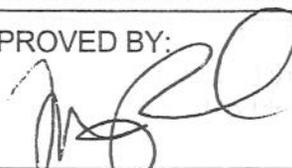


DEPARTMENT OF MENTAL HEALTH

POLICY / PROCEDURE



SUBJECT: CHANGING OF GEOGRAPHIC BOUNDARIES RELATING TO MENTAL HEALTH SERVICE DELIVERY	POLICY NO. 305.1	EFFECTIVE DATE 05/01/02	PAGE 1 of 4
APPROVED BY:  Director	SUPERSEDES 10/01/89	ORIGINAL ISSUE DATE 01/20/82	DISTRIBUTION LEVEL(S) 2

PURPOSE: 1.1 Each Mental Health Service Area within the County of Los Angeles has been divided into geographic areas to facilitate administration and coordination of services. This policy is to provide standards for establishing and changing geographic boundary areas in order to ensure effective mental health service delivery.

POLICY: 2.1 The Department of Mental Health (DMH) shall have mental health geographic boundaries within Los Angeles County Service Areas. Any proposed Boundary Definitions, including changes to existing boundaries, shall take into consideration the guidelines listed below. However, the list is not exhaustive and other issues may be entertained as determined by the Director.

2.1.1 Boundary streets must conform to census tract boundaries.

2.1.2 Existing incorporated city boundaries remain intact, i.e., an incorporated city will not be split.

2.1.3 School communities (based on high school attendance) and neighborhoods (based on elementary school attendance) remain intact when feasible.

2.1.4 Geographic Areas within Service Areas optimally function with a population of less than 600,000.

2.1.5 Population characteristics which may describe the level of need (available from the Department of Health Services and the Children's Planning Council):

- Demographics
- Unemployment rate
- Immigration
- Illiteracy
- Prevalence of illness
- Existing clients or ratio of existing clients to population
- Number of existing Medi-Cal clients
- Level of poverty

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- 2.1.6 Recommendations of Proposed Boundary Definitions will encompass the review of the following indicators in light of budget considerations and implement them when feasible:
 - 2.1.6.1 Existing mental health facilities and agencies for treatment shall be labeled primary or specialty and mapped.
 - 2.1.6.1.1 Primary – lead agencies, district offices, state and county hospitals, CMHCs.
 - 2.1.6.1.2 Specialty – providers that serve specific p populations such as children or older adults.
 - 2.1.6.2 Utilization capacity of agencies or facilities (current and projected number of staff and size of facility).
 - 2.1.6.3 Location of non-mental health and human services (schools, general hospitals, etc.).

PROCEDURE:

- 3.1 Establishment and modification of boundaries will follow this workflow and be governed by the following guidelines:
 - 3.1.1 The Director of Mental Health has the final authority to approve establishment of and changes to geographic boundaries.
 - 3.1.2 All initial geographic boundaries within the Service Areas and any proposals for changing boundaries within a Service Area will be presented to the Comprehensive Community Care (CCC) Steering Group, who will review the proposal and make a recommendation to the Director of Mental Health.
 - 3.1.3 Establishment of geographic areas within Service Areas will involve the Service Area Advisory Committee (SAAC) and be led by representatives of DMH.
 - 3.1.4 The SAAC will identify gaps between existing services, core requirements and community needs. Difficulty in balancing resources may necessitate changes in service boundaries, service implementation, service philosophy or the use of facilities to ensure accessible quality services are provided.

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3.1.5 Core mental health services within a Service Area and within proposed Geographic Areas will need to be determined. The SAAC may recommend a definition of core services to DMH. The CCC Steering Group, led by the Director, will review recommendations and make a final determination of core services per Service Area. (The core services may be used as guides to calculate the overhead and costs, which will indicate the size of the administration needed in the Geographic Area.) The following categories may define core mental health services:

- Outreach, Information and Referral
- Diagnosis, Assessment and Screening Program
- Crisis Intervention and Aftercare
- Outpatient Treatment
- Respite Care
- Day Treatment/Partial Hospitalization
- Independent Living/Transitional Living/Foster Care
- Residential Treatment
- Inpatient Hospital Care
- Substance Abuse
- Self Help Groups

3.1.6 Changes in boundaries may be initiated at the level of DMH District Chief or higher or initiated by a Service Area Advisory Committee.

3.1.7 Proposed changes in geographic boundaries will include the securing of appropriate administrative clearance through standard management channels at the level of Chief Deputy. Complete documentation and justification shall be attached to the proposal. Documentation regarding geographic boundary areas potentially impacted by the proposed change should include, but not be limited to:

- population count
- number of Medi-Cal clients
- number of households
- percent of homeless
- percent of the population with a history of incarceration
- population income data
- a description of the current mental health services available
- a count of current agencies by population type (children, adults, older adults, dual diagnosis, etc.)
- a count of the total number of clients served.

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- 3.1.8 Following approval of a geographic boundary by the Director, the Planning Division shall change and issue maps within thirty (30) days of receiving the documentation.
- 3.1.9 The Service Area District Chief will ensure that agencies within the specified Service Area are notified of the establishment of or any changes to geographic boundaries.

AUTHORITY: Budget Act of 1983
Department of Mental Health Policy

REVIEW DATE: This policy shall be reviewed on or before April 1, 2007.