COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

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

December 01, 2009

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

32 DECEMBER 1, 2009

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

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

Dear Supervisors:

APPROVAL FOR A SOLE SOURCE AMENDMENT WITH DIDI HIRSCH PSYCHIATRIC SERVICE FOR SUICIDE PREVENTION PROGRAM SERVICES UNDER THE MENTAL HEALTH SERVICES ACT-PREVENTION AND EARLY INTERVENTION PLAN'S EARLY START PROGRAM (SUPERVISORIAL DISTRICT 2) (3 VOTES)

SUBJECT

Request approval for a sole source amendment with Didi Hirsch Psychiatric Service to implement the Mental Health Services Act-Prevention and Early Intervention Plan's Early Start Suicide Prevention Program.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Mental Health, or his designee, to prepare, sign, and execute a sole source amendment, substantially similar to Attachment I, with Didi Hirsch Psychiatric Service (Didi Hirsch), LE Agreement No. MH120441. This amendment is for Didi Hirsch to implement the Department of Mental Health's (DMH) Suicide Prevention Program under the Mental Health Services Act (MHSA)-Prevention and Early Intervention (PEI) Plan's Early Start Program. The amendment in the amount of $802,733 is for Fiscal Year (FY) 2009-10, effective upon Board approval, and is fully funded with MHSA PEI Early Start Program funding.

2 Delegate authority to the Director of Mental Health, or his designee, to prepare, sign, and execute future amendments to the Agreement with Didi Hirsch, provided that: 1) the County's total payments under this Agreement for the applicable fiscal year shall not exceed an increase of 20 percent from the applicable revised Board approved MCA; 2) any such increase shall be used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all increases; 4) approval of the Chief Executive Office (CEO) and County Counsel, or their designees, is obtained prior to any such Amendment; 5) the parties may by written amendment mutually agree to reduce programs or services, without reference to the 20 percent limitation; and 6) the Director of Mental Health shall provide written notification to your Board within 30 days after the execution of each Amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval is required for DMH to implement the MHSA PEI Plan's Early Start Suicide Prevention Program through a sole source amendment with Didi Hirsch. Suicide is a significant mental health issue within Los Angles County. California Department of Public Health reported that 664 residents of the Los Angeles County committed suicide in 2007. Additionally, it was reported that 4,361 residents of Los Angeles County were hospitalized for attempted suicide. The recommended actions will provide increased safeguards to the population at risk through transformation and expansion of the suicide prevention services currently provided by Didi Hirsch.

The selection of Didi Hirsch is consistent with the guidelines provided by the State Department of Mental Health and Mental Health Oversight and Accountability Commission to consider only those projects that can be readily and quickly implemented and that enhance ongoing suicide prevention efforts. The agency has the necessary personnel, facilities and services to facilitate the implementation through transformation and expansion. Didi Hirsch provides suicide prevention services at the Center. Located in Culver City, the Center was founded in 1958. The Center was the first in the nation to provide 24-hour suicide prevention Crisis Line. It is one of the eight accredited hotlines in California that are members of the National Lifeline. It is the only National Suicide Prevention Lifeline serving the entire Los Angeles County.

Without this sole source amendment, the benefits of MHSA PEI Plan's Early Start Suicide Prevention Program services will be unduly delayed to the most vulnerable population in Los Angeles County.

Implementation of Strategic Plan Goals

The recommended actions are consistent with County Strategic Plan Goal 2, Children, Family and Adult Well-Being and Goal 4, Health and Mental Health.

FISCAL IMPACT/FINANCING

There is no increase in net County cost.

This amendment in the amount of $802,733 is fully funded by the State MHSA PEI Plan's Early Start Program. This amount includes $708,333 for the expansion of services and $94,400 for one time costs for the Suicide Prevention Program. The revised FY 2009-10 MCA of $20,008,171 is included in the Department's FY 2009-10 Final Adopted Budget. Continuation of this program in subsequent fiscal years will be contingent upon the availability of future MHSA PEI funding.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

DMH has selected Didi Hirsch to implement the Suicide Prevention Program under the MHSA PEI Plan's Early Start. As previously discussed, the agency has the necessary personnel, facilities and services to facilitate the implementation through transformation and expansion. Didi Hirsch provides suicide prevention services at the Center, which is located in Culver City. The Center was the first in the nation to provide 24-hour suicide prevention Crisis Line. It is one of the eight accredited hotlines in California that are members of the National Lifeline. It is the only National Suicide Prevention Lifeline serving the entire Los Angeles County.

The Center's 24-hour Crisis Line provides direct, confidential telephone counseling to the target population of individuals, of any age, who are contemplating, threatening or attempting suicide, as well as concerned friends or family members. The 24-hour Crisis Line receives several thousand suicide related calls each month. Each caller receives immediate and focused crisis intervention assistance from a team of highly trained volunteers, consultants and professional staff.

To implement the MHSA PEI Plan's Early Start Suicide Prevention Program, Didi Hirsch will transform the Center's 24-hour Crisis Line services into an evidence-based Applied Suicide Intervention Skills Training (ASIST) model. The ASIST model emphasizes suicide first-aid to help a person at risk to stay safe and seek further help as needed. According to studies, four out of five people who commit suicide have warned others of their intent through verbal statements, written notes, or other behaviors indicating that they are planning to end their life. The ASIST model emphasizes training the community on how to recognize and respond appropriately to such "invitations" to help. It is designed to give participants knowledge and skills that will help them know how to intervene when they fear someone might be at risk. Evidence-based practices such as ASIST have undergone scientific evaluation and ensure that each call to the 24-hour Crisis Line is conducted in accordance with a proven intervention model. Transformation of the 24-hour Crisis Line also includes rigorous monitoring to ensure fidelity to this evidence-based practice.

The Center will expand its ASIST model training to the law enforcement personnel on the proper suicide first-aid response. The Center will also develop support groups for survivors of suicide and for family members who suffer suicide losses. Activities will include support groups, weekly meeting, telephone counseling, and community outreach.

The Center will expand the 24-hour Crisis Line to include bilingual services. This will increase the linguistic capacity of the suicide prevention 24-hour Crisis Line to serve under-represented and ethnic communities. The first steps in this process will be the hiring of Spanish-speaking bi-lingual supervisors and staff and training them on the ASIST model and put them on the 24-hour Crisis Line to serve the Spanish-speaking ethnic community.

The attached amendment has been approved as to form by County Counsel. CEO has approved the attached Sole Source Contract Checklist and recommendations. DMH will monitor the contractor's performance to ensure its adherence to and compliance with the MHSA PEI Plan's Early Start Suicide Prevention Program requirements and quality management.

CONTRACTING PROCESS

This is a sole source amendment with Didi Hirsch. The sole source selection is based on historical evidence that Didi Hirsch has established suicide prevention services which provide a ready foundation to implement the MHSA PEI Plan's Early Start Suicide Prevention Program. The Amendment requires Didi Hirsch to transform and expand its current services in accordance with the Service Exhibit on service elements, service goals, and performance-based criteria. The One-Time Expenses Exhibit specifies cost categories eligible for one-time costs reimbursements.

Attached is the required Sole Source Contract Checklist (Attachment II), identifying and justifying the need for the sole source amendment with Didi Hirsch.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The amendment will augment the suicide prevention services currently provided by Didi Hirsch and enable communities in Los Angeles County to significantly increase their suicide prevention knowledge and respond to persons at risk of suicide and save lives. Upon full implementation, it is estimated that 12,000 individuals and families will receive training in suicide prevention and early intervention activities.

Respectfully submitted,

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

MJS:MM:RK

Enclosures

ATTACHMENT I

CONTRACT NO. MH120441

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this 1st day of December, 2009, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Didi Hirsch Psychiatric Service (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated June 9, 2009, identified as County Agreement No. MH120441, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Year (FY) 2009-10 only, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for FY 2009-10 only, County and Contractor intend to amend Agreement to enable Contractor to transform and expand the services of its Suicide Prevention Center (Center) under the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan's Early Start Suicide Prevention Program (Suicide Prevention Program). The MHSA PEI Plan's Early Start has allowed Los Angeles County to go forward with plans to develop programs and services in an effort to conduct outreach to critical populations including those who are contemplating, threatening or at risk of attempting suicide; and

WHEREAS, Contractor will transform and expand suicide prevention services by using MHSA PEI Plan's Early Start funds; and

WHEREAS, for FY 2009-10 only, County and Contractor intend to amend Agreement to **reduce** Non-Medi-Cal/Indigent Funded Program in the amount of $450,000; and **add** MHSA PEI Plan's Early Start funds in the amount of $1,252,733; and

WHEREAS, for FY 2009-10 only, Contractor will provide Suicide Prevention Program services as identified in a Suicide Prevention Program Service Exhibit; and

WHEREAS, for FY 2009-10 only, the County will allow Contractor to use $94,400 of the MHSA PEI Plan's Early Start funds for one-time only start-up costs; and

WHEREAS, anticipated MHSA allowable costs are identified in the new "One-Time Expenses Associated with Program Development and Expansion of a Suicide Prevention Program" Service Exhibit, which represents County's best effort to identify allowable one-time costs; and

WHEREAS, Contractor shall comply with all statues, regulations, and directives pertaining to MHSA allowable one-time costs as they currently exist or as they may be modified by the State or County, and in no event shall County be obligated to pay Contractor for one-time costs not claimable to the MHSA; and

WHEREAS, for FY 2009-10 only, the Maximum Contract Amount (MCA) will be increased by $802,733 with a revised MCA of $20,008,171.

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

1. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph C (Reimbursement For Initial Period) shall be deleted in its entirety and the following substituted therefor:

"C. REIMBURSEMENT FOR INITIAL PERIOD: (1) The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) of the Legal Entity Agreement shall not exceed TWENTY MILLION EIGHT THOUSAND ONE HUNDRED SEVENTY-ONE DOLLARS ($20,008,171) and shall consist of Funded Programs as shown on the Financial Summary."

2. The FY 2009-10 Financial Summary-3, Attachment III, attached hereto and incorporated herein by reference, shall supersede and replace the previously effective FY 2009-10 Financial Summary-2, Attachment III, to the Agreement.

3. Attachment IV, Service Delivery Site Exhibit, shall be deleted in its entirety and replaced with the revised Attachment IV, Service Delivery Site Exhibit-3.

4. Attachment V, Service Exhibits (Listing Codes), shall be deleted in their entirety and replaced with the revised Attachment V, Service Exhibits – 3 (Listing Codes).

5. A new Service Exhibit-13 for "Suicide Prevention Program" shall be added to this Agreement.

6. A new Service Exhibit-14 for "One-time Expenses Associated with Program Development for Suicide Prevention Program" shall be added to this Agreement.

7. Contractor shall provide services in accordance with the Contractor's Fiscal Year 2009-10 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.

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

/

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

COUNTY OF LOS ANGELES

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

Didi Hirsch Psychiatric Service
CONTRACTOR

By _____

Name John P. McGann

Title Vice President of Finance & Admin.
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

Contractor Name: Didi Hirsch Psychiatric Service
Legal Entity Number: 00183
Agreement Period: July 1, 2009 thru June 30, 2012
Fiscal Year: 2009-10

DMH Legal Entity Agreement
Attachment III
The Financial Summary - 3
Amendment # 3

	Funded Program	Max. Program Amount — Non-Medi-Cal/ Indigent	Max. Program Amount — Medi-Cal/ Healthy Families	Combined Max. Program Amount
1	Family Preservation Program	48,200		$ 48,200
2	Child Abuse Prevention Intervention and Treatment (AB2994)	180,000		$ 180,000
3	Special Education Pupil (SEP)	550,300		$ 550,300
4	Specialized Foster Care	35,000	140,000	$ 175,000
5	Children's Comprehensive SOC Prog (SAMHSA, CFDA #93.958)			$ -
6	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)			$ -
7	Juvenile Justice Program (STOP)	30,000		$ 30,000
8	Juvenile Justice Program (JJCPA)			$ -
9	Co-occurring Disorder			$ -
10	Path McKinney, CFDA #93.150			$ -
11	Homeless Services (NCC)			$ -
12	Family Functional Therapy Program			$ -
13	CalWORKs	964,900		$ 964,900
14	Homeless - Family Project			$ -
15	GROW			$ -
16	Inpatient/Residential Services			
17	Other Mental Health Services for clients under the age of 21 years	392,619	7,093,400	$ 10,645,325
18	Other Mental Health Services for clients 21 years of age or older		3,159,306	
	MHSA:			
19	Full Service Partnership (FSP) - Child			$ -
20	FSP - TAY	756,900	900,000	$ 1,656,900
21	FSP - Adult	929,400	1,381,100	$ 2,310,500
22	FSP - Older Adult	139,000	306,000	$ 445,000
23	Field Capable Clinical Services (FCCS)	78,383	1,058,560	$ 1,136,943
24	Probation Camps			$ -
25	Urgent Care Centers			$ -
26	Wellness/Client-Run Centers	271,058	341,312	$ 612,370
27	Institutions for Mental Disease (IMD) Step Down			$ -
28	Enriched Residential Services			$ -
29	Jail Transition and Linkage Services			$ -
30	POE (Outreach & Engagement)			$ -
31	PEI Early Start	1,252,733		$ 1,252,733
	Unique/Other:			
32	DCFS Star View			$ -
32	DHS LAMP			$ -
32	DHS Social Model			$ -
32	DCFS Hillview Transitional Independent Living			$ -
32	DHS/ADPA Dual Diagnosis			$ -
32	DCFS THP			$ -
32	DCFS Medical Hub			$ -
32	MAA			$ -
	Tri-City			$ -
33	**Maximum Contract Amount**			**$ 20,008,171**

Service Delivery Site Exhibit -3

CONTRACTOR NAME: Didi Hirsch Psychiatric Service

LEGAL ENTITY NO.: 00183 **PERIOD:** July 1, 2009 through June 30, 2012

*DESIGNATED PROGRAM OFFICE	SERVICE EXHIBIT NO.	PROV. NO.	SERVICE DELIVERY SITE(S)	M.H. SERVICE AREA(S) SERVED	SITE SUP. DISTRICT
A	7,8,	7046	Excelsior House 1007 Myrtle Avenue Inglewood, CA 90301	8	2
C	1,3,4 5,6	7423	S. Mark Taper Foundation Center 1328 West Manchester Avenue Los Angeles, CA 90044	6	2
A,C,	1,3,4,5,6,7 8,9,10,11	1973	Didi Hirsch CMHC 4760 South Sepulveda Blvd. Culver City, CA 90230	5	2
C	1,3,4 5,6	7359	Metro Center 672 South La Fayette Park Place, Suite 6 Los Angeles, CA 90057	4	2
A,C	1,3,4 5,6	7357	Culver Palms Center 11133 Washington Blvd. Culver City, CA 90232	5	2
A,C	1,3,4,5,6	7209	Inglewood Center 111 N. La Brea Ave., # 500 and 700 Inglewood, CA 90301	8	2
A,C	1,3,4,5,6	7334	Mar Vista Center 12420 Venice Blvd., #200 Los Angeles, CA 90066	5	2 & 3
A	7,8	7110	Jump Street 1233 S. La Cienega Blvd. Los Angeles, CA 90035	5	3
MHSA A,C,TAY,OA	9,10,11, 12, 13, 14	1973	Didi Hirsch CMHC 4760 South Sepulveda Blvd. Culver City, CA 90230	5	2
MHSA A,C,TAY,OA	9,10,11, 12	7357	Culver Palms Center 11133 Washington Blvd. Culver City, CA 90232	5	2
MHSA A,C,TAY,OA	9,10,11, 12	7209	Inglewood Center 111 N. La Brea Ave., # 500 and 700 Inglewood, CA 90301	8	2

*Legend: Adult Systems of Care (A)
Child, Youth and Family Program Administration (C)
Critical Care (CC)
Court Programs (CP)
Older Adult Program (OA)
Transition Age Youth (TAY)
Homeless (H)
Managed Care (MC)

SERVICE EXHIBITS-3

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

DESCRIPTION	CODES	
Targeted Case Management Services (Rehab. Option)	104-A	1
Short-Term Crisis Residential Services (Forensic)	201	
Crisis Stabilization Services (Rehab. Option)	202-A	
Vocational Services	304-A	
Day Rehabilitation Services (Adult) (Rehab. Option)	308-B	
Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)	309-B	
Day Treatment Intensive Services (Adult) (Rehab. Option)	310-B	
Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)	311-B	
Mental Health Services (Rehab. Option)	402	2
Medication Support Services (Rehab. Option)	403	3
Crisis Intervention Services (Rehab. Option)	404-A	4
Mental Health Service Treatment Patch (La Casa)	405	
Therapeutic Behavioral Services	406-A	
Outreach Services	501-A	5
Outreach Services (Suicide Prevention Services)	502-A	6
Intensive Skilled Nursing Facility Services	601	
Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)	602	
Intensive Skilled Nursing Facility Services (La Paz)	603	
Intensive Skilled Nursing Facility Services Forensic Treatment	604	
Skilled Nursing Facilities (Psychiatric Services)	605	
Skilled Nursing Facility – Special Treatment Program Services (SNF-STP/Psychiatric Services)	608	
Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)	609	
Socialization Services	701-A	
Life Support Services	801	7
Case Management Support Services	802-A	
Case Management Support Services (Forensic)	803-A	
Case Management Support Services (Children & Youth)	804-A	
Life Support Services (Forensic)	805	
Independent Living Services	901	

1	Local Hospital Services	902	
2	Semi-Supervised Living Services	904	
3	Adult Residential Treatment Services (Transitional)	912	8
4	Adult Residential Treatment Services (Long Term)	913	
5	Non-Hospital Acute Inpatient Services (La Casa PHF)	914	
6	Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)	915	
7	Assertive Community Treatment Program (ACT)	921	
8	Psychiatric Inpatient Hospital Services	930	
9	Primary Linkage and Coordination Program	1001	
10	Service Provisions (Organizational Provider Only)	1003	
11	Consumer Run/Employment Program	1005	
12	Client Supportive Services (***Includes Attachment A Reimbursement Procedures***		
13	***and Attachment B Monthly Claim for Cost Reimbursement***)	1010-A	
14	Mental Health 24-Hour Services Interim Placement Funding for Basic Care Services	1011	
15	Mental Health 24-Hour Services Children Under Age 18 Basic Services	1012	
16	Supportive Services – Residential Programs (***Includes Attachment A***		
17	***Reimbursement Procedures and Attachment B- Monthly Claim for***		
18	***Cost Reimbursement)***	1013	
19	Client Supportive Services-Mental Health Services Act Programs (***Includes***		
20	***Attachment A - Reimbursement Procedures and Attachment B - Monthly***		
21	***Claim for Cost Reimbursement)***	1014-A	9
22	Full Service Partnership (FSP)	1015	10
23	Supportive Services – Intensive Residential Program (***Includes Attachment A-***		
24	***Reimbursement Procedures and Attachment B - (Monthly Claim for***		
25	***Cost Reimbursement)***	1016	
26	One-Time Expenses Associated with Starting a new MHSA Program (**Includes**		
27	***Attachment A-Reimbursement Procedures and Attachment B – Monthly***		
28	***Claim for Cost Reimbursement)***	1017	
29	Client Supportive Services (New Directions) (***Includes Attachment A***		
30	***Reimbursement Procedures and Attachment B Monthly Claim for Cost***		
31	***Reimbursement***)	1018	
32	Family Support Services	1019	
33	Service Extender Stipend Program Mental Health Services Act Programs		
34	***(Includes Attachment A Reimbursement Procedures and Attachment B***		
35	***Monthly Claim for Cost Reimbursement)***	1020	

1	Client Supportive Services Field Capable Clinical Services (FCCS) Mental Health		
2	Services Act Programs ***(Includes Attachment A Reimbursement Procedures***		
3	***and Attachment B Monthly Claim for Cost Reimbursement)***	1021	11
4	Intensive In-Home Mental Health Services	1022	
5	One-Time Expenses Associated with Starting a new Mental Health Services Act		
6	Program for Probation Camp Services ***(Includes Attachment A Reimbursement***		
7	***Procedures and Attachment B Monthly Claim Cost Reimbursement)***	1023	
8	One-Time Expenses Associated with Starting a new MHSA Program for		
9	Transitional Living Centers for L.A. County, Inc. **(Includes *Attachment A***		
10	***-Reimbursement Procedures and Attachment B Monthly Claim Cost***		
11	***Reimbursement)***	1024	
12	Intensive Treatment Foster Care	1025	
13	One-Time Expenses Associated with Program Development for Intensive		
14	In-Home Evidence Based Practices ***(Includes Attachment A Reimbursement***		
15	***Procedures and Attachment B Monthly Claim Cost Reimbursement)***	1026	
16	Outreach and Engagement Services (MHSA Only)	1027	
17	Enriched Residential Services (Alternative Crisis) (Adults)	1028	
18	IMD Step-Down Programs (Adults)	1029	
19	Urgent Care Centers (Alternative Crisis) (Adults)	1030	
20	Client Supportive Services Homeless CalWORKs Families Project ***(Includes***		
21	***Attachment A Reimbursment Procedures and Attachment B Monthly***		
22	***Claim for Cost Reimbursement)***	1031	
23	Star View-PHF-Supplemental Financial Support	1032	
24	Star View-CTF-Supplemental Financial Support	1033	
25	One-Time Expenses Associated with Program/Program Development for Intensive		
26	In-Home Evidence Based Practices Non-MHSA ***(Includes Attachment***		
27	***A Reimbursement Procedures and Attachment B Monthly Claim for Cost***		
28	***Reimbursement)***	1034	
29	Field Capable Clinical Services (FCCS)	1035	12
30	Suicide Prevention Program Mental Health Services Act (MHSA) Prevention and		
31	Early Intervention (PEI) Plan	1036	13
32	One-Time Expenses Associated with Starting a new MHSA Program for PEI Early		
33	Start Suicide Prevention Program ***(Includes Attachment A-Reimbursment***		
34	***Procedures and Attachment B Monthly Claim Cost Reimbursement)***	1037	14

SERVICE EXHIBIT 13

SUICIDE PREVENTION PROGRAM
Provided under the
Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Plan

(MODES OF SERVICE 15 and 45)

1. **GENERAL:** The Suicide Prevention Program under the MHSA PEI Plan include outreach services that are to be delivered in the community-at-large to individuals who are contemplating, threatening, or attempting suicide, as well as concerned friends or family members. These services include the provision of emergency and informational telephone counseling services and include mental health consultation services and mental health information and education services.

2. **PERSONS TO BE SERVED**: Contractor shall provide suicide prevention services to a target population that includes individuals who are contemplating, threatening, or attempting suicide, as well as concerned friends or family members.

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

4. **PROGRAM ELEMENTS AND SERVICES**: Contractor shall provide suicide prevention services that include Community Outreach Services to the community and/or individual patients/clients in accordance with Contractor's Negotiation Package and any addenda thereto, as approved in writing by the Director, for the term of this Agreement. Crisis intervention services will be provided consistent with the Applied Suicide

Crisis intervention services will be provided consistent with the Applied Suicide Intervention Skills Training (ASIST) model.

Services shall be directed toward (1) assisting individuals and/or families who may have been impacted by a suicide for whom no case record can be opened to achieve a more adaptive level of functioning through single contact or occasional contact, and (2) enhancing or expanding the knowledge and skills of Contractor's staff in meeting the needs of mental health patients/clients in crisis. Services shall include, but are not limited to:

A. Twenty-four hours a day, seven days a week (24/7), emergency and informational, hotline telephone counseling services available to persons contemplating, threatening, or attempting to commit suicide, or to persons concerned about others who are contemplating, threatening, or attempting to commit suicide. Bi-lingual services, e.g. Spanish-speaking, are also included. Hotline telephone counseling services shall include referrals to appropriate mental health agencies;

B. Weekly support groups, telephone support counseling, and community outreach offered to survivors of suicide and family members who have experienced loss as a result of a suicide;

; C. Training and consultation services provided to law enforcement and first responders to ensure the proper response to suicide, including how to deal with family members experiencing a loss as a result of suicide;

D. Apprising residents of Los Angeles County, through various public media, of the availability of suicide prevention and early intervention services, including the Contractor's telephone counseling services.

5. SERVICE GOALS

As a result of the transformation and expansion of suicide prevention services, prevention and early intervention services will be offered. "Prevention" is defined as reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. "Universal prevention" targets the general public or a whole population group that has not been identified on the basis of individual risks. "Selective prevention" targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average.

"Early Intervention" is defined as **intervention** directed toward individuals and families for whom a short duration (usually less than one year) of relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services, or to prevent a mental health problem from getting worse.

It is expected that:

- There will be an increased capacity of the suicide hotline services to underrepresented and ethnic communities;
- Support groups for survivors of suicide attempts and family members bereaved by suicide will be offered to members of the community;
- Law enforcement and first responders will receive training and consultation to respond appropriately to suicide and suicide attempts; and
- Community agencies will receive training in suicide prevention activities in

order to raise awareness and increase community capacity.

Service	FY 09/10 Prevention Goal	FY09/10 Early Intervention Goal
24/7 Crisis Hotline (Transformed)	Individual: 6000	Individual: 6000
	Family: 6000	Family: 6000
24/7 Crisis Hotline (Expanded – Bilingual)	Individual: 400	Individual: 200
	Family: 100	Family: 50
Support Groups	Individual: 100	Individual: 100
	Family: 50	Family: 50
First Responders	Individual: 200	Individual: 200
	Family: 100	Family: 100
Training & Outreach	Individual: 200	Individual: 200
	Family: NA	Family: NA

7. PERFORMANCE BASED CRITERIA

DMH shall evaluate Contractor on five (5) Performance-Based Criteria that shall measure the performance related to program and operational measures and are indicative of quality mental health services. These criteria are consistent with the MHSA PEI Plan. These measures will assess the agency's ability to provide the mandated services as well as the Contractor's ability to monitor the quality of services.

Contractor shall provide a process for systematically defining and measuring quality indicators at the program and community levels. Should there be a change in federal, State and/or County policies/regulations, DMH, as its sole discretion, will advise

Contractor verbally and in writing of the revised Performance-Based Criteria thirty (30) days prior to required implementation.

The Performance-based Criteria are as follows:

PERFORMANCE BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. The availability of 24 hours a day/7 days a week crisis hotline services	Maintenance of call records via *iCarol;* submission of quarterly reports	Expectation of handling at least 31,500 annually; monitoring of calls to ensure compliance with EBP standards
2. The development of Spanish-speaking crisis hotline services	Maintenance of call records via *iCarol*; submission of quarterly reports	Expectation of providing a minimum of 20 hours per week of Spanish-speaking services within 30 days of award of contract; expectation of providing full coverage (24 hours a day/7 days a week) within 6 months of award of contract; Monitoring of calls to ensure compliance with EBP standards.
3. Support Groups for those bereaved by a suicide	Maintenance of records of attendance of support groups that are de-identified and demographic data. .	Expectation of providing prevention and early intervention services to a minimum of 300 individuals/families; pre- & post- self reports of self-efficacy.
4. Provide assistance and consultation to law enforcement and first responders	Rosters of law enforcement, first responders and Crisis Response Teams receiving assistance and consultation.	Expectation of providing prevention and early intervention services to a minimum of 600 law enforcement and first responders; pre- and post-measures of suicide awareness.
5. Building community capacity by offering evidenced-based training	Rosters of community members attending suicide prevention	Expectation of providing prevention and early intervention services to a

(ASIST) to recognize and respond appropriately to suicide	awareness events; community members will become certified in the ASIST (Applied Suicide Intervention Skills Training) model	minimum of 400 community members; pre- and post- measures of suicide awareness

Provider No. _____

SERVICE EXHIBIT 14

ONE-TIME EXPENSES
ASSOCIATED WITH STARTING A NEW MENTAL HEALTH SERVICES ACT PROGRAM
PREVENTION AND EARLY INTERVENTION EARLY START
SUICIDE PREVENTION PROGRAM

I. OVERVIEW

In response to the implementation requirements of Mental Health Services Act, Prevention and Early Intervention, Early Start, Suicide Prevention Program, Los Angeles County Department of Mental Health (DMH) has designed evidence-based programs, contracts, policies, procedures and payment processes that support the expansion of suicide prevention activities.

DMH has developed this Service Exhibit to facilitate reimbursement of one-time only expenses associated with 24/7 Crisis Hotline suicide prevention program transformation, expansion of services, and the development and training for evidenced-based practices.. Reimbursements are limited to those costs incurred during the first year in which a program is initiated. Maximum reimbursable costs shall not exceed one-time program cost allocation for Fiscal Year 2009-10

II. ALLOWABLE ONE-TIME COSTS

A. Service Function Code (SFC) 75: Non-Medi-Cal Capital Assets

SFC 75 applies to the one-time cost of capital assets dedicated solely to non Medi-Cal activities. These expenses must be $5,000 or greater; they may be claimed in the year purchased or depreciated over the useful life of the asset. Expenses that should be reported under SFC 75, provided such expenses are dedicated solely to non Medi-Cal activities, include:

- Purchasing land or buildings used for client housing or other non-Medi-Cal activities (note: land is not a depreciable asset).
- Construction or rehabilitation of housing, facilities, buildings or office/meeting spaces.
- Related "soft" costs for development, including , facilities, buildings or office/meeting spaces.
- Vehicles (with prior LACDMH approval).
- Other capital assets dedicated solely to non Medi-Cal activities.

Mental Health funds used to leverage other housing resources, including other collaborative housing projects, should be included under SFC 75.

Units of Service should not be reported for SFC 75.

The cost of capital assets included in the service costs per unit under Modes 05, 10 or 15 must be depreciated and should not be included in SFC 75. (Refer to the *Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (HIM-15) Part 1, Chapter 1,* for guidance on depreciation requirements.)

All fixed assets or real estate acquisitions purchased within the parameters of this exhibit require the Director's prior approval.

B. **Service Function Code (SFC) 78: Other Non-Medi-Cal Client Support Expenditures**

SFC 78 applies to one-time expenses associated with starting a new program that include general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs (Mode 05, 10, 15 or 55). Allowable expenses include recruitment, training and equipment that is less than $5,000. Examples of allowable expenditures are staff orientation and training prior to the provision of services, recruitment advertisements, and staff time dedicated to program development prior to service delivery (see attached chart).

III. REIMBURSEMENT

The procedures for reimbursement for One-Time Expenses Associated with Starting a New MHSA Program are provided in Attachment A.

ONE-TIME EXPENSES
ASSOCIATED WITH STARTING A NEW MENTAL HEALTH SERVICES ACT PROGRAM
REIMBURSEMENT PROCEDURES

The following procedures shall be used for reimbursement of One-Time MHSA expenditures:

1. ONE-TIME COSTS ELIGIBLE FOR REIMBURSEMENT

A. Service Function Code 75: One-Time Non-Medi-Cal Capital Assets >$5,000
B. Service Function Code 78: One-Time Non-Medi-Cal Client Support Expenditures <$5,000

2. REIMBURSEMENT GUIDELINES

The funds allocated for one-time costs shall be used only when no other non-Medi-Cal funds are available during the first year in which a new program is initiated.

3. DOCUMENTATION REQUIREMENTS FOR REIMBURSEMENT

The following supportive documentation shall be maintained on file in accordance with the Records and Audits paragraph of the Agreement:

a. Original receipts to support payment invoices. If an original receipt is not obtainable, a copy of the receipt or justification as to why the receipt was not obtained should be retained;

b. Copies of Real Estate Contracts/Agreements/Leases;

c. Copies of signed checks issued; and

d. Documentation of costs for recruitment or training of staff.

4. SUBMISSION OF MONTHLY INVOICES

Contractor shall, on the last day of each month, complete a separate One-time MHSA Expenses invoice indicating the funding source name, categories of expenses (SFC 75 or 78) and the amount spent, including staff salaries. All claims are to be submitted by Contractor to DMH within sixty (60) days from the month in which the expenditure occurred.

The One-time MHSA Expenses Claim form(s) (Attachment B) shall be submitted to:

County of Los Angeles – Department of Mental Health
550 S. Vermont Avenue
Los Angeles, CA 90020
ATTN: Provider Reimbursement

5. DMH REVIEW AND APPROVAL OF INVOICES

The DMH PEI Early Start Suicide Prevention Program Manager will review monthly invoices and sign to affirm that expenditures meet established procedures for One-time Expenses Associated with Starting a New MHSA Program. Approved invoices will be forwarded to the DMH Provider Reimbursment Unit for payment.

DMH shall process all completed requests for reimbursement on a monthly basis. The judgment of DMH as to the allowability of any expenditure shall be final.

6. MONTHLY RECONCILIATION REPORT

The amount of funds allocated for one-time MHSA expenditures associated with starting a new program must have been approved by the Department prior to the expenditures. Monthly disbursements reports will be generated by the Accounting Division for the Contractors and Program staff to ensure expenditures have not been exceeded. The County shall not be liable for reimbursement of any expenses claimable hereunder in the event that Contractor exceeds its allocation or violates the terms and conditions of these procedures or the Legal Entity Agreement.

ATTACHMENT B
(Invoice Form)

County of Los Angeles-Department of Mental Health-Provider Reimbursement Division
Monthly Claim for Cost Reimbursement

SPECIAL HANDLING REQUIRED	Fiscal Year _____	SPECIAL HANDLING REQUIRED

One-Time MHSA Expenses

Funding Source Name: MHSA PEI, Suicide Prevention Program **Age Group:** (Countywide)

Legal Entity Name: _____

Legal Entity Mailing Address: _____

Billing Month(s): _____ Contract Amendment No.: _____

Provider Number(s): _____

1. Expenditures:		
1.1	A. SFC 70: Client Housing Support Expenditures	_____ (1.1)
1.2	B. SFC 71: Client Housing Operating Expenditures	_____ (1.2)
1.3	C. SFC 72: Client Flexible Support Expenditures	_____ (1.3)
1.4	D. SFC 75: Non-Medi-Cal Capital Assets	_____ (1.4)
1.5	E. SFC 78: Other Non Medi-Cal Client Support Expenditures	_____ (1.5)
2. One-Time Costs:		
2.1	A. SFC 72: Client Flexible Support Expenditures	_____ (2.1)
2.2	B. SFC 75: Non Medi-Cal Capital Assets One-time Assets >$5000	_____ (2.2)
2.3	C. SFC 78: Other Non Medi-Cal Client Support Expenditures One-time Recruitment, Training, and Equipment <$5000	_____ (2.3)
3. Total Expenditures (add lines 1.1 through 2.3)		_____ (3.0)
Less: Patient & Third Party Revenues		
3.1	Patient Fees	_____ (3.1)
3.2	Patient Insurance	_____ (3.2)
3.3	Medicare	_____ (3.3)
3.4	Other: _____	_____ (3.4)
4. Total Revenues (add lines 3.1 through 3.4)		_____ (4.)
5. Expenditures less revenues (subtract line 4 from line 3)		_____ (5.)
6. **Net Payable**		_____ (6.)

Comments: _____

***NOTE*: CAPITAL DEVELOPMENT PROJECTS, INCLUDING ALL FIXED ASSETS OR REAL ESTATE ACQUISITIONS PURCHASED WITHIN THE PARAMETERS OF CLIENT SUPPORTIVE SERVICES, REQUIRE THE DIRECTOR'S PRIOR APPROVAL.**

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under One Time Expenses and is true and correct to the best of my knowledge. All supporting documentation will be maintained in a separate file for the period specified under the provisions of the Mental Health Services Agreement - Legal Entity, Paragraph 12, Subparagraph A, Section (1), Sub-sections (1)(a) and (1)(b), Section (2), Section (3), and Section (4).

Signature: _____ Phone No.: _____

Title: _____ Date: _____

Program Approval: LAC-DMH PEI Early Start Suicide Prevention Manager, Older Adults, 6th floor

_____ _____
Approved By (signature) Date

_____ _____
Print Name Title

DMH Amendment Summary

LEGAL ENTITY NAME: Didi Hirsch Psychiatric Service

Contract No.: MH120441 Legal Entity No.: 00183 Amendment No. 3

LIST OF FUNDING SOURCES
(Please check all applicable funding for Amendment only.)

1	Family Preservation Program		22	MHSA – FSP – Adult	
2	Child Abuse Prevention Intervention and Treatment (AB2994)		23	MHSA – FSP – Older Adult	
3	Special Education Pupil (SEP)		24	MHSA – Field Capable Clinical Services (FCCS)	
4	Specialized Foster Care		25	MHSA – Probation Camps	
5	Children's Comprehensive SOC Prog (SAMHSA, CFDA #93.958)		26	MHSA – Urgent Care Centers	
6	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)		27	MHSA – Wellness/Client-Run Centers	
7	Juvenile Justice Program (STOP)		28	MHSA – Institutions for Mental Disease (IMD) Step Down	
8	Juvenile Justice Program (JJCPA)		29	MHSA – Enriched Residential Services	
9	Co-occuring Disorder		30	MHSA – Jail Transition and Linkage Services	
10	Path McKinney, CFDA #93.150		31	MHSA – POE (Outreach & Engagement)	
11	Homeless Services (NCC)		32	MHSA – PEI Early Start	X
12	Family Functional Therapy Program		33	DCFS Star View	
13	CalWORKs		34	DHS LAMP	
14	Homeless – Family Project		35	DHS Social Model	
15	GROW		36	DCFS Hillview Transitional Independent Living	
16	Inpatient/Residential Services		37	DHS/ADPA Dual Diagnosis	
17	Non-Medi-Cal/Indigent	X	38	DCFS THP	
18	Other Mental Health Services for clients under the age of 21 years		39	DCFS Medical Hub	
19	Other Mental Health Services for clients 21 years of age or older		40	MAA	
20	MHSA – Full Service Partnership (FSP) - Child		41	Tri-City	
21	MHSA – FSP – TAY		42	Medi-Cal: NON-EPSDT, EPSDT/Healthy Families/MAA/Tri-City	

FUNDING SOURCE(S) (Select from Funding Sources listed above for Amendment.)	AMOUNT Increase / (decrease)	FISCAL YEAR	MCA
17) reduces $450,000 Non-Medi-Cal	(450,000)	2009-10	$20,008,171
32) Adds $1,252,733 to MHSA PEI Early Start	1,252,733		

(See Financial Summary(ies) for funding details to MCA.)

AMENDMENT ACTION(S): BOARD ADOPTED DATE: 12/1/2009 EFFECTIVE DATE: 12/1/2009

This Amendment reduces the Non-Medi-Cal CGF in the amount of $450,000, and adds MHSA PEI Early Start in the amount of $1,252,733 for the transformation and expansion of the Suicide Prevention Center under the MHSA PEI Early Start for FY 2009-10. The MCA will be increased by $802,733 with a revised MCA of $20,008,171 for FY 09-10. 2 new service exhibits are added.

Add Service Exhibits 12 and 13.

New Headquarters' (HQ) Address: HQ Sup. District:

Service Area(s):

ADD SERVICE SITE:

Name	Address	Sup. Dist.	Svc. Area(s)	Prov. No.

Deputy Director: Carlotta Childs-Seagle Lead Manager: Karen Williams

ATTACHMENT II

SOLE SOURCE CHECKLIST

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS *Identify applicable justification and provide documentation for each checked item.*
(✓)	➢ **Only one bona fide source for the service exists; performance and price competition are not available.** California has only eight accredited hotlines that are members of the National Lifeline and the Didi Hirsch Suicide Prevention Center is the only 24-hour telephone crisis line serving Los Angeles County. ➢
	➢ **Quick action is required (emergency situation).**
	➢ **Proposals have been solicited but no satisfactory proposals were received.**
	➢ **Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.**
	➢ **Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.**
	➢ **It is more cost-effective to obtain services by exercising an option under an existing contract.**
	➢ **It is in the best interest of the County, e.g., administrative cost savings, excessive learning curve for a new service provider, etc.**
	➢ **Other reason. Please explain:**
	Deputy Chief Executive Officer, CEO **Sheila Shima** **Date** 11/6/09