinance pursuant to Section 6.06.020 of the County Code and subject to allocation by DHR. The position will be assigned to the Psychiatric Emergency Department as described in this request.

6. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute future amendments to the Legal Entity Agreement with Hillview Mental Health Center, Inc., and establish as a new MCA the aggregate of the original Agreement and all amendments through and including this Amendment, provided that: 1) the County's total payments to Contractor under the Agreement for each fiscal year shall not exceed an increase of 20 percent from the applicable revised MCA; 2) any such increase shall be used to provide additional services or to reflect program and/or policy changes; 3) the Board of Supervisors has appropriated sufficient funds for all changes; 4) approval of County Counsel and the Chief Administrative Officer (CAO) or their designees is obtained prior to any such Amendment; 5) the parties may, by written Amendment, mutually agree to reduce programs or services without reference to the 20 percent limitation; and 6) the Director of Mental Health shall notify the Board of Supervisors of Agreement changes in writing within 30 days after execution of each Amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

In November 2004, your Board authorized DMH and DHS to establish a PES Relief Plan at Augustus F. Hawkins Mental Health Center, Adult Outpatient Clinic. That was the first step to implement a countywide plan to address the overcrowding of psychiatric emergency rooms and services in County hospitals. Your Board also instructed the DMH and DHS to address similar issues at Olive View Medical Center as part of the "Countywide PES Relief Plan" to correct overcrowding.

In a February 7, 2005 memorandum (Attachment IV) to your Board, the Departments described in more detail how the Countywide PES Relief Plan would address the specific factors and characteristics of each County hospital including the needs of the area that it served.

The Olive View Medical Center PES Relief Plan builds upon the existing strengths of the local communities in the San Fernando and Santa Clarita Valleys. As explained in the February 7, 2005 memorandum, the Departments envision a two-phase plan to implement an effective relief of the overcrowding in the psychiatric emergency services provided at the Olive View Medical Center. Phase I, which is addressed in this request, would run from May 1, 2005 to December 31, 2005.

Phase I creates several new programs including an Urgent Care/After Care Center, opening initially with limited hours, at Olive View Medical Center. In addition to the Urgent Care/After Care Center, additional new programs include: a Co-Occurring Disorders Service at Olive View psychiatric emergency services; Crisis Residential Services through the purchase of beds in the surrounding community; a Case Management program for intensive service recipients; and a Peer and Family Support program.

Phase II, planned for implementation on January 1, 2006, will include expanded hours of operations for the Urgent Care/After Care Center, development of a permanent site for the Center with increased staffing, a Co-Occurring Disorder program at the Antelope Valley Rehabilitation Center for referrals from Olive View Medical Center and its Urgent Care Center, and an Integrated Inpatient Residential Program and facility. The initial planning for the location and development of a permanent site for the Center will occur during Phase I, and a Board letter to request approval of Phase II will be filed to be heard at an early December 2005 Board meeting.

Implementation of Strategic Plan Goals

The recommended Board Actions are consistent with the principles of the Countywide Strategic Plan, Organizational Goals No. 1 "Service Excellence," and No. 3, "Organizational Effectiveness"; and Programmatic Goal No. 7, "Health and Mental Health." Board approval will promote the accessibility of essential services to clients and enhance workforce service delivery.

FISCAL IMPACT/FINANCING

There is no impact on net County cost.

DMH

For FY 2004-2005, the two-month cost of the Olive View Medical Center PES Relief Plan is $586,000. This amount includes the pro-rated cost of 17 positions and associated program costs, funding for the increased need for urgent care services, co-occurring disorders services, peer and family support program services, crisis residential services, and intensive case management services. The PES Relief Plan will use $494,000 in available funding from the FY 2004-2005 Adopted Budget and $92,000 of FFP Medi-Cal revenue. Budget details are provided in Attachment I, and position details are provided in Attachment II.

The six-month cost of Phase I of the PES Relief Plan for FY 2005-2006 is $1,559,000, as detailed on Attachment I, will be funded by $1,048,000 redirection of existing resources and $511,000 in FFP Medi-Cal revenue.

Ongoing funding for the PES Relief Plan and its related programs as identified earlier in this request, and the activities in Phase II, will be recommended for inclusion in the Mental Health Services Act (MHSA) Community Services and Support Plan that will be submitted to your Board for approval prior to its submission to the State Department of Mental Health (SDMH). It is anticipated that the MHSA funding will be available effective January 1, 2006. If the SDMH does not approve the plan to fund these programs as anticipated, DMH will then identify other curtailments in order to assure the continued funding for an effective Olive View Medical Center PES Relief Plan.

DHS

For FY 2004-2005, DMH will supplement DHS departmental service orders by $58,125. This amount includes reimbursement to DHS for the pro-rated cost of augmented PES staffing, rental space and to enable Alcohol and Drug Program Administration's (ADPA) to supplement its assessment contract with its community-based contractor.

The six-month cost of services provided by DHS for Phase I of the PES Relief Plan for FY 2005-2006 is $180,207 and will be fully funded by an Intrafund Transfer from DMH.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Urgent Care Center

Approximately 7,200 unique clients are seen in the Psychiatric Emergency Room at Olive View yearly. DMH and DHS believe that a significant number of these clients could be served in an Urgent Care setting. The Urgent Care Center will enable these patients to be diagnosed and treated without utilizing the limited resources of the emergency room. Additionally, the Departments, in collaboration with County Counsel, are investigating the possibility of designating the Urgent Care Centers for acceptance of patients on 5150 holds.

For Phase I, the Urgent Care Center will be located on the Olive View grounds in an existing facility that is used by DHS during daytime hours, Monday through Friday. The Urgent Care Center will be open in the evenings (5 p.m. to 10 p.m.) and on weekends (8 a.m. to 10 p.m.), after the facility's weekday clinic is closed. The center will be temporarily located in the Olive View training building. Once Phase II planning is finalized, a permanent site will be identified and a facility constructed on the Olive View grounds.

The implementation of Phase I of the Urgent Care Center will provide immediate relief to the overcrowded Olive View Medical Center Psychiatric Emergency Department. Clients will be served regardless of funding status and include children, adolescents, adults, and older adults. Clients with co-occurring disorders of substance abuse and mental illness will also be served during the first phase. Services will include clinical triage, substance abuse assessment for subsequent integrated co-occurring disorder services, medication support, psychiatric services, crisis intervention, case management, and linkage and follow up.

Additionally, clients who had been recently released from Olive View Medical Center Psychiatric Emergency Department will also be able to access the Center for any needed aftercare services.

Co-Occurring Disorders Services

There is increased evidence that substance abuse assessment and referral to substance abuse counseling improve emergency treatment outcomes and decrease repeat visits to emergency settings.

This component of the Olive View PES Relief Plan would address the need of specialized substance abuse assessment and linkage services at Olive View, and the fact that substance abuse and mental illness provide challenges to effective treatment and call for an integrated service approach. Specialized assessment staff would be available seven days per week to the psychiatric emergency services, the Urgent Care Center and psychiatric inpatient programs at Olive View. These staff will be added to the existing DHS ADPA contract with its community-based contractor to provide assessment services through its Community Assessment Services Center agreement. Assessment services staff will be added to an on-site unit at Olive View Medical Center through a contract. This additional component will supplement a current program at Olive View Medical Center for frequent users of the emergency department entitled, "Project Improving Access to Care." An administrative amendment to DHS' Community Assessment Services Center contract will be effected under existing delegated authority allowed through its existing contract.

Peer and Family Support Program

A peer and family support program would provide a clinically recognized key element of effective mental health treatment – self-help. Employees who have personally experienced the challenges of a mental illness would provide to the clients of the Olive View Medical Center psychiatric emergency room and inpatient psychiatric unit individual and group counseling. For Phase I, one Senior Community Worker would provide peer and family support to clients served in the Psychiatric Emergency Room, Urgent Care Center, and psychiatric inpatient unit.

Crisis Residential Services

The goal of stabilization is to prevent psychiatric inpatient hospitalization or recycling of consumers released from the Olive View Medical Center psychiatric emergency room and psychiatric inpatient unit.

Unfortunately, due to a current lack of available resources, clients most often remain at the Olive View Medical Center psychiatric emergency room or in the psychiatric inpatient units when a step down program could provide further stabilization. Adult residential beds for clients in crisis are an effective alternative for clients who cannot yet be discharged to a Board & Care program or their own home. Therefore, the Olive View Medical Center PES Relief Plan includes the purchase of 12 adult residential beds in Service Area II. An amendment to an existing contract with a mental health services provider will be developed to purchase the beds.

Hillview Mental Health Center, Inc. is a private non-profit community mental health center established in 1966. It is a multi-disciplinary full-service provider for adults and transitional age youth with severe and persistent mental illness, serving San Fernando Valley Service Area 2 and providing Countywide Services including Forensic Department, Transitional Age Youth through the Department of Children and Family Services, and AB 2034.

Intensive Case Management

In addition to the purchase of 12 beds, staff to serve as case managers for intensive service recipients as well as treatment clinicians will be hired by the Department of Mental Health. The staff will include a Medical Case Worker II, a Mental Health Psychiatrist, one (1) Mental Health Counselor-RN, and one (1) Senior Community Worker II for peer and family support, totaling four (4) positions. The role of this team will be to ensure the immediate and proper referrals and linkages to and from the residential beds as well as the provision of appropriate and adequate clinical services to the patients in those beds, intensive case management, and benefit establishment. Greater continuity of care is achieved by having one (1) team follow clients from their acute illness phase to their transition to the community.

Additionally, DHS is requesting funding for one (1) position for a Utilization Management/Case Management Registered Nurse to conduct reviews of Olive View Medical Center PES patients, identify frequent users of psychiatric emergency services and link these high-risk patients with appropriate community resources upon discharge.

The attached Amendment format has been approved as to form by County Counsel. The CAO and County Counsel have reviewed and approved the proposed actions.

CONTRACTING PROCESS

Requested actions are to contract for beds for the Crisis Residential program at Olive View Medical Center. This action can be accomplished through a delegated authority amendment to an existing contract with Hillview Mental Health Center, Inc.

IMPACT ON CURRENT SERVICES

We anticipate that the Olive View Medical Center PES Relief Plan will reduce the demand for services in its psychiatric emergency services by redirecting clients to alternative and less expensive levels of care. This then would also provide for a more expedient transfer of PES clients to psychiatric inpatient units or community care programs.

In addition, the DMH and DHS emergency crisis systems will be effectively coordinated and interlinked with their community-based programs.

CONCLUSION

The Departments of Mental Health and Health Services will each need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684, and the Department of Health Services, Director's Office at (213) 240-8101 when these documents are available.

Respectfully submitted,

Marvin J. Southard, D.S.W.
Director of Mental Health

Thomas L. Garthwaite, M.D.
Director of Health Services

MJS:TLG:YLT:cmk

Attachments (4)

c: Chief Administrative Officer
County Counsel
Chairperson, Mental Health Commission

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
OLIVE VIEW URGENT CARE
PROPOSED IMPLEMENTATION BUDGET - FY 2004-2005

DESCRIPTION	FISCAL YEAR 2004-2005 (2 Months)					
	URGENT CARE/ CO-OCCURRING DISORDERS/ CASE MANAGEMENT/ PEER SUPPORT SERVICES		CRISIS RESIDENTIAL/ INTENSIVE CASE MANAGEMENT SERVICES		TOTAL	
	Ord	Budget	Ord	Budget	Ord	Budget
PROGRAM COST						
SALARIES & EMPLOYEE BENEFITS						
Regular Pay	13.0	$150,887	4.0	$58,683	17.0	$209,570
Overtime		8,333		0		8,333
Rounding		(220)		317		97
Total Salaries and Employee Benefits		$159,000		$59,000		$218,000
SERVICES AND SUPPLIES						
DHS Departmental Service Order (DSO):						
Augmented PES Staffing (1 MHCRN)		$13,445		$0		$13,445
Laboratory Fee		2,602		0		2,602
Meal Service		198		0		198
Rents & Leases		12,880		0		12,880
Substance Abuse Counselors		29,000		0		29,000
Total DHS Departmental Service Order (DSO):		$58,125		$0		$58,125
Cellular Phones		2,340		1,040		3,380
Computers and Printers		39,000		12,000		51,000
Contract Services-Adult Beds (12 Beds, Hillview Mental Health Center, Inc.)		0		156,950		156,950
Mileage		650		200		850
Office Supplies		12,688		81		12,769
Pagers		300		0		300
Pharmacy Services/Medication		33,333		0		33,333
Security (1 County Police + 2 Contracted Guard)		14,746		0		14,746
Telephone System		3,710		0		3,710
Travel		1,667		0		1,667
Vehicle Maintenance and Gas		1,164		0		1,164
Rounding		278		(271)		7
Total Services and Supplies		$168,000		$170,000		$338,000
FIXED ASSETS						
Vehicles (2 cars @ $15,000)		$30,000		$0		$30,000
TOTAL PROGRAM COST		**$357,000**		**$229,000**		**$586,000**
AVAILABLE FUNDS AND REVENUES						
Federal Financial Participation (FFP) Medi-Cal		$64,000		$28,000		$92,000
TOTAL AVAILABLE FUNDS/REVENUE		**$64,000**		**$28,000**		**$92,000**
NET COUNTY COST		**$293,000**		**$201,000**		**$494,000**

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
OLIVE VIEW URGENT CARE
PROPOSED IMPLEMENTATION BUDGET - FY 2005-2006

DESCRIPTION	FISCAL YEAR 2005-2006 (6 Months) URGENT CARE/ CO-OCCURRING DISORDERS/ CASE MANAGEMENT/ PEER SUPPORT SERVICES Ord	Budget	CRISIS RESIDENTIAL/ INTENSIVE CASE MANAGEMENT SERVICES Ord	Budget	TOTAL Ord	Budget
PROGRAM COST						
SALARIES & EMPLOYEE BENEFITS						
Regular Pay	13.0	$525,340	4.0	$205,621	17.0	$730,961
Overtime		25,000		0		25,000
Rounding		(341)		379		39
Total Salaries and Employee Benefits		$550,000		$206,000		$756,000
SERVICES AND SUPPLIES						
DHS Departmental Service Order (DSO):						
Augmented PES Staffing (1 MHCRN)		$45,668		$0		$45,668
Laboratory Fee		7,805		0		7,805
Meal Services		595		0		595
Rents & Leases		38,640		0		38,640
Substance Abuse Counselors		87,500		0		87,500
Total DHS Departmental Service Order (DSO):		$180,207		$0		$180,207
Cellular Phones		4,320		1,920		6,240
Contract Services-Adult Beds (12, Hillview Mental Health Center, Inc.)		0		470,850		470,850
Mileage		1,950		600		2,550
Office Supplies		869		37		906
Pagers		360		0		360
Pharmacy Services/Medication		83,333		0		83,333
Security (1 County Police + 2 Contracted Guard)		42,598		0		42,598
Telephone System		8,129		0		8,129
Travel		5,000		0		5,000
Vehicle Maintenance and Gas		3,493		0		3,493
Rounding		(260)		(407)		(667)
Total Services and Supplies		$330,000		$473,000		$803,000
TOTAL PROGRAM COST		**$880,000**		**$679,000**		**$1,559,000**
AVAILABLE FUNDS AND REVENUES						
Federal Financial Participation (FFP) Medi-Cal		$298,000		$213,000		$511,000
TOTAL AVAILABLE FUNDS/REVENUE		**$298,000**		**$213,000**		**$511,000**
NET COUNTY COST		**$582,000**		**$466,000**		**$1,048,000**

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OLIVE VIEW URGENT CARE SERVICES
REQUEST FOR NEW POSITIONS

Item No.	Item Sub	Position	Ordinance
URGENT CARE - ADMINISTRATION*			
04726	A	MENTAL HEALTH CLINICAL PROGRAM HEAD	1.0
02096	A	SECRETARY III	1.0
09193	A	PATIENT FINANCIAL SERVICES WORKER	1.0
02214	A	INTERMEDIATE TYPIST-CLERK	1.0
02214	A	INTERMEDIATE TYPIST-CLERK	1.0
		SUB-TOTAL URGENT CARE ADMINISTRATION	5.0
URGENT CARE SERVICES			
09002	A	MEDICAL CASE WORKER II	1.0
09002	A	MEDICAL CASE WORKER II	1.0
09002	A	MEDICAL CASE WORKER II	1.0
05278	A	MENTAL HEALTH COUNSELOR, RN	1.0
04735	A	MENTAL HEALTH PSYCHIATRIST	1.0
09035	A	PSYCHIATRIC SOCIAL WORKER II	1.0
08105	A	SENIOR COMMUNITY WORKER II	1.0
05280	A	SENIOR MENTAL HEALTH COUNSELOR, RN	1.0
		SUB-TOTAL URGENT CARE SERVICES	8.0
CRISIS RESIDENTIAL/INTENSIVE CASE MANAGEMENT			
09002	A	MEDICAL CASE WORKER II	1.0
04735	A	MENTAL HEALTH PSYCHIATRIST	1.0
05278	A	MENTAL HEALTH COUNSELOR, RN	1.0
08105	A	SENIOR COMMUNITY WORKER II	1.0
		SUB-TOTAL CRISIS RESIDENTIAL	4.0
		GRAND TOTAL	**17.0**

* Provides oversight and support for both the Urgent Care Center and the Crisis Residential/Intensive Case Management units.

ATTACHMENT III

CONTRACT NO. DMH_____

AMENDMENT NO. ___

THIS AMENDMENT is made and entered into this _____ day of _____, 2005, by and between the COUNTY OF LOS ANGELES (hereafter "County") and _____. (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated _____, identified as County Agreement No. DMH-_____, and any subsequent amendments (hereinafter collectively "Agreement"); and

WHEREAS, effective on the date of Board approval for Fiscal Year 2004-2005 and any subsequent years, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year 2004-2005 only, County and Contractor intend to amend Agreement to add existing County General Funds in the amount of $_____ to the Maximum Contract Amount for the purchase of 12 adult residential beds as part of the Olive View PES Relief Plan; and

WHEREAS, for Fiscal Year 2004-2005 and any subsequent fiscal years, County and Contractor intend to amend Agreement to request a provider number TBA and add Adult Residential Treatment Services (Mode 05 SFC 60-64) at _____ to the service site located at 12450 Van Nuys Boulevard, Pacoima, CA 91331; and

WHEREAS, County and Contractor intend to amend Agreement to add the Service Exhibit (Adult Residential Treatment Services), and

WHEREAS, for Fiscal Year 2004-2005 only, the Maximum Contract Amount will be revised to $_____ .

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph B (Reimbursement For Initial Period) shall be deleted in its entirety and the following substituted therefor:

"B. Reimbursement For Initial Period: The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed_____ ($_____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes Cash Flow Advance which is repayable through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the Initial Period. Furthermore, Contractor shall inform County when up to 75 percent (75%) of the Maximum Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 58 (NOTICES)."

2. Financial Summary __ for Fiscal Year 2004-2005 shall be deleted in its entirety and replaced with Financial Summary __ for Fiscal Year 2004-2005, attached hereto and incorporated herein by reference. All references in Agreement to

Financial Summary __ for Fiscal Year 2004-2005 shall be deemed amended to state "Financial Summary __for Fiscal Year 2004-2005."

3. Financial Summary __for Fiscal Year 2005-2006 shall be deleted in its entirety and replaced with Financial Summary __for Fiscal Year 2005-2006, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary __for Fiscal Year 2005-2006 shall be deemed amended to state "Financial Summary __for Fiscal Year 2005-2006."

4. Financial Summary __for Fiscal Year 2006-2007 shall be deleted in its entirety and replaced with Financial Summary ___for Fiscal Year 2006-2007, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary __for Fiscal Year 2006-2007 shall be deemed amended to state "Financial Summary __for Fiscal Year 2006-2007."

5. The Service Delivery Site Exhibit (Attachment III) shall be deleted in its entirety and replaced with Service Delivery Site Exhibit - ___, attached hereto and incorporated herein by reference.

6. The listing of Service Exhibits (Attachment IV) shall be deleted in its entirely and replaced with Services Exhibits - ____, attached hereto and incorporated herein by reference.

7. Service Exhibit, "Adult Residential Treatment Services", shall be added to this Agreement.

8. Contractor shall provide services in accordance with the Contractor's Fiscal Year _____Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.

9. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL

By _____
Deputy County Counsel

COUNTY OF LOS ANGELES

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

_____
CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO CONTRACT ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

Amend 6 FY 04-05

Contractor Name: Hillview Mental Health Center, Inc.
Legal Entity Number: 00194
Agreement Period: July 1, 2004 through June 30, 2007
Fiscal Year: 2004-2005

DMH Legal Entity Agreement
Attachment II Page 1 of 2
The Financial Summary
Amendment Number 6

Categories		Maximum Funding Source Totals	
A. Allocations:			CR
County General Fund (CGF)	1. EPSDT Baseline CGF Match	$ 12,700	
	2. SB 90 (AB 3632) Baseline CGF Match	$ -	
	3. EPSDT Growth CGF Match	$ 3,600	
	4. Healthy Families CGF Match	$ -	
	5. Non EPSDT - FFP CGF Match	$ 2,342,373	
	6. STOP CGF Match	$ 9,000	
	Sub-Total Categorical CGF	$ 2,367,673	
	7. Other CGF	$ 208,527	
	A. Olive View PES	$ 156,950	CR
	TOTAL CGF (1 through 7)	$ 2,733,150	CR
AB 2034		$ 753,001	CR
AB 2034/CSS		$ 434,800	CR
CalWORKs		$ 47,000	CR
CalWORKs		$ 3,000	CR
DCFS		$ 200,000	CR
STOP		$ 21,000	CR
	TOTAL ALLOCATIONS (A)	$ 4,191,951	
B. Pass Through:			
FFP:	1. Healthy Families FFP	$ -	
	2. Non EPSDT - FFP	$ 2,342,373	
	a. Medi-Cal Administrative Activities (MAA) FFP	$ -	
	3. EPSDT - FFP	$ 246,900	
	TOTAL FFP	$ 2,589,273	
EPSDT - State General Fund (SGF)		$ 230,500	
SB 90/IDEA (AB 3632)		$ -	
	TOTAL PASS THROUGH (B)	$ 2,819,773	
	Maximum Contract Amount/Net Program Budget (A+B):		**$ 7,011,724**
C. Third Party:			
Medicare		$ -	
Patient Fees		$ -	
Insurance		$ -	
Other		$ -	
	TOTAL THIRD PARTY (C)	$ -	
	Gross Program Budget (A+B+C):		**$ 7,011,724**

Footnotes Section:

All Other County General Funds

AB 2034	$ 60,463
ASOC	$ 1,312,241
ACT	$ 1,112,666
OV PES	$ 156,950
ACT CSS	$ 90,830
Total	$ 2,733,150

For FY 04-05 only, Amend #1 adds $30,000 STOP funds ($21,000 STOP and $9,000 CGF). For FY 04-05, the MCA is revised to $7,000,840. For FY 04-05, Amend #2 adds $16,500 as follows: 1)$800 CGF Growth Match, 2)$8,300 EPSDT-FFP and 3)$7,400 EPSDT-SGF. For FY 04-05, the MCA is revised to $7,017,340. Amend #4 reduces the MCA by $162,566 ILP funds. For FY 04-05, the MCA is revised to $6,854,774. Amend #6 adds $156,950 to purchase 12 adult residential beds as part of the Olive View PES Relief Plan. For FY 04-05, the MCA is revised to $7,011,724.

Contractor Name: Hillview Mental Health Center, Inc.
Legal Entity Number: 00194
Agreement Period: July 1, 2004 through June 30, 2007
Fiscal Year: 2004-2005

DMH Legal Entity Agreement
Attachment II Page 2 of 2
The Rate Summary
Amendment Number 6

MENTAL HEALTH SERVICES		Mode of Service	Service Function Code (SFC) Range	Provisional Rates Negotiated NR	Provisional Rates Cost Reimb CR	Provider Numbers
A. 24 - HOUR SERVICES :						
Hospital Inpatient		05	10 - 18			
Hospital Administrative Day		05	19			
Psychiatric Health Facility (PHF)		05	20 - 29			
SNF Intensive		05	30 -34			
IMD/STP Basic (No Patch)	Beds 1-59	05	35			
	Beds 60 & over	05	35			
Patch for IMD		05	36 - 39			
Mentally Ill Offenders	Indigent	05	36 - 39			
	Regular	05	36 - 39			
IMD - Like		05	36 - 39			
IMD (W/Patch) Sub-Acute (60 days)		05	38			
Adult Crisis Residential		05	40 - 49			
Residential Other		05	60 - 64			
Adult Residential		05	65 - 79			
Semi - Supervised Living		05	80 - 84		$112.00	7419, 7420
Independent Living		05	85 - 89			
MH Rehab Centers		05	90 - 94			
B. DAY SERVICES :						
Vocational Services		10	30 - 39		$40.00	7068,6758
Socialization		10	40 - 49		$40.00	7068,6758
SNF Augmentation		10	60 - 69			
Day Treatment Intensive: Half Day		10	81-84			
Day Treatment Intensive: Full Day		10	85-89			
Day Rehabilitative : Half Day		10	91-94			
Day Rehabilitative : Full Day		10	95-99		$92.50	7068,6758
C. OUTPATIENT SERVICES :						
Targeted Case Management Services (TCMS), formerly Case Management Brokerage		15	01 - 09		$1.42	7068,6758
Mental Health Services		15	10 - 19 /30-59		$1.82	7068,6758
Therapeutic Behavioral Services (TBS)		15	58			
Medication Support		15	60 - 69		$3.38	7068,6758
Crisis Intervention		15	70 - 79		$2.73	7068,6758
D. OUTREACH SERVICES :						
Mental Health Promotion		45	10 - 19		$60.00	7068,6758
Community Client Services		45	20 - 29		$60.00	7068,6758
E. SUPPORT SERVICES :						
Life Support/Board & Care		60	40 - 49		$34.00	7068,6758
Case Management Support		60	60 - 69			
Flexible Funding (Cost Reimbursement)		60	64			
F. Medi-Cal Administrative Activities (MAA) :						
MAA		55	01-35			

Contractor Name: Hillview Mental Health Center, Inc.
Legal Entity Number: 00194
Agreement Period: July 1, 2004 through June 30, 2007
Fiscal Year: 2005-2006

DMH Legal Entity Agreement
Attachment II Page 1 of 2
The Financial Summary
Amendment Number 6

Categories		Maximum Funding Source Totals	
A. Allocations:			CR
County General Fund (CGF)	1. EPSDT Baseline CGF Match	$ 12,700	
	2. SB 90 (AB 3632) Baseline CGF Match	$ -	
	3. EPSDT Growth CGF Match	$ 3,600	
	4. Healthy Families CGF Match	$ -	
	5. Non EPSDT - FFP CGF Match	$ 2,342,373	
	6. STOP CGF Match	$ -	
	Sub-Total Categorical CGF	$ 2,358,673	
	7. Other CGF	$ 208,527	
	TOTAL CGF (1 through 7)	$ 2,567,200	CR
AB 2034		$ 753,001	CR
AB 2034/CSS		$ 434,800	CR
CalWORKs		$ 47,000	CR
CalWORKs		$ 3,000	CR
DCFS		$ 200,000	CR
	TOTAL ALLOCATIONS (A)	$ 4,005,001	
B. Pass Through:			
FFP:	1. Healthy Families FFP	$ -	
	2. Non EPSDT - FFP	$ 2,342,373	
	a. Medi-Cal Administrative Activities (MAA) FFP	$ -	
	3. EPSDT - FFP	$ 246,900	
	TOTAL FFP	$ 2,589,273	
EPSDT - State General Fund (SGF)		$ 230,500	
SB 90/IDEA (AB 3632)		$ -	
	TOTAL PASS THROUGH (B)	$ 2,819,773	
	Maximum Contract Amount/Net Program Budget (A+B):		**$ 6,824,774**
C. Third Party:			
Medicare		$ -	
Patient Fees		$ -	
Insurance		$ -	
Other		$ -	
	TOTAL THIRD PARTY (C)	$ -	
	Gross Program Budget (A+B+C):		**$ 6,824,774**

Footnotes Section:

All Other County General Funds

AB 2034	$ 60,463
ASOC	$ 1,312,241
ACT	$ 1,112,666
ACT CSS	$ 90,830
Total	$ 2,576,200

For FY 05-06, Amend #2 adds $16,500 as follows: 1)$800 CGF Growth Match, 2)$8,300 EPSDT-FFP and 3)$7,400 EPSDT-SGF. For FY 05-06, the MCA is revised to $6,987,340. Amend #4 reduces the MCA by $162,566 ILP funds. For FY 05-06, the MCA is revised to $6,824,774.

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Fiscal Year: 2005-2006

DMH Legal Entity Agreement
Attachment II Page 2 of 2
The Rate Summary
Amendment Number 6

MENTAL HEALTH SERVICES		Mode of Service	Service Function Code (SFC) Range	Provisional Rates Negotiated NR	Provisional Rates Cost Reimb CR	Provider Numbers
A. 24 - HOUR SERVICES :						
Hospital Inpatient		05	10 - 18			
Hospital Administrative Day		05	19			
Psychiatric Health Facility (PHF)		05	20 - 29			
SNF Intensive		05	30 -34			
IMD/STP Basic (No Patch)	Beds 1-59	05	35			
	Beds 60 & over	05	35			
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EPSDT - State General Fund (SGF)		$ 230,500	
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	TOTAL PASS THROUGH (B)	$ 2,819,773	
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C. Third Party:			
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Patient Fees		$ -	
Insurance		$ -	
Other		$ -	
	TOTAL THIRD PARTY (C)	$ -	
	Gross Program Budget (A+B+C):		**$ 6,824,774**

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Case Management Support		60	60 - 69			
Flexible Funding (Cost Reimbursement)		60	64			
F. Medi-Cal Administrative Activities (MAA):						
MAA		55	01-35			

DMH LEGAL ENTITY AGREEMENT
ATTACHMENT III

Service Delivery Site Exhibit

CONTRACTOR NAME: _____

LEGAL ENTITY NO.: _____ **PERIOD:** _____

*DESIGNATED PROGRAM OFFICE	SERVICE EXHIBIT NO.	PROV. NO.	SERVICE DELIVERY SITE(S)	M.H. SERVICE AREA(S) SERVED	SITE SUP. DISTRICT

*Legend: ASOC(A) CSOC (C) Critical Care (CC) Court Programs (CP) Homeless (H) Managed Care (MC)

SERVICE EXHIBITS

A duplicate original of the Service Exhibit(s) will be on file in the Department of Mental Health's Contracts Development and Administration Division and is deemed incorporated herein by reference as though fully set forth, and will be made available to interested persons upon request.

DESCRIPTION	CODES	
Targeted Case Management Services (Rehab. Option)	104-A	
Crisis Stabilization Services (Rehab. Option)	202-A	
Vocational Services	304-A	
Day Rehabilitation Services (Adult) (Rehab. Option)	308-A	
Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)	309-A	
Day Treatment Intensive Services (Adult) (Rehab. Option)	310-A	
Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)	311-A	
Mental Health Services (Rehab. Option)	402	
Medication Support Services (Rehab. Option)	403	
Crisis Intervention Services (Rehab. Option)	404-A	
Mental Health Service Treatment Patch (La Casa)	405	
Therapeutic Behavioral Services	406-A	
Outreach Services	501-A	
Outreach Services (Suicide Prevention Services)	502-A	
Intensive Skilled Nursing Facility Services	601	
Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)	602	
Intensive Skilled Nursing Facility Services (La Paz)	603	
Intensive Skilled Nursing Facility Services Forensic Treatment	604	
Skilled Nursing Facilities (Psychiatric Services)	605	
Skilled Nursing Facility – Special Treatment Program Services (SNF-STP/Psychiatric Services)	608	

1	Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)	609	
2	Socialization Services	701-A	
3	Life Support Service	801	
4	Case Management Support Services	802-A	
5	Case Management Support Services (Forensic)	803-A	
6	Case Management Support Services (Children & Youth)	804-A	
7	Life Support Services (Forensic)	805	
8	Independent Living Services	901	
9	Local Hospital Services	902	
10	Semi-Supervised Living Services	904	
11	Crisis Residential Treatment Services	911	
12	Adult Residential Treatment Services (Transitional)	912	
13	Adult Residential Treatment Services (Transitional)(Hillview MHC, Inc.-Unique)	912-U	
14	Adult Residential Treatment Services (Long Term)	913	
15	Non-Hospital Acute Inpatient Services (La Casa PHF)	914	
16	Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)	915	
17	Assertive Community Treatment Program (ACT)	921	
18	Psychiatric Inpatient Hospital Services	930	
19	Primary Linkage and Coordinating Program	1001	
20	AB 34 Housing and Personal/Incidental Services	1002	
21	Service Provisions (Organizational Provider Only)	1003	
22	Consumer Run/Employment Program	1005	
23	AB 2034 State Demonstration Program (Housing Expenses)	1008	
24	AB 2034 State Demonstration Program (Personal and Incidental Expenses)	1009	
25	Client Supportive Services (Includes Attachment A (Reimbursement Procedures)		
26	and Attachment B (Monthly Claim for Cost Reimbursement)	1010	

SERVICE EXHIBIT _____

ADULT RESIDENTIAL TREATMENT SERVICES

(Transitional)

(Hillview MHC, Inc.– PES Relief Plan)

(MODE OF SERVICE 05)

1. GENERAL: Transitional adult residential treatment services shall be provided in a twenty-four hour therapeutic residential facility which furnishes a non-institutional, therapeutic community in which patients/clients are supported in their efforts to develop, maintain and restore interpersonal and independent living skills and community support systems. These services shall include an all-inclusive structured treatment and rehabilitation program for patients/clients recovering from an acute stage of illness who may be expected to move toward a more independent living situation or higher level of functioning, within a time-limited period. Structured services, both day and evening, shall be provided seven days per week.

The intent of these services is to facilitate movement toward the highest possible level of functioning, minimize the risk of hospitalization, and enhance the capability for independent living upon discharge from the program.

Contractor shall be certified by SDMH as a Short-Doyle/Medi-Cal Mental Health Rehabilitation Provider. Contractor's program for these services shall also be certified by SDMH as a Transitional Residential Treatment Program (Social Rehabilitation Program) pursuant to CCR Title 9, Section 531. In addition, Contractor's residential facility shall be licensed as a social rehabilitation facility or other community care facility by the State Department of Social Services pursuant to CCR Title 22, Section 80000 et seq., or shall have a permit issued by SDMH to operate as a mental health rehabilitation center if State implements such permit as described in the RO/TCM Manual.

In addition to the other staffing requirements of this Agreement, Contractor shall assure that these services are provided with the minimum qualified staff and staffing ratio,

if any, as specified in the RO/TCM Manual and in CCR Title 9, including, but not limited to, Section 531.

The services to be provided hereunder are generally described in the RO/TCM Manual.

The definition of SFC unit for purposes of determining the number of units of service provided by Contractor hereunder shall

be as established by Director. In addition to the billing restrictions for these services as set forth in the RO/TCM Manual, Contractor shall not receive: (1) any reimbursement for any services unless there is a face-to-face contact on the day of service and the patient/client has been authorized by Director for services hereunder, and (2) any Short-Doyle/Medi-Cal reimbursement for board and care costs (beds).

2. PERSONS TO BE SERVED: Contractor shall provide services to the target population as identified in the Contractor's Negotiation Package/Addenda who reside primarily within Los Angeles County Mental Health Service Areas identified on the Service Delivery Site Exhibit and who either are referred to Contractor by Director or voluntarily apply for and receive services with the subsequent consent of Director.

Admission is to be limited to an average length of stay of 30 Days. In no event shall the duration of any patient's/client's length of stay for services hereunder exceed ninety days. Any length of stay beyond thirty days shall be justified and documented in the patient's/client's case record.

3. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are to be provided hereunder is (are) located at: Site(s) as identified on the Service Delivery Site Exhibit and in the Contractor's Negotiation Package/Addenda. Contractor shall obtain the prior written consent of Director at least seventy days before terminating services at such location(s) and/or before commencing such services at any other location(s).

4. EMERGENCY MEDICAL TREATMENT: Patients/clients who are provided services hereunder and who require emergency medical care for physical illness or accident shall be transported to an appropriate medical facility. The cost of such transportation as well as the cost of any emergency medical care shall not be a charge to

nor reimbursable under this Agreement. Contractor shall establish and post written procedures describing appropriate action to be taken in the event of a medical emergency. Contractor shall also post and maintain a disaster and mass casualty plan of action in accordance with CCR Title 22, Section 80023. Such plan and procedures shall be submitted to DMH's Contracts Development and Administration Division at least ten days prior to the commencement of services under this Agreement.

5. NOTIFICATION OF DEATH: Contractor shall immediately notify Director upon becoming aware of the death of any patient/client provided services hereunder. Notice shall be made by Contractor immediately by telephone and in writing upon learning of such a death. The verbal and written notice shall include the name of the deceased, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor's staff with knowledge of the circumstances.

6. QUALITY IMPROVEMENT: Contractor shall comply with all applicable provisions of WIC, CCR, Code of Federal Regulations, SDHS policies and procedures, SDMH policies and procedures, and DMH quality improvement policies and procedures. Contractor shall establish and maintain a complete and integrated quality improvement system.

In conformance with these provisions, Contractor shall adopt and comply with the quality improvement programs and responsibilities set forth in DMH's Quality Management Plan. Contractor shall maintain a copy of the DMH's Quality Management Plan. A copy of Contractor's procedures to comply with DMH's Quality Management Plan shall be submitted to DMH's Standards and Records Division staff for review prior to Contractor's submission of any billings for services hereunder.

7. PROGRAM ELEMENTS AND SERVICES: Contractor shall provide services to patients/clients in accordance with Contractor's Negotiation Package and any addenda thereto, as approved in writing by Director, and the RO/TCM Manual, for the term of this Agreement. Services shall also be consistent with CCR Title 9, Section 532. Services shall include, but are not limited to:

A. Assessment;

B. Evaluation;

C. Individual and group counseling;

D. Crisis intervention;

E. Planned activities;

F. Counseling with available members of the patient's/client's family when indicated in the patient's/client's treatment/rehabilitation plan;

G. Development of community support systems for patients/clients to maximize their utilization of non-mental health community resources;

H. Patient/client advocacy, including assisting patients/clients to develop their own advocacy skills;

I. Activity program that encourages socialization within the program and general community, and which links the patient/client to resources which are available after leaving the program;

J. Use of the residential environment to assist patients/clients in the acquisition, testing, and/or refinement of community living and interpersonal skills; and

K. Development of pre-vocational skills and linkages to services offering transitional employment or job placement.

DMH Summary of Amendment Changes

LEGAL ENTITY NAME: _____

Contract No.: _____ Legal Entity No.: _____ Amendment No.: _____

LISTING OF FUNDING SOURCES

	Realignment/CGF	12	DCFS AB 3632 Family Preservation	24	PATH/McKinney
1	EPSDT Baseline CGF Match	13	DHS/ADPA (Sidekick)	25	AB 2994
2	SB 90 (AB 3632) Baseline CGF Match	14	DCFS Star View	26	AB 2034: Services
3	EPSDT Growth CGF Match	15	DPSS CalWORKs		AB 2034: Client Supportive Services
4	Healthy Families CGF Match	16	DPSS GROW	27	SAMHSA/AB 3015
5	Non EPSDT-FFP CGF Match	17	DHS Lamp		SAMHSA: Flex Funds
6	STOP CGF Match	18	DHS Social Model	28	State HIV/AIDS
7	Other CGF	19	DCFS STOP (SGF)	29	SB 90 (AB 3632)
8	DHS/ADPA AB 2034	20	DCFS Hillview/Transitional Living	30	Healthy Families FFP
9	DHS/ADPA Dual Diagnosis	21	Probation Schiff-Cardenas	31	Non EPSDT-FFP
10	DCFS Family Preservation	22	DHS/ADPA Dual Diagnosis (BHS)	32	EPSDT-FFP
11	DCFS AB 1733 Child Abuse	23	DCFS THP	33	EPSDT-SGF

FUNDING SOURCE(S): (Select from Funding Sources listed above.)	**AMOUNT Increase/Decrease**	**FISCAL YEAR**	**MCA**

AMENDMENT ACTION(S): **BOARD ADOPTED DATE:** _____ **EFFECTIVE DATE:** _____

New Headquarters Address: _____ Sup. Dist.: _____

_____ Svc. Area: _____

ADD OR DELETE SERVICE SITE(S):

Name	Address	Sup. Dist.	Svc. Area	Prov. No.

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SUSAN KERR
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS
GLORIA MOLINA
YVONNE B. BURKE
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.info

Reply To: (213) 738-4601
Fax: (213) 386-1297

February 7, 2005

TO: Supervisor Don Knabe
Supervisor Gloria Molina, Chair
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavksy
Supervisor Michael D. Antonovich

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

Thomas L. Garthwaite, M.D.
Director of Health Services

SUBJECT: **RECOMMENDATIONS FOR A PROGRAM AT OLIVE VIEW MEDICAL CENTER THAT ADDRESSES THE MENTAL HEALTH NEEDS OF RESIDENTS**

In response to your November 30, 2004 instructions to the Directors of Mental Health (DMH) and Department of Health (DHS) to develop a plan, budget and timeline for a program at Olive View Medical Center (OVMC), addressing the mental health needs of the area's residents, we are providing you with recommendations that have been developed jointly by both Departments. These recommendations are specifically tailored to address the mental health service needs of the residents of a large geographic area (Service Planning Areas II and I), whose only access for psychiatric emergency services is Olive View Medical Center (OVMC). Additionally, it is the intention of DMH, in collaboration with DHS, to utilize significant resources to develop programs that specifically relieve pressure on the psychiatric emergency services countywide. The initial components of the proposals will use current available DMH funding; however, subsequent components will use Mental Health Services Act resources.

Overall Plan for County Psychiatric Emergency Services (PES)

Psychiatric emergency services are at the crossroads of the health and mental health systems. Services delivered in this setting can often quite literally determine the future course of life for those with emotional or social crises, severe mental illnesses, and substance abuse problems.

Resources invested in the PES greatly influence the effectiveness of all the other components of mental health services by ensuring proper assessment, crisis interventions, and transfers to other care settings. For these reasons, it is essential to maintain each PES in a state that allows immediate and comprehensive skilled assessment in a safe environment with timely access to other care settings as appropriate.

Meeting the ongoing demand for emergency psychiatric services at all four County hospitals is a continuing, serious challenge despite an increase in outpatient mental health resources in the County. The continued demand comes from not only the general increase in the population but particular characteristics of that increased population: such as an increase in substance-abuse related disorders or large numbers of people who have no mental health benefits while beds for uninsured adults have not increased. The increase in PET, SMART and other outreach DMH funded emergency teams have also contributed to greater numbers of patients needing care being brought to the DHS PES. Additionally, the lack of appropriate post hospital Lower Level of Care (LLOC) beds for indigent patients is silting up the County psychiatric inpatient units and significantly contributing to the overcrowding of the PES. Insufficiencies of proper resources carry the potential for overcrowding and decreased service quality.

One effective way of ensuring that the PES functions optimally are to associate it with a specific set of carefully designed resources. These resources address PES access, services within the PES, and availability of important dispositions. Based on this model, DHS and DMH propose programs to build such critical resources for each PES.

The program details for each hospital will be based on the particular circumstances and needs for the geographic area of the County. But they will all have similar scope and goals. They will focus on diverting and/or transitioning the individual more effectively from scarce and costly PES and inpatient services into longer term residential and outpatient settings that provide the best hope for long-term recovery. Both departments agree on the need for the development of appropriate community residential placements. The Department of Mental Health will develop the specifics of such programs, which may include additional IMD beds, increased supported living arrangements, crisis residential beds or some other form of housing that arises out of the dynamic created by the Urgent Care/After Care model. The present Urgent Care/After Care plan at OVMC includes the purchase of crisis residential beds and an Integrated Inpatient Residential Program.

The proposed plan for the PES-related actions are inter-linked, coordinated, and focused on developing an innovative network of evidence-based approaches that move our emergency/crisis system of care in the direction the Department of Mental Health envisions rather than just only shoring up the existing PES.

The Department of Mental Health will develop programs for similar services at LAC/USC, and for the West Los Angeles and San Gabriel Valley areas of the County.

Timeline for Implementation of the Plan at Olive View

The program specifically designed for Olive View PES builds on the existing strengths in the local communities that depend on it, and add certain resources that are necessary for proper PES function, but are relatively scarce in the area. The rollout of the PES decompression efforts will be implemented in two phases. The first phase would begin on April 1, 2005 and include implementation of a limited Urgent Care Center (UCC); establishment of Co-occurring Disorder support at Olive View's PES, Inpatient Unit and UCC; additional child and adolescent inpatient treatment beds; crisis residential services; peer and family support programs; and case management services for Intensive Service Recipients.

Phase II would begin about October 2005 and include an expanded UC/ACC to services fourteen hours per day/seven days a week; a Co-occurring Disorder service at the Acton Residential Center; and an Integrated Inpatient Residential program. We are currently estimating a budget of approximately $6 million to implement these two phases.

Description of Services to be Provided at Olive View Medical Center

Urgent Care Center (UCC) on OVMC Grounds: Experience suggests that walk-in mental health services can be quickly initiated and have significant impact on PES overcrowding by diverting those that would otherwise wait in the PES for services. Such services would be especially valuable at OVMC, as there are currently no mental health outpatient services available on the grounds. To immediately alleviate the overcrowding of the Psychiatric Emergency Room, the Department of Mental Health and the Department of Health Services are proposing creation of an Urgent Care Center (UCC) to operate during the evenings on weekdays and during the daytime on weekends.

Clients would be served regardless of funding status and would include children, adolescents, adults and older adults with co-occurring disorders/substance abuse who are in psychiatric crisis and are unable to be helped at a mental health center. Priority would be given to OVMC PES patients at all times.

The UCC would provide intensive mental health services including: clinical triage, substance abuse assessment, medical support, psychiatric services, crisis intervention, Co-occurring Disorder Services, peer/family intervention support services, case management, linkage and follow up.

Co-Occurring Disorders Services: There is accumulating evidence that substance abuse counseling and referral improve emergency treatment outcome and decrease repeat visits to emergency settings. No specialized substance abuse services are currently available onsite at OVMC. Specialized staff, trained on all pertinent issues relating to individuals with co-occurring disorders, available seven days per week, to the PES, UCC and psychiatric inpatient unit, will provide assessment, motivational counseling and referral services to Alcohol and Drug Program Administration funded community treatment. Staff will be added to the existing Community Services Assessment Center serving OVMC for on-site service delivery.

Acton Rehabilitation Center: Residential programs for treatment of co-occurring substance abuse and mental illness are especially valuable in emergency situations involving chaotic social situations. Access to such resources by OVMC is currently very limited. The Acton Rehabilitation Center would provide voluntary resident recovery and medical rehabilitation to co-occurring drug and alcohol dependent individuals, 18 years and older, who are capable of performing daily living activities and do not require 24-hour psychiatric/medical care. Resident candidacy would be based on direct referrals form the UCC, PES and the psychiatric inpatient unit. County Hospital PES and psychiatric inpatient discharges would have priority for admission.

Peer and Family Support Programs: Self-help has been a keystone of substance abuse treatment for many years, and is increasingly central to mental health treatment. Peer and family support programs would be operational in the psychiatric emergency room and in the inpatient psychiatric unit at OVMC. The self-help model would be utilized to link clients with peer counselors, who would be available for individual and group assistance. Lay family counselors would be available for consultation during weekdays with support groups held in the evenings or weekends. We anticipate the participation of volunteers from non-profits groups such as NAMI.

Case Management: Experience in Los Angeles and many other areas suggest that assertive community treatment (ACT) involving outreach and coordination of services helps decrease use of emergency services. There is currently no ACT program directly linked to OVMC. Immediate referral to services/agencies and linkage to aftercare services to clients of the OVMC PES and psychiatric inpatient unit would be available in an effort to avoid unnecessary use of inpatient hospitalization. Clients in need of intensive case management will be linked to an assertive community treatment program in Service Area II, or to an intensive case management program at one of the Department of Mental Health's directly operated or contracted clinics. Also, DHS will be provided with funding for a nurse case manager to assist with the identification of frequent service users in the PES to assure patient care coordination and linkage with the community providers who are already engaged in the care of these patients.

Crisis Residential Services: Patients sometimes remain in the OVMC PES or on inpatient units primarily because there is only limited availability of structured open residential setting in which they could stabilize. Twelve crisis residential beds would be purchased within Service Area II during Phase I. Services would be provided which are intended to stabilize and prevent the hospitalization and/or recycling of consumers released from the OVMC PES and psychiatric inpatient unit. The goals of the crisis residential services is to reinforce an overall all pattern of psychiatric stability, socially adaptive behaviors, to address substance abuse issues and to maximize the potential for a successful transition back into independent living within the general community.

Integrated Inpatient Residential Program and Facility: Closely linking inpatient and residential programs improves the transition of patients into the community. During Phase II an integrated inpatient-residential program would begin providing services to clients who require further stabilization at the level of skilled nursing facility or board and care facility, including seven day per week psychiatric rehabilitation, after their release from an acute care psychiatric facility. The level provided would depend on the particular need of the individual. The goal would be to connect clients to housing, funding or other sources of assistance and rehabilitation.

Urgent Care/After Care/Crisis Residential Facility: Phase I of the Olive View effort includes immediate planning/construction of Urgent Care/After Care Center and residential facilities at the Center. Services will begin April 1, 2005 during the evenings and on weekends in an existing medical area of the current facility. Phase II, when implemented, will include providing services on weekdays and receiving referrals from PMRTs, law enforcement and local DMH centers in Service Area II.

Psychiatric Inpatient Bed Purchases for Children and Adolescents: There currently are no inpatient beds for uninsured children or adolescents in Service Area II, or Service Area I. Absence of available inpatient beds causes minors to spend more time in the PES than would otherwise be necessary. Currently DMH is negotiating to acquire additional psychiatric inpatient beds for this purpose. Both the UCC and the PES at OVMC would make referrals as needed.

The timetables and specific programs for the remaining County hospitals and their service areas have not yet been developed. We will provide you with updates on the development of the plans for LAC/USC, and the West Los Angeles and San Gabriel Valley areas, as well as the continued implementation of the Olive View effort.

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c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors