



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

July 7, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

5150 DETAINEE TRANSPORT (ITEM 6, AGENDA OF FEBRUARY 9, 2010)

On February 9, 2010, your Board directed the Chief Executive Officer (CEO) to establish an executive-level group to oversee a study on improving pre-hospital care and transport of 5150 detainees. This group consists of representatives from the County Emergency Medical Services (EMS) and Mental Health Commissions; Countywide Criminal Justice Coordination Committee (CCJCC); Sheriff's (Sheriff), Fire, Mental Health (DMH), and Health Services Departments; Los Angeles Police Department; Protection and Advocacy, Inc.; National Alliance for the Mentally Ill; and similar organizations and should submit a report proposing a "most-appropriate-and-feasible" system of pre-hospital response to include field assessment and transport for possible 5150 detentions.

The group first met on June 30, 2010. In preparation for setting the agenda for this meeting, CEO staff had obtained background information and documentation of previous inquiries into this matter by various County commissions, DMH, Sheriff, and CCJCC. This included information developed when related issues surfaced in the Fall of 2008, regarding the limited availability of psychiatric in-patient beds, and in the Spring of 2009, when EMS and Mental Health Commissions addressed law enforcement transportation of psychiatric patients. Readily available background information consists of media reports, staff concept papers, and some discussion material available in the public domain. Although research and review of these materials continues, the information gathered thus far should provide a foundation for further discussion by the group.

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Issues discussed by the group during their meeting were:

- Factors driving a desired change from current 5150 transport practices.
- Hospital requirements to accept 5150 patients transported by various means.
- Alternatives to law enforcement transport.
- Cost and sources of funding for alternatives.
- Potential operational issues (e.g. contracting, oversight, bed capacity, and safety).

CCJCC has offered to assist the 5150 transport study by taking a leadership role in convening the group's meetings and conducting the study as well. Given CCJCC's membership diversity and staff resources, their leadership and participation will be a tremendous benefit in guiding the group through the course of this study.

In preparing to convene the group, we have determined that a review of all the information necessary to provide a comprehensive and thorough response to your Board will require additional work from all involved committee members. Therefore, we are requesting an extension of 90 days which would require the CEO to submit a report back to your Board by September 9, 2010.

Should you have any questions, please contact me or your staff may contact Deputy Chief Executive Officer Jacqueline A. White, Public Safety, at (213) 893-2374 or Deputy Chief Executive Officer Sheila Shima, Health and Mental Health Services, at (213) 974-1268.

WTF:BC:JAW:SS
DC:ilm

c: Executive Officer, Board of Supervisors
County Counsel
Sheriff
Fire
Health Services
Mental Health



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WILLIAM T FUJIOKA
Chief Executive Officer

September 17, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

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5150 DETAINEE TRANSPORT (ITEM 6, AGENDA OF FEBRUARY 9, 2010)

On February 9, 2010, your Board directed the Chief Executive Office (CEO) to establish an executive-level group to include the CEO; representatives from the County Emergency Medical Services and Mental Health Commissions; Countywide Criminal Justice Coordination Committee (CCJCC); Sheriff, Fire, Mental Health, and Health Services Departments; Los Angeles Police Department; Hospital Association of Southern California, Protection and Advocacy, Inc.; National Alliance for the Mentally Ill; and other similar organizations (Attachment) to oversee a study on improving pre-hospital care and transport of 5150 detainees and submit a report proposing a "most-appropriate-and-feasible" system of pre-hospital response to include field assessment and transport for possible 5150 detentions.

On July 7, 2010, this office advised your Board that an extension would be necessary to investigate and further address the elements of the study. At its meeting on July 7, 2010, the CCJCC passed a motion establishing a 5150 Study Group as an ad-hoc subcommittee of the CCJCC, which has taken a leadership role in convening the committee meetings and conducting the study. This has been a tremendous benefit in exploring the issues and laying the groundwork for a response to your Board's motion.

Although the work of the subcommittee continues, the attachment is a CCJCC status report of the work to date, issues identified, and next steps. The status was presented to the CCJCC at its regular meeting on September 1, 2010. As indicated in the report, the CCJCC subcommittee reviewed research conducted on this issue by County commissions and law enforcement agencies and created five work groups to review specific facets of the issue. Three of the five workgroups have already met; the other

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Each Supervisor
September 17, 2010
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two have dates pending. The work groups are developing general recommendations and outlining the remaining issues that require further study, data collection, and discussion. Discussions so far indicate that a possible option may be developed as an alternative to some, although not all, law enforcement transports of 5150 detainees.

This Office, CCJCC, and representatives from the various stakeholder groups are continuing to discuss the issues and alternatives in the five work groups in preparation for developing a report with recommendations to address this matter. Accordingly, additional time is needed to complete this effort, and we anticipate finalizing a report back to your Board in November 2010.

Should you have any questions, please contact me or your staff may contact Deputy Chief Executive Officer Jacqueline White, Public Safety, at (213) 893-2374 or Deputy Chief Executive Officer Sheila Shima, Health and Mental Health Services, at (213) 974-1268.

WTF:BC:JW:SS
JS:gl

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Countywide Criminal Justice Coordination Committee
Fire
Health Services
Mental Health
Sheriff

091710_HMHS_MBS_5150 TRANSPORT



COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



500 WEST TEMPLE STREET, ROOM 520 • LOS ANGELES, CA 90012 • (213) 974-8398

To: CCJCC Members

From: Mark Delgado
Executive Director

Date: September 1, 2010

Subject: Alternative Transport Options of 5150 Detainees

On February 9, 2010, the Board of Supervisors passed a motion to establish an executive-level group to oversee a study on improving pre-hospital care and transport of persons detained by law enforcement under Welfare and Institutions Code Section 5150. The group was tasked with reporting on the "most appropriate and feasible" system of pre-hospital response and to report back to the Board on the 5150 Study Group's formation, initial meetings, plan of work and timetable.

After gathering background information and previous research on the issue by various County commissions and law enforcement agencies, the Chief Executive Office, in partnership with the Countywide Criminal Justice Coordination Committee, formed the 5150 Study Group in June 2010. The Study Group includes representatives from the Chief Executive Office, CCJCC, the County Emergency Medical Services and Mental Health Commissions, the Departments of Sheriff, Fire, Mental Health, Health Services, the Los Angeles Police Department, the National Alliance for the Mentally Ill, the Los Angeles County Ambulance Association, the Hospital Association of Southern California and County Counsel.

Given this issue's connection to public safety and the necessary collaboration with many of CCJCC member agencies, CEO and CCJCC staff felt it was appropriate for CCJCC to convene meetings and coordinate the study. At its meeting on July 7, 2010, CCJCC passed a motion establishing this Study Group as an ad hoc subcommittee of CCJCC with Deputy CEO Sheila Shima serving as its chair.

To conduct its work, the 5150 Study Group reviewed research already conducted on this issue by County commissions and law enforcement agencies and created five work groups to review specific facets of the issue:

1. **The Statutory/Legal Work Group** is reviewing the current 5150 statutes, relevant case law and opinions as they pertain to the implementation any alternative transport system.
2. **The Options/Alternatives Work Group** is reviewing current transport options and developing detailed recommendations for alternative transport options of WIC Section 5150 detainees, if needed.

3. **The Finance/Resources Work Group** is estimating costs of the current transport system and the cost to implement any recommended alternative transport system.
4. **The Field Assessment and Training Work Group** will discuss training and best practices in field assessment for law enforcement personnel to ensure 5150 holds are placed only as appropriate.
5. **The Psychiatric Bed Capacity and Tracking Work Group** will review efforts to track psychiatric bed capacity countywide and options for a system that could inform responsible agencies of available beds.

Status

The statutory/legal work group, options/alternative work group, and finance/resources work group have each met. Each work group developed general recommendations and outlined remaining issues that require further study, data collection and discussion. In addition, the information developed by the work groups was presented, reviewed and discussed by the larger Study Group at their second meeting on August 23, 2010. That information is summarized below.

There are several ways in which 5150 detainees are currently transported to LPS-designated psychiatric facilities. Per the direction of the Board motion, the Study Group is focused on transports conducted by law enforcement after they respond to calls in the field and place an individual on a 5150 hold. These individuals are currently transported in handcuffs in a police vehicle.

In exploring whether there is a more effective and appropriate method of transporting law enforcement 5150 detainees, the Study Group has discussed the use of ambulette transport services. Ambulettes are vehicles specially equipped to transport individuals whose medical condition requires transportation services but does not require emergency services or equipment during transport.

Such a system would require contracting with a County-licensed ambulance service provider to respond to calls for non-emergent transport of 5150 detainees identified by law enforcement in the field. The service provider would provide a dedicated fleet of ambulettes or gurney vans¹ available 24/7 for this function.²

The Study Group considers an alternate transport system such as ambulette transport as an addition to a continuum of options available to law enforcement personnel in the field. An alternate transport system will not be appropriate for all 5150 transports when law enforcement is called. Law enforcement officers must assess every case as to safety issues including emergent medical situations that would require a fully equipped ambulance. Additionally, if an individual is violent or exhibits the potential for violence, law enforcement transport could remain the most appropriate method. The alternative transport system, as proposed, would be an option if certain criteria are met.

¹ The terms *ambulette* and *gurney van* are interchangeable.

² Specific requirements of an ambulette transport have been outlined by the work group.

Equally important to emphasize is the need to consider an organized triage system to direct the transport of 5150 detainees to appropriate medical facilities. There are several models of triage that could be incorporated into an alternate transport system. Specifically, there are two areas of focus to consider in the design: 1) Assessment of insurance status; and 2) Ability to communicate with LPS-designated facilities and regularly track bed availability to inform transport decisions. These two issues will be essential the workability and success of an alternative system.

Statutory/Legal Issues

No major legal obstacles were identified related the implementation of an alternate transport system, with the exception of the rights of private hospitals to refuse individuals transported to their facility by non-law enforcement personnel. This area requires further exploration.

Finance and Resources

The Finance work group developed a methodology to estimate costs associated with the current transport system by law enforcement. Based on this methodology, CCJCC staff is currently gathering data to make this calculation.

This will generate a more general estimate and will not incorporate the costs³ associated with having a patrol car out of the field requiring reallocation and potential redeployment of other law enforcement resources. We will also attempt to address risk management and liability issues related to the current method of law enforcement transport.

The work group also developed a methodology to calculate costs associated with the implementation of an alternate transport system utilizing ambulette services. That estimate would include the cost of the ambulette transport, costs associated with operating the dispatch system, and potential hospital costs related to security.

Remaining Issues

At the August 23 Study Group meeting, the work group recommendations and a number of remaining issues were discussed. It is clear that more information, data and discussion are required prior to the development of specific recommendations to submit to the Board of Supervisors.

Those remaining issues include:

- Decision-making and training of law enforcement personnel in the field to assess most appropriate transport option.
- Details regarding type of contract (performance-based), contract monitoring, reimbursement, billing, and payor of last resort for an ambulette transport system.
- Guidelines and recommendations for application of restraints by ambulette personnel.
- Capacity needs to operate a 24/7 dispatch system.
- Outstanding legal issues related to the right of refusal of hospitals.

³ Costs related to these types of issues are difficult to quantify but in a cost-benefit or cost-effectiveness analysis are essential to consider nonetheless.

- Dispatch process to County and non-County hospitals.
- Bed capacity and the ability to reliably direct ambulettes transporting 5150 detainees to appropriate and available psychiatric beds.
- Potential impact on County Emergency Rooms.
- Guidelines on instances when law enforcement would be required to accompany an alternate transport (e.g. ambulette) to the hospital.
- Data related to the number of transports that could be expected via an alternate system.
- Costs of an alternate system including transport, dispatch and other resource needs.
- Unforeseen costs associated with a potential increase in the number of calls from law enforcement for 5150 transport via ambulette.
- Costs of liability and risk management issues associated with law enforcement transport of 5150 detainees

Next Steps

Over the next few weeks, staff from CCJCC will continue to work with the relevant agencies to gather information and will convene the remaining two work groups. Information will be disseminated to Study Group members for their next meeting scheduled for September 28, 2010. Based on this information, the Study Group will continue its discussions aimed at developing a set of recommendations to present to CCJCC and the Board by mid-November.



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June 8, 2012

To: Supervisor Zev Yaroslavsky Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

PSYCHIATRIC EMERGENCY SERVICES DECOMPRESSION PLAN (BUDGET DELIBERATIONS, AGENDA OF JUNE 25, 2012)

On April 17, 2012, the Board instructed the Chief Executive Officer to: provide a report back with a financing plan for a prioritized psychiatric emergency services decompression plan to be considered as part of the Board's adoption of the Fiscal Year (FY) 2012-13 budget; include Harbor-UCLA Medical Center in the report to know what this medical center is doing to ease adolescent overcrowding at that facility; and include the anticipated capital and operating costs of any replacement plan for the psychiatric urgent care facility.

BACKGROUND

Psychiatric Emergency Services (PES) are designed to quickly assess emergencies and produce one of three outcomes: 1) resolve mental health issues; 2) stabilize and refer for outpatient follow-up; or 3) admit to acute inpatient psychiatric care. Patient census at each of the three County hospitals offering PES, Harbor-UCLA Medical Center (Harbor), LAC+USC Medical Center (LAC+USC), and Olive View Medical Center (OVMC), regularly exceeds 20 per hospital and in peak periods can reach or exceed 30 for a total of 60 - 90. These numbers reflect overcrowding at the PES as the total current licensed bed capacity at the three County hospitals is 39 (15 at Harbor, 12 at LAC+USC, and 12 at OVMC).

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To help address this overcrowding issue in recent years, Department of Mental Health (DMH) was provided with \$9.3 million earmarked for PES decompression, which DMH focused and invested in eight programs/areas, including: Psychiatric Urgent Care Centers; Psychiatric Diversion Program; Institutions for Mental Disease (IMD) programs and services, and an array of crisis residential and emergency shelter beds. DMH currently contracts for a total of 220 State Hospital Beds, 775 IMD beds, 417 IMD Step-Down beds, 105 Short-Doyle beds, 13 Psychiatric Diversion Program beds, and 34 Crisis residential beds at any given time.

Despite these efforts, the unmet needs for psychiatric emergency services contribute to PES overcrowding.

FINDINGS

The Department of Health Services (DHS) and DMH conducted an extensive assessment of their existing operations, and identified several strategies to address the problem. As a result of such efforts, the departments developed a report entitled, Addressing Overcrowding of Psychiatric Emergency Services in Los Angeles County [(PES Plan), refer to Attachment I for Executive Summary Recommendations]. The report focuses on reducing the inflow of patients into the PES, accelerating the discharge of patients from the PES, and ensuring that current PES facilities are adequate.

The departments are commended for their critical review and innovative approach in addressing this issue. The recommendations do not simply request additional funding for new inpatient beds. Instead, DHS and DMH reviewed their existing service delivery models and determined that: 1) substantial progress can be made by improving existing processes and addressing operational inefficiencies; and 2) the most effective use of additional funds would be to add capacity in lower levels of care, either on the front-end in the form of Urgent Care Centers (UCCs) or on the back-end in the form of acute diversion units, crisis residential facilities, or IMD Beds/IMD-Step Down Beds.

A total of 28 recommendations were identified in the following three categories.

Category	Process Improvement	System Capacity
<i>Reduce the inflow of patients into the PES</i>	8	6
<i>Accelerate the discharge of patients from the PES</i>	8	2
<i>Ensure adequacy of existing PES facilities</i>	0	4
<i>TOTAL</i>	16	12

OVERVIEW OF PES PLAN

DMH and DHS will continue implementing process improvement efforts to alleviate PES overcrowding. These include various operational initiatives and policy changes, Phase I, require no cost or minimal expense to implement.

Twelve recommendations of the PES Plan that are primarily intended to enhance the capacity of the system, or Phase II, require identification and commitment of new funding and the departments were asked to develop a set of priorities and estimated costs. Phase II will focus on the most urgent system capacity needs and will enhance capacity building at: OVMC-ER and Urgent Care, MLK-Augustus Hawkins, inpatient beds, and IMD/IMD step down beds (Attachment II). In addition to the program components with estimated costs, Attachment II also lists the Departments' recommended priorities. In some cases, components were inextricably linked so that one component could not be implemented without the simultaneous implementation of another program component. In those circumstances, the same priority was assigned, item 4.1 and 4.2.

Phase III will focus on the remaining capacity building components of the PES Plan. As one example, Harbor and LAC+USC would benefit from dedicated space to serve pediatric and adolescent psychiatric patients. Harbor plans to renovate a portion of its current Emergency Department, once vacated, to create this space; funding for this proposal will be submitted with the larger backfill budget at a later date. LAC+USC is currently evaluating a set of options for creating this space and, once the optimal solution and budget is determined, a funding proposal will be submitted through the regular budget process.

Given the County fiscal constraints, the Departments were also asked to make every effort to identify funding resources. In conducting the requested analysis, DMH identified several PES Plan components that are consistent with the Department's approved Mental Health Services Act (MHSA) Community Services and Supports (CSS) plan and are potentially eligible for this funding (Attachment II). As all current ongoing CSS funds are fully allocated, DMH has proposed to use a portion of the MHSA Prudent Reserve over a two-year period beginning in FY 2012-13 in order to initiate implementation of Phase II as soon as possible. Based on projections of future MHSA funding it is anticipated that revenues will increase over the next two years allowing the initial investment of one-time reserve funding to be fully sustainable by FY 2014-15. However, several PES Plan-Phase II components, OVMC-ER Renovation, inpatient beds, IMD beds, and certain positions are not eligible for MHSA funding (Attachment II).

RECOMMENDATIONS

As previously noted, the Departments are strongly commended for their critical review and thorough assessment of the current processes. As a result, process improvements have been identified and they are moving forward with these changes – Phase I of the PES Plan which require no cost or minimal expense to implement. Under Phase II, 12 capacity-building investment items requiring funding have been identified, along with the top eight priorities and associated cost estimates have been provided. Phase III will include the four remaining capacity-building investment items and costs estimates have not yet been determined. Furthermore, DMH has identified MHPA funding that can be utilized to mitigate some of the estimated costs for Phase II over the next two years:

Item	FY 2012-13	FY 2013-14
Phase II Costs	\$ 13,300,000	\$ 13,200,000
MHPA Funding – Prudent Reserve	3,900,000	\$ 7,800,000
Balance – Net County Cost (NCC) Request	9,400,000	5,400,000

Although Board action is not require at this time to proceed, we recommend the following:

1. Support DHS and DMH's PES Plan, specifically the continued implementation of Phase I – which involves 16 process improvements that require no cost or minimal expense to implement;
2. Support Phase II of the PES Plan at an estimated cost of \$13.3 million, partially offset by the use of MHPA Prudent Reserve monies, estimated at \$3.9 million. Based on projections of future MHPA funding it is anticipated that revenues will increase over the next two years allowing the initial investment of funding to be fully sustainable by FY 2014-15; and
3. Defer the request to utilize NCC funding, estimated at \$9.4 million for FY 2012-13 and \$5.4 million for FY 2013-14, until the Supplemental Budget, at which time the full impact of the State's budget actions will be known.

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June 8, 2012
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If you have any questions regarding this matter, please contact Sheila Shima at (213) 974-1160.

WTF:SAS:MLM
VLA:hd

Attachments

c: Executive Officer, Board of Supervisors
County Counsel
Health Services
Mental Health

060812_HMHS_MBS_PES Decompression Plan

**PSYCHIATRIC EMERGENCY SERVICES
SUMMARY RECOMMENDATIONS**

**DEPARTMENT OF HEALTH SERVICES
and
DEPARTMENT OF MENTAL HEALTH**



June, 2012

EXECUTIVE SUMMARY

The Psychiatric Emergency Services (PES) census in Los Angeles County frequently exceeds the intended capacity. This is due to both the overall high volume of patients who come to the PES for evaluation and management as well as the challenges LA County faces in efficiently moving patients through inpatient and outpatient systems of care. Overcrowded conditions contribute to security and privacy concerns, but also importantly detract from the therapeutic milieu that is needed to de-escalate distressed or agitated patients in the PES.

To address PES overcrowding and privacy concerns, the Department of Health Services (DHS) and the Department of Mental Health (DMH) have developed the following summary recommendations detailed below. Notably absent from these recommendations is a request for substantial additional funding for new inpatient beds. It is DHS' and DMH's strong belief that: 1) substantial progress can be made by improving existing processes and addressing operational inefficiencies; and 2) the most effective use of additional funds would be to add bed capacity in lower levels of care, either on the front-end in the form of Urgent Care Centers (UCCs) or on the back-end in the form of acute diversion units, crisis residential facilities, or IMD/IMD-step down beds.

SUMMARY RECOMMENDATIONS TO ADDRESS PES OVERCROWDING

A. Reduce the inflow of patients into the PES

Process improvements

- 1. Engage with LPS-designated individuals, including peace officers, as a 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.*
- 2. As resources permit, expand the Psychiatric Diversion Program to more frequently allow carefully selected patients direct admission to inpatient acute psychiatric beds.*
- 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.*
- 4. Explore opportunities to further invest in intensive case management programs for individuals that frequently utilize the PES.*
- 5. Work with DPH to streamline access for PES patients into substance abuse rehabilitation programs.*
- 6. Continue to investigate supportive housing opportunities.*

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.*
8. *Continue to monitor trends in PES utilization by AB109 releasees and, in collaboration with CDRC, develop strategies to divert inappropriate visits as needed.*

Facility/programmatic investments

9. *Maximize use of Olive View Urgent Community Services Program by obtaining LPS designation.*
10. *Investigate feasibility of expanding operating hours of the Olive View Urgent Community Services Program to 24/7.*
11. *Consider expansion of Urgent Care Center model to DHS hospital campuses as master plans for MLK and Harbor permit.*
12. *Evaluate optimal use of vacant 5-bed unit at Augustus Hawkins, including option of staffing unit to hold Probation adolescents.*
13. *Consider programmatic changes to further meet the needs of incarcerated youth with developmental delays and/or serious behavioral issues.*
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.*

B. 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.*
16. *Expand DMH DCFS mental health liaison presence to LAC+USC.*
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).*
18. *Increase education of mental health inpatient and PES staff to more rapidly discharge patients to open community-based facilities.*
19. *Expand use of selected tools and processes that may reduce interfacility variation in clinical practice patterns within the PES and inpatient units.*
20. *Address operational issues that delay timely throughput of patients through the PES and inpatient units.*

21. *Develop Post-hospitalization Placement Problem Committee to expedite placement of inpatients no longer requiring acute inpatient hospitalization for whom a disposition is not easily forthcoming.*
22. *Monitor progress on placing "difficult to place" patients through systematic data collection efforts.*

Facility/programmatic investments

23. *Continue to pursue Request for Information regarding development of a joint DHS/DMH SNF contract.*
24. *Based on the availability of funds, consider additional investment into community-based residential facilities such as crisis residential beds and acute diversion units.*

C. Adequacy of existing PES facilities

25. *Amend plans to backfill current Harbor ED to include a dedicated pediatrics/adolescent psychiatric unit adjacent to the existing PES.*
26. *Continue to investigate options to decrease overflow of adult psychiatric patients from the PES into the medical ED [at LAC+USC].*
27. *Complete financial analysis of creating pediatric crisis stabilization unit in LAC+USC PES.*
28. *Weigh priority for Olive View PES replacement/renovation project in relation to other proposed capital plans within DHS.*

COUNTY OF LOS ANGELES
PSYCHIATRIC EMERGENCY DECOMPRESSION PLAN - ESTIMATED COSTS
FISCAL YEARS 2012-13 AND 2013-14
 JUNE 6, 2012

(\$ in Millions)

<u>Phase II Components</u>	<u>2012-13</u>		<u>2013-14</u>	
	<u>DHS</u>	<u>DMH</u>	<u>DHS</u>	<u>DMH</u>
1. ** Olive View-UCLA Emergency Room Renovation	\$ 4.0	\$ -	\$ -	\$ -
2. * Expansion of Olive View Urgent Care Center (a)	-	0.5	-	1.1
3. * Implement Martin Luther King -Augustus F. Hawkins Urgent Care Center (a)	-	2.7	-	5.5
4.1 * 1.0 Psychiatric Social Worker II position (a)	-	0.1	-	0.1
4.2 ** Additional contracted acute inpatient beds	-	2.1	-	2.1
5. ** 2.0 Deputy Public Conservator positions (b)	-	0.2	-	0.2
6. ** 40 Additional Institutions for Mental Disease (IMD) beds	-	2.8	-	2.8
7. * 11 Additional IMD step-down beds (a)	-	0.6	-	1.1
8. ** 1.0 Child Psychiatrist at Harbor-UCLA	0.3	-	0.3	-
Total (c)	\$ 4.3	\$ 9.0	\$ 0.3	\$ 12.9
<hr/>				
* MHS-A-Eligible	\$ -	\$ 3.9	\$ -	\$ 7.8
** NCC Required	\$ 4.3	\$ 5.1	\$ 0.3	\$ 5.1

Notes:

- a) * Eligible for Mental Health Services Act (MHSA) funding. DMH estimates that \$13.0M in one-time MHSA funding is available. Any one-time MHSA funding not expended in the first year would be available in out-years until the \$13M one-time funding is exhausted.
- b) Staff to handle conservatees' affairs; only applicable upon additional inpatient bed capacity.
- c) Staffing costs, by their nature, are less flexible than costs utilized to purchase services from contract providers (e.g. 4.2, 6, and 7 above), which can more easily vary with need.