LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

January 17, 2014

TO: Each Supervisor

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

Mitchell H. Katz, M.D.
Director of Health Services

SUBJECT: **RESPONSE TO MOTION REGARDING IMPROVING MENTAL HEALTH CRISIS SERVICES**

On December 17, 2013, Supervisors Knabe and Ridley-Thomas introduced a Motion regarding improving mental health crisis services countywide; this Motion was subsequently amended by Supervisor Yaroslavsky. Recognizing the importance of urgent, acute and aftercare services in reducing inpatient care demand and improving flow through the system, the Motion also acknowledged the need for the Departments of Mental Health (DMH) and Health Services (DHS) to work together to identify and implement additional strategies to address the increasing demand for mental health crisis services. The Motion instructed the Directors of Mental Health and Health Services to report back to your Board in 30 days on:

- The status of negotiations and contracting with Exodus Recovery, Inc., an agency with the capacity to implement a 16-bed Psychiatric Health Facility (PHF);

- A plan to expand and enhance Psychiatric Urgent Care Centers (Psychiatric UCCs) so that every County-operated hospital psychiatric emergency room has a Lanterman-Petris-Short (LPS) Act designated mental health urgent care center within close geographic proximity operating twenty-four hours per day and seven days per week. The plan was to describe how urgent care centers work in conjunction with psychiatric emergency rooms as a front door and absorb as many patients as appropriate. Further, the plan was to include a budget and identify policy opportunities to better ensure Medi-Cal and other payment methodologies encourage system capacity to the greatest extent possible;

- Exploration of the feasibility of using existing and expanded urgent care centers for pre-booking diversion as appropriate;

- The status of the Psychiatric Emergency Services (PES) Decompression Plan approved by the Board of Supervisors in June 2012;
- New efforts undertaken by the Departments to address the capacity issues; and
- Trend data on PES daily census and length of stay for children, adolescents, and adults.

This report will provide you with the information requested in your Motion.

The status of negotiations and contracting with Exodus Recovery, Inc., an agency with the capacity to implement a 16-bed Psychiatric Health Facility (PHF)

As directed in your December 17 Motion, DMH proceeded to amend the Exodus Recovery, Inc., contract in order to add funding and to enable the provider to deliver Psychiatric Health Facility services in a medical facility adjacent to the campus of Brotman Medical Center. The physical site for the PHF was licensed on December 24, 2013, by the State Department of Health Care Services, the entity responsible for reviewing and authorizing treatment in such settings. In addition, DMH staff conducted a site review for LPS designation on December 17, 2013. All required licensure and certification requirements were met by December 31, 2013, and the facility began accepting clients on January 15, 2014.

The plan to expand or enhance Psychiatric UCCs so that every County-operated hospital psychiatric emergency room has a LPS designated mental health urgent care center within close geographic proximity operating twenty-four hours per day and seven days per week

Los Angeles County DHS currently operates PES at LAC+USC Medical Center (LAC+USC MC), Olive View-UCLA Medical Center (OV-UCLA MC), and Harbor-UCLA Medical Center (H-UCLA MC). An additional medical emergency room will open at the Martin Luther King, Jr. Community Hospital (MLK, Jr. Community Hospital) when that facility opens in 2015 but will not operate a PES. The status of relationships between each PES and existing or planned mental health urgent care centers are described in the narrative below. In addition, the plan to expand mental health urgent care centers in other locations throughout Los Angeles County is summarized below.

Budgets for the existing and proposed UCCs are contained in Attachment 2. All UCCs include staffing and programming focused on client benefits establishment. Case managers and financial staff assist clients in determining benefits to which they may be entitled and filing applications for these entitlements while they are in the UCCs. This focus ensures that Medi-Cal and other payments are maximized for the UCCs, thereby encouraging system capacity. DMH continues to work with DHS regarding options for

securing the local portion (non-Medi-Cal) of the operational costs of the expanded UCCs for which Senate Bill (SB) 82 will provide capital funding.

LAC+USC MC

Currently, DMH contracts with Exodus Recovery, Inc., to operate a LPS-designated 24/7 mental health urgent care center across from the PES at LAC+USC MC. Known as the "Exodus Eastside UCC," the program works closely with emergency personnel at the hospital. Many patients who would have presented to the PES now present to the UCC and are either placed into an inpatient unit or treated and discharged home. Some UCC patients, often awaiting placement, have lengths of stays at the UCC greater than 23 hours and are then required to be transferred to the PES for ongoing care. The UCC also accepts patients from the PES who are appropriate for the non-hospital setting. This is especially helpful when the PES is at capacity. The Eastside UCC also has a small unit dedicated to serving adolescents primarily identified through the Department of Children and Family Services (DCFS). Funding for this UCC was included in the approved Mental Health Services Act (MHSA) Community Services and Supports (CSS) plan with additional specialized foster care funding for the adolescent component. DHS and DMH are in discussions regarding a potential expansion of the Eastside UCC so the UCC can accept patients brought in by law enforcement with mental health needs in lieu of law enforcement continuing to transport all such patients to the LAC+USC MC PES. Criteria for safe transport to a UCC in lieu of an emergency room are being developed, and DMH is exploring the funding that may be required for this enhancement.

MLK, Jr. Community Hospital

Following a solicitation, Exodus was also selected as the contractor for the 24/7 LPS-designated Psychiatric UCC on the campus of the new MLK, Jr. Community Hospital. The MLK Psychiatric UCC will serve adults and adolescents when it opens in May 2014. Funding for this UCC was included in the approved MHSA CSS plan with additional specialized foster care funding for the adolescent component. It is funded to see approximately 1,200 patients monthly. Plans are in process to ensure that patients who require more than a 23-hour stay in the UCC will be transferred to a location that provides psychiatric emergency services.

Olive View-UCLA MC

MHSA funding also supports the Olive View-UCLA Mental Health UCC which is directly operated by DMH. This facility was initially planned and budgeted to operate seven days per week, but less than 24 hours per day; as a result it was not possible to obtain LPS designation for the facility. DMH and DHS are currently finalizing plans to expand the hours of operation to 24/7 and obtain LPS designation for this UCC. Once LPS designation is achieved the Olive View-UCLA UCC can accept patients on holds and may serve as the first stop for medically stable patients brought for care by law

enforcement. The expansion will require a staffing enhancement to extend hours of operation.

H-UCLA MC

H-UCLA MC represents the final County-operated PES for which a geographically proximate mental health urgent care must be developed. DMH plans to include the capital costs associated with developing this urgent care center in the SB 82, "Investment in Mental Health Wellness Act of 2013" proposal being submitted to the State in January 2014. SB 82 does not include operating costs and alternative options for funding the ongoing expenses are being explored by DMH and DHS at this time.

Additional Expansion under SB 82

As noted above, SB 82 provides capital funding for the establishment of mental health UCCs; it also funds capital costs associated with the development of mental health crisis residential programs. DMH has analyzed information regarding the strategic placement of UCCs geographically throughout the County; the plan for four additional UCCs (in addition to the one proposed for the campus of H-UCLA MC) has been presented to various stakeholder groups including the MHSA System Leadership Team, the Mental Health Commission, the Hospital Association of Southern California, and others. DMH plans to propose the establishment of additional urgent care facilities in the Antelope Valley, San Gabriel Valley, and Southeast Los Angeles. In addition, an UCC with a specialized focus on adolescents is proposed for the Hollywood area. It should be noted that DMH also currently funds one additional UCC on the Westside of Los Angeles where there is no County DHS PES.

Exploration of the use of Psychiatric Urgent Care Centers so they might serve as a site for pre-booking diversion of individuals with mental illness and substance use disorders

DMH is in the process of exploring the enhancement of partnerships with law enforcement entities and the criminal justice system through the proposed implementation of two pre-booking jail diversion programs, initially as pilot projects serving the Long Beach (LB) and Antelope Valley (AV) areas, and subsequently to be extended throughout Los Angeles County, utilizing the experience gained through the pilot projects. The principal goal of the project is to link individuals with mental illness to recovery services at the first point of contact with the criminal justice system as an alternative to repetitive incarcerations.

The proposed LB and AV pilot projects would be housed in UCCs to be located in the AV and LB areas. The UCCs would serve as the entry point for the AV and LB Police Departments to link individuals to mental health services in lieu of their being charged with low level offenses. The UCCs will be designated to receive or place individuals on 72-hour holds. For this proposal, the AV and LB UCCs would be expanded to allow specially trained law enforcement to divert individuals to mental health services whose

low level offenses appear to be the result of or associated with their mental illness and who voluntarily agree to treatment.

The status of the PES Decompression Plan approved by the Board of Supervisors in June 2012

The PES Decompression Plan approved by the Board of Supervisors in June 2012 contained 28 different strategies for alleviating overcrowding. Attachment 3 provides a summary chart detailing the status of each strategy.

Subsequent to the Board approval of the PES Decompression Plan in June 2012, DHS and DMH continued to identify strategies that might further alleviate demand on the continuum of intensive psychiatric services. Beginning in the summer of 2013, the following additional strategies were introduced:

- Rapid Planning Team (RPT). Focused on the challenge of children and adolescents in the H-UCLA MC PES who lack a disposition approaching 24 hours, the RPT was developed to problem-solve and to gather information on the root causes for lengthy stay. The team convened by the Supervising Child Psychiatrist for the PES includes representatives from DHS administration, the Supervising Psychiatrist from DCFS, and the DMH Countywide Resource Management District Chief. The RPT has been convened four times and has mobilized resources (e.g., inpatient beds, etc.) in 100% of the cases. In exploring the greatest challenges, the three Departments have noted particular difficulties in finding placements for children with developmental disabilities. Further work with the Regional Centers will be required.

- Mental Health Recuperative Care. Historically, DHS has encountered challenges when attempting to discharge psychiatric patients that do not require locked IMD aftercare but who are not ready to return to their homes or the community. Such individuals often have co-occurring medical issues that require nursing care and support as they recuperate. To ensure that such individuals are not continued on inpatient units longer than medically necessary, DMH established a pilot mental health recuperative care program. Located within the Gateways Hospital IMD Step-down Unit, the recuperative care program is a 10-bed unit with a maximum 3-week length of stay. This brief but intensive recuperative care program enables mental health and nursing staff to work collaboratively to support clients as they heal, thereby ensuring a successful return home. Thirteen individuals have been successfully referred to the program. Nine clients have participated in the program, and four referrals were denied due to histories of violence that included gang and domestic violence, carjacking and drug possession, and violation of restraining orders. The two departments continue to assess the criteria for referral and the overall utility of this program. A more complete

assessment of the program's effectiveness will occur in the second or third quarter of 2014 and will guide expansion or elimination of the pilot.

- Intensified Placement Efforts. On two occasions, DMH provided DHS with intensified placement efforts (once at H-UCLA MC and once at LAC+USC MC). DMH Countywide Resource Management staff members were redeployed to work with DHS psychiatric inpatient facility staff to provide placements to many patients awaiting discharge to a locked or unlocked placement accessed by DMH. Although these intensive efforts have not been sustainable using existing DMH staff resources, the one-time support at these facilities allowed patients who had been in DHS beds on "administrative day status" to be placed, thus allowing a PES patient to be hospitalized more quickly.

Trend Data on PES census and length of stay for children, adolescents and adults

Since the approval of the June 2012 PES Decompression Plan, monthly PES visits, PES census (measured as a snapshot between 8-9 a.m. each day at DHS's three PES facilities), and PES average length of stay have risen during calendar year 2013. Data graphs in Attachment 4 show monthly trends across 2012 and 2013.

In the three months prior to the Plan's approval (March, April, and May 2012), DHS PES's had an average morning census of 58.2 patients across all three PESs and an average length of stay of 21.9 hours. In the most recent three months (October, November, and December 2013), the average morning census was 66.5 patients across all three PES, representing a 14.3% increase. Average length of stay in the most recent three months for which data is available (August, September, and October 2013) was 22.5 hours. Across all three PES facilities, in calendar year 2012, there were an average of 1,841 patient visits per month, compared to an average of 2,020 visits per month in 2013 (data available through November only), a 9.8% increase.

DMH and DHS believe that these increases would have been even greater if the PES decompression efforts to date had not been implemented. However, it is clear that additional efforts are needed. Factors that have likely contributed to the increased PES volume and census in 2013 include the closure of a significant number of private inpatient psychiatric beds in Los Angeles County and an increasing number of patients recently released from jail and prison (AB 109). The PES also report greater difficulties in placing patients with Medi-Cal in community psychiatric beds and a scarcity of available placements for patients admitted to DHS inpatient beds which ultimately back-up patients into the PES awaiting such a bed. Finally, it is worth noting that the PES system continues to have particularly high census on certain predictable days of the week as a result of predictable patterns of placement difficulty. Targeting these specific days with focused interventions can have a noticeable impact.

Conclusion and Next Steps

DMH and DHS continue to collaborate in efforts to address the growing demand for psychiatric emergency services and inpatient programs in Los Angeles County. In addition to the solutions described above, we plan to pursue the following options:

- Expand Psychiatric UCC capacity by establishing five additional UCCs. Capital funding for these programs will be requested through DMH's SB 82 proposal. DMH continues to explore options for ongoing service dollars.
- Enhance placement availability by creating additional placement options as well as by discharging clients out of placements when they are clinically appropriate to leave. These enhanced placement efforts should target the days of the week where predictable patterns of placement difficulty, and thus high PES census, have been established. As with the UCCs, the DMH SB 82 proposal will include capital funding intended to establish approximately 10-15 crisis residential programs.
- Work with Los Angeles County LPS-designated private hospitals to accept patients requiring emergency psychiatric evaluation into their emergency rooms and into their inpatient psychiatric units, should such individuals require admission.
- Increase intensified placement efforts by providing required staffing resources to DMH so that DHS hospitals have sufficient DMH staff working to transition placement-ready patients out of acute beds.
- Establish a mechanism for law enforcement to transport medically stable individuals to Psychiatric UCCs as an alternative to PES.

Should you wish to discuss this plan you may contact either one of us or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, DMH, at (213) 738-4108 or Mark Ghaly, M.D., Deputy Director for Community Health and Integrated Programs, DHS, at (213) 240-8107.

MJS:MHK:RK:

Attachments

c: Executive Office, Board of Supervisor
Chief Executive Office
County Counsel

STATUS OF MENTAL HEALTH URGENT CARE CENTERS IN LOS ANGELES COUNTY

DHS Hospital or County Priority	Current Status of Mental Health UCC	Direct County Operation or Contract Provider	Opportunities for expansion	Source of Local Funding	Number of clients served daily
LAC+USC	Open LPS Designated	Contract Provider: Exodus Recovery, Inc.	Law enforcement	MHSA + Specialized Foster Care (NCC)	12 adults and 6 adolescents at a time 43 daily average census
Olive View Medical Center	Open Not LPS designated Substance abuse co-location	Direct County Operation	LPS designation Law enforcement Hours of operation	MHSA	12 adults at a time 22 daily average census
Countywide/Westside	Open LPS designated Substance abuse co-location	Contract Provider: Exodus Recovery, Inc.	Law enforcement already uses facility	MHSA	12 adults at a time 20 daily average census
MLK Jr. Hospital	Scheduled to open May, 2014	Contract Provider: Exodus	New program	MHSA + Specialized Foster Care (NCC)	Projected: 12 adults and 6 adolescents at a time 40 daily average census
Harbor-UCLA Medical Center	Proposed (SB82)	To be determined	New program	Capital costs – SB82 Operating costs – to be determined (hospital donation or NCC)	TBD
Proposed additional expansion: underserved areas • Antelope Valley • Southeast Los Angeles • Long Beach • Hollywood (adolescent focus)	Proposed (SB82)	To be determined	New program	Capital costs – SB82 Operating costs – to be determined (hospital donation or NCC)	TBD

Psychiatric Urgent Care Centers: Annual Gross Budgets

Urgent Care Center	In Operation/Proposed	Gross Budget - Adults	Gross Budget – Adolescents	Total Gross Budget
Exodus – Eastside UCC	In Operation	$6,549,342	$1,496,635	$8,045,977
Exodus – Westside	In Operation	$3,413,606	N/A	$3,413,606
Olive View UCC	In Operation	$8,485,209	No separate program; adolescents are served within overall program as needed	$8,485,209
MLK UCC	Proposed	$5,360,479	$1,496,635	$6,857,114
SB 82 UCC Expansions (5)	Proposed	$6,072,156	$1,719,654	$7,791,810

PES Decompression Plan
Status of Recommendations
January 2014

Recommendation	Status	Outcome
Reduce the inflow of patients into the PES - Process Improvement		
1. Engage with LPS-designated individuals, including peace officers, as means of encouraging appropriate utilization of 5150 holds and promoting understanding of the range of potential destinations to which patients on holds may be transferred.	DMH trains and provides consultation to staff of the LAPD-MEU regarding appropriate routing of calls involving patients on 5150 holds. In addition, DMH Law Enforcement Teams (LETs) routinely direct clients on psychiatric holds to urgent care centers, Psychiatric Diversion Program Beds and other alternatives.	Accomplished and ongoing
2. As resources permit, expand the Psychiatric Diversion Program to more frequently allow carefully selected patients direct admission to inpatient acute psychiatric beds.	DMH continues to pursue adding participating hospitals for the PDP program but due to recent hospital closures acute inpatient capacity available for PDP purchase has been limited. DMH redirected PDP funding to a new Psychiatric Health Facility to provide acute inpatient services for 16 individuals at any given time. The program will open in January 2014.	Accomplished and ongoing
3. Continue efforts to establish a Unique Patient Identifier within DHS and a County Master Patient Index that will facilitate information – and data-sharing efforts within DHS and between DMH and DHS	DHS has initiated a new Electronic Health Record project called ORCHID that will create a unique identifier for all DHS patients. Efforts to facilitate information sharing about patients across all County departments providing patient care are also underway through the Master Data	Ongoing

Recommendation	Status	Outcome
	Management (MDM) project and the LANES project – both of which include Master Patient index capabilities – and the potential creation of a Cerner information hub joining all departments whose patient data is managed by Cerner applications.	
4. Explore opportunities to further invest in intensive case management programs for individuals that frequently utilize the PES	DHS continues to work with homeless high utilizers through our Housing For Health program, including many of whom have mental health diagnoses. DHS has not yet been able to create a program to systematically case manage high utilizers. DMH will include recommendations regarding expansion of intensive case management programs for this purpose in the 3-year MHSA Planning Process to begin during FY 2013-2014.	In progress
5. Work with DPH to streamline access for PES patients into substance abuse rehabilitation programs	DHS and DPH are working to implement a project to hire 3 Substance Abuse Counselors to be located in ERs, including Harbor's PES, and for DPH to co-locate a Staff Asst I and Clinic Driver and dedicate 15 beds at AVRC for DHS patients coming from the ER project. Project delayed due to delays in hiring staff; now expected to start in February 2014.	In progress
6. Continue to investigate supportive housing opportunities	DMH established a 10-bed mental health recuperative care unit within the Gateways MHC IMD Step-Down Program in October 2013. This is a pilot project and will be evaluated in June 2014.	Accomplished and ongoing

Recommendation	Status	Outcome
	DHS established its Housing for Health Unit in December 2012 and to date has permanently housed 280 homeless patients in supportive housing, with many additional units in the planning stages. Approximately 50-60% of those housed have mental health issues.	
7. Further investigate financial, operational and clinical implications of creating a 23-hour holding unit for DCFS children within the integrated pediatric service network at LAC+USC – the Children's Village	Completed for children under age of 12 in the Child Welcome Center at LAC+USC; Youth Welcome Center for DCFS youth ages 12 and over scheduled to open at LAC+USC in early-mid 2014	Partially accomplished
8. Continue to monitor trends in PES utilization by AB109 releases and in collaboration with CDRC, develop strategies to divert inappropriate visits as needed	DMH has directed individuals released from prison and in need of psychiatric evaluation to Exodus Urgent Care Center whenever possible. Individuals requiring acute inpatient services are referred to DMH indigent inpatient resources or DHS. DHS will also be co-locating a Registered Nurse and Clinical Social Worker at the AB109 Pre-Release Center alongside DMH, DPH and Probation staff, to enable closer collaboration on management of releases" health, behavioral health and other service needs. Staff is currently being recruited and scheduled to start in February 2014.	Partially Accomplished and ongoing

Recommendation	Status	Outcome
Reduce the inflow of patients into the PES - Facility/Programmatic Investments		
9. Maximize use of Olive View Urgent Community Services Program by obtaining LPS designation.	In the original PES plan, DMH and DHS intended to expand the hours of operation for the Olive View Urgent Care Center to 24 hours per day, 7 days per week. In an effort to ensure efficient use of funding, DMH and DHS discussed the necessity of acquiring LPS designation for the facility. DMH explored how this might be done during current hours of operation. To that end, DMH submitted an application to the State Department of Health Care Services requesting that the Olive View Urgent Care Center receive LPS designation status. The State rejected this application. DMH and DHS are working together to address operational issues associated with transitioning the OVUCC to a 24/7 LPS-designated mental health urgent care facility. In order to do this, the current staffing would need augmentation to expand coverage to 24/7 from the current 14 hours Mon-Fri and 8.5 hours Sat-Sun.	In progress
10. Investigate feasibility of expanding operating hours of the Olive View Urgent Community Services Program to 24/7	State rejected LPS designation due to facility not being open 24/7. Now, DHS and DMH will discuss options for expanding OV UCC to 24/7 in order to receive LPS designation and be allowed to receive patients on holds. As above: staffing and funding for additional hours is in process.	In progress

Recommendation	Status	Outcome
11. Consider expansion of Urgent Care Center model to DHS hospital campuses as master plans for MLK and Harbor permit	DMH has completed the solicitation for the MLK UCC; Exodus Recovery was awarded the contract in November, 2013 and is making building modifications with planned opening in May, 2014. DMH is including the capital costs of the Harbor-UCLA Medical Center-linked UCC (location to be determined) in the SB82 grant application, due January 22, 2014.	In progress – partially completed
12. Evaluate optimal use of vacant 5-bed unit at Augustus Hawkins, including option of staffing unit to hold Probation adolescents.	At this time, DHS currently has no plans to open this unit because of funding issues.	Under evaluation
13. Consider programmatic changes to further meet the needs of incarcerated youth with developmental delays and/or serious behavioral issues	As a result of enhanced working relationship between DHS and DMH regarding Probation youth and enhanced programming at the juvenile halls, more kids are being successfully treated on-site at Probation facilities. The PES have seen a decrease in juvenile probation visits and an increase in kids able to be returned to DMH's Juvenile Detention Mental Health service rather than requiring admission to an inpatient psychiatric unit.	Ongoing – in progress
14. Continue to investigate financial and operational implications of creating a 24-hr acute stabilization unit and a "Step-down" intensive day-treatment program at a Probation or post-adjudication facility	As above, enhanced programming in the Juvenile Justice facilities have reduced the need for this type of facility at the present time.	Under evaluation

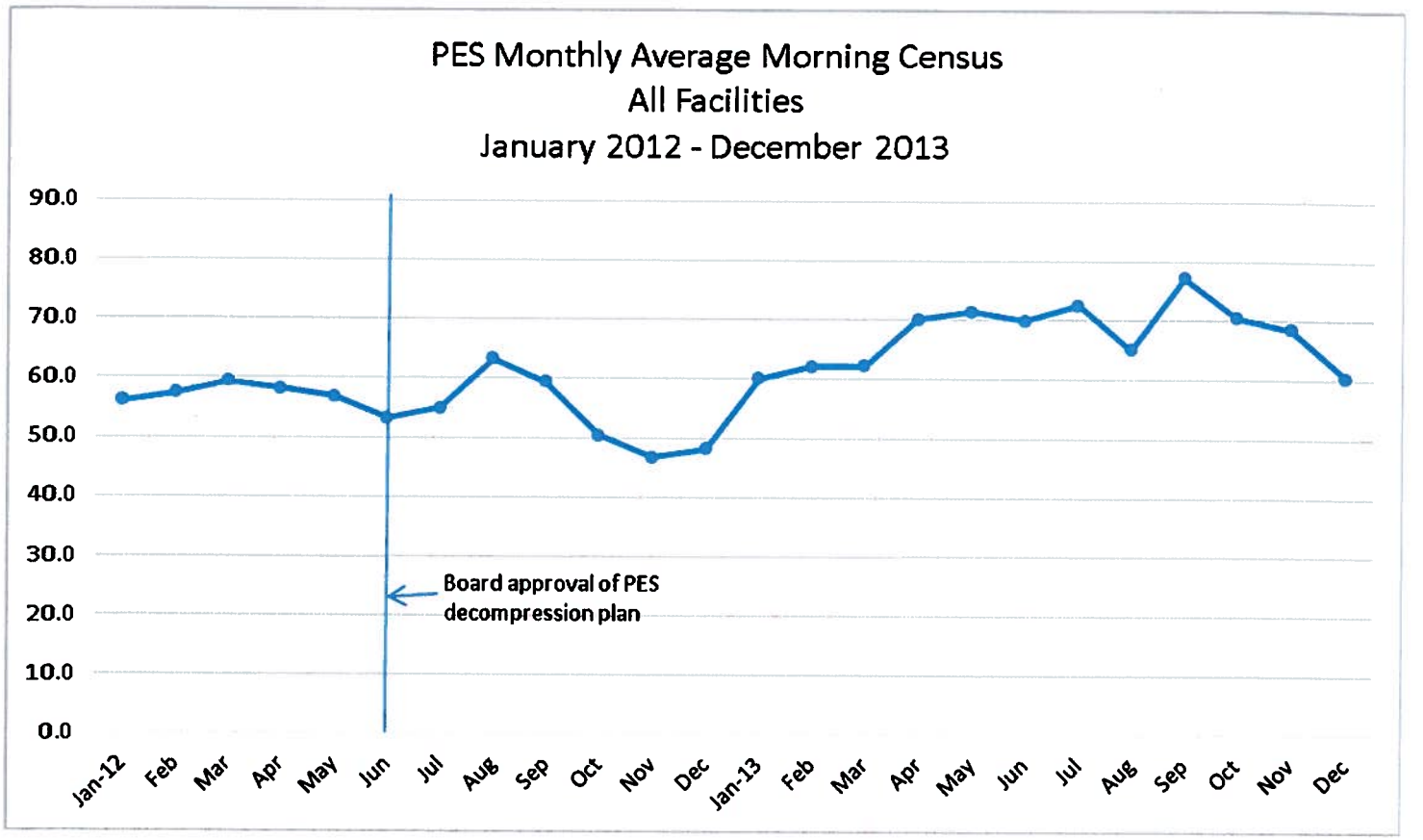
Recommendation	Status	Outcome
Accelerate the discharge of patients from the PES – Process Improvements		
15. Increase DMH liaison activities in the PES; as resources permit, assign additional dedicated liaison staff.	DMH's Countywide Resource Management hired the PSW II, who is working in the Emergency Room at LAC+USC Medical Center.	Completed
16. Expand DMH DCFS mental health liaison to LAC+USC.	DMH's Countywide Resource Management hired the PSW II, who is working in the Emergency Room at LAC+USC Medical Center.	Completed
17. Work with DCFS to investigate means of better coordinating care for children/adolescents requiring psychiatric treatment (e.g., single DCFS liaison as point of contact for children/adolescents in the PES.)	DMH liaison (Children's System of Care) for case management of DCFS kids was connected to Augustus Hawkins. Working with DCFS Medical Director's office on establishing single point of contact for all DCFS children hospitalized at DHS facilities.	Partially completed
18. Increase education of mental health inpatient and PES staff to more rapidly discharge patients to open community-based facilities.	DMH-DHS collaborative review of inpatient psychiatry patients on Administrative days was implemented at LAC+USC in February 2013. DMH CRM Psychiatrist, Dr. Miller is meeting with LAC+USC inpatient staff monthly to review cases. Intensified placement effort by DMH at LAC+USC in March 2013 and Harbor-UCLA in June 2013 were helpful in decreasing admin day and denied day numbers at these facilities. However, reductions were not sustained and these efforts required significant DMH resources	Accomplished and Ongoing

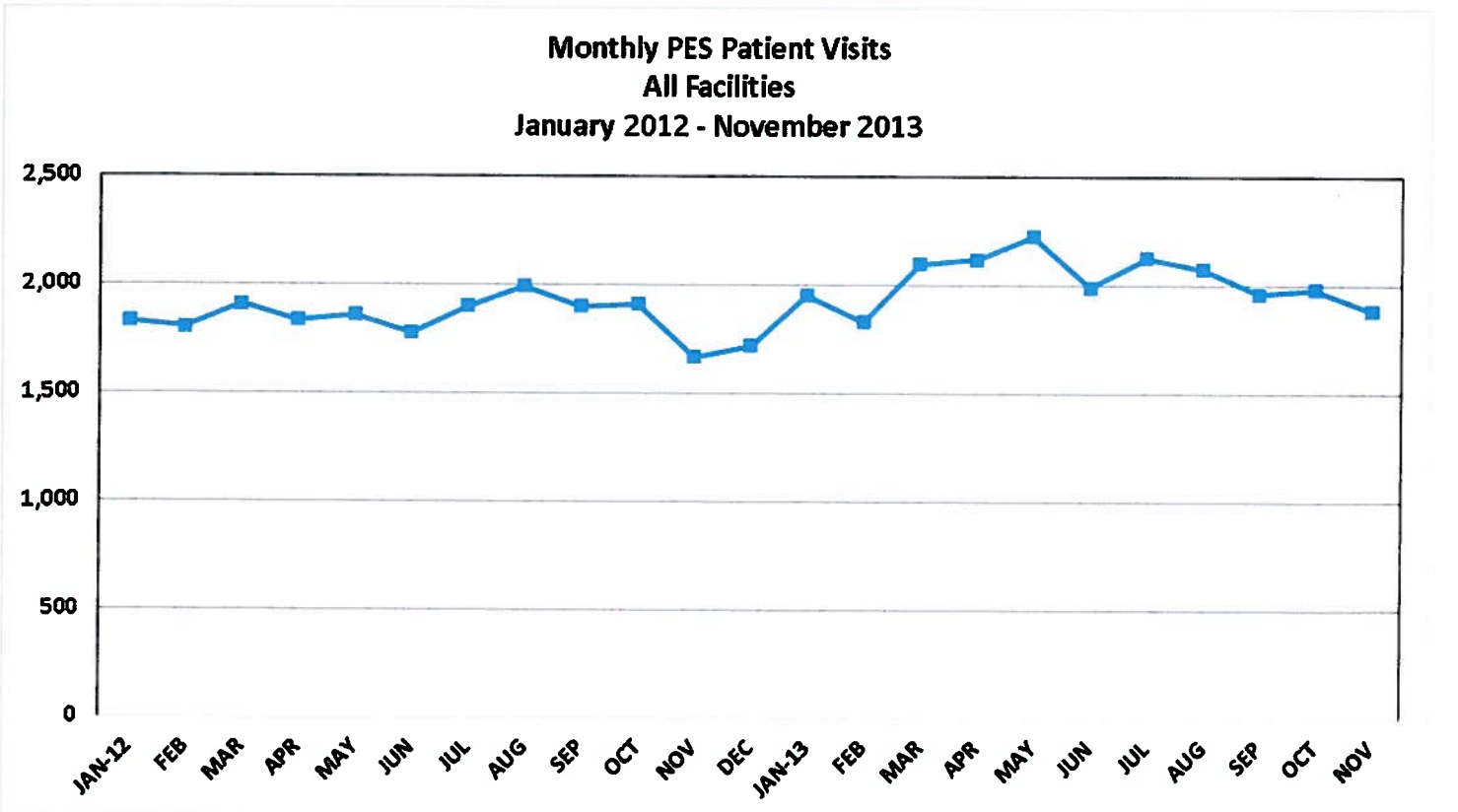
Recommendation	Status	Outcome
	which make them difficult to sustain.	
19. Expand use of selected tools and processes that may reduce inter-facility variation in clinical practice patterns within the PES and inpatient units	Administrative day reviews and development of expedited placement procedures have been implemented at LAC+USC, Harbor, and OV. In January, 2014 DHS/DMH will pilot a survey completed to inpatient staff meant to trigger an evaluation of the need to send a patient to a locked placement such as an IMD.	Ongoing – in progress
20. Address operational issues that delay timely throughput of patients through the PES and inpatient units	Regular joint Department placement planning meetings identify operational and process issues on an ongoing basis.	Accomplished and Ongoing
21. Develop Post-hospitalization Placement Problem Committee to expedite placement of inpatients no longer requiring acute inpatient hospitalization for which a disposition is not easily forthcoming.	This committee has been established and occurs at the PES Coordination Committee meetings DMH has hired two additional Deputy Public Guardians to address the needs of the DHS hospitals for conservatorship investigations of individuals waiting on inpatient units.	Accomplished
22. Monitor progress on placing "difficult to place" patients through systemic data collection efforts	Administrative day and denied day data collection weekly by all DHS facilities since December 2012. The data generally demonstrate a slight decrease in the number of patients on admin and denied day status during 2013. Intensive placement efforts at two sites did help with more significant reductions for brief periods of time.	Ongoing – in progress

Recommendation	Status	Outcome
Accelerate the discharge of patients from the PES – Facility/programmatic investments		
23. Continue to pursue Request for Information regarding development of a joint DHS/DMH SNF +STP contract	Solicitation completed and contractor selected. An acceptable DHS payment methodology for the SNF contracts has been identified (DHS Office of Managed Care Services, County Counsel, and DHS-Contracts and Grants are working together on this). The draft contract is now under development by C&G and staff positions to support the DHS component of the project are being finalized so that hiring can begin once the contract is signed. OSHPOD approval for 1-2 in process and anticipated to be completed in January 2014. DHS and DMH have developed a joint Board letter anticipated to be heard in February 2014.	In progress – partially completed
24. Based on the availability of funds, consider additional investment into community based residential facilities such as crisis residential beds and acute diversion units.	An additional 11 IMD Step-down beds were added on July 1, 2013. Contracts for 10 acute inpatient beds at Kedren and Gateways were amended in November 2012; capacity is fully utilized. Forty additional IMD beds were purchased through an amendment of an existing IMD contract and the development of a new IMD contract approved by the Board of Supervisors in December 2012. All beds are currently utilized. Additionally 100	Accomplished

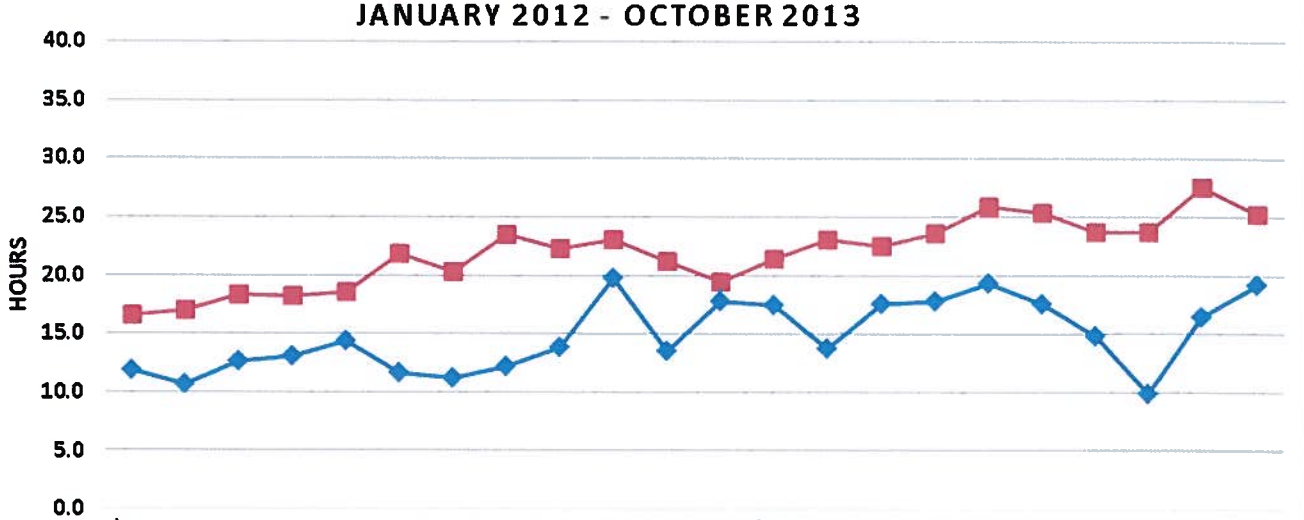
Recommendation	Status	Outcome
	beds have been added bringing the total number of IMD bed capacity to 982 as of December 30, 2013.	
Adequacy of existing PES facilities		
25. Amend plans to backfill current Harbor ED to include a dedicated pediatric/adolescent psychiatric unit adjacent to the existing PES.	Have been working since November 2013 on placing Harbor pediatric patients in need of psychiatric inpatient beds more rapidly through partnership between DMH and DHS. Three options have been identified for space adjacent to the PES and the Department of Public Works is exploring the feasibility and costs associated with each.	Partially completed
26. Continue to investigate options to decrease overflow of adult psychiatric patients from the PES into the medical ED	Attempts are being made to engage LPS-designated private hospitals to accept PES patients when the three PES facilities are at or above capacity. In addition, DMH and DHS are looking at how to ensure that the psychiatric urgent care centers partnered with each PES are most optimally used to decompress the PES.	Ongoing – in progress
27. Complete financial analysis of creating pediatric crisis stabilization unit in LAC+USC PES	DHS began the financial analysis and is currently exploring several options including expanding the PES for adolescents or creating other diversion-type units such as urgent care for adolescents. Due to the backfill opportunity at Harbor, DHS is exploring Harbor as an alternative site to LAC+USC for an expanded unit for children.	In progress – partially completed

Recommendation	Status	Outcome
28. Weigh priority for Olive View PES replacement/renovation project in relation to other proposed capital plans within DHS	Funded and construction plans submitted to OSHPD for approval. Project expected to be completed in December, 2014, will result in larger and more appropriate patient spaces.	Partially completed


PES Monthly Average Morning Census
All Facilities
January 2012 - December 2013
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Board approval of PES decompression plan
Jan-12
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan-13
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec


Monthly PES Patient Visits
All Facilities
January 2012 - November 2013
2,500
2,000
1,500
1,000
500
0
JAN-12
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN-13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV

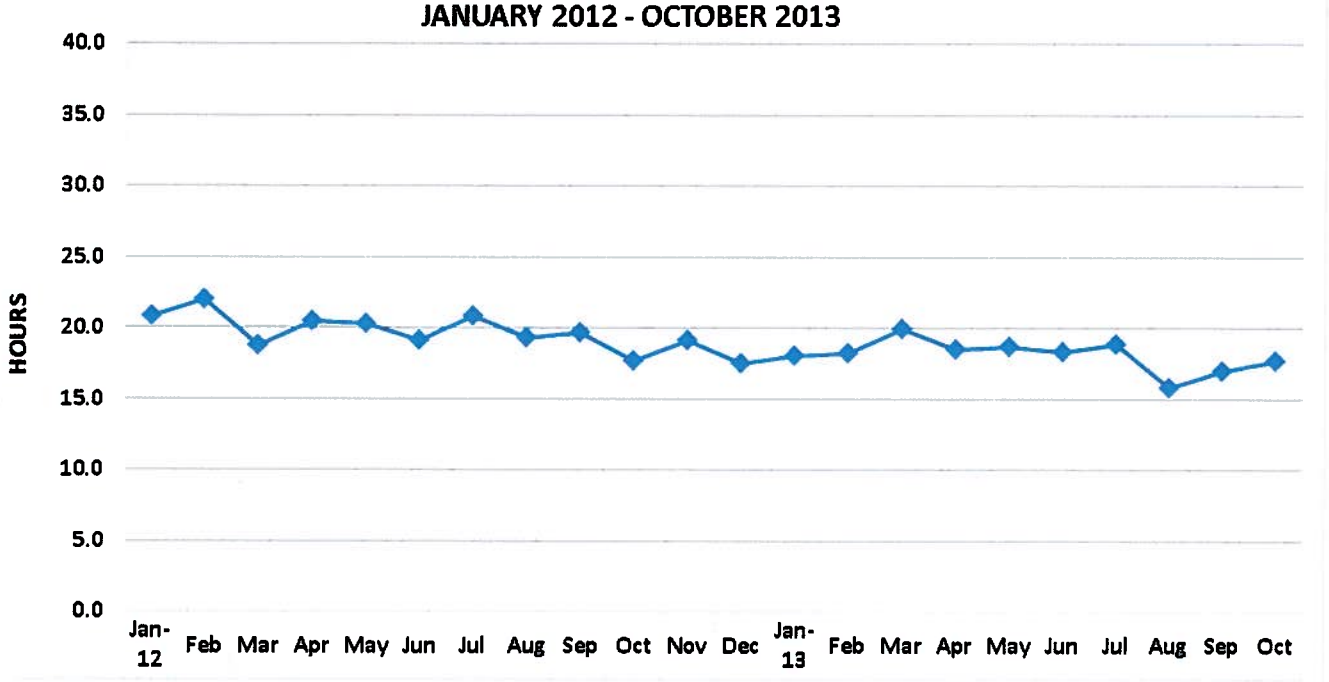
HARBOR-UCLA
AVERAGE MONTHLY LENGTH OF STAY
BY AGE GROUP*
JANUARY 2012 - OCTOBER 2013



	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
13-17	11.8	10.6	12.6	13.0	14.4	11.6	11.1	12.2	13.8	19.7	13.5	17.8	17.4	13.7	17.5	17.7	19.3	17.6	14.8	9.8	16.5	19.2
18+	16.6	17.0	18.3	18.2	18.5	21.8	20.2	23.5	22.3	23.0	21.2	19.5	21.4	23.1	22.4	23.5	25.9	25.3	23.7	23.7	27.5	25.2

*Children under age 13 are not included, since they are seen in the Peds ER instead of the PES.

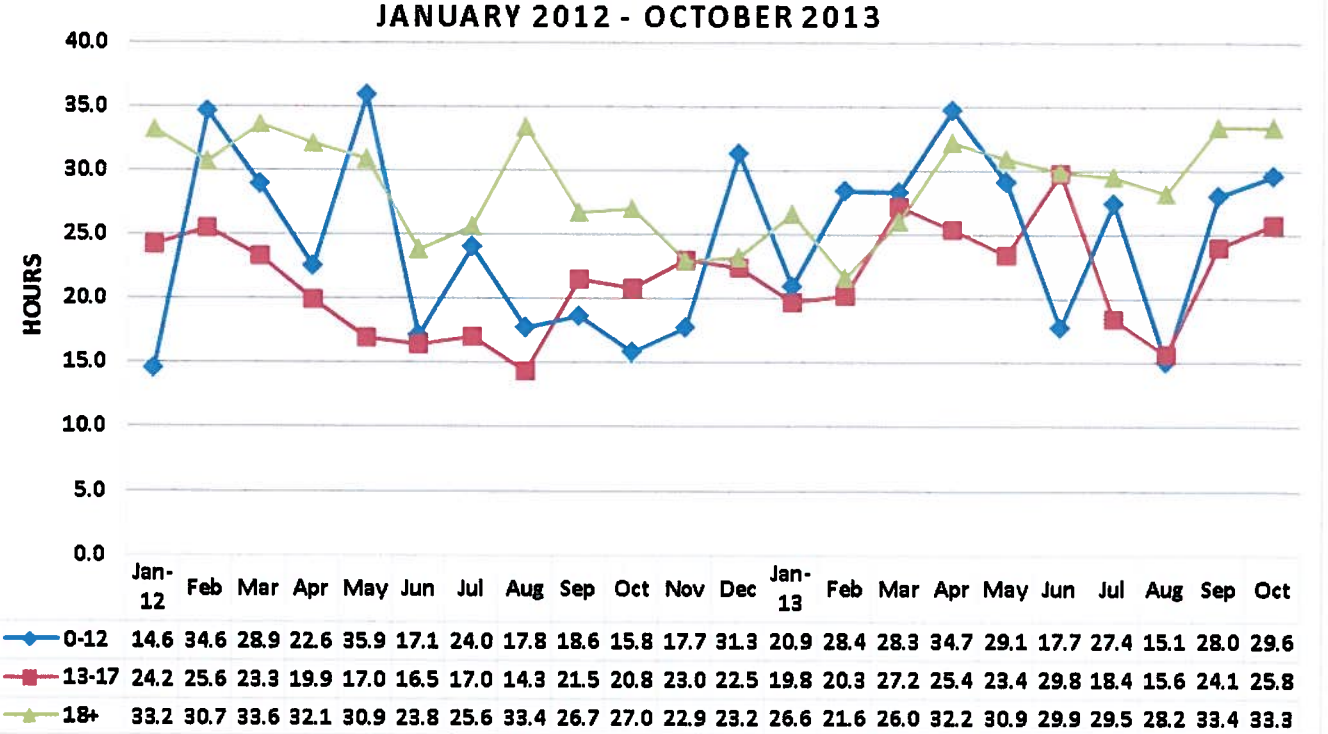
LAC+USC
AVERAGE MONTHLY LENGTH OF STAY
BY AGE GROUP*
JANUARY 2012 - OCTOBER 2013

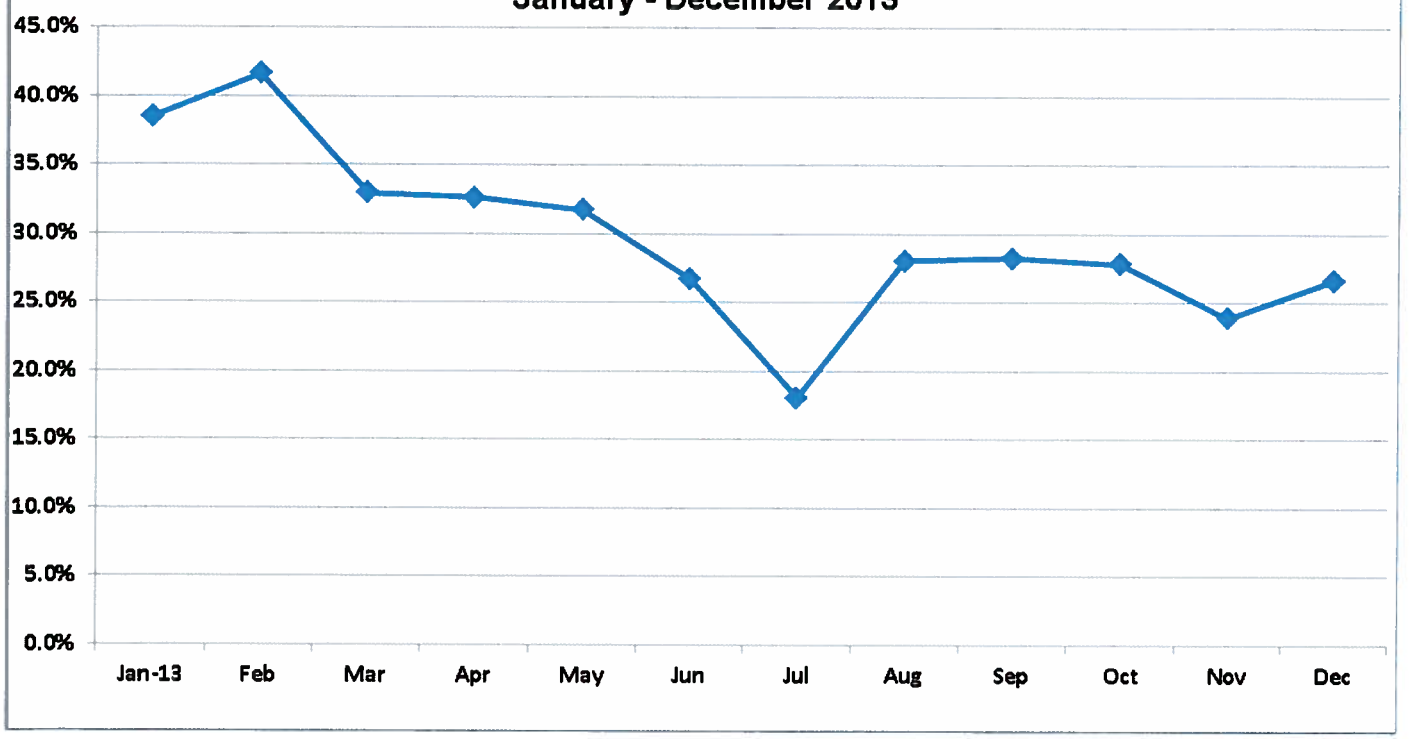


	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
18+	20.8	22.1	18.8	20.5	20.3	19.1	20.8	19.3	19.6	17.7	19.2	17.5	18.0	18.2	20.0	18.5	18.7	18.3	18.9	15.8	16.9	17.7

* LAC+USC PES volume data only includes adults, since all adolescents and children are seen in the Pediatric ER, not the PES.

OLIVE VIEW
AVERAGE MONTHLY LENGTH OF STAY
BY AGE GROUP*
JANUARY 2012 - OCTOBER 2013



	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
0-12	14.6	34.6	28.9	22.6	35.9	17.1	24.0	17.8	18.6	15.8	17.7	31.3	20.9	28.4	28.3	34.7	29.1	17.7	27.4	15.1	28.0	29.6
13-17	24.2	25.6	23.3	19.9	17.0	16.5	17.0	14.3	21.5	20.8	23.0	22.5	19.8	20.3	27.2	25.4	23.4	29.8	18.4	15.6	24.1	25.8
18+	33.2	30.7	33.6	32.1	30.9	23.8	25.6	33.4	26.7	27.0	22.9	23.2	26.6	21.6	26.0	32.2	30.9	29.9	29.5	28.2	33.4	33.3

Monthly Average Percentage of Patrients on Administrative Days
in Psychiatric Inpatient Units
All Facilities
January - December 2013