Guidelines for Claiming By Funded Programs

Revised March 18, 2011

Guidelines for Claiming by Funded Program

The Claiming Plan Oversight Workgroup was established at the direction of the Chief Deputy to develop a comprehensive, concise and straightforward manual that can be available to all Department of Mental Health (DMH) providers. The Guidelines for Claiming by Funded Program Manual (the Manual) was developed in order to facilitate the selection of the appropriate funding source when providing specialty mental health services. The workgroup consisted of DMH staff from the Revenue Management Division (RMD), representatives from each of the program age groups, Quality Assurance, MHSA (Mental Health Services Act) Implementation Unit, Financial Services Bureau (FSB), and Office of Clinical Informatics.

The Manual consists of three components: 1) Funded Program Descriptions – individual detailed descriptions of each funding source and eligibility criteria; 2) Claiming Decision Trees – flow charts to help identify the most appropriate funding source to which a service should be claimed; 3) Appendix – supporting documents including the Plan Grid, which is a brief description of all funding plans for mental health services.

While the Manual will assist programs in utilizing appropriate funding sources, it cannot guarantee or ensure reimbursement for services. The availability of funding sources is subject to change. Please remember that the Manual is an all-inclusive document and not every legal entity or program has access to all the funded programs identified. DMH recommends that each client's benefits are confirmed on a monthly basis (as required by federal, state and local government regulations), and funding availability is verified routinely. RMD and the Chief Information Office Bureau (CIOB) provide reports on a monthly basis to assist programs in monitoring the claiming plans that are being utilized.

Please note that these guidelines do not identify how to claim for individual services since they do not address documentation, procedure codes, scope of practice, or staffing requirements. In addition, these guidelines do not address which services may or may not be claimed to a particular third-party payer for reimbursement. It is important to note that if one of the Funded Programs identified in the Manual is used as a match for a third-party payer, the client eligibility and services covered may change based on the third-party payer requirements.

For questions regarding a program's ability to claim to a specific Funded Program, please contact the lead District Chief. For questions regarding the criteria and information listed on the Program Descriptions, please contact the individuals listed at the end of the plan's Funded Program Descriptions. Please contact the Quality Assurance Division for questions regarding specific claiming for a service in relation to third-party payer matches, documentation, procedure codes or staffing.

Revised 1/27/2011

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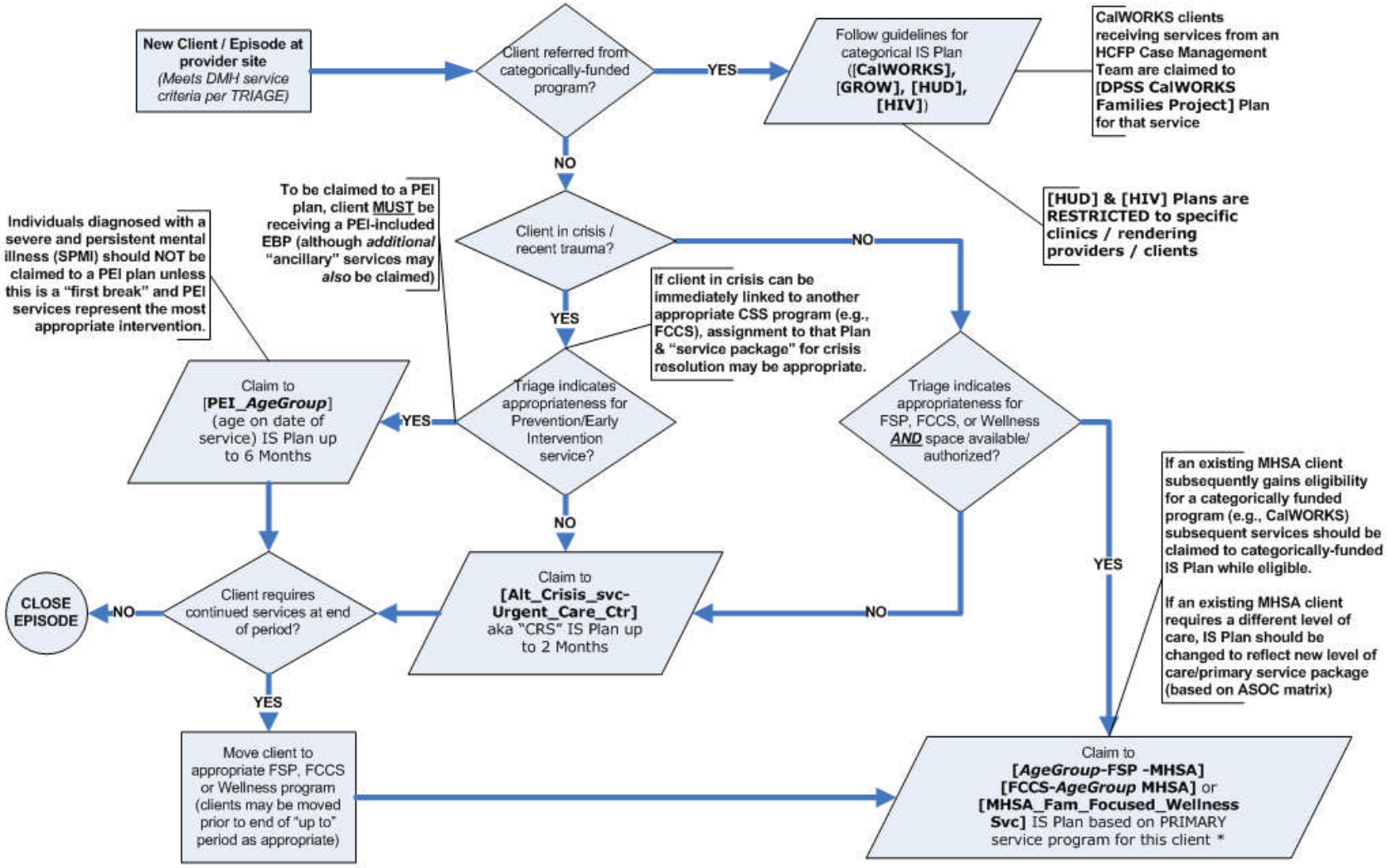
Revised 3/18/2011

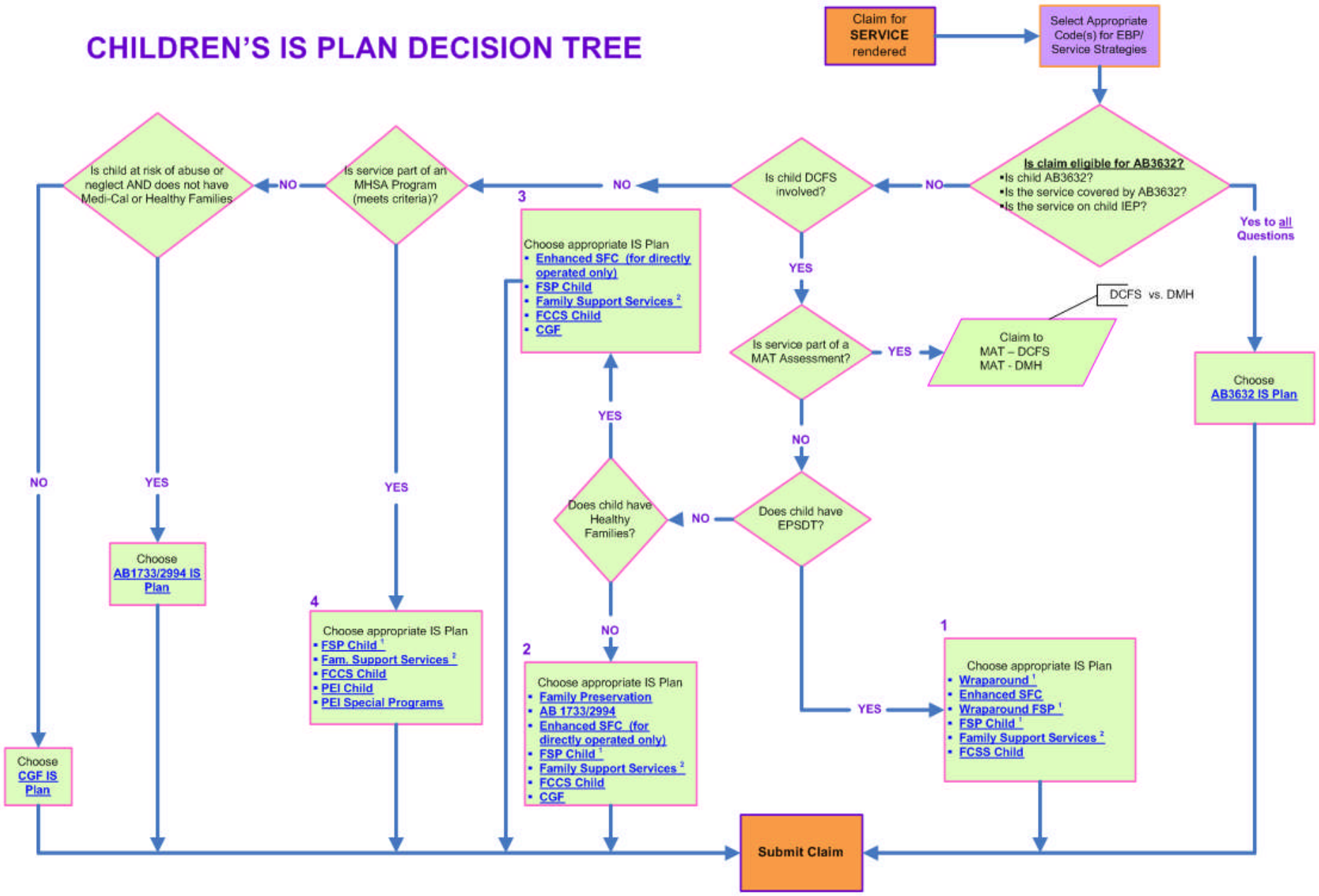
DRAFT – Adult Directly Operated Clinic IS Plan Decision Tree v8 3-16-11 (PGA)



NOTE: ALL services are claimed to IS Plan associated to client's "Primary" service package / level of care within that provider site (e.g., FCCS client who attends Wellness group in same billing Provider Site is claimed under "FCCS-*AgeGroup*-MHSA" IS Plan For that group session) until/unless the "primary" service package is changed. FSP *AgeGroup* based on "authorized" age group; FCCS *AgeGroup* based on age on date of service UNLESS client is receiving services under a designated age-specific FCCS program/team (a 58-year-old in an 'FCCS Older Adult" program). Clients claimed under FSP and FCCS IS plans must be tracked in appropriate Outcome Measures Application (OMA) module.

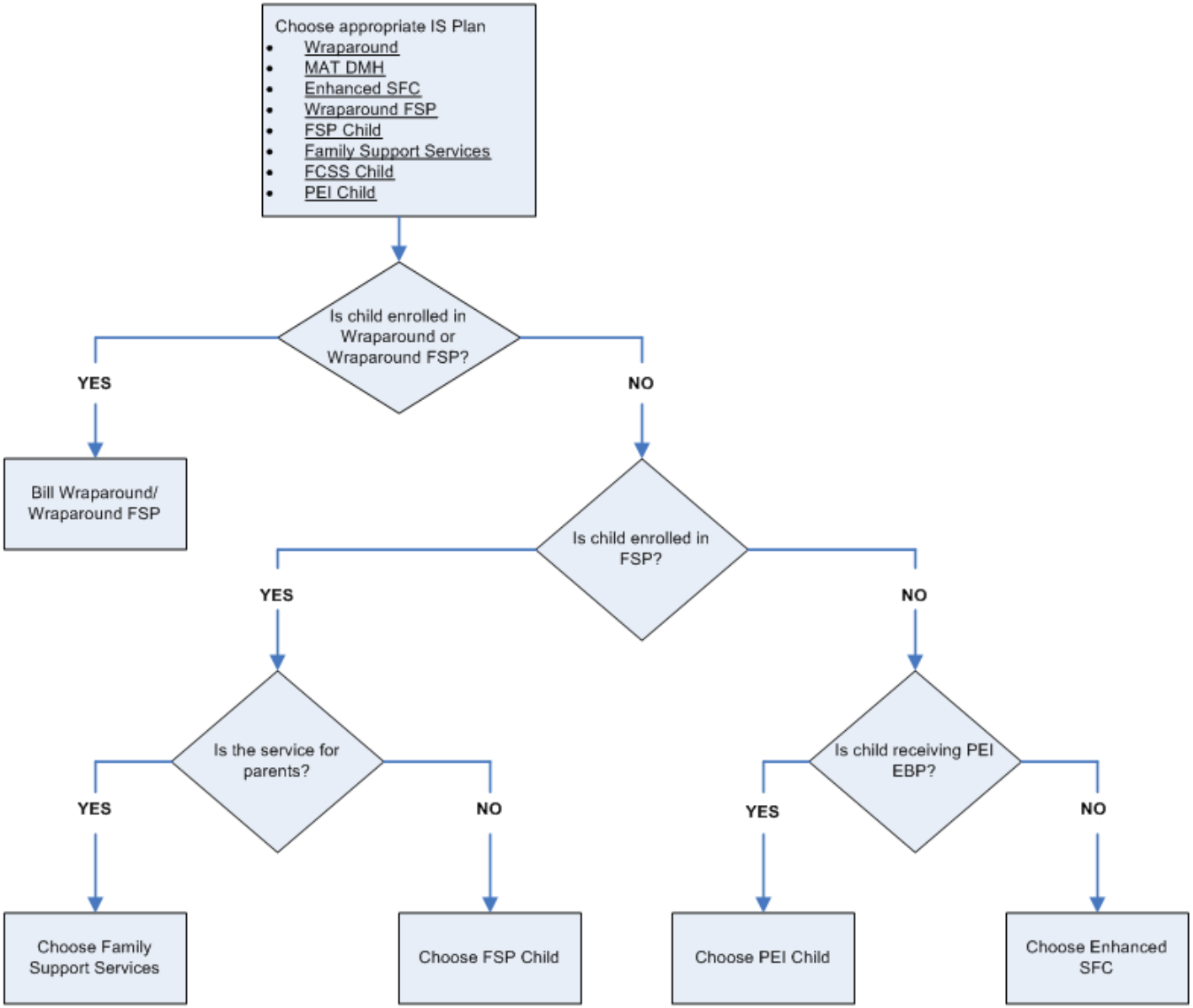
DRAFT 1/5/11

CHILDREN'S IS PLAN DECISION TREE



#1

CHILDREN'S IS PLAN DECISION TREE



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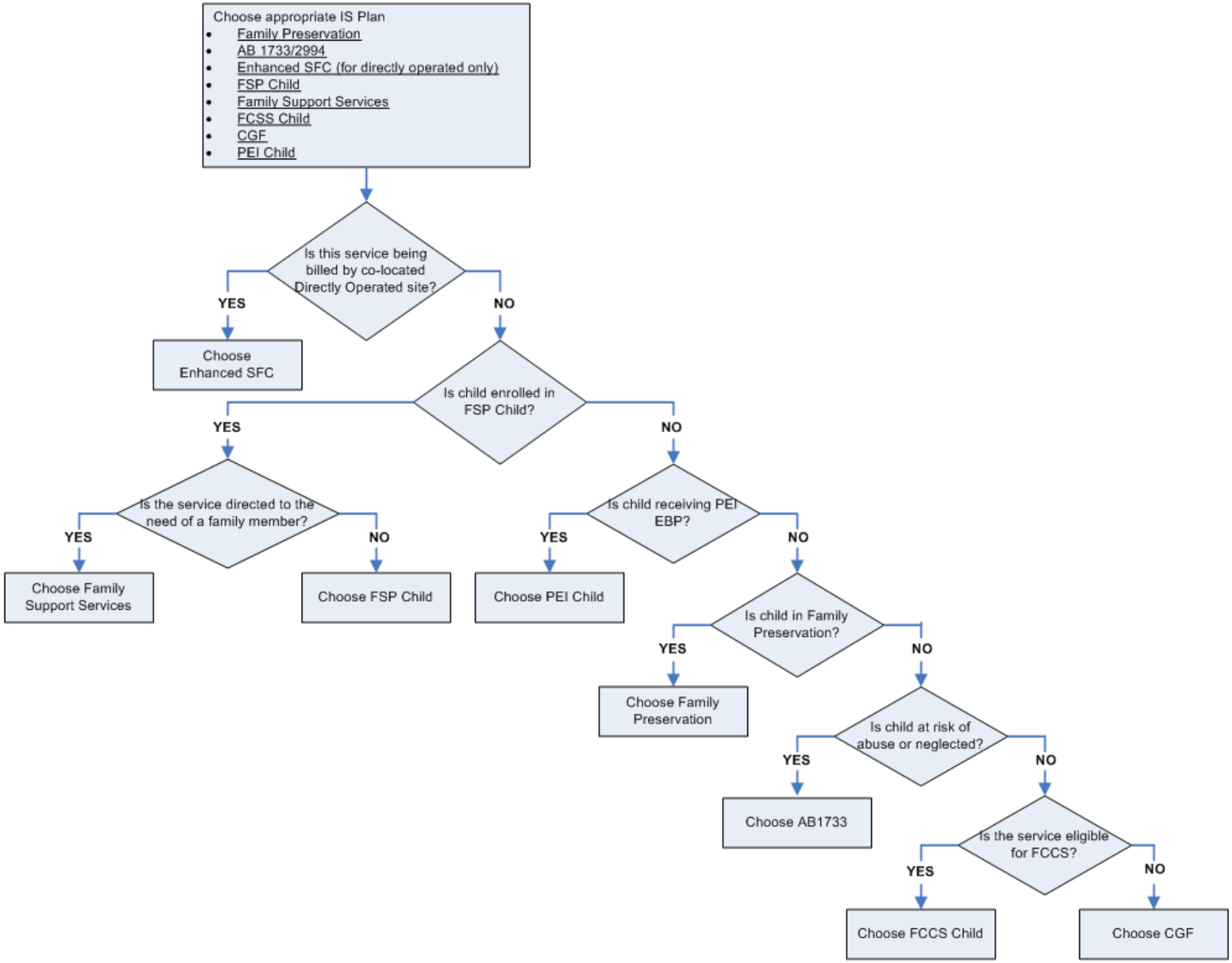
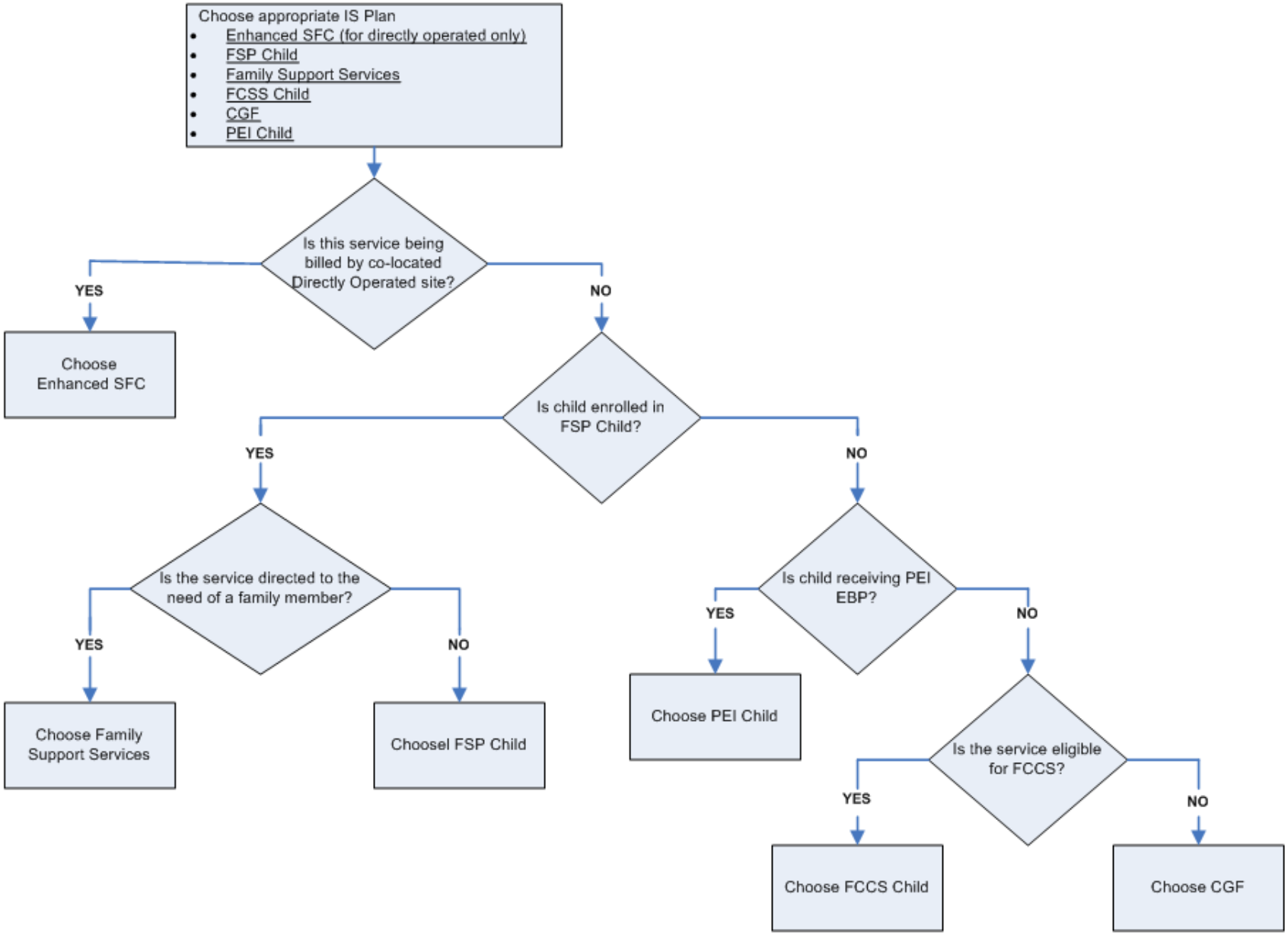


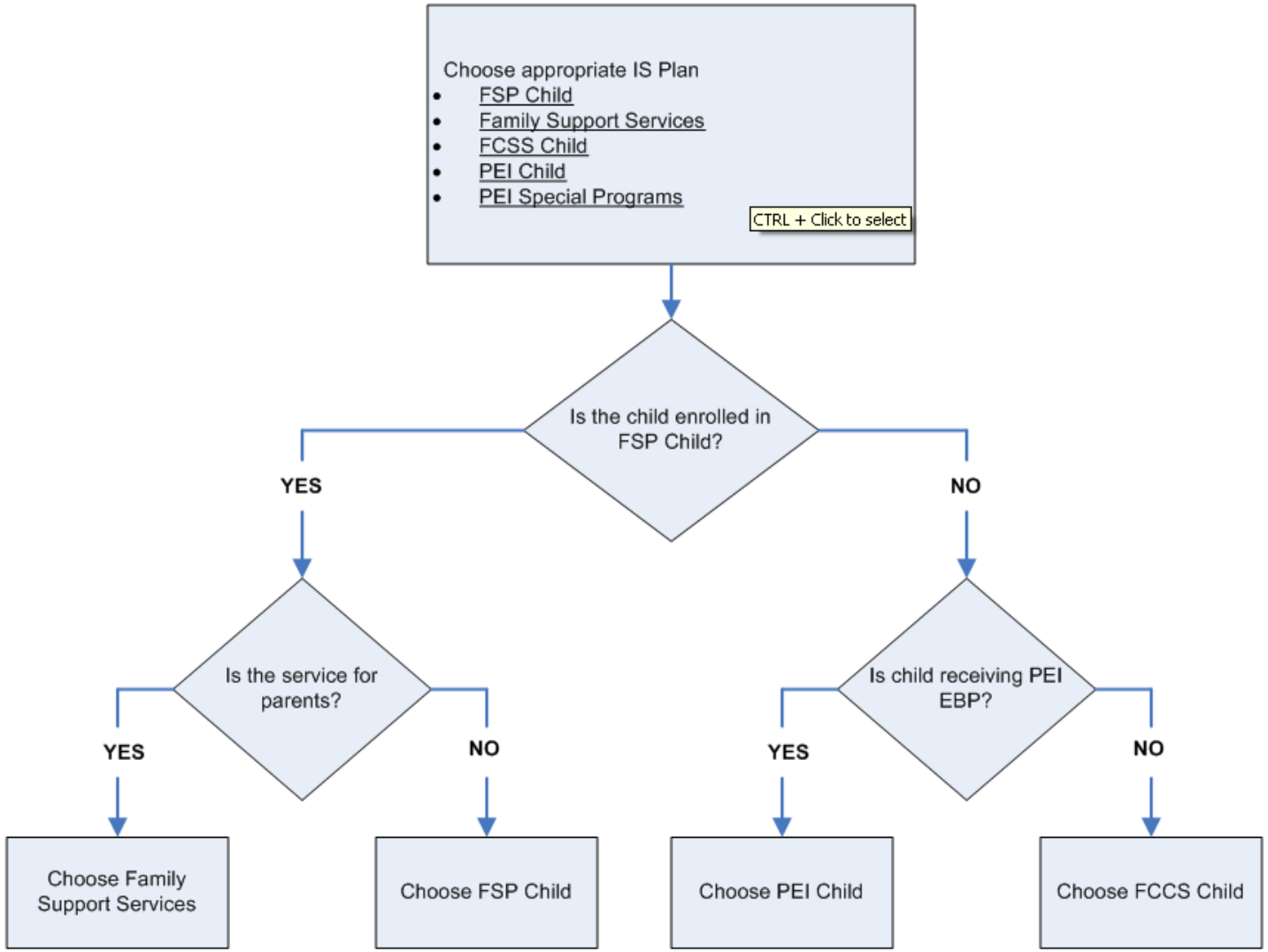
CHILDREN'S IS PLAN DECISION TREE

#3



CHILDREN'S IS PLAN DECISION TREE

#4



Template: Description of Included Fields

Funded Program Title

Sub-Programs:
This field lists and describes all subprograms within the funded program. A subprogram often correlates to an Integrated System (IS) Plan. If there is more than one (1) subprogram and/or IS plan for a funded program, all subprograms and/or IS Plans associated with the funded program are listed and their purposes elaborated.

Funded Program/Subprogram Purpose:
This section describes the program and its purpose. A funded program is a set of services paid through a particular funding source to serve clients with a specific beneficiary status. For NGAs (Non-Governmental Agencies), the applicable funded programs will have funds allocated in their Legal Entity Contract Financial Summary. A funded program may be an aggregation of subprograms with specific population or specific types of services.

Target Population(s) / Client Eligibility Requirement & Covered Age:
This field identifies any special target population for this funding source and any restrictions on who can be served under the requirements of the funding source.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:
This field will identify how target population is identified and if there are any eligibility or enrollment requirements.

Integrated System (IS) Plan:
This section identifies the IS Plan number and name where applicable, in order to record the service to the funded program and/or sub-programs above.

Medi-Cal Claimable in IS:
This field identifies if the Plan, if applicable, has the authority to claim services to Medi-Cal if the client is Medi-Cal eligible and the service is Medi-Cal claimable. If a Plan is marked “no” in this field, no services under this Plan, whether the client has Medi-Cal or not, will be claimed to Medi-Cal.

This section does NOT identify whether or not a specific service is Med-Cal reimbursable. It only states that the Plan has the authority to claim reimbursement to Medi-Cal.

Non-Government Agency (NGA) & Directly Operated (DO):
This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

To be available to NGA, the Plan(s) would also have to be in the contract of the NGA in order to claim under the Plan. This section will NOT identify if the Plan is actually available to a specific NGA in their contract.

Template: Description of Included Fields

Funded Program Title

Claiming Instructions For Provider:
This field will identify how a Provider claims to the funding source identified above such as e.g. by IS Plan or by Invoice. NGA claims according to the contract terms and limitations.

Responsible Program Staff:
This field identifies who the responsible DMH Department staff and division is for this funded program. Questions regarding the Program may be directed towards this person, division/program, or their designee. Please show the name and phone number of program head(s).

The information listed below is for DMH Fiscal use only:

Origin of Funding
This field identifies where the funding for this funded program comes from. Examples include grant by another County Department via Departmental Service Order (DSO), Board Letter, Federal Grant, State Funding or Grant Realignment or Net County Cost.

Department of Mental Health (DMH) Claiming for Reimbursement
This field describes how the Department claims to get reimbursement from other County, State, or Federal programs. It also identifies which unit claims this reimbursement, and the base or criteria of claiming.

AB3632 – Special Education Pupil (SEP)

Sub-Programs
AB3632 – SEP

The Federal Individuals with Disabilities Education Act (IDEA) ensures that children with disabilities are entitled to a free, appropriate public education in the least restrictive environment. Special education pupils who require mental health services in any of the 13 disability categories may receive services from county mental health programs. To be eligible to receive services, they must have a current individualized education program (IEP) on file. The services must align with the child's needs as identified in the IEP and are designed so that children will benefit from their educational programs. They are free to all eligible students regardless of family income or resources.

Covered Age
3 - 22

Target Population(s) / Client Eligibility Requirement
Client must be identified with disability per federal IDEA (i.e. Special Education) that interferes with school progress and receive mental health services from the County Mental Health Plan (DMH) that are within an IEP.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
County Mental Health Plan (Department of Mental Health - DMH) and local education authority make the eligibility determination. Clients are identified and referred for assessment by a local education agency; assessed by DMH; and the recommended services are written in the child's IEP.

Integrated System (IS) Plan
2004 AB3632 – SEP

Medi-Cal Claimable in IS
Yes, if consent from parent(s) has been provided to bill Medi-Cal. Assumes that the child does not have private insurance and is only eligible for Medi-Cal.

Non-Government Agency (NGA) & Directly Operated (DO)
NGA and DO – able to claim services in the IS.

Claiming Instructions For Provider:
School referred client with IEP and the recommended services are written in the child's IEP.

Responsible Program Staff
Paul McIver
Mental Health District Chief

AB3632 – Special Education Pupil (SEP)

The information listed below is for DMH fiscal use only

Origin of Funding

State: State Department of Mental Health, State Controller's Office and Commission on State Mandates. Fund sources: The State of California uses four (4) funding streams to reimburse the County Mental Health Plan (DMH). These are (in order of priority for billing): (1) federal Individuals with Disabilities Education Act (IDEA) funds (CFDA # 84.027) administered by the State DMH; (2) State General Fund (SGF) AB 3632 allocation for SED Children administered by the State DMH (SB 807); (3) Short-Doyle Medi-Cal which may involve State General Funds as local match when the Med-Cal beneficiary has Medi-Cal Aid Codes designating Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program eligibility status; and (4) SB 90 Mandated Claims Program for AB 3632 SED children using State General Funds administered by the Commission on State Mandates and processed by the State Controller's Office (SB 90 Chapters 1747 and 654).

Department of Mental Health (DMH) Claiming for Reimbursement

IDEA, State General Funds or SB90 is claimed if child does not have private insurance and is not eligible for Medi-Cal.

Revised 10/20/2010

Alternative Crisis Services
Countywide Resource Management (CRM)

Sub-Programs
COUNTYWIDE RESOURCE MANAGEMENT (CRM)

Countywide Resource Management (CRM) centralized administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient program for uninsured children, and adults; adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential resources; CRM Specialized Housing Program, Interim Fund program; Residential and Bridging Services and Assisted Outpatient Program. Under Mental Health Services Act, CRM implemented four institutions for Mental Disease (IMD) Step-down Facilities and the Enriched Services that serve 142 individuals being discharged from higher levels of care.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
Uninsured children and adults; adult/older adult

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients billed to this plan are receiving case management services from DMH's CRM unit or are being linked to services by CRM as they transition out of institutional settings back to the community.

Integrated System (IS) Plan
2086 Alt_Crisis_Svc_CW_Resource_Mgm

Medi-Cal Claimable in IS
Yes

Non-Government Agency (NGA) & Directly Operated (DO)
DO

Claiming Instructions For Provider:
Clients referred by Department of Mental Health's (DMH) CRM unit or are being linked to services by CRM as they transition out of institutional settings back to the community.

Responsible Program Staff
Mary Marx, LCSW, District Chief, Countywide Resource Management

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (Proposition 63)

Department of Mental Health (DMH) Claiming for Reimbursement
Community Outreach Services, Medi-Cal Administrative Activities, Directly Operated only.

Revised 10/20/2010

Alternative Crisis Services
Enriched Residential Services

Sub-Programs
ENRICHED RESIDENTIAL SERVICES

Enriched Residential Services was developed at Percy Village I and II. This program provides supportive on-site mental health services and limited operational cost for 95 individuals at licensed Adult Residential Facilities.

Covered Age
Adult

Target Population(s) / Client Eligibility Requirement
The Enriched Residential Services serves persons being discharged from Institutions for Mental Disease, acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
The program targets individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placements and prepare for more independent living. The program is designed to break the cycle of costly emergency and inpatient care and promote successful community linkage and reintegration.

Integrated System (IS) Plan
2060 ACS-Enriched Residential Services

Medi-Cal Claimable in IS
Yes, Medi-Cal claimable in the IS

Non-Government Agency (NGA) & Directly Operated (DO)
NGA

Claiming Instructions For Provider:
Medi-Cal claiming and limited operational cost for 95 individuals at licensed Adult Residential Facilities.

Responsible Program Staff
Mary Marx, MH Clinical Program Head, ASOC MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Service Act (MHSA) – Proposition 63, FFP-Medi-Cal

Department of Mental Health (DMH) Claiming for Reimbursement
COS, Medi-Cal match, Non EPSDT, and EPSDT match, Flex Funds to MHSA.

Revised 02/02/2010

Alternative Crisis Services
Residential and Bridging

Sub-Programs
ALTERNATIVE CRISIS SERVICES RESIDENTIAL AND BRIDGING

Alternative Crisis Services Residential and Bridging involves psychiatric social workers and peer advocates assisting in the coordination of psychiatric services and supports for Transition Aged Youth (TAY), adults and older adults with complicated psychiatric and medical needs. These clients are discharged from County hospital psychiatric emergency services and inpatient units, Institutions for Mental Disease's (IMD), IMD Step-down Facilities, crisis residential and intensive residential programs. The program ensures linkage to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, Full Service Partnerships (FSP), residential providers, self-help groups, and other community providers.

Covered Age
16+

Target Population(s) / Client Eligibility Requirement
TAY, adults and older adults

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients assisted by CRM in transitioning from higher levels of care to community-based services and supports also receive Residential Bridging services. The program also employs peer advocates in supportive roles in IMD's, IMD Step-down facilities and intensive residential programs to support individuals.

Integrated System (IS) Plan
2085 Alt_Crisis_Svc_Res_&_Bridging

Medi-Cal Claimable in IS
Yes

Non-Government Agency (NGA) & Directly Operated (DO)
DO

Claiming Instructions For Provider:
Clients referred by Countywide Resource Management (CRM)

Responsible Program Staff
Mary Marx, LCSW, District Chief, Countywide Resource Management

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Service Act (MHSA) – Proposition 63

Department of Mental Health (DMH) Claiming for Reimbursement
Community outreach service (COS), Medical Administrative Act (MAA) Medi-Cal, DO only.

Revised 10/20/2010

Alternative Crisis Services
(Urgent Care Centers (UCC)/Crisis Resolution Services (CRS))

Sub-Programs
URGENT CARE CENTERS (UCC)/CRISIS RESOLUTION SERVICES (CRS)

Urgent Care Centers (UCC)
- Provide intensive crisis services to individuals who otherwise would be brought to emergency rooms;
- Provide up to 23 hours of immediate care and linkage to community-based solutions;
- Provide crisis intervention services, including integrated services for co-occurring substance abuse disorders;
- Focus on recovery and linkage to ongoing community services and supports that are designed to impact unnecessary and lengthy involuntary inpatient treatment.

Crisis Resolution Services (CRS) include:
- Clinical Triage
- Clinical and Case Management Assessments
- Mental Health Crisis Intervention to divert utilization of inpatient services
- Rapid psychiatry medication evaluation and prescription services
- Resource coordination and linkage for housing, employment, benefits establishment
- Mental Health Services including brief crisis intervention, and short-term mental health interventions using Evidence Based Practices (EBP) such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing, etc.
- Peer and Family Intervention and Support Services
- Clinical Outreach Services in collaboration with the Psychiatric Mobile Response Team (PMRT) as needed
- Linkage/Access/Follow-up to additional Community Based Services

Covered Age
18+

Target Population(s) / Client Eligibility Requirement
UCCs are designed to reduce unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery-oriented. These centers provide mental health crisis services to individuals that would otherwise seek services in hospital emergency rooms and recovery-based supportive and linkage services to ongoing community-based services and supports.

The target population for CRS includes individuals, who may have a serious mental illness, needing an immediate response and stabilization in order to prevent higher levels of care. The service approach includes identification, prioritization and immediate stabilization of client needs with service length up to a maximum of 60 days (2 months).

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Client must have a severe mental illness and cannot meet criteria for involuntary hospitalization. Services in these setting are brief and tailored to reducing the mental health crisis for the client to avoid hospitalization or the need for more intensive treatment.

Alternative Crisis Services
(Urgent Care Centers (UCC)/Crisis Resolution Services (CRS))

Integrated System (IS) Plan
2062 Alt Crisis Svc-Urgent Care Center

Medi-Cal Claimable in IS:
Yes

Non-Government Agency (NGA) & Directly Operated (DO)
NGA & DO

Claiming Instructions For Provider:
Time limited Mental Health Services (mode 15) are provided to clients that are in crisis. Services are either provided an at urgent care center for no more than a 23 hour period, or at a clinic for no more than 60 days. Department of Mental Health implemented two directly operated UCCs and three contracted UCCs, including Olive View Urgent Community Services Program (UCSP), Telecare Mental Health Urgent Care Center, Exodus Westside UCC, and Exodus Eastside UCC. In addition, all adult directly operated clinics are providing CRS.

Responsible Program Staff
Urgent Care Centers: Mary Marx, L.C.S.W., District Chief, Countywide Resource Management
Crisis Resolution Services: Kim Sasaki, MN, District Chief, Adult Systems of Care
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports Act – Cross Cutting Systems Development under Alternative Crisis Services.

Department of Mental Health (DMH) Claiming for Reimbursement
Units of services (UOS) claimed in the IS to Alternative Crisis Services: UCC plan

Revised 10/25/2010

California Work Opportunity and Responsibility to Kids (CalWORKs)

Sub-Programs
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS)

In August 1997, Governor Wilson signed the Welfare to Work (WtW) Act (AB 1542) to comply with the federal welfare reform. California Work Opportunity and Responsibility to Kids (CalWORKs) is considered temporary financial assistance in time of crisis for the welfare recipient/participant and his/her family to encourage personal responsibility and accountability with strict work requirements. California's WtW program is designed to assist individuals who are receiving assistance through CalWORKs to transition as rapidly as possible from dependency on public assistance into unsubsidized employment and self-sufficiency. The WtW program helps family members acquire the skills to obtain employment. Benefits include cash aid, food stamps, Medi-Cal, child care, transportation, family planning, and tuition and school supplies. Department of Public Social Services (DPSS) Greater Avenues for Independence (GAIN) workers identify CalWORKs participants who require specialized supportive services such as mental health counseling and make referrals to Department of Mental Health's (DMH) CalWORKs programs throughout Los Angeles County.

Covered Age
18 - 59

Target Population(s) / Client Eligibility Requirement
The targeted population served by CalWORKs includes adult (18 to 64), primarily females, although there is a small male population, dependent with children. DPSS Greater Avenue for Independence (GAIN) determines eligibility for treatment referrals. All cases referred by DPSS GAIN can be billed to CalWORKs if treatment is indicated.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
CalWORKs clients must be GAIN eligible which is determined by DPSS GAIN workers who make referrals to mental health directly operated and contracted agencies for treatment services. CalWORKs treatment can include any diagnostic criteria in the Diagnostic Statistical Manual of Mental Disorders, Vol. 4 (DSM IV TR). CalWORKs participants do not need to meet DMH's severely and persistently mentally ill criteria.

Integrated System (IS) Plan
2006 CalWORKs

Medi-Cal Claimable in IS
No, CalWORKs claims are submitted directly to DPSS for reimbursement. Non Medi-Cal plan in Integrated System (IS).

Non-Government Agency (NGA) & Directly Operated (DO)
NGA & DO

California Work Opportunity and Responsibility to Kids (CalWORKs)

Claiming Instructions For Provider:
All sites can claim outpatient and community outreach services (COS) to CalWORKs by using the IS. Clients can receive the full array of mental health treatment services, excluding psychological testing.

Responsible Program Staff
DMH Adult Systems of Care, Cathy Warner, Deputy Director and CalWORKs District Chief, Dolorese Daniel.

The information listed below is for DMH fiscal use only

Origin of Funding
Funding is received from the State through the DPSS

Department of Mental Health (DMH) Claiming for Reimbursement
Direct services and COS entered into the IS CalWORKs Plan. Administrative costs are claimed via invoices to DPSS which include salaries, employee benefits, services and supplies.

Revised 10/25/2010

[CalWORKS] Homeless Families Project (HCFP)

Sub-Programs
HOMELESS CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS FAMILIES PROJECT (HCFP)

Case Managers and Housing Specialists provide case management, housing and employment related services for families who are homeless and have a mental health barrier to employment. The goal is to remove the barrier and assist the family to obtain housing and employment.

The Case Manager and Housing Specialists function as part of the Homeless California Work Opportunity and Responsibility to Kids (CalWORKs) Families Project (HCFP) Case Management Team under the direction of the site's Project Coordinator and Department of Mental Health (DMH) HCFP Coordinator. Clients billed to this plan receive assistance in identifying and locating housing options to meet their emergency, temporary and permanent housing needs and once stabilized assistance with going to school and/or obtaining employment.

Case Managers and Housing Specialists assist clients in securing housing opportunities by supporting their efforts in navigating various service delivery systems and completing applications for rental property, federal subsidy programs, and other housing programs and services, in addition to enrollment into Department of Public Social Services (DPSS) welfare-to-work (WtW) activities (i.e., job club, job search, transitional subsidized employment (TSE) and enrollment into community college).

Case Managers and Housing Specialists inform community agencies, DMH Directly-Operated Clinics, DMH Contractors, DPSS Programs, homeless shelters, prospective property owners, property management companies and neighborhood organizations about the HCFP through outreach, engagement and education. These functions are claimed through community outreach services (COS)**.**

Covered Age
18 - 59

Target Population(s) / Client Eligibility Requirement
The targeted population served includes families who are homeless; seeking to obtain permanent housing and the head of household (HOH) is eligible for CalWORKs assistance. All clients must have a Diagnostic and Statistical Manual of Mental Disorders diagnosis, be homeless, and be part of CalWORKs and have an open episode in the Department's IS. Mental health staff is called upon to provide housing and employment related services for adult head of household.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
All active homeless CalWORKS clients in the Department's IS are eligible for the HCFP once CalWORKs eligibility has been determined by the DPSS Eligibility Worker.

- Must be CalWORKs eligible and become homeless
- Must be CalWORKs first with Mental Health needs
- Treatment teams make the decision to use these plans

[CalWORKS] Homeless Families Project (HCFP)

Integrated System (IS) Plan
2040 – DPSS - HOMELESS CalWORKs FAMILIES PROJECT
CalWORKs CLIENT SUPPORT – Invoice only

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA & DO

Claiming Instructions For Provider:
All sites claim community outreach and education through COS and some claim eligible direct client services client through case management.

Responsible Program Staff
DMH Adult Systems of Care/CalWORKs/DPSS Co-Located & General Relief Opportunities for Work (GROW) Programs Dolorese Daniel, District Chief and Sylvia P. Braswell, Mental Health Clinical Program Head oversees the Homeless CalWORKs Families Project (HCFP).

The information listed below is for DMH fiscal use only

Origin of Funding
DPSS Single Allocation

Department of Mental Health (DMH) Claiming for Reimbursement
Case Managers and Housing Specialists claim the portion of their time that is spent providing direct services to clients through case management and providing community outreach and education through COS.

Revised 10/25/2010

Child Abuse Prevention Intervention and Treatment

(CAPIT) – AB2994

Sub-Programs
CHILD ABUSE PREVENTION INTERVENTION AND TREATMENT (CAPIT) – AB2994

Prevention, Intervention and Treatment Services designed to assist children/youth and families avoid entry into the Child Welfare System. Ensure that children at risk of abuse and neglect receive timely access to mental health services and other prevention strategies.

Covered Age
0 - 18

Target Population(s) / Client Eligibility Requirement
Children and families that are involved in the child welfare system and/or at risk of abuse and neglect.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Based on client history and or risk of involvement with the child welfare system, children and families receive a range of mental health and other prevention services.

Integrated System (IS) Plan
2002 Department of Children and Family Services (DCFS) – AB1733/2994 for non-Medi-Cal. Medi-Cal claims should use another IS Plan (refer to Children's IS Plan Decision Tree).

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA unit of service. DO on Admin cost percentage, community outreach services (COS).

Claiming Instructions For Provider:
Clients accepted based on history that involves abuse and/or neglect or are at risk of abuse/neglect.

Responsible Program Staff
Mental Health District Chief in Service Planning Area

The information listed below is for DMH fiscal use only

Origin of Funding
State: California Department of Social Services
County: Board of Supervisors and/or Department of Children and Family Services
Fund Source: County General Funds through DSO with DCFS

Department of Mental Health (DMH) Claiming for Reimbursement
Recovery section claims units of service (UOS) and community outreach service (COS) billing as well as admin percentage to DCFS.

Revised 11/02/2010

Child Mental Health Initiative Project – Project ABC

Sub-Programs
CHILD MENTAL HEALTH INITIATIVE PROJECT – PROJECT ABC (CFDA #93.104)

Department of Mental Health (DMH) in collaboration with Department of Children and Family Services (DCFS) and two community based organizations – Children's Institute Inc., and Children's Hospital Los Angeles, provide comprehensive family centered, culturally competent mental health service to young children ages birth to five years and their families in Service Planning Area 4.

Covered Age
0 – 5

Target Population(s) / Client Eligibility Requirement
Infants, toddlers and preschoolers who are either in or at risk of entry into the child welfare system, who have a serious emotional or behavioral problem and who reside in Service Planning Area 4.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
DMH and DCFS determine eligibility from the population of those persons that are covered by this grant. Approximately 500 young children/families residing in Service Planning Area 4 will be enrolled during the six-year period of the grant.

Integrated System (IS) Plan
None – Billed by invoice

Medi-Cal Claimable in IS
No

NGA & DO
NGA – Children's Institute Inc. and Children's Hospital Los Angeles

Claiming Instructions For Provider:
Clients are between the ages of 0 – 5 in Service Planning Area 4. Billing is for infrastructure and overhead. Outpatient services are billed under General EPSDT (Early and Periodic Screening Diagnosis and Treatment).

Responsible Program Staff
William Arroyo, Lead Project Director

The information listed below is for DMH fiscal use only

Origin of Funding
Substance Abuse and Mental Health Services Administration – Federal

Department of Mental Health (DMH) Claiming for Reimbursement
Quarterly request submitted to Federal government, to request and draw down reimbursement.

Revised 10/20/2010

County General Fund (CGF)

Sub-Programs
COUNTY GENERAL FUND (CGF)

The County General Fund (CGF) is utilized to provide services to seriously emotionally disturbed children or adolescents, or adults and older adults who have a serious mental disorder. To the extent resources are available, the primary goal of the use of CGF is serving this target population and providing them access to mental health services and programs that assist them in managing their illness, achieving their personal goals, and developing skills and supports to live the most constructive and satisfying life possible in the least restrictive setting.

Mental health services provided include assessments, case management, crisis intervention, medication support, peer support and other rehabilitative services. Services are provided in multiple settings including residential facilities, clinics, school, hospitals, county jails, juvenile halls, and camps, mental health courts, board and care homes, in the field and in people's homes.

Covered Age
All ages

Target Population(s) / Client Eligibility Requirement
Clients served have serious mental illness. This includes children and adolescents with sever emotional disturbance, and adults and older adults with serious and persistent mental illness. In addition, target population includes persons who require, or are at risk of requiring, acute psychiatric treatment because of a mental disorder with symptoms of psychosis, suicidality, violence or substantial deterioration.

Clients served under CGF often include, but is not limited to, those in need of immediate response to a mental health or potential mental health crisis (emergency response) or individuals residing in a juvenile hall or camp with serious mental illness.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
There is no centralized enrollment process but is based on availability of funds and whether or not there is a more appropriate funding source for the client.

Integrated System (IS) Plan
1000 CGF

Medi-Cal Claimable in IS
Yes

Non-Government Agency (NGA) & Directly Operated (DO)
NGA
Directly Operated

Claiming Instructions For Provider:
Claims are reported and identified under CGF Plan of the IS

County General Fund (CGF)

Responsible Program Staff
Norma Fritsche, District Chief Program Support Bureau
Dennis Murata, Deputy Director Program Support Bureau

The information listed below is for DMH fiscal use only

Origin of Funding
Realignment and Vehicle License Fee (VLF)

Department of Mental Health (DMH) Claiming for Reimbursement
Cost of Units of Service (UOS), funding for direct and indirect costs via Cost Report.

Revised 1/19/2011

County General Fund (CGF)
Homeless Services Net County Cost (NCC)

Sub-Programs
HOMELESS SERVICES NET COUNTY COST (NCC)

Pilot projects to address homelessness in two areas within the Third District: San Fernando Valley and Venice. Both of these areas were identified as having either a large concentration or a growing concentration of chronically homeless persons with mental health issues, co-occurring substances abuse disorders, and/or complex medical conditions.

Covered Age
18+

Target Population(s) / Client Eligibility Requirement
70 of the most vulnerable, chronically homeless individuals living in San Fernando Valley and Venice as indentified by Common Ground's vulnerability index.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
The projects were funded by the Third District as part of Project 500 and funds were transferred to Department of Mental Health (DMH) from Third District Homeless Services fund

Integrated System (IS) Plan
2089-CGF Homeless Services (NCC)

Medi-Cal Claimable in IS
Yes, Medi-Cal Claimable in IS. Claimed to the Plan.

Non-Government Agency (NGA) & Directly Operated (DO)
NGA

Claiming Instructions For Provider:
Homeless

Responsible Program Staff
Mary Marx, LCSW, District Chief, Countywide Resource Management

The information listed below is for DMH fiscal use only

Origin of Funding
Funds were transferred to DMH from the Third District Homeless Services fund

Department of Mental Health (DMH) Claiming for Reimbursement
IS unit/invoice for record.

Revised 10/25/2010

Family Preservation Program

Sub-Programs
FAMILY PRESERVATION PROGRAM

The Family Preservation (FP) Program is one of a continuum of community services designed to strengthen and preserve families in alignment with the Department of Children and Family Services (DCFS) goals to: (1) reduce reliance on out-of-home care, (2) reduce the length of stay in foster care, and (3) shorten the timelines for permanency. In addressing these goals, the FP Program is a component of a comprehensive and strategic action plan that utilizes the Response Priority Tools of Structured Decision Making and Differential Response to identify high-risk families with substantiated allegations of child abuse and/or neglect.

The DCFS Family Preservation (FP) Program offers a broad, integrated, community-based collaborative approach that provides services to families that are experiencing family functioning challenges related to child abuse, neglect and/or child exploitation. Mental Health Services are a required component of the DCFS Family Preservation Program. Services are provided by Department of Mental Health (DMH) Contract Providers to Children/Youth from DCFS or Probation who have been referred by their FP Lead Agency or DMH FP Specialist.

Covered Age
0 - 18

Target Population(s) / Client Eligibility Requirement
Clients are involved with County DCFS' FP Program and have significant mental health needs that would benefit from the full range of mental health services.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Children/youth from DCFS or Probation with severe emotional and behavioral problems that meet Medical Necessity and require mental health services. The family is open to a FP Lead Agency and referred to a DMH FP Contract Provider.

Integrated System (IS) Plan
2011 DCFS – Family Preservation for non Medi-Cal, indigent clients only.

Medi-Cal Claimable in IS
No. Medi-Cal units of service for Medi-Cal eligible children/youth open to DCFS FP are billed under the Enhanced Mental Health Services Plan as a DCFS involved child.

Non-Government Agency (NGA) & Directly Operated (DO)
NGA – able to claims services in the IS.

Claiming Instructions For Provider:
Clients are involved and receiving services from a DCFS' FP Lead Agency.

Responsible Program Staff
Janel Jones, Program Head

Family Preservation Program

The information listed below is for DMH fiscal use only

Origin of Funding
DCFS County CGF/State/ Federal

Department of Mental Health (DMH) Claiming for Reimbursement
Recovery section claims units of service (UOS) and community outreach service (COS) billing as well as admin percentage to DCFS.

Revised 11/02/2010

Field Capable Clinical Services (FCCS)

Sub-Programs
FCCS – CHILD
FCCS – TAY
FCCS – ADULT
FCCS – OLDER ADULT
FCCS – SERVICE EXTENDERS

Field Capable Clinical Services (FCCS) are specialized clinical services delivered by professional and paraprofessional staff specifically trained to work with each age group, as part of multi-disciplinary treatment teams associated with directly-operated and contract agencies. FCCS will provide services in field-based settings, including but not limited to client homes, primary care clinics, senior centers, faith based organizations, community centers, and schools. The remaining services may be provided in traditional mental health clinics.

Service Extenders are clients in recovery, family members or other interested individuals who, following specialized training, volunteer to serve as members of multi-disciplinary FCCS teams. Examples of duties that may be performed by Service Extenders include but are not limited to: providing support to vulnerable older adult clients to support wellness and recovery, providing home visits to strengthen network of relationships and decrease social isolation, providing support to clients who are transitioning from one level of care to another, and assisting clients in developing community living skills and utilizing community resources by discussing common experiences.

Covered Age
0-15: FCCS – Child (surrounding ages when clinically indicated)
16-25: FCCS – TAY (surrounding ages when clinically indicated)
26-59: FCCS – Adult (surrounding ages when clinically indicated)
60+: FCCS-Older Adult (surrounding ages when clinically indicated)
FCCS – Service Extenders (by invoice)

Target Population(s) / Client Eligibility Requirement
Child FCCS- Children who have a serious emotional disturbance (SED) and are unserved, underserved, or inappropriately served. Desirable focal populations include children who are in the foster care system or at risk of placement and/or have a co-occurring substance abuse, developmental, or medical disorder, serious risk of school failure, involvement in the juvenile justice system, experienced trauma, clients in need of intensive mental health services that are not available.

Transitional Age Youth (TAY) FCCS – TAY who have a SED or a serious mental illness (SMI) (older TAY) and are unserved, underserved, or inappropriately served. Desirable focal populations include TAY who are homeless or at imminent risk of homelessness, are in the foster care system or at risk of placement, require transitional planning to live independently, have a co-occurring substance abuse, developmental, or medical disorder, serious risk of school failure, involvement in the juvenile justice system, are being released from jail or have high risk of incarceration, clients in need of intensive mental health services that are not available.

Field Capable Clinical Services (FCCS)

Adult FCCS – Adults who have a SMI and who are unserved, underserved, or inappropriately served. Desirable focal populations include adults who are homeless or at risk of homelessness, are being released from jail or have a high risk or incarceration, have been hospitalized or attempted suicide recently, are transitioning from an Institution for Mental Disease (IMD) or intensive residential placements to the community, have experienced trauma or are currently in abusive relationships, are at serious risk of suicide, have a co-occurring substance abuse, developmental, or medical disorder, are isolated or homebound perhaps cared for by an aging parent.

Older Adult FCCS – Older Adults who have a SMI and who are unserved, underserved, or inappropriately served. Desirable focal populations include older adults who are homeless or at risk of homelessness, are being released from jail or have a high risk or incarceration, multiple recent hospitalizations, are at imminent risk of nursing home placement or are being released from a nursing home, have a history of or serious risk of abuse or self-neglect, are at serious risk of suicide, have a co-occurring substance abuse, developmental, or medical disorder, are isolated or homebound older adults, unable to care for self with limited or no support system.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Enrollment is not based on a centralized enrollment process but rather on each provider's assessment and determination of most appropriate age group program. Clients must meet SED or SMI criteria to be eligible.

Integrated System (IS) Plan

2058 FCCS - CHILD MHSA
2078 FCCS - TAY MHSA
2052 FCCS - ADULT MHSA
2070 FCCS - OLDER ADULT MHSA

Medi-Cal Claimable in IS

Yes, however some provider sites have budgeted only unmatched dollars for FCCS.

Non-Government Agency (NGA) & Directly Operated (DO)

FCCS – Child (NGA Only)
FCCS – TAY (NGA and 1906 Edelman only)
FCCS – Adult (Both)
FCCS – Older Adult (Both)
FCCS – Service Extenders **(Older Adult only)**

Claiming Instructions For Provider:

Primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice (if budgeted), and COS (if budgeted)

FCCS – Service Extender stipends are claimed by invoice.

Field Capable Clinical Services (FCCS)

Responsible Program Staff
Child FCCS – Bryan Mershon, Ph.D., District Chief, Child, Youth and Family Admin
TAY FCCS – Terri Boykins, L.C.S.W. District Chief, TAY Bureau
Adult FCCS – Kim Sasaki, M.N., District Chief, Adult Systems of Care
Older Adult FCCS – Kathleen Kerrigan, R.N., L.C.S.W., District Chief, Older Adult Administration
MHSA Implementation – Debbie Innes-Gomberg, Ph.D., District Chief

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Service Act (MHSA) – Proposition 63, Community Services and Supports Plan. Older adult FCCS was in original plan submitted under systems development; other age groups were added in April of 2008

Department of Mental Health (DMH) Claiming for Reimbursement
Units of service (UOS) based on claims made to one of the FCCS IS plans and invoices for Flex funds and service extender stipends. Back out claims that are charged to Substance Abuse and Mental Health Services (SAMHSA), dual diagnosis or another funding source.

Revised 10/25/2010

Full Service Partnership (FSP)
(Child FSP)

Sub-Programs
FSP-CHILD
WRAPAROUND FSP - CHILD
FAMILY SUPPORT SERVICES
FSP-TAY
Wraparound FSP-TAY
FSP - Adult
Older Adult Full Service Partnership (FSP)

Child Full Service Partnership (FSP) – The Children's FSP is a mental health service program for children ages 0 – 15 and their families who would benefit from an intensive in-home program designed to address the total needs of the child, including his or her family, who is experiencing significant, emotional, psychological and behavioral problems that are interfering with the child's well being. FSP provides a wide array of services and supports, to help individuals within defined focal populations make progress on their particular paths to recovery and wellness. Mental health consumers and families create their own plans for recovery, with support from professionals and peers and 24/7 support to make their plan a reality. Each enrollee has a single point of responsibility for the provision of services and supports. FSP referral and authorization form is required.

Wraparound FSP – Tier II Wraparound is an expansion of the County's current Wraparound program. Tier I Wraparound is intended for children currently in, or at risk of a Residential Care Level (RCL) 10 or above residential placement. Tier II will expand the criteria to include children with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a RCL 10 or above placement. Under the Katie A. Settlement Agreement, the County will offer Wraparound services to a broader population of DCFS children and youth. Over the next five years, 2,800 children will be served in Tier II Wraparound. Children and youth under the sole jurisdiction of Probation are not currently eligible to Tier II Wraparound.

Family Support Services: Family Support Services (FSS) are voluntary mental health support services provided to the significant support persons of a child enrolled in a Full Service Partnership Program. Significant support persons are individuals such as a parent/caregiver/guardian, sibling, family relative or other person living in the same household as the FSP enrolled child who has a significant impact on the success of the child's treatment and outcomes.

Covered Age

- Usually clients in Child FSP are between the ages of 0-15 and all are pre-authorized for enrollment by the service area navigation team and authorized for enrollment by the child countywide authorization unit. Clients older than 15 can be enrolled in Child FSP as long as they are authorized by Countywide Children's System of Care.
- Clients in Wraparound Child FSP are usually between the ages of 0-15 and are authorized for enrollment by an Interagency Screening Committee (ISC).
- All ages covered under Family Support Services.

Full Service Partnership (FSP)
(Child FSP)

Target Population(s) / Client Eligibility Requirement

Children ages 0 – 15 who have a serious emotional disturbance (SED) and are at risk of being removed from the home, who have extreme behavior problems at school, whose parents or caregiver have a substance abuse problem or who are moving back home or into the community after being in an out-of-home placement are the ideal candidates for an FSP program. Children's FSP programs are capable of providing an array of services 24 hours per day, seven days a week that are well beyond the scope of traditional clinic-based outpatient mental health services.

Clients eligible for Wraparound FSP include children with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a Residential Care Level (RCL 10) or above placement. Children and youth under the sole jurisdiction of Probation are not currently eligible to Tier II Wraparound.

Family Support Services clients must be significant support persons (typically family members) of a FSP enrolled child who have their own ongoing mental health needs which require more than collateral mental health services and who has medical but does not meet medical necessity for his/her own services or is uninsured and does not meet target population for his/her own services. FSS provides a full array of clinical services that compliment the FSP program's peer support and parent advocacy services and includes individual, couples and group therapy, psychiatry/medication support, crisis intervention, case management/linkage, and parenting education. Treatment should also incorporate services for substance abuse and domestic violence when appropriate.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

FSP Child - Clients must meet identified focal populations for the age group FSP and be authorized for enrollment by the countywide Children's System of Care. Clients must have a need for intensive mental health services.

Wraparound - Tier II Wraparound FSP clients are authorized for enrollment by an ISC in the service areas. Clients are in need of intensive mental health services and are at risk of a RCL 10 or above placement but might not be imminently at risk of losing their current placement.

Family Support Services: Clients served in FSS are required to be "significant support persons (typically family members)" of a Child-FSP enrollee. FSS clients cannot meet medical necessity to receive their own service through Medi-cal or are uninsured and do not meet target population to receive services elsewhere.

Integrated System (IS) Plan

2047 Child-FSP-MHSA (Mental Health Services Act)
2107 Wraparound FSP Child
2050 MHSA Fam Supp Svc

Medi-Cal Claimable in IS

Yes for Child FSP and Wraparound Child FSP
No for Family Support Services

Full Service Partnership (FSP)
(Child FSP)

Non-Government Agency (NGA) & Directly Operated (DO)
Yes. Roybal MH and American Indian Counseling Center are only providers for DO Child-FSP and MHSA Family Support Services, the rest of the services are contracted.
Wraparound Child FSP is NGA only

Claiming Instructions For Provider:
Clients who are authorized to FSP should be claimed to the plan that corresponds with the age group FSP countywide administration that provided the authorization. Clients authorized for Child FSP should be claimed to the Child-FSP-MHSA plan. Clients that are authorized for Tier II Wraparound FSP should be claimed to FSP-Wraparound Child Plan.

Primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice (for Child FSP only). Community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

Family Support Services clients must be significant support persons of a child currently enrolled in Child FSP. Agencies should establish a clinical record for the significant support persons and does not check the Medi-Cal box. Services may also be claimed through COS. On the COS forms the FSP enrolled child's client ID must be listed under the "agency name" and on the IS Add Community Services screen under the "Service Location Information". All FSS COS claims must also identify the relationship between the FSS recipient and the FSP enrolled child by entering a relationship identifier in the "Service Type Description" field on COS forms and on the IS Add Community Service screen.

Responsible Program Staff
Bryan Mershon, Ph.D., District Chief, Children's System of Care Child MHSA Lead
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

Department of Mental Health (DMH) Claiming for Reimbursement
Units of service entered into the IS under Child FSP, Family Support Services and Wraparound FSP plans. Include units of service, COS, and invoices for Flex funds.

Revised 10/27/2010

Full Service Partnership (FSP)
(Transitional Age Youth (TAY) FSP)

Sub-Programs
FSP-Child
Wraparound Child FSP
Family Support Services
FSP-TAY
WRAPAROUND FSP-TAY
FSP - Adult
Older Adult Full Service Partnership (FSP)

Transitional Age Youth (TAY) Full Service Partnership (FSP):

- is a mental health service program for youth aged 16-25 who would benefit from an intensive field based program designed to address the total needs of the youth, who is experiencing significant, emotional, psychological and behavioral problems that are interfering with the youth's well being.
- provides a wide array of services and supports, to help individuals within defined focal populations make progress on their particular paths to recovery and wellness. Mental health consumers create their own plans for recovery, with support from professionals and peers and 24/7 support to make their plan a reality.
- Each enrollee has a single point of responsibility for the provision of services and supports.
- Is an enrollee based program where a FSP referral form and authorization is required.

Wraparound - Tier Two II Wraparound FSP is an expansion of the County's current Wraparound program. Tier I Wraparound is intended for children currently in, or at risk of a RCL 10 or above residential placement. Tier II will expand the criteria to include children with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a RCL 10 or above placement. Under the Katie A. Settlement Agreement, the County will offer Wraparound services to a broader population of Department of Children and Family Services (DCFS) children and youth. Over the next five years, 2,800 children will be served in Tier II Wraparound. Children and youth under the sole jurisdiction of Probation are not currently eligible to receive Tier II Wraparound.

Covered Age
Usually clients in TAY FSP are between the ages of 16-25 and all are pre-authorized for enrollment by the service area navigation team and authorized for enrollment by the TAY countywide authorization unit. Clients younger than 16 and older than 25 can be enrolled in TAY FSP as long as they are authorized for enrollment by the Countywide TAY Division.

Clients in Wraparound TAY FSP are usually between the ages of 16-21 and are authorized for enrollment by an Interagency Screening Committee (ISC). Clients must have an open case with DCFS and must be eligible for EPSDT.

Full Service Partnership (FSP)
(Transitional Age Youth (TAY) FSP)

Target Population(s) / Client Eligibility Requirement
Youth who are 16-25, with serious emotional disturbance (SED) or have serious mental illness (SMI) and belong to one of the following priority populations:

- TAY struggling with substance abuse disorders;
- TAY who are homeless or at-risk of homelessness
- TAY aging out of the children's mental health, child welfare, or juvenile justice systems;
- TAY leaving long-term institutional care; or
- TAY experiencing their first episode of major mental illness

Clients eligible for Wraparound FSP include youth with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a RCL 10 or above placement. Children and youth under the sole jurisdiction of Probation are not currently eligible for Tier II Wraparound.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
FSP TAY - Clients must meet identified focal populations for the age group and be authorized for enrollment by the countywide TAY Division. Clients must have a need for intensive mental health services.

Wraparound - Tier II Wraparound FSP clients are authorized for enrollment by ISC's in the service areas. Clients are in need of intensive mental health services and are at risk of a RCL 10 or above placement but might not be imminently at risk of losing their current placement.

Primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice (for TAY FSP only). community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

Integrated System (IS) Plan
2114 Wraparound FSP – TAY
2051 TAY FSP MHSA

Medi-Cal Claimable in IS
Yes
Wraparound FSP TAY is EPSDT only.

NGA & DO
For TAY-FSP NGA
Directly Operated American Indian Counseling Center and West Central Mental Health only
Wraparound FSP TAY is NGA Only.

Full Service Partnership (FSP)
Transitional Age Youth (TAY) FSP

Claiming Instructions For Provider:
FSP-TAY: Client authorized for enrollment by the countywide age group

Wraparound FSP-TAY: Client authorized for enrollment by an ISC; DCFS involved youth enrolled in Wrap Tier II FSP Program

Responsible Program Staff
Terri Boykins, L.C.S.W., District Chief, TAY Division
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

Department of Mental Health (DMH) Claiming for Reimbursement
Units of service entered into the IS under TAY FSP and Wraparound FSP plans. Include units of service (UOS), community outreach services (COS), and invoices for Flex funds.

Revised 10/20/2010

Full Service Partnership (FSP)
(Adult FSP)

Sub-Programs
FSP-Child
Wraparound Child FSP
Family Support Services
FSP-TAY
Wraparound FSP-TAY
FSP - ADULT
Older Adult Full Service Partnership (FSP)

Adult Full Service Partnership (FSP) programs are designed for adults ages 26-59 who have been diagnosed with a severe mental illness (SMI) and would benefit from an intensive service program. The foundation of FSP is doing "whatever it takes" to help individuals on their path to recovery and wellness. FSP embrace client driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

Adult FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorders. Services can be provided to individuals in their homes, the community and other locations. Peer and caregiver support groups are available. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate.

Covered Age
Usually clients in Adult FSP are between the ages of 26-59 and all are pre-authorized for enrollment by the Service Area Navigation Team and authorized for enrollment by the Adult Countywide Authorization Unit. Clients younger than 26 and older than 59 can be enrolled in Adult FSP as long as they are authorized for enrollment by the Countywide Adult Systems of Care.

Target Population(s) / Client Eligibility Requirement
Consumers eligible for Adult FSP are adults with a serious mental illness who, in the last 12 months have been:

- homeless,
- in jail or have had frequent contact with the criminal justice system,
- experiencing frequent psychiatric hospitalizations or utilizing psychiatric emergency services,
- leaving or at risk of going to an Institution for Mental Disease (IMD) or State Psychiatric Hospital, or
- living with family members and at risk of any of the other criteria listed above.

Services delivered are primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice, and community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

Full Service Partnership (FSP)
(Adult FSP)

FSP's provide a wide array of services and supports, to help individuals within defined focal populations make progress on their particular paths to recovery and wellness. Mental health consumers create their own plans for recovery, with support from professionals and peers and 24/7 support to make their plan a reality. Each enrollee has a single point of responsibility for the provision of services and supports. FSP referral and authorization form is required.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients must meet identified focal populations for the Adult FSP and be authorized for enrollment by Adult System of Care (ASOC). Clients have a need for intensive mental health services.

Integrated System (IS) Plan
2054 Adult-FSP-MHSA

Medi-Cal Claimable in IS
YES

Non-Government Agency (NGA) & Directly Operated (DO)
NGA & DO

Claiming Instructions For Provider:
Client authorized for enrollment by the countywide age group Adult Systems of Care.

Responsible Program Staff
Kim Sasaki, MN, District Chief, Adult Systems of Care
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

Department of Mental Health (DMH) Claiming for Reimbursement
Units of service entered into the IS under Adult FSP plan. Include units of service (UOS), community outreach service (COS), and invoices for Flex funds. Back out claims that are charged to Substance Abuse and Mental Health Services (SAMHSA), dual diagnosis or other funding source.

Revised 11/03/2010

Full Service Partnership (FSP)
(Older Adult FSP)

Sub-Programs
FSP-Child
Wraparound Child FSP
Family Support Services
FSP-TAY
Wraparound FSP-TAY
FSP-Adult
OLDER ADULT FULL SERVICE PARTNERSHIP (FSP)

Older Adult Full Service Partnership (FSP) are comprehensive, intensive services for persons 60 and above who have been diagnosed with a mental illness and are interested in participating in a program designed to address their emotional, physical and living situation needs. FSP Programs are capable of providing an array of services beyond the scope of traditional outpatient services.

Key Components

- FSP provides specialty mental health services designed to meet the unique biopsychosocial needs of older adults ages 60 and above.
- FSP are provided in settings that are often preferred by older adults, for example in the home of the older adult, or in other community settings such as senior centers or senior housing complexes, or primary care settings.
- FSP are provided by multi-disciplinary teams of professional and paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with older adults.

Covered Age
Usually clients in Older Adult FSP are 60 years of age and older and all are pre-authorized for enrollment by the Older Adult Centralized Impact Unit and authorized for enrollment by the Older Adult Countywide Authorization Unit. Clients younger than 60 can be enrolled in Older Adult FSP as long as they are authorized for enrollment by the Older Adult Programs Administration.

Target Population(s) / Client Eligibility Requirement

- Older adults, ages 60 and above with a serious and persistent mental illness: who are homeless or at serious risk of becoming homeless
- who are being released from jail or at serious risk of going to jail
- who have multiple psychiatric hospitalizations or are in an Institution for Mental Disease (IMD)
- who experience significant factors such as risk of being placed in a Skilled Nursing Facility (SNF), have a co-occurring medical or substance abuse disorders, and are unable to participate in services provided in traditional mental health clinic programs, may be eligible to participate in FSP

Services delivered are primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice, and community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

Older Adult Full Service Partnership (FSP)
(Older Adult FSP)

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients must meet identified focal populations for the Older Adult FSP and be authorized for enrollment by Older Adult Program Administration. Clients have a need for intensive mental health services.

Integrated System (IS) Plan
2057 Older Adult FSP MHSA

Medi-Cal Claimable in IS
YES

Non-Government Agency (NGA) & Directly Operated (DO)
NGA & DO (only directly operated OA FSP is American Indian Counseling Center)

Claiming Instructions For Provider:
Client authorized for enrollment by Older Adult Programs Administration

Responsible Program Staff
Kathleen Kerrigan, R.N., L.C.S.W., District Chief, Older Adult Administration
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

Department of Mental Health (DMH) Claiming for Reimbursement
Units of service entered into the IS under Older Adult FSP plan. Include units of service (UOS), community outreach service (COS), and invoices for Flex funds. Back out claims that are charged to Substance Abuse and Mental Health Services Administration, dual diagnosis or other funding source.

Revised 10/20/10

General Relief Opportunities for Work (GROW) Program

Sub-Programs
GROW

Department of Mental Health (DMH) has a Memorandum of Understanding with the Department of Public and Social Services (DPSS) to provide mental health services to General Relief participants enrolled in the welfare-to-work program, "General Relief Opportunities for Work (GROW)." General Relief participants who are deemed "employable" participate in various components of the GROW program in order to return to work and become self-sufficient. If at any time the GROW participant exhibits significant mental health symptoms which may disrupt progress towards employment, the participant may be referred to a DMH clinician for a GROW clinical assessment. If it is determined that mental health treatment may assist in removing mental health barriers to employment, the participant receives an appointment for services at a directly-operated clinic or at one of three contract agencies. GROW participants are not required to meet Medi-Cal requirements in order to receive services through DMH.

Covered Age
18 - 59

Target Population(s) / Client Eligibility Requirement
The targeted population served by the GROW Program is General Relief Participants enrolled in the DPSS "General Relief Opportunities for Work" program, which assists them in developing skills to return to employment and self-sufficiency, DPSS determines GROW eligibility. Participants are adults aged 18-59 with no dependents.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
All DPSS General Relief participants who are deemed "employable" by DPSS are considered eligible for GROW Mental Health Services. GROW participants are referred to DMH co-located staff for an assessment to determine the need for mental health services. If the participant needs mental health treatment they are referred to a directly-operated clinic or contract agency where they will receive mental health services reimbursed by DPSS. The clients must be enrolled in GROW plan to receive Mental Health treatment.

Integrated System (IS) Plan
2013 GROW

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA & DO

Claiming Instructions For Provider:
All clinical staff claims community outreach and education through community outreach service (COS) as well as Outpatient Treatment Service.

General Relief Opportunities for Work (GROW) Program

Responsible Program Staff
CalWORKs/DPSS Co-Located/GROW District Chief, Dolorese Daniel, and Mental Health Clinical Program Head, Sylvia Braswell, oversee the GROW Program.

The information listed below is for DMH fiscal use only

Origin of Funding
Funding for this program is made available through a contract with DPSS.

Department of Mental Health (DMH) Claiming for Reimbursement
DMH claiming a portion of clinical time through the provision of outpatient, Clinical Assessment Appointment, salaries and benefits and services and supplies to DPSS.

Revised 10/25/2010

Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) – Department of Community and Senior Services – Adult Protective Services

Sub-Programs
GERIATRIC EVALUATION NETWORK ENCOMPASSING EVALUATION, SERVICES, INTERVENTION AND SUPPORT (GENESIS) – DEPARTMENT OF COMMUNITY AND SENIOR SERVICES – ADULT PROTECTIVE SERVICES

Under a Memorandum of Understanding (MOU) signed by the Department Heads of Department of Mental Health (DMH) and Department of Community & Senior Services (DCSS), the DMH – Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) program will provide bio-psycho-social and geriatric mental health evaluation and treatment services to clients referred by DCSS' APS (Adult Protective Services) as specified under the referral stipulations of the MOU, with the annual funding of $71,000.

Covered Age
Older Adults 60 years of age and above

Target Population(s) / Client Eligibility Requirement
Indigent Older adults age 60 and above who meet State Medi-Cal included primary diagnosis criteria

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
APS referring worker contacts GENESIS Officer of the Day and completes a referral form to be reviewed by program supervisor. Staff will be assigned to conduct a face-to-face evaluation of the client to determine if client meets medical necessity and included diagnosis criteria for case opening.

Integrated System (IS) Plan
2034 APS-DCSS

Medi-Cal Claimable in IS
Yes. Clients with Medi-Cal benefits who meet State Medic-Cal medical necessity criteria and were provided eligible reimbursable services will be billed to Medi-Cal.

Non-Government Agency (NGA) & Directly Operated (DO)
DO

Claiming Instructions For Provider:

Claims are reported and identified under DCSS-APS Plan of the IS.

Responsible Program Staff
John Green, LCSW, GENESIS Program Head

Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) – Department of Community and Senior Services – Adult Protective Services

The information listed below is for DMH fiscal use only

Origin of Funding
DCSS - APS

Department of Mental Health (DMH) Claiming for Reimbursement
DMH to be paid by Community Services and Supports (CSS)-APS by Departmental Service Order (DSO) and based on the IS claim amount.

Revised 11/03/2010

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Program

Sub-Programs
HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PROGRAM

Target Population who are indigent that are either HIV positive or have AIDS. The Department Service Order (DSO) is funded by Los Angeles County Department of Public Health from the Office of Aids Programs and Policy (OAPP) through the Ryan White Act.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
Client must be HIV/AIDS positive, be indigent, and meet medical necessity.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
This plan should only be used for services delivered by OAPP funded staff at assigned clinics (currently Harbor-UCLA, Hollywood, and Long Beach) for clients meeting the target population.

Integrated System (IS) Plan
2014 HIV/AIDS Indigent Program

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
DO

Claiming Instructions For Provider:
HIV Unit of Service (UOS) in the Integrated System

Responsible Program Staff
Ingrid Marchus

The information listed below is for DMH fiscal use only

Origin of Funding
Realignment or OAPP through the Ryan White Act

Department of Mental Health (DMH) Claiming for Reimbursement
OAPP – Departmental Service Order (DSO)
UOS or Salary and Employee Benefits

Revised 11/15/2010

In-Jail Treatment and Linkage
a.k.a. California Emergency Management Agency (CalEMA) & Bureau of Justice Assistance (BJA)

Sub-Programs
CALEMA
BJA-IN JAIL TREATMENT & LINKAGE

The purpose is to promote community reintegration, reduce recidivism and increase stability in the areas of mental health, sobriety, and pro-social decision making by providing expanded comprehensive jail in-reach mental health and supportive services and individualized discharge planning services prior to release and at release linkage to appropriate community based services as they transition back into the community.

Covered Age
18+

Target Population(s) / Client Eligibility Requirement
Adult forensic population

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Integrated System (IS) Plan
2115 CalEMA
2118 BJA-In Jail Treatment & Linkage

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA – SSG only

Claiming Instructions For Provider:
Bill unit of services into IS only

By SSG and Sheriff Department

Responsible Program Staff
Edward Vidaurri, District Chief

The information listed below is for DMH fiscal use only

Origin of Funding
Sheriff's Department Budget

Department of Mental Health (DMH) Claiming for Reimbursement
DMH will submit claims to the Sheriff's Department for reimbursement.

Revised 02/22/2011

Innovation – Integrated Clinic Model (ICM)

Sub-Programs:
INNOVATION – INTEGRATED CLINIC MODEL (ICM)

The purpose of INN ICM is to integrate culturally and linguistically appropriate physical health, mental health, and substance use disorder services at primary care and/or mental health sites for individuals who are over the age of 18 and are:

- homeless;
- uninsured and economically disadvantaged; and
- members of under represented ethnic populations.

Clients served by this program may be indigent and, therefore, benefits establishment will be expected.

Target Population(s) / Client Eligibility Requirement & Covered Age:
The eligibility criteria for ICM clients are as follows:

1. Each proposed site is expected to provide services to a minimum of 400 unduplicated adult (over age 18) ICM clients during the contract period (3-year) in one or more of the eight DMH defined service areas.
2. Each proposed site must have a minimum of 100 active (at least one service every 60 days) clients at any given time.
3. ICM clients must have at least one health condition or vulnerability that requires on-going primary care and must meet Medi-Cal medical necessity criteria for receiving specialty mental health services.
4. All clients must be economically disadvantaged and uninsured (i.e., with no third party health insurance at the time of enrollment).
5. At least 50% of eligible individuals enrolled in the ICM program will have a medical condition that falls in one or more of the following categories:
    a. Cardiopulmonary (e.g. hypertension, hyperlipidemia, other cardiovascular conditions, asthma, emphysema, COPD);
    b. diabetes and/or obesity; or
    c. sexually transmissible diseases (e.g., HIV, AIDS, hepatitis).
6. At least 25% of unduplicated clients treated by the ICM program must meet the criteria for one of the following diagnostic categories based on DSM IV TR: psychotic disorders, bipolar disorders, major depressive disorders, and severe anxiety disorders.
7. At least 25% of clients served must have at least one co-occurring substance use disorder
8. At least 25% must be specified as a member of an underrepresented ethnic population *(African/African American, Native American, Asian/Pacific Islander, Eastern European/Middle Eastern, and Latino).*
9. At least 15% of clients served must meet criteria for homelessness at the time of enrollment.
10. At least 50% of the individuals must be new to the clinic site, i.e., have not received any type of services at the clinic site in the last 5 years. Of the 50%, 20% shall be referrals from DMH programs.

Based on the foregoing, some clients may not have any benefits and, therefore, benefits assessment and benefits establishment will be required.

Innovation – Integrated Clinic Model (ICM)

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:
This is not an enrollee-based program; however, as indicated above, paragraphs 1-10, clients must meet the criteria for a mental illness, a medical condition and/or substance use disorder.

Integrated System (IS) Plan:
2128 INN - Integrated Clinic Model

Medi-Cal Claimable in IS:
Medi-Cal will be claimed for this plan. COS (Mode 45) will also be claimed.

Non-Government Agency (NGA) & Directly Operated (DO):
This plan is only available to NGA providers.

Claiming Instructions For Provider:
Provider claims all Mode 15 and 45 services to this IS plan. Provider will invoice Client Supportive Services through Mode 60 invoicing.

Responsible Program Staff:
Nancy Kless
Anna Bruce
Debbie Innes-Gomberg

Innovation – Integrated Mobile Health Team (IMHT)

Sub-Programs:
INNOVATION – INTEGRATED MOBILE HEALTH TEAM (IMHT)

The IMHT will provide integrated mental health, physical health and substance abuse services by one team who work for one agency or under one point of supervision, operate under one set of administrative and operational policies and procedures and use an integrated medical record.

Target Population(s) / Client Eligibility Requirement & Covered Age:
The target population for the IMHT is individuals with Severe Mental Illness (age 18 years or older) or Serious Emotional Disturbance (under the age of 18) including those with co-occurring substance abuse and physical health issues who are homeless. The IMHT will also provide supportive services to family members of those served by the IMHT if needed.

Clients served by this program may be indigent or have benefits. Benefits establishment will be expected for clients who are eligible to receive them.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:
The IMHT team will identify individuals with SMI or SED that meet Medi-Cal medical necessity criteria for receiving specialty mental health services who are homeless and have other vulnerabilities. Vulnerabilities include but are not limited to age, years homeless, substance abuse and/or other physical health conditions that require ongoing primary care such as diabetes, hypertension, cardiovascular disease, asthma or other respiratory illnesses, obesity, cancer, arthritis and chronic pain.

Integrated System (IS) Plan:
2130 INN-Integrated MOBILE HLTH Tm

Medi-Cal Claimable in IS:
Medi-Cal will be claimed for this plan. COS (Mode 45) will also be claimed.

Non-Government Agency (NGA) & Directly Operated (DO):
This plan is only available to NGA providers that receive Innovation IMHT funding.

Claiming Instructions For Provider:
Provider claims all Mode 15 and 45 services to this IS plan. Provider will invoice Client Supportive Services through Mode 60 invoicing.

Responsible Program Staff:
Maria Funk, District Chief
Lise Ruiz, Program Manager
Debbie Innes-Gomberg

Revised 03/01/2011

Innovation – Integrated Peer-Run Model

Sub-Programs:
INNOVATION – INTEGRATED PEER-RUN MODEL

The Integrated Peer Run Model will provide peer support and linkage services to integrated mental health, physical health and substance abuse services.

Target Population(s) / Client Eligibility Requirement & Covered Age:
The target population is individuals with Severe Mental Illness age 18 years or older.

Clients served by this program may be indigent or have benefits but services will not be billed to Medi-Cal.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:

Integrated System (IS) Plan:
2132 INN-Integrated Peer Run Model

Medi-Cal Claimable in IS:
COS (Mode 45) will be claimed for all services. Providers will also be able to utilize Client Supportive Services funds through Mode 60 billing.

Non-Government Agency (NGA) & Directly Operated (DO):
This plan is only available to NGA providers that receive Innovation Integrated Peer Run Model funding.

Claiming Instructions For Provider:
Provider claims all services to Mode 45. Provider will invoice Client Supportive Services through Mode 60 invoicing.

Responsible Program Staff:
Scott Hanada
Debbie Innes-Gomberg

Innovation – Integrated Services Management Model (ISM)

Sub-Programs:
INNOVATION – INTEGRATED SERVICES MANAGEMENT MODEL (ISM)

The INN ICM program will serve adults, ages 18 and above, focusing on providing traditional and culturally relevant non-traditional mental health and supportive services, including linkage to health and substance abuse services.
Clients served by this program may be indigent or have benefits and benefits establishment will be expected.

Target Population(s) / Client Eligibility Requirement & Covered Age:
Clients served by this program must have a mental illness, be 18 or above and may or may not have benefits and will be from specific ethnic populations.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:
This is not an enrollee-based program; however, clients must have a mental illness and either a medical condition and/or substance use disorder.

Integrated System (IS) Plan:
2129 INN - Integrated Srv Mgmt Mode

Medi-Cal Claimable in IS:
Medi-Cal will be claimed for this plan. COS (Mode 45) will also be claimed.

Non-Government Agency (NGA) & Directly Operated (DO):
This plan is only available to NGA providers.

Claiming Instructions For Provider:
Provider claims all Mode 15 and 45 services to this IS plan. Provider will invoice Client Supportive Services through Mode 60 invoicing.

Responsible Program Staff:
Tara Yaralian
Debbie Innes-Gomberg

Revised 03/01/2011

Institutions for Mental Disease (IMD) Step Down

Sub-Programs
IMD STEP DOWN

Institutions for Mental Disease (IMD) Step Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations.

Covered Age
Covers individuals who are 18 years of age and over.

Target Population(s) / Client Eligibility Requirement
The program serves 171 individuals who are 18 years of age and over, the majority of who are persons ready for discharge from IMD's, acute psychiatric units, jails, or those who are at risk of being placed in these higher levels of care.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
The program targets individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent community living. IMD Step Down facilities provide housing and recovery-based intensive and supportive services in community-based residential settings.

Integrated System (IS) Plan
2056 MHSA IMD Step Down Facilities

Medi-Cal Claimable in IS
Yes, Medi-Cal Claimable in IS. Claimed to the Plan.

Non-Government Agency (NGA) & Directly Operated (DO)
NGA

Claiming Instructions For Provider:
Countywide Resource Management refers ready for discharge from IMD's, being discharged from acute psychiatric inpatient units or intensive residential facilities.

Responsible Program Staff
Mary Marx, LCSW, District Chief, Countywide Resource Management

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (MHSA) – Proposition 63, FFP- Medi-Cal.

Department of Mental Health (DMH) Claiming for Reimbursement
Claims Medi-Cal and Supportive Services/Invoice billing. MHSA, COS, Medi-Cal EPSDT and Non EPSDT, Flex Funds.

Revised 10/20/2010

Institutions for Mental Disease (IMD) Step Down– County General Fund (CGF)

Sub-Programs
IMD STEP DOWN - CGF

Institutions for Mental Disease (IMD) Step Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations.

Covered Age
18 years of age and over.

Target Population(s) / Client Eligibility Requirement
The program serves 171 individuals who are 18 years of age and over, the majority of who are persons ready for discharge from IMDS, acute psychiatric units, jails, or those who are at risk of being placed in these higher levels of care.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
The program targets individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent community living. IMD Step Down facilities provide housing and recovery-based intensive and supportive services in community-based residential settings.

Integrated System (IS) Plan
2119 - IMD Step Down – CGF

Medi-Cal Claimable in IS
Yes, Medi-Cal claimable in IS. Claimed to the Plan.

Non-Government Agency (NGA) & Directly Operated (DO)
N/A

Claiming Instructions For Provider:
Countywide Resource Management (CRM) refer ready for discharge from IMD's, being discharged from acute psychiatric inpatient units or intensive residential facilities.

Responsible Program Staff
Mary Marx, LCSW, District Chief, Countywide Resource Management

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (Proposition 63), FFP- Medi-Cal.

Department of Mental Health (DMH) Claiming for Reimbursement
N/A

Revised 02/02/2011

Jail Transition and Linkage Services

Sub-Programs
JAIL TRANSITION AND LINKAGE SERVICES

Jail Transition and Linkage Services: Jail transition and linkage services are designed to outreach and engage individuals involved in the criminal justice system and receiving services from jail or jail-related services and successfully link them to community-based services upon their release back to the community. The program addresses the needs of individuals involved with criminal justice system by providing assessment, outreach support, advocacy, linkage and interagency collaboration while they are in jail and also includes services for clients recently released from jail at the Women's Community Reintegration Program out in the community.

Covered Age
18+

Target Population(s) / Client Eligibility Requirement & Covered Age
Adults who have been incarcerated or are involved with the criminal justice system. These individuals would benefit from linkage to mental health services in the community or transitional mental health services upon release.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Any services to clients receiving jail linkage services by MHSA jail linkage staff are able to claim to this plan. This only includes services provided by jail linkage staff in Jail Mental Health Services, Mental Health Court Linkage Program and the Women's Community Reintegration Program. SSG is only contractor that has some dollars for Jail linkage that they claim by invoice.

Integrated System (IS) Plan
2061 Jail-Transition/Linkage-MHSA

Medi-Cal Claimable in IS
Yes (Women's Reintegration only)

Non-Government Agency (NGA) & Directly Operated (DO)
DO & Special Services for Groups (SSG) by invoice

Claiming Instructions For Provider:
Individuals involved in the criminal justice system and receiving services from jail or jail-related services. Women's Community Reintegration Program provides mental health services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention). Directly operated Jail Linkage teams and the mental health court program claim community outreach services for their outreach and linkage services, and SSG claims by invoice only.

Responsible Program Staff
Maria Funk, Ph.D., District Chief, Countywide Housing, Employment and Education Resource Development
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

Jail Transition and Linkage Services

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Service Act (MHSA) – Proposition 63, State income tax portion remitted by the State Controller.

Department of Mental Health (DMH) Claiming for Reimbursement
Only the jail linkage programs including the mental health court linkage program and the Women's Community Reintegration Program can claim to this plan. SSG is only contractor that has an allocation for Jail linkage that they claim by invoice.

Revised 10/20/2010

Juvenile Justice Co-Occurring Disorders

Sub-Programs
JUVENILE JUSTICE CO-OCCURRING DISORDERS

To address substance abuse issues for youth in the juvenile halls in accordance with the Department of Justice (DOJ) Settlement Agreement.

Covered Age
9 - 19

Target Population(s) / Client Eligibility Requirement & Covered Age
Youth incarcerated in the juvenile halls under the age of 19 whose primary diagnosis is a substance abuse disorder.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Youth are referred by the Probation Department according to Probation Department Directive 1162 – Substance Abuse Services in the Juvenile Hall.

Integrated System (IS) Plan
2081 DOJ Co-Occurring Disorders

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA

Claiming Instructions For Provider:
NGA = Units of Service (UOS) in the IS

Responsible Program Staff
Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

The information listed below is for DMH fiscal use only

Origin of Funding
CGF = County General Fund (DOJ funding from the Probation Department)

Department of Mental Health (DMH) Claiming for Reimbursement
DMH submit claims /services to the Probation Department

Revised 02/02/2011

Juvenile Justice Crime Prevention Act (JJCPA, formerly Schiff-Cardenas)

Sub-Programs
MHSAT = MENTAL HEALTH SCREENING ASSESSMENT AND TREATMENT
MST = MULTI SYSTEMIC THERAPY

To provide mental health screening, assessment and treatment to youth in the juvenile halls and camps. To provide Multi Systemic Therapy to high risk Probation youth in the community.

Covered Age
9 - 19

Target Population(s) / Client Eligibility Requirement & Covered Age
MHSAT youth under the age of 19 incarcerated in the juvenile halls
MST youth under the age of 19 in the community with high criminal risk factors

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
MHSAT youth incarcerated in the juvenile halls who meet medical necessity.
MST youth in the community with high criminal risk factors referred by School-based Probation officers.

Integrated System (IS) Plan
2024 Schiff-Cardenas MHSAT
2049 Schiff-Cardenas MST

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
MHSAT = NGA and Directly-operated
MST = NGA only

Claiming Instructions For Provider:
NGA = Units of Service (UOS) in the Integrated System (IS)
Directly operated = Salary & Employee Based (S&EB)

Responsible Program Staff
Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

The information listed below is for DMH fiscal use only

Origin of Funding
State funding overseen by the California Standards Authority (CSA)
Allocated on a yearly basis to the Probation Department

Department of Mental Health (DMH) Claiming for Reimbursement
DMH invoices the Probation Department

Revised 11/10/2010

Juvenile Justice Functional Family Therapy (FFT)

Sub-Programs
Title IV E (youth exiting group homes)
CGF (school-based Probation youth)
To address Probation youth who are at high risk of placement out of their homes either in congregate care or incarcerated. Strengthens youth and their families to improve outcomes.

Covered Age
9 - 19

Target Population(s) / Client Eligibility Requirement & Covered Age
Title IV E funded program is for youth under the age of 19 who are transitioning out of group home back into the community

County General Fund (CGF) funded FFT program is for youth under the age of 19 who are referred by school-based probation

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Title IV E = Youth exiting group homes who are at risk of re-entering out of home placement
CGF = Youth referred by school-based probation who are at risk of out of home placement

Integrated System (IS) Plan
2071 Probation FFT
2127 PROBATION MST TITLE IV E
1000 CGF

Medi-Cal Claimable in IS
Yes for Title IV E, No for County General Fund (CGF)

NGA & DO
NGA Starview and Shields

Claiming Instructions For Provider:
NGA = Units of Service (UOS) in the Integrated System (IS)

Responsible Program Staff
Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

The information listed below is for DMH fiscal use only

Origin of Funding
EPSDT, Title IV E
Part of the Title IV E Capped Allocation Demonstration Project

Department of Mental Health (DMH) Claiming for Reimbursement
DMH invoices the Probation Department

Revised 11/10/2010

Juvenile Justice Functional Family Therapy (FFT)
(2nd Chances Grant for Adult Juvenile Offender)

Sub-Programs
2ND CHANCES GRANT FOR ADULT JUVENILE OFFENDER

The Los Angeles County Chief Executive Office (CEO) applied for and was awarded a 2nd Chances Grant by the U.S. Department of Justice effective October 1, 2010. The Grant is designated to serve high-risk, high-need youth experiencing Juvenile Justice (JJ) involvement. As a component of a Countywide Gang Violence Reduction Initiative (GVRI) initiated by Board directive in 2009; an interdepartmental, multiagency collaborative has been formed to develop and implement a pilot project, The Probation Youth Community Transition Project (PYCT). This project has a primary focus on four (4) geographic areas of Los Angeles County that have high needs for coordinated gang-intervention strategies (public health, mental health, and human services). The four areas are Pacoima, Monrovia-Duarte, Florence-Firestone, and Harbor-Gateway; and correspond to DMH Service Areas 2, 3, 6, and 8 respectively.

Covered Age
Transitional Age Youth (TAY). Using 2nd Chances Grant funding, Functional Family Therapy (FFT) services will target up to 125 youth aged 14 - 18 who are exiting probation camps and returning to their communities in the four (4) Demonstration Project areas.

Target Population(s) / Client Eligibility Requirement
This plan primarily targets youth who are transitioning out of the Los Angeles County Juvenile Probation Camps and back into their home communities in the demonstration site areas.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
The focus centers on engagement of youth prior to release from camp, case coordination, service delivery, “barrier busting,” timely access to public entitlements, resource access, ongoing services and supports to these high risk youth and their families, and ongoing evaluation of project effectiveness. Each demonstration site area is led by a Site Coordinator; recruited and selected by Probation and CEO through a rigorous process to ensure high levels of professional experience serving the target population as well as proven effectiveness with establishing collaborative partnerships with public and Community-based organizations. A Multi-Disciplinary Team (MDT) approach is used to plan and inform recommendations and service delivery decisions for each individual youth case.

Integrated System (IS) Plan
2123 2nd Chances Grant – FFT

Medi-Cal Claimable in IS
No.

Non-Government Agency (NGA) & Directly Operated (DO)
NGA Only.

Claiming Instructions For Provider:
NGA = Units of Service (UOS) and Community Outreach Services (COS)

Juvenile Justice Functional Family Therapy (FFT)

2nd Chances Grant for Adult Juvenile Offender

Responsible Program Staff
Terri Boykins, L.C.S.W., District Chief, TAY Division

The information listed below is for DMH fiscal use only

Origin of Funding
2nd Chances Grant by the United States (US) Department of Justice

Department of Mental Health (DMH) Claiming for Reimbursement
DMH invoice services to County Chief Executive Office (CEO) by Direct Service Order (DSO).

Revised 02/02/2011

Juvenile Justice Supportive & Therapeutic Options Program (STOP)

Sub-Programs
JUVENILE JUSTICE SUPPORTIVE & THERAPEUTIC OPTIONS PROGRAM (STOP)

To provide mental health services to youth at risk of out of home placement in the juvenile halls, camps and community. Eligible youth do not have any other benefits which could be accessed to pay for these services.

Covered Age
9-19

Target Population(s) / Client Eligibility Requirement
Youth under the age of 19 who are in need of supportive and therapeutic services to prevent entry or re-entry into out-of-home placement. Children/youth transitioning from the Probation system back to their homes and communities.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Eligible clients are involved in the Probation system and meet medical necessity criteria for mental health services.

Integrated System (IS) Plan
2027 STOP

Medi-Cal Claimable in IS
Non Medi-Cal eligible only

Non-Government Agency (NGA) & Directly Operated (DO)
NGA by Plan
Directly-operated = Invoice Department of Children and Family Services (DCFS) for Salary and Employee Benefits (S&EB) of STOP funded staff

Claiming Instructions For Provider:
Juvenile Hall providers claim services provided to youth in the juvenile halls.
Community-based STOP providers claim services provided to youth at risk of incarceration.

Responsible Program Staff
Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

The information listed below is for DMH fiscal use only

Origin of Funding
State Department of Social Services to DCFS. DCFS allocates funding to the Department of Mental Health (DMH).

Department of Mental Health (DMH) Claiming for Reimbursement
DMH claims S&EB and provider claims to DCFS for reimbursement. There is a 30% County Match requirement.

Revised 11/10/2010

Medi-Cal Administrative Activities (MAA)

Sub-Program
MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

Medi-Cal Administrative Activities (MAA) refers to reimbursement of cost that is allowed for proper and efficient administration of the Medi-Cal program. The Federal requirement for reimbursement is based on actual costs that were incurred by the Mental Health Plan to qualify for recovery of these costs. MAA claimable activities are identified in a MAA claiming plan that must be approved in turn by State Department of Mental Health (DMH), State Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
MAA is part of the Medi-Cal program and can be claimed for:

- non-client community groups of individuals and
- at-risk individuals and populations, potential Medi-Cal eligible individuals, and Medi-Cal eligible individuals who do not have open episodes in the IS anywhere in the Los Angeles County (LAC) DMH system of care. An exception to this latter claiming rule is that MAA can be claimed for open cases when Medi-Cal outreach or when a non-clinician assists an individual with the completion of the Medi-Cal application.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
This activity is for non Medi-Cal clients with no open cases.

Integrated System (IS) Plans
N/A

Medi-Cal Billable in IS
n/a

Non-Government Agency (NGA) & Directly Operated (DO)
DO - LAC-DMH is the only legal entity with active claims.

Claiming Instructions For Provider:
MAA claiming is a discounted rate on the FFP. Direct claiming to Medi-Cal yields higher reimbursement. The same rules governing Medi-Cal lock-outs and services not eligible for reimbursement through the Medi-Cal program still apply. MAA claims should not duplicate Medi-Cal claims for the same activities from other providers.

MAA can be claimed by Skilled Professional Medical Personnel (SPMP) and Non-SPMP. SPMP staffs according to Federal regulations are licensed from the following disciplines: physicians, psychiatrists, pharmacists, Licensed County Social Worker (LCSW), Marriage Family Therapy (MFT) and Registered Nurse (RN). Activities performed by SPMP are reimbursable at an enhanced 75% Federal rate and non-SPMP time is reimbursable at the 50% Federal rate.

Medi-Cal Administrative Activities (MAA)

Responsible Program Staff
Fiscal Program staff – David Pang
Clinical Program staff - Norma Fritsche & Diane Guillory

The information listed below is for DMH fiscal use only

Origin of Funding
Federal Financial Participation (FFP) & County General Fund; Costs associated with MAA are matched at the FFP rate. The State requires match funds that are certified and public expenditure of one hundred percent of the non-federal share of the cost of performing MAA; funds must be from county general funds or from funds allowed under federal law and regulation.

Department of Mental Health (DMH) Claiming for Reimbursement
MAA claims data, based on units (minutes), are entered into the LAC DMH MAA data system. Los Angeles County Department of Mental Health (LACDMH) invoices this MAA claims data directly to State DMH for processing. Invoices that are approved by State DMH are submitted to DHCS for payment.

Medical Hub

Sub-Programs
DEPARTMENT OF CHILDREN AND FAMILY SERVICES MEDICAL HUB

Twenty-four/seven children forensic outpatient mental health services to assess and treat children in foster care and those at imminent risk of being placed in foster care at Department of Children and Family Services (DCFS) regional medical hub located at Los Angeles County University of Southern California (LAC-USC) Medical Center

Covered Age
0 - 18

Target Population(s) / Client Eligibility Requirement
Katie-A class members without Medi-Cal.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Children/youth from DCFS or Probation with severe emotional and behavioral programs that require mental health services. The family is open to a Family Preservation Lead Agency and receiving Family Preservation services.

Integrated System (IS) Plan
2044 DCFS Medical Hub

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA - VIP only

Claiming Instructions For Provider:
Non Medi-Cal services to DCFS children in IS.

Responsible Program Staff
Greg Lecklitner, District Chief

The information listed below is for DMH fiscal use only

Origin of Funding
DCFS

Department of Mental Health (DMH) Claiming for Reimbursement
Recovery section claims units of service (UOS) in IS to DCFS.

Revised 10/25/2010

Mental Health Service Act (MHSA)
Adult Housing Specialist

Sub-Programs
MENTAL HEALTH SERVICE ACT (MHSA) ADULT HOUSING SPECIALIST

Housing Specialists provide housing related services for individuals and/or families who are either homeless or at risk of becoming homeless, living in unsafe or overcrowded conditions, or seeking to live in a more independent living situation. The Housing Specialists function as part of the Service Area Navigation Team under the direction of the Service Area District Chief. Clients billed to this plan are receiving assistance with identifying and locating housing options to meet their emergency, temporary and permanent housing needs. In addition, Housing Specialists assist clients in securing housing opportunities by supporting their efforts in navigating various service delivery systems and completing applications for rental property, federal subsidy programs, and other housing programs and services. Housing Specialists inform prospective community partners such as property owners, property management companies and neighborhood organizations about the Department's housing services and resources through outreach, engagement and education. These functions are claimed through community outreach services (COS).

Covered Age
Primary Age group is 26-59; however, on occasion consumers of any age may be assisted if needed.

Target Population(s) / Client Eligibility Requirement
The target population served by Housing Specialists includes individuals and/or families who are homeless or at risk of becoming homeless, living in unsafe or overcrowded conditions, seeking to live in a more independent living situation, or other housing need who may or may not have an open episode in the Department's Integrated System (IS). Housing Specialists may be called upon to provide housing related services across all four age groups. However, the adult age group, ranging from 25-59, is the primary target population served by Housing Specialists under this plan.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined/Severity of Disability Limitations, if Any
All active clients in the Department's IS are eligible for housing related services; therefore, eligibility is established at the time the individual is opened in the IS. In addition, Housing Specialists provide housing related services to individuals and families who are not enrolled in the IS who have been referred by community agencies/organizations, government entities and/or family members to address housing issues.

Integrated System (IS) Plan
2087 MHSA Adult Housing Spec

Medi-Cal Claimable in IS
No, to COS

Non-Government Agency (NGA) & Directly Operated (DO)
Directly Operated only

Mental Health Service Act (MHSA)
Adult Housing Specialist

Claiming Instructions For Provider:
All Housing Specialists claim community outreach and education through COS and some claim eligible direct services to clients through Medi-Cal. When direct services are provided at a site with an open case, the direct services provided should be claimed under the existing open episode plan.

Responsible Program Staff
Maria Funk, Ph.D., District Chief, Countywide Housing, Employment and Education Resource Development (CHEERD)
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Service Act (MHSA) – Proposition 63, Community Services and Supports Plan, Adult Systems Development

Department of Mental Health (DMH) Claiming for Reimbursement
All IS claims to the Planning: Adult Housing plan and all COS claims to the Adult Housing funding source.

Revised 10/20/2010

Planning Outreach and Engagement (POE)

Sub-Programs
PLANNING OUTREACH AND ENGAGEMENT (POE)

Planning Outreach and Engagement (POE): Outreach & Engagement (OE) is a vital component within the Mental Health Services Act (MHSA), which aims to inform the public about MHSA, gather community input, and integrate feedback into the planning process. OE activities focus on organizing the wide diversity of backgrounds and perspectives represented within the county, with a special emphasis on underserved and unserved populations. It seeks to facilitate the creation of an infrastructure that supports partnerships with historically disenfranchised communities, faith based organizations, schools, community-based agencies, and other county departments. POE dollars are used to link historically underrepresented or hard to reach populations to mental health services.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
OE funds are used to outreach to underrepresented groups in the community. This includes outreach to specialized populations such as homeless, Lesbian, Gay, Bisexual, Transgendered, underrepresented ethnic groups, etc.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients billed to this plan are Homeless clients being served by EOB's HOME team. Outreach services are also claimed to COS for efforts to educate targeted communities about mental health services and linkage to care.

Integrated System (IS) Plan
2084 Planning-Outreach & Engagement

Medi-Cal Claimable in IS
Yes but only for Emergency Outreach Bureau, Homeless Outreach Mobile Engagement (HOME) (DO Only). All other programs delivering POE claim community outreach services (COS).

Non-Government Agency (NGA) & Directly Operated (DO)
Yes. NGA is COS only.

Claiming Instructions For Provider:
All active clients in the Department's IS are eligible for housing related services; therefore, eligibility is established at the time the individual is opened in the IS. In addition, Housing Specialists provide housing related services to individuals and families who are not enrolled in the IS who have been referred by community agencies/organizations, government entities and/or family members to address housing issues.

All NGAs only claim COS for their targeted outreach to unserved and underserved populations as agreed upon by their program description. Usually outreach services are contracted to

Planning Outreach and Engagement (POE)

agencies that have established ties to the communities that are associated with the targeted outreach population. Directly operated POE is related to outreach in the eight geographic service areas and providing education in communities to increase awareness of mental health issues and services. The department's Emergency Outreach Bureau's (EOB) HOME team specifically provides services and linkage to the homeless population countywide.

Responsible Program Staff
Gladys Lee, L.C.S.W., District Chief, Planning Division
Irma Castaneda, Ph.D., District Chief, Emergency Outreach Bureau
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports plan, OE.

Department of Mental Health (DMH) Claiming for Reimbursement
All IS claims to the POE plan and all COS claims to the POE funding source.

Revised 10/20/2010

Prevention and Early Intervention (PEI)

Sub-Programs
PEI SPECIAL PROGRAMS
PEI CHILDREN
PEI TAY
PEI ADULT
PEI OLDER ADULT

Prevention and Early Intervention (PEI): PEI focuses on evidence-based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families.

Covered Age
0-15 – PEI-Children
16-25 – PEI-TAY
26-59 – PEI-Adult
60+ – PEI-Older Adult
All Age - PEI-Special Programs

Target Population(s) / Client Eligibility Requirement
Priority Populations:

- *Underserved Cultural Populations* – PEI projects address those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from PEI programs and interventions.
- *Individuals Experiencing Onset of Serious Psychiatric Illness* – Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
- *Children/Youth in Stressed Families* – Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
- *Trauma-Exposed* – Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- *Children/Youth at Risk for School Failure* – Due to unaddressed emotional and behavioral problems.
- *Children/Youth at Risk of or Experiencing Juvenile Justice Involvement* – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

Prevention and Early Intervention (PEI)

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Clients must meet the requirements for participation in the PEI activity being provided. Clients should be from one of the PEI priority populations outlined above and would benefit from prevention and early intervention services to prevent their mental health issues from worsening.

Integrated System (IS) Plan

2091 – PEI-Special Programs
2092 – PEI-Adult
2093 – PEI-Older Adult
2101 – PEI-TAY
2098 – PEI-Children

Medi-Cal Claimable in IS:

Yes

Non-Government Agency (NGA) & Directly Operated (DO)

Yes

Claiming Instructions For Provider:

Clients claimed to PEI Integrated System (IS) plans must be receiving an approved PEI activity [Evidence-based practice (EBP), Community Defined Practice (CDP) Promising Practices (PP) or Service Strategy (SS)]. For each PEI activity, there are core and ancillary services. Core services are those considered essential components of the PEI activity. Mental health services that are not listed as "core services" for a particular practice can be provided as ancillary services (see attachment 1A). At least 51% of the services delivered must be core services to the PEI activity. No more than 49% of the PEI units of service can be dedicated to ancillary services. The PEI plan that is claimed in the IS corresponds to the age of the client at the time of the service was rendered. The PEI_Special Programs IS plan is reserved for claims from providers delivering PEI Activities under "Stigma and Discrimination" and "Suicide Prevention" PEI Projects.

When entering a claim for a PEI service, if the service is a core service to the PEI activity, the provider will select the appropriate EBP or service strategy on the "add outpatient services" screen in the IS, and chose the PEI IS plan that corresponds to the age of the client on the day of the service. For example, if the client is 15 or under on the service date, then the PEI_Child IS plan will be selected. If the service rendered is not a core service to the practice the client is receiving then No EBP or Unknown EBP will be selected on the claiming screen and the IS plan will be still be selected based on the age of the client on the day of service (see Attachment 1B for a list of EBP codes).

Responsible Program Staff

Bryan Mershon, Ph.D., District Chief, Children's System of Care Child (CSOC) MHSA Lead
Terri Boykins, L.C.S.W., District Chief, TAY Bureau Lead
Youngsook Kim Sasaki, MSN, RN, District Chief, Adult Systems of Care Lead
Kathleen Kerrigan, L.C.S.W., RN, District Chief, Older Adult Programs Lead
Lillian Bando, District Chief, PEI Lead

Prevention and Early Intervention (PEI)

The information listed below is for DMH fiscal use only

Origin of Funding

Mental Health Services Act (MHSA) – Proposition 63, PEI Plan. Los Angeles County has 13 approved PEI projects targeting clients of all age groups with a variety of service activities (i.e., evidence based practices (EBPs), and service strategies (SSs), community-defined evidence practices (CDEs), and promising practices (PPs).

Department of Mental Health (DMH) Claiming for Reimbursement

Units of service entered into the IS under PEI-Child, PEI-TAY, PEI-Adult, PEI Older Adult and PEI Special program plan. Include Community Outreach Services (COS) claims billed to these plans as a funding source.

Revised 10/28/2010

Projects for Assistance in Transition from Homelessness (PATH) - McKinney

Sub-Programs
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) - MCKINNEY

The Projects for Assistance in Transition from Homelessness (PATH) grant funds community based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for the homeless mentally ill. These are to be provided to consumers of services provided through our Department of Mental Health (DMH) directly-operated and contracting agencies.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
Uninsured children and adults; adult/older adult. Client must have a serious mental illness or have a co-occurring disorder, and be homeless or at imminent risk of becoming homeless.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients may be identified through designated DMH directly-operated or contracting agencies through the following ways: Outreach staff work together with homeless individuals for the purpose of linking them with services. Clients with open cases may also be eligible for rental assistance and/or eviction assistance, money management programs, substance abuse treatment. Benefits eligibility is established by case managers in conjunction with benefit specialists.

Integrated System (IS) Plan
2023 PATH

Medi-Cal Claimable in IS
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA and DO

Directly-Operated: Restricted to: DMH Emergency Outreach Bureau and DMH Veterans Program.

NGA Restricted to: LAMP, Inc.; Mental Health America Los Angeles; Ocean Park Community Center; Pacific Clinics/Portals; Saban Free Clinic; San Fernando Valley Community Mental Health Center, Inc.; South Central Health and Rehabilitation Program (SCHARP); St. Joseph's Center; Step Up on Second, Inc.; Tessie Cleveland Community Services.

Claiming Instructions For Provider:
Client with co-occurring disorders and must be homeless or at imminent risk of becoming homeless.

Projects for Assistance in Transition from Homelessness (PATH) - McKinney

Responsible Program Staff

DMH Countywide Housing, Employment and Education Resource Development (CHEERD) administer the department's PATH grant. Maria Funk, District Chief; Lise Ruiz, Program Head; and Mark Parra, Analyst, oversee administration, reporting, grant renewal, and technical support.

The information listed below is for DMH fiscal use only

Origin of Funding

Substance Abuse and Mental Health Services Administration—Federal McKinney PATH formula grant

Department of Mental Health (DMH) Claiming for Reimbursement

Only indigent clients may be billed to PATH. If PATH clients are found to be Medi-Cal eligible, they should be switched out from PATH billing.

Revised 10/20/2010

Service Area (SA) Navigators and Transitional Age Youth (TAY) Navigation

Sub-Programs
SERVICE AREA (SA) NAVIGATORS AND TRANSITIONAL AGE YOUTH (TAY) NAVIGATION

Service Area Navigator Teams assist individuals and families across all age groups in accessing mental health and other supportive services and network with community-based organizations in order to strengthen the array of services available to clients of the mental health system. Such networking would create portals of entry in a variety of settings that would make the Department's long-standing goal of no wrong door achievable.

Some specific Navigation tasks include:

- Engaging with people and families to quickly identify currently available services, including supports and services tailored to the particular cultural, ethnic, age and gender identity if those seeking them;
- Recruiting community-based organizations and professional service providers to become part of an active locally-based support network for people in the Service Area, including those most challenged by mental health issues;
- Following-up with people with whom they have engaged to ensure that they have received the help they need;

The Transitional Age Youth (TAY) Navigation Teams:

- assist Seriously Emotionally Disturbed (SED)/Severe and Persistent Mentally Ill (SPMI) youth with navigating through the various human services systems to achieve effective linkages to needed mental health, housing, and other essential services.
- consist of a master's level clinician and a housing specialist.
- are assigned to each Service Area and additional Transitional Age Youth (TAY) navigators are assigned to the Los Angeles County Probation camps where they serve the primary purpose of providing effective linkage to continuing Mental Health Services and community supports for SED/SPMI TAY leaving the camp settings.
- In an effort to reach unserved, underserved, and inappropriately services youth, have established helping relationships with a number of community-based drop-in centers, where the Navigators are able to build trusting alliances with the youth, conduct brief screenings to assess mental health and housing needs, and provide linkages and referrals to appropriate services and supports.

The navigation teams assist in the Full Service Partnership (FSP) referral screening and disposition processes. They also conduct Mental Health Services Act (MHSA) outreach presentations in collaboration with Outreach Specialists, and FSP providers to promote knowledge about MHSA and increase utilization of the FSP program services.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
Service area navigation funds are used to link community members to mental health or other social service related needs.

Service Area (SA) Navigators and Transitional Age Youth (TAY) Navigation

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Clients billed to this plan are clients that require a brief assessment or treatment in order to provide linkage to mental health services. Service Area Navigation and TAY Navigation services are also claimed to COS for efforts to educate targeted communities about mental health services and linkage to care.

Integrated System (IS) Plan

2059 Svc Area Navigation MHSA

Medi-Cal Claimable in IS:

Yes but only for Emergency Outreach Bureau (EOB) and TAY Navigation (7623). All other Service Area navigation sites claim community outreach services (COS) only.

Non-Government Agency (NGA) & Directly Operated (DO)

DO

Claiming Instructions For Provider:

Only EOB programs, TAY Navigation and service area navigation staff are authorized to bill to this plan. All outreach and linkage done by the service area navigators and TAY navigators is claimed by COS. TAY navigation opens a few cases on clients they may need to provide some assessments on to determine what services are most appropriate for the client based on their mental heath needs.

Responsible Program Staff

TAY Navigation - Terri Boykins, L.C.S.W., District Chief, TAY Administration
Service Area Navigation - Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding

Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports plan, Cross-cutting.

Department of Mental Health (DMH) Claiming for Reimbursement

All IS claims to the Service Area Navigation IS plan and all COS claims to the SA Navigation funding source.

Revised 10/20/2010

Specialized Foster Care

Sub-Programs
ENHANCED MENTAL HEALTH SERVICES
MULTI-DISCIPLINARY ASSESSMENT TEAM (MAT)
WRAPAROUND

Comprehensive, community-based, culturally relevant plan of enhanced specialized foster care mental health services intended to promote improved child welfare outcomes and emotional well-being for children served by the Department of Children and Family Services (DCFS). These services are consistent with the County's obligations under the settlement agreement reached in the Katie A. class action litigation as well as the Board's intent to ensure timely access to assessments and mental health services for children and youth served by the Department of Children and Family Services.

Enhanced Mental Health Services – Mental health outpatient services to those unserved and underserved children/youth involved in the child welfare system. Services should be field capable and trauma-informed. Multidimensional Treatment Foster Care (MTFC) and the Comprehensive Children's Services Program (CCSP) are claimed to the Enhanced Mental Health Services Plan. These programs are slot based and must be authorized by the Department of Mental Health (DMH) Child Welfare Division.

Multi-Disciplinary Assessment Team (MAT) – Comprehensive assessments for all children newly detained by the Department of Children and Families. Medi-Cal eligible services are claimed to the MAT – DMH plan, while the non-EPSDT (Early and Periodic Screening Diagnosis and Treatment) reimbursable portion of the MAT work product is claimed to the MAT-DCFS plan.

Wraparound – Wraparound is an integrated, multi-agency communicated-based program, grounded in a philosophy of unconditional commitment to support families to safely and competently care for their children. The most important outcome of the Wraparound program is to ensure that a child is thriving in a permanent home and maintained by normal community services and supports.

Enrollment in Wraparound is slot based and completed through a network of Interagency Screening Committees (ISC) located in each of the eight Service Planning Areas.

Covered Age
0 - 20

Target Population(s) / Client Eligibility Requirement
These Specialized Foster Care services are targeted to children who have an open case with the Los Angeles County DCFS, who are eligible for services under the EPSDT program, have a mental illness or condition that is documented and a need for individualized mental health services.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Open case with the Department of Children and Family Services – not AB3632

Specialized Foster Care

Integrated System (IS) Plan
2064 – Enhanced Mental Health Services – Basic mental health services provided to DCFS involved children and youth, MTFC, and CCSP
2077 – MAT – DCFS - non-reimbursable costs (approximately $500 per child) not paid for through full scope Medi-Cal
2072 – MAT – DMH – Early and Periodic Screening Diagnosis and Treatment (EPSDT) reimbursable costs associated with the MAT assessment.
2079 – Wraparound (Non-FSP slots)

Note: Wraparound-FSP for Child and TAY are claimed under 2107 and 2114 respectively. These plans are for clients authorized for enrollment by an Interagency Screening Committee and enrolled in the Wraparound Tier II FSP Program.

Medi-Cal Claimable in IS
Yes, with the exception of 2077 (MAT – DCFS)

Non-Government Agency (NGA) & Directly Operated (DO)
NGA and DO, with exception of Wraparound, which Is NGA only.

Claiming Instructions For Provider:
DCFS involved client, after determination has been made that claim is not eligible for AB3632. If child has EPSDT, appropriate IS Plan is chosen, specific to the type of service(s) delivered. MAT-DCFS IS Plan is used to claim services that are not eligible for EPSDT reimbursement (approximately $500 per child).

Claiming for these Specialized Foster Care services can continue, even if the DCFS case is closed, through the current episode.

Responsible Program Staff
Greg Lecklitner, District Chief

The information listed below is for DMH fiscal use only

Origin of Funding
EPSDT – Federal/State with DCFS paying for match above a specified baseline.
MAT- DCFS – Net County Costs (NCC) paid by DCFS

Department of Mental Health (DMH) Claiming for Reimbursement
County local match portion is paid by the Department of Children and Family Services over a specified EPSDT baseline as well as other Net County Costs.

Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant

Sub-Programs
ADULT SYSTEMS OF CARE (ASOC)
DUAL–DIAGNOSIS SET-ASIDE PROGRAM
HIGH-RISK GERIATRIC CASE MANAGEMENT
CRISIS DROP-IN & EMERGENCY SHELTER
CHILDREN'S COMMUNITY-BASED PROGRAM
CHILDREN'S SOC (AB3015)
JUVENILE JUSTICE MENTAL HEALTH SERVICES (JJMHS)
ISA FUNDING FOR MENTAL HEALTH AMERICA (MHA) IN LOS ANGELES
CO-OCCURRING DISORDERS TECHNICAL ASSISTANCE CENTER
CO-OCCURRING JOINT ACTION COUNCIL (COJAC)

The Substance Abuse and Mental Health Services (SAMHSA) Block Grant is issued by the State Department of Mental Health (DMH) to allocate funds to establish or expand community-based systems of care for providing mental health services for adults with serious mental illness and children with serious emotional disturbances.

- **Adult Systems of Care (ASOC)**: provides comprehensive community-based mental health services for adult target populations with serious mental illnesses including those with co-occurring disorders who are without payer coverage/benefits in DMH directly-operated clinics. As traditional outpatient services have been transformed into a more recovery-driven system of services, this funding augments mental health services provided to indigent adults thru these five new programs – Full Service Partnership (FSP); Field Capable Clinical Services (FCCS); Family-focused Wellness and Client-run Wellness Centers; Crisis Resolution Services (CRS); and Prevention & Early Intervention (PEI)-Crisis Oriented Recovery Services (PEI-CORS).

- **Dual–Diagnosis Set-aside Program**: augments mental health services for indigent Children, Transitional age Youth, Adults and Older Adults who suffer from Co-Occurring Mental Health and Substance Use disorders (COD). As outlined in the 9 point COD Module, included services are: screening and assessment, medication management, case management, group treatment for COD, healthy living groups, motivational interviewing and linkage to mutual help and recovery programs. Service eligibility is with a Dx of COD and client must be indigent with no other funding source. IS billing plan for this program is Dual Diagnosis.

- **High-risk Geriatric Case Management**: augments mental health services provided by the Geriatric Evaluation Network Encompassing Services, Intervention and Support (GENESIS) to older adults age 60 in Los Angeles County. Under the SAMHSA Grant, GENESIS multi-disciplinary staff sees frail, isolated and indigent older adults in their homes to conduct assessment of mentally ill older adults, and provide case management and linkage services that would promote their functioning and activities of daily living, with the objectives of enabling them to continue to live in the community, and averting costly and higher level of institutional care.

Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant

- **Crisis Drop-in & Emergency Shelter**: uses intensive outreach and non-traditional approaches to providing access to services for individuals with serious and persistent mental illness who are homeless or at-risk of becoming homeless in the Hollywood and West Hollywood areas of Los Angles. Through a contract with Gateways Hospital and Mental Health Center (Gateways) this program provides an umbrella of services to support stability and integrated approach of collaboration with other agencies in the Service Area. With its 12 shelter beds, Gateways and Projects for Assistance in Transition from Homelessness (PATH) collaborate to provide multiple services for homeless people.
- **Children's Community-based Program**: This program supports services provided by a multi-disciplinary team of child-trained clinicians for acutely disturbed and Seriously Emotionally Disturbed (SED) children in Los Angeles County (LAC) DMH directly-operated clinics – Edmund D. Edelman Westside MHC (7191), Long Beach Child/Adolescent MHC (1926), Roybal Family MHC (6857), and Valley Coordinated Children's Services (7340). As part of providing outpatient mental health services, each clinic maintains strong working relationships with the schools, Department of Probation and Children and Family Services, and other community agencies.

- **Children's SOC (AB3015)**: this program is committed to provide integrated and coordinated services to SED children with various at-risk issues such as out-of-home placement, psychiatric hospitalization, and/or moving to a more restrictive school placement. Thirteen contracted agencies (and fourteen sites) provide mental health treatment and day treatment services. This funding augments supportive services provided by Parent Advocates in these programs.

- **Juvenile Justice Mental Health Services (JJMHS)**: on-site mental health services are provided to youth seven days per week, eight to ten hours per day at each of the Juvenile Halls. Mental Health staff on the living units work collaboratively with Probation to help identify youth needing mental health care and to address specific behavioral problems. The target population being served includes SED and/or suicidal youth identified by JJMHS, as well as by Probation Health Services and Los Angeles County Office of Education.

- **ISA Funding for Mental Health America (MHA) in Los Angeles**: this funding augments client supportive services provided by MHA's Village program in Long Beach for homeless or at-risk homeless clients in their MHSA programs. The goal is to assist individuals with psychiatric disabilities in receiving appropriate mental health treatment and physical care, obtaining permanent housing, learning to live independently and engaging in meaningful activities.

- **Co-occurring Disorders Technical Assistance Center**: California Institute for Mental Health (CIMH) provides training, consultation, and technical support for LAC DMH staff to develop expertise in treating clients with co-occurring disorders and the development of a website containing COD resource information.

Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant

- **Co-occurring Joint Action Council (COJAC)**: CIMH provides consultation and technical support to the SAMHSA Co-occurring Joint Action Council which DMH is a member of and participate in its monthly meetings.

Covered Age
All

Target Population(s) / Client Eligibility Requirement
This is for children with serious emotional disturbance (SED) and adults with serious mental illness (SMI) who are indigent and uninsured. Please see sub-program descriptions for program specific information for the target population to be served. Service eligibility for Dual–Diagnosis Set-aside Program requires a COD diagnosis.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
County mental health program determines persons or programs funded by the Federal Block Grant based on Federal and State requirements and State review and approval

Integrated System (IS) Plan
NGA: 2035-SAMHSA, Otherwise Invoice for ISA and AB3015
DO: 2035-SAMHSA and 2010-Dual-Diagnosis

Medi-Cal Claimable in IS
No - This plan covers only indigent clients without payer source

NGA & DO
NGA: Provider specific IS Plan claims and invoice
DO: CSOC clinics – central tracking/ backend billing of indigent County General Fund (CGF) and MHSA claims
ASOC clinics – central tracking/ backend billing of Indigent MHSA claims in the IS

Claiming Instructions For Provider:
See DMH Claiming for Reimbursement below

Responsible Program Staff
ASOC + CSOC

Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant

The information listed below is for DMH fiscal use only

Origin of Funding

Federal: SAMHSA Center for Mental Health Services (CMHS) Community Mental Health Block Grant
State: DMH
County: DMH

Department of Mental Health (DMH) Claiming for Reimbursement

- Adult System of Care (for Adult DO providers only) – central tracking of IS Claims for indigent MHSA services (exclude UMDAP and fee clients) to submit quarterly expenditure reports to the State and utilize DMH annual allocation
- High-risk Geriatric Case Management (for PN 7421 only) – same as above for indigent MHSA services provided by Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) Field Capable Clinical Services (FCCS)
- Dual-Diagnosis Set-aside Services (DO providers only)– same as above for indigent MHSA or CGF services provided to clients with a dual-diagnosis code (exclude 30x no, UPDAP and fee clients)
- Crisis Drop-in & Emergency Shelter (Gateways only) – claims COS and Mental Health (MH) services to 2035-SAMHSA
- Children's Community-based Program (DO providers only) – central tracking of indigent CGF and MHSA claims
- Juvenile Justice Mental Health Services – central tracking and submission of quarterly expenditure reports to the State of CGF claims in the IS
- Children's SOC (AB3015) – Invoice for Parent Advocate Services
- ISA Funding (for MHALA only) – IS billing of COS and MH services to 2035 SAMHSA as well as Invoice for Client Support Services with MHSA indigents
- Co-occurring Disorders Technical Assistance Center/COJAC (for CIMH) – Invoice for Training and Services

Revised 10/20/2010

Transitional Age Youth (TAY) – Housing Services

Sub-Programs
TRANSITIONAL AGE YOUTH (TAY) – HOUSING SERVICES

Transitional Age Youth (TAY) – Housing Specialists assist the TAY with a Serious Emotional Disturbance (SED) or with severe and Persistent Mental Illness (SPMI) facing multiple barriers in securing housing in the private market. For transitional aged youth, this is a critically needed service as many have little or no history of living independently.

Covered Age
16-25

Target Population(s) / Client Eligibility Requirement
TAY age 16-25 who are SED/SPMI and:

- struggling with substance abuse disorders
- homeless or at-risk of homelessness
- aging out of the children's mental health, child welfare, or juvenile justice systems
- leaving long-term institutional care
- experiencing their first episode of major mental illness

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
The major goal of a TAY Housing Specialist is to assist the TAY who is facing multiple barriers to secure housing in the private market. This includes but is not limited to act as an advocate and negotiator for TAY clients with poor credit and poor housing histories while establishing a professional relationship with property owners and managers. TAY Housing Specialists are trained to look for indicators that would suggest that the TAY meets the target population. The Housing Specialist is also able to refer potential clients to a TAY Division Navigator to conduct a face to face mental health assessment to determine if the client is eligible to receive services.

Integrated System (IS) Plan
2088 MHSA - TAY Housing Svcs

Medi-Cal Claimable in IS
Yes

Non-Government Agency (NGA) & Directly Operated (DO)
Directly Operated Only, 7623 is the only provider site

Claiming Instructions For Provider:
TAY Housing Specialists provide linkage to housing resources. Some of the services they provide claimed to community outreach services (COS) or mental health services are claimed in the IS when appropriate.

Responsible Program Staff
Terri Boykins, L.C.S.W., District Chief, TAY Division
Debbie Innes-Gomberg, Ph.D., District, MHSA Implementation

Transitional Age Youth (TAY) – Housing Services

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports plan, Transitional Age Youth Systems Development.

Department of Mental Health (DMH) Claiming for Reimbursement
All IS claims to the MHSA – TAY Housing Service plan and all COS claims to the TAY Housing funding source.

Revised 10/22/2010

Transitional Age Youth (TAY)
Probation Camp Services

Sub-Programs
TRANSITIONAL AGE YOUTH (TAY)
PROBATION CAMP SERVICES

Transitional Age Youth (TAY) Probation Camp Services provides services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with Serious Emotional Disturbance (SED), or Severe and Persistent Mentally Ill (SPMI), those with co-occurring substance disorders and/or those who have suffered trauma. Services in the Probation Camps are critical in assisting this population to reach their maximum potential and eventually transition back to the community rather than continue their involvement in the criminal justice system as adults. Multidisciplinary teams, including parent advocates, clinicians, Probation staff, and health staff provide an array of on-site treatment and support services that include the following:

- Assessments
- Substance-abuse treatment
- Gender-specific treatment
- Medication support
- Aftercare planning
- Transition services (including Full Service Partnership and other intensive community-based mental health services)

A key component of the planned services is outreach and engagement to the incarcerated youth's family providing transportation to the camps to ensure opportunities to participate in the youth's treatment during camp placement and through the transition back into the community.

Covered Age
16-20

Target Population(s) / Client Eligibility Requirement
Services are targeted at youth incarcerated in the Probation Camps with SED, or SPMI, especially those with co-occurring substance disorders and/or those who have suffered trauma. Services in the Probation Camps are critical in assisting this population to reach their maximum potential and eventually transition back to the community rather than continue their involvement in the criminal justice system as adults.

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Youth incarcerated in the Probation Camps who meet medical necessity.

Transitional Age Youth (TAY)
Probation Camp Services

Integrated System (IS) Plan
2053 Probation Camp TAY Svc-MHSA

Medi-Cal Claimable in IS:
No

Non-Government Agency (NGA) & Directly Operated (DO)
NGA

Claiming Instructions For Provider:
Juveniles who are at risk of suicide and other severe causes of psychological disorders.

Responsible Program Staff
Karen Streich, Ph.D., District Chief, Juvenile Justice
Terri Boykins, L.C.S.W., District Chief, TAY Division
Debbie Innes-Gomberg, Ph.D., District Chief MHSA Implementation

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports Plan, TAY Systems Development.

Department of Mental Health (DMH) Claiming for Reimbursement
By Units of Service (UOS) in IS by Provider sites in Mental Health Services Act (MHSA) claim.

Revised 02/02/2011

Wellness/Client-Run Centers

Sub-Programs
WELLNESS/CLIENT-RUN CENTERS

Wellness Centers provide integrated care to promote wellness, recovery and resiliency. Clients served in wellness centers are in advanced stages of recovery and likely have transitioned from a higher level of service. Wellness centers promote activities in their communities that support clients in their recovery goals.

Client-Run Centers are 100% staffed and managed by mental health consumers and, potentially, family members, with a wide array of self-help groups, peer support services, educational/social/recreational activities and linkage services.

Covered Age
18+

Target Population(s) / Client Eligibility Requirement
Any client with a Severe Mental Illness (SMI) in advanced stages of recovery who are not better served in a more intensive program. Clients are usually transitioning from more intensive levels of treatment to peer support and groups that support the client's wellness in their communities. Activities include peer-directed support & problem solving, including wellness recovery action planning (WRAP), medication support, case management & self-directed crisis management

Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any
Clients served in wellness centers are adults with a severe mental illness who are able to independently access and follow up with services and who are not better served in a more intensive mental health program.

Integrated System (IS) Plan
2068 MHSA FAM FOCUSED WELLNESS SVC

Medi-Cal Claimable in IS
Yes for Wellness Centers
Client-Run Centers are community outreach services (COS) only

Non-Government Agency (NGA) & Directly Operated (DO):
Both NGA and DO for Wellness Centers
Client-Run Centers (NGA only)

Claiming Instructions For Provider:
Mental Health Services (primarily targeted case management, medication management, and group therapy and rehab services). Provider can also bill outreach via COS (if budgeted), flex for directly operated by special request and for a very limited number of NGAs by invoice.

Responsible Program Staff
Kim Sasaki, M.N, District Chief, Adult Systems of Care
Debbie Innes-Gomberg, Ph.D., District Chief MHSA Implementation

Wellness/Client-Run Centers

The information listed below is for DMH fiscal use only

Origin of Funding
Mental Health Service Act (MHSA) – Proposition 63, Community Services and Supports Plan under Adult Systems Development.

Department of Mental Health (DMH) Claiming for Reimbursement
Units of service (UOS) claimed in the IS to the MHSA FAM FOCUSED WELLNESS SVC plan and invoices from providers for flex funds. Community outreach services (COS) claimed for the client run centers and wellness centers. Back out any MHSA claims that were deemed appropriate to claim to SAMHSA, dual diagnosis, or another more appropriate funding source (Directly Operated only).

Revised 10/25/2010

FUNDED PROGRAM TITLE	CONTACT PERSON	ADDITIONAL CONTACT(S)
2nd Chances Grant for Adult Juvenile Offender	Terri Boykins	
AB3632 - Special Education Pupil (SEP)	Paul McIver	
Adult Full Service Partnership (FSP)	Kim Sasaki	Debbie Innes-Gomberg
Alternative Crisis Services Residential & Bridging	Mary Marx	Countywide Resource Management
California Work Opportunity and Responsibility to Kids	Cathy Warner	Dolorese Daniel
Child Abuse Prevention Intervention & Treatment (CAPIT) - AB2994	Mental Health District Chief in Service Planning Area	
Child Full Service Partnership (FSP)	Bryan Mershon	Debbie Innes-Gomberg
Child Mental Health Initiative Project - Project ABC	William Arroyo	
County General Fund (CGF)	Norma Fritsche	Dennis Murata
Countywide Resource Management (CRM)	Mary Marx	
Department of Children & Family Services Medical Hub Contractor: VIP Community Mental Health Center	Greg Lecklinter	
Enriched Residential Services	Mary Marx	
Family Preservation Program	Janel Jones	
Family Support Services (FSS)	Bryan Mershon	Debbie Innes-Gomberg
Field Capable Clinical Services (FCCS) - Adult	Kim Sasaki	MHSA Implementation - Debbie Innes-Gomberg
Field Capable Clinical Services (FCCS) - Child	Bryan Mershon	MHSA Implementation - Debbie Innes-Gomberg
Field Capable Clinical Services (FCCS) - Older Adult	Kathleen Kerrigan	MHSA Implementation - Debbie Innes-Gomberg
Field Capable Clinical Services (FCCS) - TAY	Terri Boykins	MHSA Implementation - Debbie Innes-Gomberg
General Relief Opportunities for Work (GROW) Program	Dolorese Daniel	Sylvia Braswell
Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) - Department of Community and Senior Services - Adult Protective Services	John Green	
Homeless California Work Opportunity and Responsibility to Kids Families Project (HCFP)	Dolorese Daniel	Sylvia Braswell
Homeless Services Net County Cost (NCC)	Mary Marx	
Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Program	Ingrid Marchus	
In Jail Treatment and Linkage - California Emergency Management Agency (CalEMA) & Bureau of Justice Assistance (BJA)	Edward Vidaurri	
Innovation - Integrated Clinic Model (ICM)	Nancy Kless	Anna Bruce, Debbie Innes-Gomberg
Innovation - Integrated Mobile Health Team (IMHT)	Maria Funk	Lise Ruiz, Debbie Innes-Gomberg
Innovation - Integrated Peer Run Model	Scott Hanada	Debbie Innes-Gomberg
Innovation - Integrated Servces Management Model (ISM)	Tara Yaralian	Debbie Innes-Gomberg
Inpatient/Residential Services	Mary Marx	
Institutions for Mental Disease (IMD) Step Down	Mary Marx	
Institutions for Mental Disease (IMD) Step Down - County General Fund (CGF)	Mary Marx	
Jail Transition and Linkage Services	Maria Funk	Debbie Innes-Gomberg
Juvenile Justice Co-Occurring Disorders	Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers	
Juvenile Justice Crime Prevention Act (JJCPA, formerly Schiff-Cardenas)	Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers	

FUNDED PROGRAM TITLE	CONTACT PERSON	ADDITIONAL CONTACT(S)
Juvenile Justice Functional Family Therapy (FFT)	Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers	
Juvenile Justice Supportive & Therapeutic Options Program (STOP)	Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers	
Medi-Cal Administrative Activities (MAA)	David Pang	Norma Fritsche, Diane Guillory
Mental Health Service Act (MHSA) Adult Housing	Maria Funk	Debbie Innes-Gomberg
Older Adult Full Service Partnership (FSP)	Kathleen Kerrigan	Debbie Innes-Gomberg
Planning Outreach & Engagement (POE)	Gladys Lee	Irma Castaneda, Debbie Innes-Gomberg
Prevention & Early Intervention (PEI)	Bryan Mershon	Terri Boykins, Youngsook Kim Sasaki, Kathleen Kerrigan, Lilian Bando
Projects for Assistance in Transition from Homelessness (PATH) - McKinney	Maria Funk	Mark Parra
Service Area (SA) Navigators and Transitional Age Youth (TAY) Navigation	Terri Boykins	Debbie Innes-Gomberg
Specialized Foster Care	Greg Lecklinter	
Substance Abuse & Mental Health Services Administration (SAMSHA) Block Grant	ASOC	CSOC
Transitional Age Youth (TAY) - Housing Services	Terri Boykins	Debbie Innes-Gomberg
Transitional Age Youth (TAY) - Probation Camp Services	Karen Streich	Terri Boykins, Debbie Innes-Gomberg
Transitional Age Youth (TAY) Full Service Partnership (FSP)	Terri Boykins	Debbie Innes-Gomberg
Urgent Care Centers (UCC)/Crisis Resolution Services (CRS)	Mary Marx	Kim Sasaki, Debbie Innes-Gomberg
Wellness/Client-Run Centers	Kim Sasaki	Debbie Innes-Gomberg

Plans on the Integrated System (IS) FY 10-11
Sorted by IS Plan Name

Plan ID	IS Plans	Full Plan Name	Effective FY	Funded Program / Subprogram	MHSA	Page
2123	2nd Chances Grant - FFT	2nd Chances Grant for Adult Juvenile Offenders Family Functional Therapy (FFT)	10 - 11	Second Chance - FFT Program		61
2004	AB3632 - SEP	AB 3632 - Special Education Pupil (SEP)	02 - 03	AB3632 - SEP		12
2054	Adult-FSP-MHSA	Adult Full Service Partnership (FSP)	09 - 10	FSP - Adult	Y	39
2086	Alt_Crisis_Svc_CW_Resource_Mgm	County Wide Resource Management (CRM)	09 - 10	Alt_Crisis_Svc_CW_Resource_Mgm	Y	14
2060	Alt_Crisis_Svc_Enriched_Reside	Alternative Crisis Services Enriched Residential Services	09 - 10	Enriched Residential Services	Y	15
2085	Alt_Crisis_Svc_Res_&_Bridging	Alternative Crisis Services Residential and Bridging	09 - 10	Alt_Crisis_Svc_Res_&_Bridging	Y	16
2062	Alt_Crisis_Svc_Urgent_Care_Ctr	Urgent Care Centers/Crisis Resolution Services	09 - 10	Urgent Care Centers/Crisis Resolution Services	Y	17
2034	APS-DCSS	Geriatric Evaluation Network Encompassing Services, Intervention and Support (Genesis)	04 - 05	APS-DCSS		45
2118	BJA-In Jail Treatment & Linkag	Bureau of Justice Assistance (BJA) In-Jail Treatment and Linkage (SSG)	09 - 10	BJA-In Jail Treatment & Linkage (SSG)		48
2115	CalEMA	California Emergency Management Agency (CalEMA)	09 - 10	CalEMA		48
2006	CalWORKS	California Work Opportunity and Responsibilities to Kids (CalWORKs)	02 - 03	CalWORKS		19
2047	Child-FSP-MHSA	Child Full Service Partnership (FSP) Mental Health Services Act (MHSA)	09 - 10	FSP - Child	Y	33
1000	CGF	County General Fund (CGF)	02 - 03	Other MH Srvcs for clients under the age of 21		25
				Other MH Srvcs for clients 21 years of age or		25
2089	CGF-Homeless Services (NCC)	Homeless Services Net County Cost (NCC)	09 - 10	Homeless Services (NCC)		27
2045	CGF - PES	County General Fund (CGF) Psychiatric Emergency Services	05 - 06	CGF - PES		
2009	D Rate Foster Care	Specialized Foster Care (D-Rate) Assesstment	02 - 03	N/A		
2002	DCFS-AB1733/2994	Department of Children and Family Services (DCFS) - AB1733/2994	02 - 03	Child Abuse Prevention Intervention & Treatment (CAPIT) - AB2994		23
2011	DCFS-Family Preservation	Department of Children and Family Services (DCFS) Family Preservation Program	02 - 03	Family Preservation Program		28
2039	DCFS-Independent Living	Department of Children and Family Services (DCFS) Medical Independent Living Program (Hilliview)	04 - 05	DCFS Hillview Transitional Independent Living		
2044	DCFS Medical Hub	Department of Children and Family Services (DCFS) Medical Hub (VIP)	04 - 05	DCFS Medical Hub		66

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Plan ID	IS Plans	Full Plan Name	Effective FY	Funded Program / Subprogram		MHSA	Page
2038	DCFS-Star View LS, PHF, CS	Department of Children and Family Services (DCFS) - Star View Life Support, Psychiatric Health Facility, and Community Services	04 - 05	DCFS-Star View LS, PHF, CS			
2081	DOJ Co-Occurring Svs	Department of Justice Co-Occurring Disorders	07 - 08	Co-Occurring Disorders			58
2010	Dual Diagnosis Program	Dual Diagnosis Program	02 - 03	DHS Social Model		Y	
				DHS LAMP		Y	
				DHS Dual Diagnosis (BHS)		Y	
2040	DPSS - CalWORKS Families Project	Department of Social Services (DPSS) Homeless California Work Opportunity and Responsibilities to Kids Families Project	04 - 05	Homeless - Family Project			21
2064	Enhanced_MHS	Enhanced Mental Health Services	05 - 06	Specialized Foster Care	Enhanced Mental Health Services		78
2052	FCCS-ADULT MHSA	Field Capable Clinical Services (FCCS) - Adult	07 - 08	FCCS - Adult		Y	30
2058	FCCS-CHILD MHSA	Field Capable Clinical Services (FCCS) - Child	07 - 08	FCCS - Child		Y	30
2070	FCCS-OLDER ADULT MHSA	Field Capable Clinical Services (FCCS) - Older Adult	06 - 07	FCCS - Older Adult		Y	30
2078	FCCS-TAY MHSA	Field Capable Clinical Services (FCCS) - Transitional Age Youth (TAY)	07 - 08	FCCS - TAY		Y	30
2013	GROW	General Relief Opportunities for Work (GROW) Program	02 - 03	GROW			43
2014	HIV/AIDS Program	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome Program	02 - 03	HIV/AIDS Program			47
2015	HUD	Housing Urban Development	02 - 03	HUD			
2128	INN - Integrated Clinic Model	Innovation – Integrated Clinic Model (ICM)	10 - 11	INN - Integrated Clinic Model			49
2130	INN-Integrated MOBILE HLTH Tm	Innovation – Integrated Mobile Health Team: (IMHT)	10 - 11	INN-Integrated MOBILE HLTH Tm			51
2132	INN-Integrated Peer Run Model	Innovation – Integrated Peer-Run Model	10 - 11	INN-Integrated Peer Run Model			52
2129	INN - Integrated Srv Mgmt Mode	Innovation – Integrated Services Management Model (ISM)	10 - 11	INN - Integrated Srv Mgmt Mode			53
2119	IMD Step-Down-CGF	Institutions for Mental Disease (IMD) Step Down -County General Fund	10 - 11	CGF - IMD Step-Down			55
2061	Jail-Transition/Linkage-MHSA	Jail Transition and Linkage Services	09 - 10	Jail Transition and Linkage Services		Y	56
2072	MAT -DMH	Multi-Disciplinary Assessment Team (MAT) - Department of Mental Health (DMH)	06 - 07	Specialized Foster Care	Multidisciplinary Assess Team - DMH		78
2077	MAT-DCFS_(non-MEDI-CAL)	Multi-Disciplinary Assessment Team (MAT) - Department of Children and Family Services	07 - 08	Specialized Foster Care	Multidisciplinary Assess Team - DCFS		78
2087	MHSA-ADULT_HOUSING_SPEC	Mental Health Service Act (MHSA) Adult Housing Specialist	09 - 10	MHSA-ADULT_HOUSING_SPEC		Y	67
2068	MHSA Fam Focused Wellness Svc	Family Focused Wellness Services	06 - 07	Wellness/Client-Run Centers		Y	88
2050	MHSA-Fam Supp Svc	MHSA-Family Support Services	05 - 06	Family Support Services		Y	33

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2056	MHSA-IMD_Step_Down facilities	Institutions for Mental Disease (IMD) Step Down	09 - 10	Institutions for Mental Disease (IMD) Step Down	Y	54
2088	MHSA-TAY_Housing_Svcs.	Transitional Age Youth (TAY) – Housing Services	09 - 10	MHSA-TAY_Housing_Svcs.	Y	84
2057	Older-adult-FSP-MHSA	Older Adult Full Service Partnership	09 - 10	FSP - Older Adult	Y	41
2023	PATH	Projects for Assistance in Transition from Homelessness (PATH) – McKinney	02 - 03	Path McKinney, CFDA #93.150		74
2092	PEI_Adult	Prevention and Early Intervention (PEI) - Adult	10 - 11	PEI - Adult	Y	71
2098	PEI_Children	Prevention and Early Intervention (PEI) - Children	09 - 10	PEI - Child	Y	71
2093	PEI_Older Adult	Prevention and Early Intervention (PEI) - Older Adult	10 - 11	PEI - Older Adult	Y	71
2091	PEI_Special Programs	Prevention and Early Intervention (PEI) - Special Programs	10 - 11	PEI - Special Programs	Y	71
2101	PEI_TAY	Prevention and Early Intervention (PEI) - TAY	09 - 10	PEI - TAY	Y	71
2084	Planning-Outreach&Engagement	Planning Outreach and Engagement (POE)	09 - 10	POE (Outreach & Engagement)	Y	69
2053	Probation_Camp_TAY_Svcs.-MHSA	Transitional Age Youth (TAY) Probation Camp Services	09 - 10	Probation Camps	Y	86
2071	PROBATION-FFT	Juvenile Justice Program (Functional Family Therapy)	06 - 07	Functional Family Therapy (FFT)		60
2127	Probation MST Title IVE	Probation Multi-Systemic Therapy (MST) Title IVE	10 - 11	Probation MST Title IVE		
2035	SAMHSA	Substance Abuse and Mental Health Services Administration (SAMHSA)	04 - 05	Comprehensive SOC Program (CFDA #93.958)		80
2024	Schiff-Cardenas-MHSAT	Juvenile Justice Crime Prevention Act (JJCPA, formerly Schiff-Cardenas)	02 - 03	Juvenile Justice Program (JJCPA)		59
2049	Schiff-Cardenas-MST					
2027	STOP	Juvenile Justice Program Supportive & Therapeutic Options Program (STOP)	02 - 03	Juvenile Justice Program (STOP)		63
2059	Svc._Area_Navigation_MHSA	Service Area (SA) Navigators Mental Health Services Act (MHSA)	09 - 10	N/A	Y	76
2051	TAY_FSP-MHSA	Transitional Age Youth (TAY) Full Service Partnership (FSP)	09 - 10	FSP - TAY	Y	36
2082	Tri-City Realignment	Tri-City Realignment	07 - 08	Tri-City Realignment		
2107	Wraparound_FSP-Child	Wraparound Full Service Partnership (FSP) - Child	09 - 10	Wraparound_FSP-Child	Y	33
2079	Wraparound_FSP-DCFS	Wraparound Full Service Partnership (FSP) - Department of Children and Family Services (DCFS)	07 - 08	Specialized Foster Care / Wraparound		78
2114	Wraparound_FSP-TAY MHSA	Wraparound Full Service Partnership (FSP) - Transitional Age You (TAY) Mental Health Services Act (MHSA)	09 - 10	Wraparound FSP - TAY	Y	36

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Plan ID	IS Plans	Full Plan Name	Effective FY	Funded Program / Subprogram		MHSA	Page
2011	DCFS-Family Preservation	Department of Children and Family Services (DCFS) Family Preservation Program	02 - 03	Family Preservation Program			28
2002	DCFS-AB1733/2994	Department of Children and Family Services (DCFS) - AB1733/2994	02 - 03	Child Abuse Prevention Intervention & Treatment (CAPIT) - AB2994			23
2004	AB3632 - SEP	AB3632 - Special Education Pupil (SEP)	02 - 03	Special Education Pupil (SEP)			12
2064	Enhanced_MHS	Enhanced Mental Health Services	05 - 06	Specialized Foster Care	Enhanced Mental Health Services		78
2072	MAT-DMH	Multi-Disciplinary Assessment Team (MAT) - Department of Mental Health (DMH)	06 - 07	Specialized Foster Care	Multidisciplinary Assess Team - DMH		78
2077	MAT-DCFS_(non-MEDI-CAL)	Multi-Disciplinary Assessment Team (MAT) - Department of Children and Family Services	07 - 08	Specialized Foster Care	Multidisciplinary Assess Team - DCFS		78
2079	Wraparound_FSP-DCFS	Wraparound Full Service Partnership (FSP) - Department of Children and Family Services (DCFS)	07 - 08	Specialized Foster Care	Wraparound		78
2035	SAMHSA	Substance Abuse and Mental Health Services Administration (SAMHSA)	04 - 05	Comprehensive SOC Program (CFDA #93.958)			80
2027	STOP	Juvenile Justice Program Supportive & Therapeutic Options Program (STOP)	02 - 03	Juvenile Justice Program (STOP)			63
2024	Schiff-Cardenas-MHSAT	Juvenile Justice Crime Prevention Act (JJCPA, formerly Schiff-Cardenas)	02 - 03	Juvenile Justice Program (JJCPA)			59
2049	Schiff-Cardenas-MST						
2081	DOJ Co-Occurring Svs	Department of Justice Co-Occurring Disorder	07 - 08	Co-Occurring Disorder			58
2023	PATH	Projects for Assistance in Transition from Homelessness (PATH) – McKinney	02 - 03	Path McKinney, CFDA #93.150			74
2089	CGF-Homeless Services (NCC)	Homeless Services Net County Cost (NCC)	09 - 10	Homeless Services (NCC)			27
2071	PROBATION-FFT	Juvenile Justice Program (Functional Family Therapy)	06 - 07	Family Functional Therapy Program			60
2123	2nd Chances Grant - FFT	2nd Chances Grant for Adult Juvenile Offenders Family Function Therapy (FFT)	10 - 11	Second Chance FFT Program			61
2006	CalWORKS	California Work Opportunity and Responsibilities to Kids (CalWORKs)	02 - 03	CalWORKS			19
2040	DPSS - CalWORKS Families Project	Department of Public Social Services (DPSS) Homeless California Work Opportunity and Responsibilities to Kids Families Project	04 - 05	Homeless - Family Project			21
2013	GROW	General Relief Opportunities for Work (GROW) Program	02 - 03	GROW			43
2045	CGF - PES	County General Fund (CGF) Psychiatric Emergency Services	05 - 06	CGF - PES			
1000	CGF	County General Fund (CGF)	02 - 03	Other MH Srvcs for clients under the age of 21			25
				Other MH Srvcs for clients 21 years of age or older			25

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MHSA (Mental Health Services Act):

2047	Child-FSP-MHSA	Child Full Service Partnership (FSP)	09 - 10	FSP - Child	Y	33
2050	MHSA-Fam Supp Svc	MHSA-Family Support Services	05 - 06	Family Support Services	Y	33
2107	Wraparound_FSP-Child	Wraparound Full Service Partnership (FSP) - Child	09 - 10	Wraparound_FSP-Child	Y	33
2051	TAY_FSP-MHSA	Transitional Age Youth (TAY) Full Service Partnership (FSP)	09 - 10	FSP - TAY	Y	36
2114	Wraparound_FSP-TAY MHSA	Wraparound Full Service Partnership (FSP) - Transitional Age You (TAY) Mental Health Services Act (MHSA)	09 - 10	Wraparound FSP - TAY	Y	36
2054	Adult-FSP-MHSA	Adult Full Service Partnership (FSP)	09 - 10	FSP - Adult	Y	39
2057	Older-adult-FSP-MHSA	Older Adult Full Service Partnership	09 - 10	FSP - Older Adult	Y	41
2058	FCCS-CHILD MHSA	Field Capable Clinical Services (FCCS) - Child	07 - 08	FCCS - Child	Y	30
2078	FCCS-TAY MHSA	Field Capable Clinical Services (FCCS) - Transitional Age Youth (TAY)	07 - 08	FCCS - TAY	Y	30
2052	FCCS-ADULT MHSA	Field Capable Clinical Services (FCCS) - Adult	07 - 08	FCCS - Adult	Y	30
2070	FCCS-OLDER ADULT MHSA	Field Capable Clinical Services (FCCS) - Older Adult	06 - 07	FCCS - Older Adult	Y	30
2053	Probation_Camp_TAY_Svcs.-MHSA	Transitional Age Youth (TAY) Probation Camp Services	09 - 10	Probation Camps	Y	86
2062	Alt_Crisis_Svc_Urgent_Care_Ctr	Urgent Care Centers/Crisis Resolution Services	09 - 10	Urgent Care Centers/Crisis Resolution Services	Y	17
2068	MHSA Fam Focused Wellness Svc	Family Focused Wellness Services	06 - 07	Wellness/Client-Run Centers	Y	88
2056	MHSA-IMD_Step_Down facilities	Institutions for Mental Disease (IMD) Step Down	09 - 10	Institutions for Mental Disease (IMD) Step Down	Y	54
2060	Alt_Crisis_Svc_Enriched_Reside	Alternative Crisis Services Enriched Residential Services	09 - 10	Enriched Residential Services	Y	15
2061	Jail-Transition/Linkage-MHSA	Jail Transition and Linkage Services	09 - 10	Jail Transition and Linkage Services	Y	56
2084	Planning-Outreach&Engagement	Planning Outreach and Engagement (POE)	09 - 10	POE (Outreach & Engagement)	Y	69
2098	PEI_Children	Prevention and Early Intervention (PEI) - Children	09 - 10	PEI - Child	Y	71
2101	PEI_TAY	Prevention and Early Intervention (PEI) - TAY	09 - 10	PEI - TAY	Y	71
2092	PEI_Adult	Prevention and Early Intervention (PEI) - Adult	10 - 11	PEI - Adult	Y	71
2093	PEI_Older Adult	Prevention and Early Intervention (PEI) - Older Adult	10 - 11	PEI - Older Adult	Y	71
2091	PEI_Special Programs	Prevention and Early Intervention (PEI) - Special Programs	10 - 11	PEI - Special Programs	Y	71
2085	Alt_Crisis_Svc_Res_&_Bridging	Alternative Crisis Services Residential and Bridging	09 - 10	Alt_Crisis_Svc_Res_&_Bridging	Y	16
2087	MHSA-ADULT_HOUSING_SPEC	Mental Health Service Act (MHSA) Adult Housing Specialist	09 - 10	MHSA-ADULT_HOUSING_SPEC	Y	67
2088	MHSA-TAY_Housing_Svcs.	Mental Health Service Act (MHSA) Transitional Age Youth (TAY) – Housing Services	09 - 10	MHSA-TAY_Housing_Svcs.	Y	84
2059	Svc._Area_Navigation_MHSA	Service Area (SA) Navigators Mental Health Services Act (MHSA)	09 - 10	N/A	Y	76

Plans on the Integrated System (IS) FY 10-11
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Unique/Other:

2044	DCFS Medical Hub	Department of Children and Family Services (DCFS) Medical Hub (VIP)	04 - 05	DCFS Medical Hubs		66
2038	DCFS-Star View LS, PHF, CS	Department of Children and Family Services (DCFS) - Star View Life Support, Psychiatric Health Facility, and Community Services	04 - 05	DCFS-Star View LS, PHF, CS		
2039	DCFS-Independent Living	Department of Children and Family Services (DCFS) Medical Independent Living Program (Hilliview)	04 - 05	DCFS Hillview Transitional Independent Living		
2010	Dual Diagnosis Program	Dual Diagnosis Program	02 - 03	DHS Social Model		
				DHS LAMP		
				DHS Dual Diagnosis (BHS)		
2082	Tri-City Realignment	Tri-City Realignment	07 - 08	Tri-City Realignment		
2115	CalEMA	California Emergency Management Agency (CalEMA)	09 - 10	CalEMA		48
2118	BJA-In Jail Treatment & Linkag	Bureau of Justice Assistance (BJA) In-Jail Treatment and Linkage (SSG)	09 - 10	BJA-In Jail Treatment & Linkage (SSG)		48
2119	IMD Step-Down-CGF	Institutions for Mental Disease (IMD) Step Down -County General Fund	10 - 11	CGF - IMD Step Down		55
2086	Alt_Crisis_Svc_CW_Resource_Mgm	County Wide Resource Management (CRM)	09 - 10	Alt_Crisis_Svc_CW_Resource_Mgm	Y	14
2034	APS-DCSS	Geriatric Evaluation Network Encompassing Services, Intervention and Support (Genesis)	04 - 05	APS-DCSS		45
2009	D Rate Foster Care	Specialized Foster Care (D-Rate) Assesstment	02 - 03	N/A		
2014	HIV/AIDS Program	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome Program	02 - 03	HIV/AIDS Program		47
2015	HUD	Housing Urban Development	02 - 03	HUD		
2128	INN - Integrated Clinic Model	Innovation – Integrated Clinic Model (ICM)	10 - 11	INN - Integrated Clinic Model		49
2130	INN-Integrated MOBILE HLTH Tm	Innovation – Integrated Mobile Health Team: (IMHT)	10 - 11	INN-Integrated MOBILE HLTH Tm		51
2132	INN-Integrated Peer Run Model	Innovation – Integrated Peer-Run Model	10 - 11	INN-Integrated Peer Run Model		52
2129	INN - Integrated Srv Mgmt Mode	Innovation – Integrated Services Management Model (ISM)	10 - 11	INN - Integrated Srv Mgmt Mode		53
2127	Probation MST Title IVE	Probation Multi-Systemic Therapy (MST) Title IVE	10 - 11	Probation MST Title IVE		

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEM OF CARE
MENTAL HEALTH SERVICES ACT (MHSA) SERVICES AND SUPPORTS MATRIX (DRAFT 03-09-11)

PROGRAMS/ IS PLAN	**CRISIS RESOLUTION SERVICES (CRS)**	**PEI – CRISIS ORIENTED RECOVERY SERVICES (CORS)**	**FULL SERVICE PARTNERSHIP (FSP)**	**FIELD CAPABLE CLINICAL SERVICES (FCCS)**	**WELLNESS CENTERS (WC)**
	2062 – ALT CRISIS SVC – URGENT CARE	**2090 – PEI ADULT/OTHER AGE APPR PLAN**	**2054 – MHSA FSP – ADULT**	**2052/2070 – MHSA FCCS ADULT/ OA**	**2068 – MHSA FAM FOCUSED WELLNESS**
TARGET POPULATION	Individuals with Serious and Persistent Mental Illness (SPMI) who have an immediate need for a rapid response and stabilization in order to prevent hospitalization. When appropriate level of care is unclear after initial triage, or access to that level of care is not immediately available / authorized, assignment of client to CRS pending clarification/access may be appropriate.	Individuals experiencing recent crisis or trauma, who generally have not been diagnosed with SPMI, or those individuals who may be experiencing the onset of a serious psychiatric illness (first break) but neither at risk of hospitalization nor in need of immediate medication evaluation.	Individuals with SPMI who are high risk and /or have a recent history of homelessness, incarceration, frequent hospitalization, and/or who are transitioning out of IMD's or State Hospitals.	Individual with SPMI who have difficulty accessing services due to stigma, transportation, physical health, and/or other issues that require field-based mental health interventions. Individuals may be at high risk but not eligible for FSP or are graduating from a FSP.	Individual with SPMI who are able to access services independently and have few high risk needs, but may need on-going supports such as medications, peer run services, and/or case management.
DESCRIPTION and TYPES OF SERVICES	"Mini Urgent Care Center - UCC like Services" Identify, prioritize, and address consumer's needs to stabilize and successfully transition/return client to previous lower level of services within a 60 day-period. • 5150 Evaluation (if appropriate) and crisis stabilization-focused interventions. • Rapid Medication Evaluation (same day - if needed). • MHSA program evaluation and provision of mental health / community services while client is waiting for enrollment/transfer into FSP or other MHSA programs. • Co-occurring disorders treatment and/or linkage to co-occurring medical and/or other health care providers. • Care coordination and provision of peer counseling, family education and support. • Referrals to and provision of housing, employment, vocational, educational services where needed.	Focused on Early Intervention Short-term evidence-based crisis and early intervention models with service length up to 180 days intended to return consumer to either pre-crisis or greater level of functioning. Focused efforts to help the individual develop adaptive vs. maladaptive coping strategies for managing the stress association with the precipitating event the consumer has recently experienced. These events may be psychological (e.g. witnessed a violent event), social (e.g. divorce), or biological (e.g. illness) in nature. • Crisis specific interventions (PEI-CORS, a.k.a. Benjamin Rush Crisis Intervention Model) or other EBP's advanced under the PEI plan. • Mobile / field-capable and/or co-located services, i.e. in health care settings. • Where needed, medication evaluation and support services. • Evaluation for other MHSA programs and/or referral to community services / resources. • Co-occurring disorders treatment with linkage to co-occurring medical and / or other health care providers as needed. • Where appropriate to the crisis situation care coordination and provision of peer counseling or family education / support. • Referrals to and/or provision of housing, employment, vocational, and educational services.	Enrollment based highly intensive team services with a maximum of a 1:15 staff to client ratio. On-going support to clients with their recovery and community integration goals. The FSP team provides: • Intensive sustained outreach and engagement efforts to both new and ongoing consumers. • 24-7 crisis response. • Co-occurring disorders treatment. • Medication support services, as needed. • Address consumers' needs pre and post hospitalization. • Transition consumers toward successful graduation from FSP or referrals to other MHSA program elements and/or needed community supports as appropriate. • Care coordination and provision of peer counseling, family education and support. • Successful provision of needed housing, employment, vocational and educational services.	Community and field based clinical and case management services to improve access to mental health services. Interventions focus on moving clients toward wellness programs and independent use of community resources and supports. The FCCS team provides: • Co-located service provision in health care or other community based settings. • 24-7 telephone crisis response. • Co-occurring disorders treatment. • Medication support services, where needed. • Referral to other MHSA program elements and/or needed community services, which may include housing, employment, vocational and/or educational services. • Care coordination and provision of peer counseling, family education and support.	Services are geared toward sustained recovery from mental illness, allowing consumers to graduate/exit the public mental health system, and achieve full community integration. Peer providers should comprise at least 50% of the WC team. Services include: • Peer directed support groups and individualized problem solving including Wellness Recovery Action Plan (WRAP), Procovery Circles, and other self-help groups. • Self-directed crisis management with clinical supports provided, when needed. • Co-occurring disorders treatment. • Medication Support services, referral to other MHSA program elements and/or needed community services, including housing, employment, and education. • Care coordination and provision of peer counseling, family education and support. • Healthy Living activities geared towards health education and needed behavioral change.