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

December 16, 2014

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

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

21 December 16, 2014

PATRICK OGAWA
ACTING EXECUTIVE OFFICER

Dear Supervisors:

APPROVAL TO ACCEPT AN INVESTMENT IN MENTAL HEALTH WELLNESS ACT OF2013 GRANT AND ENTER INTO AN AGREEMENT WITH THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION; APPROVAL OF AN APPROPRIATION ADJUSTMENT; ALLOCATION OF ORDINANCE POSITIONS; AND AUTHORIZATION TO AMEND AN EXISTING AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(4 VOTES)

SUBJECT

Request approval to accept a Senate Bill (SB) 82 Investment in Mental Health Wellness Act of 2013 grant award from the Mental Health Services Oversight and Accountability Commission (MHSOAC); enter into a grant agreement with MHSOAC; adjust the appropriation for Fiscal Year 2014-15; fill 69 ordinance positions; and request authorization to amend an existing Department of Mental Health agreement.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the acceptance of a SB82 Investment in Mental Health Wellness Act of 2013 grant award in the amount of $31,177,000 from the MHSOAC for the grant period beginning March 24, 2014 and ending June 30, 2017 for the implementation of mobile mental health triage teams that provide intensive case management and linkage services for individuals with mental illness or emotional disorders who require crisis interventions.

2. Delegate authority to the Director of Mental Health (Director), or his designee, to enter into Standard Agreement Number 13MHSOAC-TG005 (“Agreement”) (Attachment I) with MHSOAC to implement the expansion of state-wide crisis services, which is among the objectives cited in the

Mental Health Wellness Act of 2013. The agreement shall be effective upon MHSOAC's signature through June 30, 2017.

3. Delegate authority to the Director, or his designee, to: (1) execute amendments to the Agreement with MHSOAC that extend the term of the Agreement, allow for the receipt of additional SB 82 MHSOAC grant funds, allow for the rollover of unspent funds, allow for the redirection of grant funds among the categories of SB 82 MHSOAC grant services, and/or are necessary to implement any required program and/or policy changes; (2) renew any substantially similar MHSOAC Agreement for additional SB 82 MHSOAC grant awards in subsequent fiscal years, upon review and approval by County Counsel and notification to your Board and CEO at least ten days in advance of the execution of any such amendment; and (3) accept additional SB82 MHSOAC grant funding upon notification to your Board and the CEO at least ten days in advance of the acceptance of such grant award.

4. Approve and authorize the Director, or his designee, to prepare, sign, and execute an amendment, on a sole source basis, substantially similar to the Attachment II, to Violence Intervention Program – VIP Community Mental Health Center, Inc., an existing DMH Legal Entity Agreement, to provide crisis stabilization mental health services, through Children/Youth Crisis Placement Stabilization Teams, to children/youth staying at the Child Welcome Center (CWC) and Youth Welcome Center (YWC). The amendment will add $1,230,500 to the Maximum Contract Amount and will establish a new MCA for Fiscal Year (FY) 2014-15 funded by the Investment in Mental Health Wellness Act of 2013 grant funds and Federal Financial Participation (FFP) revenue effective upon your Board's approval.

5. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to existing Legal Entity (LE) Agreements, including VIP, to allocate a portion of the grant award to meet grant requirements and continue supporting existing programs and services as previously approved by your Board for each LE, given that: 1) the County's total payments for each LE in any fiscal year do not exceed an increase of 20 percent from applicable MCA which the Board has already approved; 2) any such increase is used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval by County Counsel, or designee, is obtained prior to such amendments; and 5) the Director notifies your Board and CEO of agreement changes in writing within 30 days after execution of each amendment.

6. Approve the Request for Appropriation Adjustment (Attachment III) for FY 2014-15 in the amount of $7,479,000 to increase Salaries and Employee Benefits (S&EB) in the amount of $3,062,000 and Services and Supplies (S&S) in the amount of $4,417,000 to provide spending authority to implement the Mobile Mental Health Triage Program funded by SB 82 MHSOAC grant award and FFP revenue.

7. Authorize DMH to add and fill 69 full-time equivalent (FTE) positions as detailed in Attachment IV, pursuant to Section 6.06.020 of the County Code and subject to allocation by the CEO.

8. Authorize DMH to utilize funds for Client Supportive Services from either MHSA or this grant award, as authorized by MHSOAC, to assist clients with basic living expenses and to achieve and sustain self-sufficiency.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of the recommended actions numbers 1 through 3 above will allow DMH to accept the SB 82 Investment in Mental Health Wellness Act of 2013 grant ("grant") award totaling $31,177,000, and execute the Agreement (Attachment I) with MHSOAC for mental health mobile and field-based triage teams.

Board approval of the recommended actions numbers 4 and 5 will enable DMH to provide triage services to several underserved and vulnerable populations for whom field-based crisis response services are currently inadequate. DMH and its stakeholders have identified the following underserved and vulnerable populations as: (1) dependency and probation-involved children/youth; (2) forensic population consisting of mentally ill individuals being released from County jails; (3) high utilizers of psychiatric emergency services who need emergency, intensive case management for up to 60 days following discharge; (4) homeless individuals with mental illness who need clinical assessments and intensive linkage services; (5) older adults experiencing a psychiatric crisis; and (6) homeless veterans and their families experiencing a crisis situation. Under this grant four types of mobile triage teams will be developed and implemented countywide.

The first type of team, the Children/Youth Crisis Placement Teams, will be comprised of a clinician and community worker deployed in each Service Area. The teams will focus on dependency and probation-involved children and youth who have been detained by the Los Angeles County Department of Children and Family Services (DCFS) and are awaiting placement at the CWC or the YWC. The CWC and YWC are located on the campus of the LAC+USC Medical Center which also houses the Medical Hub.

The second type of team, the Forensic Outreach Teams (FOTs), will be comprised of a clinician and a person with lived experience. Grant funding will provide opportunities to expand mental health services to individuals being released under Assembly Bill (AB) 109 by developing FOTs. These teams will be deployed countywide and will provide jail in-reach and post-release integrated, intensive short-term case management for up to 60 days for each person receiving services through existing DMH AB 109 providers that require additional assistance for successful linkage to on-going community services and supports upon their release from jail. FOTs will be designed to impact jail recidivism and unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery oriented. These teams will be part of the countywide jail diversion efforts.

The third type of team, the Crisis Transition Specialist Teams, will be placed in each of the Urgent Care Centers and will be comprised of a clinician, a person with lived experience or a peer advocate/provider. The grant also provides for intensive case management, which may include Medi-Cal reimbursable targeted case management and linkage to services for high utilizers of psychiatric emergency services, homeless individuals with mental illness, older adults experiencing a psychiatric crisis, and homeless veterans and their families experiencing a crisis situation. Increasing access to effective outpatient and crisis services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible.

The fourth type of team, the Service Area Mobile Triage Teams, will be County directly-operated teams in all eight Service Areas and consist of 7 full-time staff (1 clinical supervisor, 2 clinicians, and 4 community workers) and 8 part-time peer workers. These teams will focus on older adults, veterans, and homeless individuals in need of mental health services. Age groups to be served are primarily adults and older Transition Age Youth (TAY).

Board approval of the recommended actions numbers 6 and 7 above will increase Los Angeles County's capacity for client assistance and services in crisis intervention including the availability of crisis triage personnel, crisis stabilization, and mobile crisis support teams.

Finally, Board approval of the recommended action number 8 above will allow DMH to utilize funds for Client Supportive Services to assist clients identified by the mental health triage personnel with basic living expenses such as costs associated with housing, food and incidentals, employment, education, transportation, and substance abuse services. These costs will be funded through State Mental Health Services Act (MHSA) revenue or this grant award as authorized by MHSOAC.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County's Strategic Plan Goal 3, Integrated Delivery of Services.

FISCAL IMPACT/FINANCING

The total SB 82 Investment in Mental Health Wellness Act of 2013 grant award of MHSOAC is $31,177,000 effective upon MHSOAC's signature through June 30, 2017 for the implementation of the mobile mental health triage program for the direct service costs.

The Request for Appropriation Adjustment in the amount of $7,479,000 will increase S&EB in the amount of $3,062,000 and S&S in the amount of $4,417,000 to provide spending authority to implement the Mobile Mental Health Triage program, fully funded by SB 82 MHSOAC grant award and FFP revenue.

The total cost of VIP's MCA increase for FY 2014-15 is $1,230,500, fully funded with Investment in SB 82 MHSOAC grant award and FFP revenue.

Funding for future fiscal years will be incorporated into the budget through DMH's annual budget request process

There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The grant award in the annual amount of $9,125,000 is the result of a successful application for funding made available through a SB 82 Investment in Mental Health Wellness Act of 2013 grant. On February 25, 2014, the MHSOAC notified DMH of the final allocation grant award. On March 27, 2014, the MHSOAC sent DMH their Standard Agreement (Agreement No. 13MHSOAC-TG005).

County Counsel has reviewed and approved as to form the agreement with MHSOAC (Attachment I).

DMH is also asking to amend, on a sole source basis, the existing LE Agreement with VIP (Attachment II) to provide a range of mental health services to children who have been detained by the DCFS and are awaiting placement at CWC or the YWC.

In accordance with your Board Policy Manual, Section 5.120, Authority to Approve Increases to

Board Approved Contract Amounts, DMH notified your Board on November 6, 2014, (Attachment VII) of its intent to request delegated authority of more than 10 percent for VIP. This authority will allow DMH greater capacity to amend VIP's LE Agreement and implement additional services in a more timely and expeditious manner.

CONTRACTING PROCESS

DMH is asking to amend the existing VIP LE Agreement on a sole source basis due to VIP's unique capacity to provide a range of mental health services, including crisis stabilization, to children between the ages of birth to 21 years who have been detained by the DCFS and are awaiting placement at CWC or the YWC. VIP offers around-the-clock medical, forensic, mental health, support and advocacy services to children in foster care and other victims of child abuse and neglect, domestic violence, sexual assault, elder abuse and dependent adult abuse.

The amendment for VIP's Agreement has been approved as to form by County Counsel. The required Sole Source Checklist, which identifies and justifies the need for sole source contract actions, has been reviewed and approved by CEO (Attachment V). In addition, DMH notified your Board of its intent to amend the VIP LE Agreement on a sole source basis on August 20, 2014 (Attachment VI). County program administration staff will continue to monitor the VIP agreement to ensure compliance with the agreements term and conditions.

The Department will engage in a solicitation process for FOTs with existing LEs providing AB 109 services. These LEs are best suited to develop FOTs as they are responsible for the mental health services of this population throughout all levels of care and will be able to effectively coordinate services to ensure the objectives outlined in SB 82 are met.

DMH will also solicit contracted Urgent Care Centers to place Crisis Transition Specialist Teams in their facilities. These teams will assess for short-term intensive case management services and linkage to on-going community mental health.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Acceptance of the MHSOAC grant award and approval of the grant agreement will enable DMH to utilize this new revenue stream and expand services within the MHSA framework based on the requirements set by the MHSOAC.

Respectfully submitted,

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

MJS:DM:RK:oh

Enclosures

c: Chief Executive Officer
County Counsel
Auditor-Controller
Executive Office, Board of Supervisors
Chairperson, Mental Health Commission

ATTACHMENT I

STANDARD AGREEMENT
STD 213 (Rev 06/03)

AGREEMENT NUMBER
13MHSOAC-TG005
REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME
Mental Health Services Oversight and Accountability Commission (MHSOAC)

CONTRACTOR'S NAME
Los Angeles Department of Mental Health

2. The term of this Agreement is: March 24, 2014 through June 30, 2017

3. The maximum amount of this Agreement is: **$31,177,000.00** Thirty-One Million, One Hundred Seventy-Seven Thousand and No Cents

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	6 pages
Attachment A.1 – Triage Grant Application	10 pages
Attachment A.2 – Annual Fiscal Report Instructions	3 pages
Attachment A.3 – Annual Fiscal Report Form	1 page
Exhibit B – Budget Detail and Payment Provisions	2 pages
Attachment B.1 – Grant Award Claim Form	1 page

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)*
Los Angeles Department of Mental Health

BY *(Authorized Signature)* ✍ | DATE SIGNED *(Do not type)*

PRINTED NAME AND TITLE OF PERSON SIGNING
Marvin Southard, DSW, Director

ADDRESS
Los Angeles County Department of Mental Health, 550 S. Vermont Ave., 12th Floor, Los Angeles, CA 90020

STATE OF CALIFORNIA

AGENCY NAME
Mental Health Services Oversight and Accountability Commission

BY *(Authorized Signature)* ✍ | DATE SIGNED *(Do not type)*

PRINTED NAME AND TITLE OF PERSON SIGNING
Andrea Jackson, Executive Director

ADDRESS
1325 J Street, Suite 1700, Sacramento, CA 95814

California Department of General Services Use Only

☒ Exempt per: Welfare and Institution Code 5897 (e)

Exhibit A

Scope of Work

1. Los Angeles County Department of Mental Health, hereafter referred to as Grantee, agrees to hire mental health triage personnel to provide a range of triage services to persons with mental illness requiring crisis intervention. As indicated in the Mental Health Wellness Act of 2013 triage personnel may provide targeted case management services face to face, by telephone, or by tele-health.
2. The project representatives during the term of this agreement will be:

Direct all Triage Grant inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	**Contractor:** Los Angeles County Department of Mental Health
Name: Jose Oseguera, Chief of Plan Review and Committee Operations	**Name:** Dennis Murata, MSW, Deputy Director
Phone: (916) 445-8722	**Phone:** (213) 738-4978
Fax: (916) 445-4927	**Fax:**
Email: jose.oseguera@mhsoac.ca.gov	**Email:** dmurata@dmh.lacounty.gov

Direct all administrative inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	**Contractor:** Los Angeles County Department of Mental Health
Section/Unit: Administrative Services	**Section/Unit:** MHSOAC Triage Grant Program
Attention: Gina Van Nes	**Attention:**
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	**Address:** 550 S. Vermont Ave. 12th Floor Los Angeles, CA 90020
Phone: (916) 445-8798	**Phone:**
Fax: (916) 445-4927	**Fax:**
Email: gina.vannes@mhsoac.ca.gov	**Email:**

3. Detailed Scope of Work

A. Introduction

As a result of Senate Bill (SB) 82, known as the Investment in Mental Health Wellness Act of 2013, California has an opportunity to use Mental Health Services

Act (MHSA) dollars to expand crisis services statewide that are expected to lead to improved life outcomes for the persons served and improved system outcomes for mental health and its community partners. Among the objectives cited in the Mental Health Wellness Act of 2013 is to "expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs." This objective is consistent with the vision and focus for services identified in the MHSA. Improving the client experience, with a focus on recovery and resiliency, in a way that will reduce costs, is the very essence of the MHSA.

B. Background

With MHSA funding, the Mental Health Wellness Act of 2013 is intended to increase California's capacity for client assistance and services in crisis intervention including the availability of crisis triage personnel, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. Under the terms of the Mental Health Wellness Act of 2013 there will be two competitive grant opportunities. One grant process will be administered by the California Health Facilities Financing Authority (CHFFA) to fund mobile crisis support teams and crisis stabilization and crisis residential programs. The other grant process, administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission), provides funding for counties, counties acting jointly and city mental health departments, to hire at least 600 triage personnel statewide to provide intensive case management, which may include Medi-Cal reimbursable targeted case management, and linkage to services for individuals with mental illness or emotional disorders who require crisis interventions. Increasing access to effective outpatient and crisis services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible.

C. SB 82 Triage Personnel Objectives

Among the specific objectives cited in the Mental Health Wellness Act of 2013 are:

1. **Improving the client experience, achieving recovery and wellness, and reducing costs**

   The level of engagement between a person experiencing a mental health crisis and persons providing crisis intervention triage services are considered critical to the life outcomes for the individual being served and system outcomes for mental health and its community partners.

   Triage personnel funded through these grants should be skilled at engaging persons in crisis in a stabilizing, therapeutic, recovery focused manner. Per SB 82, the Commission shall take into account the use of peer support when selecting grant recipients and determining the amount of grant awards. Having

lived experience with mental illness either as an individual or family member, may be seen as an added qualification for delivering effective service.

ii. **Adding triage personnel at various points of access, such as at designated community-based service points, homeless shelters, and clinics**

The availability of triage personnel at various points of access designated throughout the community throughout the day is essential to both improving the client experience and improving timely access to services.

iii. **Reducing unnecessary hospitalizations and inpatient days**

Reductions in unnecessary hospitalizations are dependent on the availability of programs that serve as alternatives to hospitalization, such as crisis stabilization and crisis residential programs. As mentioned, one resource to expand these services will be available through the grants administered by CHFFA. Because the triage personnel available through the MHSOAC grants are intended to provide immediate, recovery-focused crisis interventions that divert persons from unnecessary hospitalizations to less restrictive treatment settings, they are an essential component for mental health and community crisis response systems.

iv. **Reducing recidivism and mitigating unnecessary expenditures of law enforcement**

To meet both of these objectives requires collaboration with and participation from partner counties, law enforcement, hospitals, local social networks, mental health and substance use non-profits, foundations and providers of service to various racial, ethnic and cultural groups and low-to-moderate income persons, in developing and delivering services in a community-based, mental health crisis response system.

D. Grantee Work Plan

Grantee shall implement the triage program as described in Grantee's Triage Grant Application which is attached to this Exhibit A as "Attachment A.1" and incorporated herein by reference.

E. Grant Cycle

Grants are approved for a grant cycle that covers four fiscal years, with funds allocated annually for Year 1 (5 months), Year 2 (12 months), Year 3 (12 months), and Year 4 (12 months).

If the Grantee does not submit the reports listed below by the reporting deadline the MHSOAC may withhold payments of the funds described in Exhibit B:

i. Process Information Report as described in Section "F. Reports"

ii. Encounter Based Information Report as described in Section "F. Reports"

iii. Evaluation of Program Effectiveness as described in Section "F. Reports"

iv. Annual Fiscal Report as described in Section "F. Reports". Grantee showing unexpended Grant Funds may have equivalent funding withheld from the following year's grant allocation.

F. Reporting and Evaluation

i. Process Information Report

Grantees shall submit a Process Information Report to the MHSOAC as follows:

a) No later than six months (September 30, 2014) following the date of the Triage Grant Award letter to Grantee from the MHSOAC; and

b) No later than twelve months (March 31, 2015) following the date of the Triage Grant Award letter to Grantee from the MHSOAC. If at 12 months all proposed triage personnel are not hired, additional updates will be requested every 6 months until all triage personnel are hired.

The Process Information Report shall include the following information:

a) Number of triage personnel hired by county and/or hired by contractor.

b) Number for each type of triage personnel hired by county and/or hired by contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.) Please identify which personnel are county staff and which are contract staff.

c) Triage service locations/points of access (e.g., hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, other community-based service points).

ii. Encounter Based Information Report

Grantee shall submit an Encounter Based Information Report to the MHSOAC as follows:

a) No later than twelve months (March 31, 2015) following the date of the Triage Grant Award letter to Grantee from the MHSOAC; and

b) Every six months thereafter as follows:

- 1st Report: Reporting period is from March 2014 through March 2015 Due on April 30, 2015

- 2nd Report: Reporting period is from April 2015-September 2015
  Due on October 30, 2015
- 3rd Report: Reporting period is from October 2015-March 2016
  Due on April 30, 2016
- 4th Report: Reporting period is from April 2016-September 2016
  Due on October 31, 2016
- 5th Report: Reporting period is from October 2016-March 2017
  Due on April 30, 2017

The Encounter Based Information Report shall include the following information for the reporting period:

a) Total unduplicated persons served.

b) Total number of service contacts.

c) Basic demographic information for each individual client shall include information on age, race, ethnicity, gender. If available, the county shall provide information on language spoken, cultural heritage, LGBTQ, and military status.

d) Description of specific services that each client was referred to by triage personnel.

e) At the time the triage service was provided, was the person served enrolled in any mental health service? If yes, what service?

iii. Evaluation of Program Effectiveness

Grantees shall submit an Evaluation of Program Effectiveness analyzing whether the goals, objectives and outcomes identified in the Grantee's Triage Grant Application have been attained to the MHSOAC as follows:

a) 1st Evaluation report of the program during the 24 months following the date of the Triage Grant Award letter to Grantee from the MHSOAC (March 2014 through March 2016)

- Due no later than June 30, 2016

b) 2nd Evaluation Report of the program during the 36 months following the date of the Triage Grant Award letter to Grantee from the MHSOAC (March 2014 through March 2017)

- Due no later than May 31, 2017

The Evaluation of Program Effectiveness report shall include the following information:

a) Grantee's goals and objectives for increased triage personnel and/or the improved crisis response system.

b) The system indicators, measures, and outcomes that Grantee used to track to document the effectiveness of services.

c) Evaluation analysis and findings about whether specific system and individual outcomes have been attained.

iv. Annual Fiscal Report

Grantee shall submit an Annual Fiscal Report to the MHSOAC by no later than April 30th of each fiscal year. The Annual Fiscal Report shall be certified by the mental health director and the county's auditor-controller as being true and correct. The Annual Fiscal Report form is "Attachment A.3" to this Exhibit A. The Annual Fiscal Report Instructions is "Attachment A.2" of this Exhibit A.

G. Allowable Costs

Grant funds must be used as proposed in the grant application approved by the MHSOAC as follows:

a) Allowable costs include triage personnel, evaluation, direct costs, indirect costs, and county administration. The sum of the direct costs, indirect costs and county administration per year shall not exceed 15 percent of the total budget.

b) Grant funds may be used to supplement existing programs but may not be used to supplant existing funds for mental health triage personnel available for crisis services.

c) Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

H. Amendments

This contract may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

A. PROGRAM NARRATIVE

1. CURRENT CRISIS RESPONSE SYSTEM AND NEEDS

a. **Current Array of Crisis Response Services**. The County of Los Angeles Department of Mental Health (DMH) crisis response services for psychiatric emergencies consist of a psychiatric mobile emergency response system that operates 24 hours per day, 7 days per week. In addition, Alternative Crisis Services, initiated under the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA) Plan, provides clients with alternatives to emergency room care, acute inpatient hospitalization, institutional care, and incarceration.

Field Response Operations (FRO). The DMH Emergency Outreach Bureau (EOB) is responsible for the administration and coordination of all emergency field operations. FRO has 8 distinct but integrated teams that respond to individuals who, as a result of mental illness, are at risk to themselves or others and are incapable or unwilling to access available mental health services:

(1) Psychiatric Mobile Response Teams (PMRT) consist of DMH clinicians that can perform evaluations per Welfare and Institutions Code (WIC) 5150/5585 for involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder.

(2) Law Enforcement Teams (LET), pairing a DMH clinician with a law enforcement officer, respond to 911 or patrol officer requests for assistance on calls involving mentally ill, homeless, or high risk individuals. PMRT and LET support one another as resources permit. DMH partners with Los Angeles County, Los Angeles City, other cities (Alhambra, Burbank, Long Beach, Pasadena, Santa Monica), and other municipal law enforcement agencies in situations involving mentally ill, violent or high risk individuals.

(3) Homeless Outreach Teams (HOT), comprised of PMRT staff, provide outreach and engagement to mentally ill homeless persons and increase the likelihood of effective outcomes for this population in situations in which they are at risk of involuntary hospitalization.

(4) The School Threat Assessment Response Team (START) provides training, consultation, assessment, intervention, case management, and monitoring to students at risk for school violence. START collaborates with educational institutions, law enforcement agencies, mental health providers, and parents to mitigate or eliminate threats.

(5) The Mental Health Alert Team (MHAT) provides mental health response to barricade and hostage situations in partnership with local and federal law enforcement agencies to facilitate a negotiated rather than a tactical solution.

(6) The Special Prevention Unit (SPU) collaborates with local/state/federal law enforcement agencies and corporate protection firms to manage individuals of concern who are mentally ill and have either made a threat or pose a threat but have not crossed the threshold for criminal prosecution or psychiatric detention.

(7) Emergency Response Teams (ERT) provide on-scene consultation and crisis intervention to survivors, their families, first responders, and the community

during critical incidents. ERT collaborates with the L.A. County Office of Emergency Management and the L.A. City Office of Emergency Management.

(8) Mobile Psychiatric Emergency Teams (PET), operated by psychiatric hospitals approved by DMH, provide 5150 and 5585 evaluations, are similar to PMRT and provide additional resources in specific geographical regions.

Alternative Crisis Services (ACS), a component of the CSS MHSA Plan, is comprised of 8 countywide programs designed to break the cycle of costly emergency and inpatient care and promote successful community reintegration:

(1) Urgent Care Centers (UCCs) serve repetitive, high utilizers of emergency and inpatient services and individuals with co-occurring substance use disorders, needing medication management and with problems that can be addressed with short-term (under 24 hours) immediate care and linkage to community-based solutions: a) Olive View UCC (capacity of 12 adults) serves the San Fernando and Santa Clarita Valleys; b) Exodus Recovery, Inc. Westside UCC (capacity of 12 adults) serves the western County; c) Exodus Recovery, Inc. Eastside UCC (capacity of 12 adults and 6 adolescents) serves the eastern County; and d) Telecare Corp. Mental Health UCC (MHUCC) (capacity of 12 adults) serves Long Beach. In Fiscal Year (FY) 2014-15 a new UCC at Martin Luther King, Jr. Medical Center (capacity of 12 adults and 6 adolescents) will serve south central L.A.

(2) The Psychiatric Health Facility (PHF), a 16-bed Medi-Cal certified acute inpatient unit, provides acute short-term treatment on a voluntary or involuntary basis to individuals whose physical health needs can be met in an affiliated hospital or outpatient setting.

(3) The Psychiatric Diversion Program (PDP) provides reimbursement to participating Fee-For-Service (FFS) hospitals for acute psychiatric services for uninsured individuals on involuntary holds referred by DMH field response operations.

(4) Countywide Resource Management (CRM) provides overall administrative, clinical, integrative, and fiscal management functions for DMH's acute inpatient beds for uninsured children and adults, and adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential resources, with a daily capacity of over 1,600 persons.

(5) The Homeless Outreach Mobile Engagement (HOME) provides countywide field-based outreach and engagement and intensive case management to underserved or disengaged mentally ill homeless persons in homeless encampments who frequent locations where outreach is not readily available or provided in a focused manner.

(6) Residential and Bridging Services has clinicians and peer advocates/bridgers assist in the coordination of psychiatric services and supports for Transition Age Youth (TAY), adults and older adults with complicated psychiatric and medical needs being discharged from County hospital psychiatric emergency services and inpatient units, IMDs, and IMD Step-Down Programs.

(7) Three Crisis Residential Programs, licensed as Social Rehabilitation Programs (SRP) or Adult Residential Facilities (ARF), provide short-term intensive mental

health services for individuals being referred from emergency rooms, acute inpatient units, and UCCs for a total of 34 beds at any given time.

(8) Supportive Residential Programs provide supportive mental health services at limited operational costs to individuals residing at licensed ARFs; congregate living; and, independent living for 460 adults admitted from higher levels of care, including acute psychiatric inpatient units, crisis residential facilities and IMDs.

b. Need for Mental Health Crisis Triage

i. **Where triage staff are needed**. L.A. County has approximately 9.6 million residents, and DMH responds to approximately 20,000 crisis calls per year. Current staffing and team shortages limit field responses, with about 10,000 unanswered field response requests each year. DMH has identified the following underserved and vulnerable populations for whom current field-based crisis response services are not adequate, but under this grant, triage services would be available to them Countywide:

(1) Children/Youth: PMRT receives approximately 300 calls per month for psychiatric hospitalization evaluation related to children in the dependency and delinquency court. For those who are not hospitalized, there is a crucial need for intervention before the dependency and probation-involved children/youth are removed from their placements. DMH proposes the creation of ***Youth Crisis Placement Stabilization Teams*** in each of its 8 Service Areas (SA) to serve children/youth in the Department of Children and Family Services (DCFS) or Probation placements endangered not due to a strictly mental health problem but because of a behavioral or relationship issue that might benefit from outside intervention. These teams would provide such intervention and triage services on a 24-hour basis.

(2) Forensic Population: To assist mentally ill individuals being released from County jails with successful transitions to community-based mental health treatment services, DMH proposes ***Forensic Outreach Teams***. These teams would provide jail in-reach, short-term intensive case management, care coordination and triage services that will link individuals with histories of mental illness and criminal justice involvement to appropriate mental health, substance use treatment services, and community resources. Jail in-reach will build relationships with inmates prior to community re-entry to address deep-seated issues related to mistrust of providers and the health care system that often leads to avoidance of health, mental health, and/or substance use issues and non-compliance with treatment recommendations.

(3) High Utilizers of Psychiatric Emergency Services: Individuals in crisis with complex mental health and co-occurring substance use disorders often become consumers who are repetitive and high utilizers of crisis services. DMH proposes the creation of ***Crisis Transition Specialist Teams*** to engage these individuals and provide intensive case management for up to 60 days following discharge to ensure stabilization, linkage to on-going services/supports and triage services within the individuals' local communities.

(4) Underserved Populations: DMH has identified the following three populations to be the focus of its ***Service Area Mobile Triage Teams*** – Homeless Individuals

with Mental Illnesses, Older Adults and Veterans. These teams will provide mental health and intensive case management services for up to 60 days.

a) **Homeless Individuals with Mental Illnesses.** In L.A. County on any given night, approximately 58,000 people are homeless, a third of whom have mental illness. DMH partners with homeless advocates, philanthropic organizations, housing developers, Housing Authorities, and other government agencies to end homelessness through a Coordinated Entry System (CES), a means by which persons experiencing homelessness and organizations providing housing find each other in a systematic, efficient manner. DMH field-based triage staff is needed to participate in these regionally based teams to do clinical assessments and provide intensive linkage services to ensure those that meet DMH eligibility requirements are linked to on-going services. The *Service Area Mobile Triage Teams* would also respond to crises occurring with DMH clients in permanent supportive housing in order to ensure housing retention through periods of disequilibrium.

b) **Older Adults.** Currently, L.A. County does not have dedicated older adult staff attached to the SA Navigation Teams to assist older adults experiencing a psychiatric crisis. A recent review of LPS hospital data for FY 2012-13 found that many older adults (age 60 and above) admitted to psychiatric hospitals did not have any outpatient contacts for at least four months prior to their hospitalization. Approximately two-thirds of this cohort of inpatient population is considered "young-old" (ages 60-64), suggesting many adult clients are aging up to the Older Adult System of Care (OASOC) and upon hospital discharge would benefit from support in order to reduce future psychiatric inpatient admissions and maintain independent living in the community. Each *Service Area Mobile Triage Team* would be available to provide crisis triage services to this population.

c) **Veterans.** The number of veterans has increased in the past years, and the emotional toll resulting from Post-traumatic Stress Disorder, reintegrating into civilian life, employment difficulties, housing problems, etc. has likewise been on the increase. As military personnel are deployed and return home, there is also significant emotional impact on families. In Los Angeles there are an estimated 7,426 homeless veterans daily, of which 15% do not qualify for federal benefits. DMH will expand its capacity to address the needs of homeless veterans and their families experiencing a crisis situation. DMH Veterans and Loved Ones Program (VALOR) staff would be co-located across all 8 SAs as part of the Department's proposed *Service Area Mobile Triage Teams.*

ii. **The numbers of triage personnel required by type of position.** DMH's plan is to develop and implement culturally responsive field-based triage teams at both the countywide and SA levels to serve the high-risk populations described above. In addition to licensed clinical staff, DMH is committed to filling its positions with qualified individuals with lived experience on either a full-time paid or part-time stipend item. DMH would also require its contractors to hire full-time community workers and/or peer advocates with lived experience. Individuals would receive specialized training based on their position or role on the triage team and the type of team they are assigned. For the DMH directly operated *Service Area Mobile Triage Teams,* peers such as Wellness

Outreach Workers (WOW), Older Adult Service Extenders, and Promotores would receive stipends as members of the teams. For *Youth Crisis Placement Stabilization Teams,* foster youth with appropriate training and support may also serve as peer advocates. Table 1 below indicates the triage staff by position required per team.

Service Area Mobile Triage Teams would be comprised of 7 full-time staff (1 clinical supervisor, 2 clinicians, and 4 community workers) and 8 part-time peer workers funded by this grant. DMH would also assign 1 FTE (in-kind) to a team in each of the SAs. These teams will serve homeless individuals, older adults, and veterans. One team would have an additional community worker to serve older adults in an area with higher need. *Youth Crisis Placement Stabilization Teams,* comprised of a clinician and community worker and would be deployed in each SA. DMH would collaborate with the DCFS, which has jurisdiction over children/youth at risk of out of home placement or placement failure. *Forensic Outreach Teams* would be comprised of a clinician and a person with lived experience. These 14 teams would be deployed countywide to serve individuals being released from jails. *Crisis Transition Specialist Teams,* comprised of a clinician, a person with lived experience, and a peer advocate/provider, would be placed in each of the UCCs to identify individuals in crisis with complex mental health and co-occurring substance use disorders who are in need of short-term intensive case management services and linkage to on-going community mental health services.

Table 1. Triage Personnel – New Positions[1]

Triage Teams	Clinicians	Peer Providers		Total Positions	No. of Teams
		Community Workers (full-time staff)	WOW/Service Extenders/Promotores (part-time stipends)		
1. Service Area Mobile Triage Teams	16	33[2]	48	113[3]	8
2. Youth Crisis Placement Stabilization Teams	8	10	0	18	8
3. Forensic Outreach Teams	14	14	0	28	14
4. Crisis Transition Specialist Teams	8	8	0	16	8
Totals	46	65	48	175	38

Notes: [1] All triage personnel funded by this grant will be new positions; [2] This includes one additional FTE assigned to a Service Area Mobile Triage Team with a high population of older adults; and [3] This includes 8 clinical supervisors to be funded by this grant and 8 FTE positions provided in-kind by DMH to each team.

iii. Racial, ethnic and cultural groups targeted for service. Minority/ethnic underrepresented groups who, due to cultural or familial histories may not access ongoing outpatient mental health services, often come to the attention of mental health professionals when they are in crisis, incarcerated or admitted to emergency rooms. Proposed triage teams would include staffs that reflect the diversity of the area to be served, ensuring that culturally and linguistically sensitive services provided during a time of crisis will be most likely successful in engaging clients in ongoing treatment. DMH has several existing programs that target Underrepresented Ethnic Populations (UREP), and these programs will be leveraged by the SB 82 program to collaboratively outreach to UREP with specific language/cultural needs and serve as referral sources for those in need. Table 2 below identifies the racial, ethnic and cultural groups targeted for services by the specific triage teams.

Table 2. Racial and Ethnic Populations in Los Angeles County

Race/Ethnicity	Total L.A. County Population	Target Populations for SB 82 Grant:					
		Homeless Mental Ill.	Veterans at Risk	Older Adults	DCFS Children/ Youth	Jail Mentally Ill	UCCs
Native American	19,455	205	123	1,872	135	254	123
African/African-American	853,558	6,749	1,424	38,140	6,030	21,514	8,533
Asian/Pacific Islander	1,409,144	228	858	70,204	545	760	618
Latino	4,769,064	3,877	2,375	117,099	14,600	14,834	7,791
White	2,854,130	6,499	10,097	420,938	3,590	12,014	6,928
Totals	9,905,351	17,558	14,877	648,253	24,900	49,376	23,993

DMH also focuses on providing culturally and linguistically appropriate mental health services and is committed to providing services in its 13 primary threshold languages which include English, Spanish, Vietnamese, Cantonese, Mandarin, other Chinese, Armenian, Russian, Tagalog, Korean, Farsi, Cambodian, and Arabic. Minority populations, particularly African-Americans, are disproportionately represented throughout the L.A. County dependency and juvenile court system as well as homeless, veteran, and jail inmate populations. It is anticipated that minority race/ethnic groups and underserved populations will be the target for expanded services offered by the Triage Teams. As the table below indicates, the predominant populations to be served by the triage teams will be minority and underserved populations.

iv. Estimated numbers to be served in each year of the grant

Table 3 projects the estimated numbers to be served by each triage team in each fiscal year, with the first year having lower numbers due to the start-up in February 2014.

Table 3. Estimated Number of Persons in Crisis to be Served

Triage Teams	Estimated Number to be Served				
	Year 1 (2/1/14-6/30/14)	Year 2 (7/1/14-6/30/15)	Year 3 (7/1/15-6/30/16)	Year 4 (7/1/16-6/30/17)	Total
1 Service Area Mobile Triage Teams	480	2,400	2,400	2,400	7,680
2 Youth Crisis Placement Stabilization Teams	50	250	250	250	800
3 Forensic Outreach Teams	630	1,260	1,260	1,260	4,410
4 Crisis Transition Specialist Teams	180	540	540	540	1,800
Totals	1,340	4,450	4,450	4,450	14,690

2. COLLABORATION

DMH has collaborated with several community organizations, philanthropic organizations, faith-based organizations, private non-profit agencies, and government entities both in the development of this proposal and partnerships for planned services. See the attached letters of support from 21 agencies and organizations.

Law Enforcement - DMH partners with the L.A. County Sheriff's Department, LAPD and other local city police departments, to provide immediate field response to situations

involving mentally ill, violent or high-risk individuals. Law enforcement is a critical partner for the *Forensic Outreach Teams* and *Service Area Mobile Triage Teams* for the homeless. Hospitals - Collaborative relationships with hospitals, particularly those receiving PMRT clients, will continue as the Triage Teams follow clients who are released from hospitals and are in need of linkage services. Community Networks - Triage Teams will build upon and strengthen relationships with significant points of access in each SA, depending on the needs and resources available in each unique geographical area. These include, for example, faith-based organizations, homeless providers, and family caregiver supports. Mental Health & Substance Abuse Non-Profits - The DMH system of care provides countywide comprehensive mental health services through its directly operated clinics and contracted agencies which have been involved in the design of this proposal. This extensive provider network responds to calls from other County departments (DCFS, Juvenile Probation, Adult Protective Services, Community and Senior Services) thereby extending the reach of the Department and our providers.

3. PROGRAM OPERATIONS

a. Activities to be performed by mental health triage personnel

i. **Communication, coordination, and referral.** Triage personnel will refer and link to SA Navigation Teams, Full Service Partnerships (FSP), Field Capable Clinical Services (FCCS), Wellness Centers, mental health clinics, and other community-based resources in order to reduce utilization of emergency rooms and prevent incarceration. These will include housing services, employment services, peer support services, and integrated mental health services for individuals with co-occurring mental health and substance use disorders. Triage personnel may also directly refer adults requiring crisis, intensive, supportive or long-term residential services to CRM for coordination, referral and authorization to ensure appropriate utilization of the Department's most costly resources. DMH is committed to partnering with individuals and families, and, where possible and appropriate, to identifying the needs and preferences of the client. Triage Teams will consist of individuals who possess experience in the SA to which they are assigned. The DMH District Chief, who manages the triage teams, would make final decisions regarding referrals to services.

ii. **Monitoring service delivery.** DMH will utilize existing data collection and reporting approaches to monitor the service contacts, types of services, places where services were delivered, types of referrals, linkage outcomes, etc. Triage staff will be expected to followup by telephone or with in-person contact with the client, family, placement provider, and/or mental health provider to ensure successful linkage and track client attendance at physical and mental health appointments. The teams will also respond to crises that occur with DMH clients who are in permanent supportive housing and may have become disconnected with their service provider or in situations where the service provider has been non-responsive to calls. The teams will provide services for a maximum of 60 days or until there is verification that an individual has been successfully linked to a community provider or program.

iii. **Monitoring an individual's progress**. Triage team meetings will be utilized to track and adapt services so that services are monitored, evaluated and changed when they are no longer effective or the client's needs change in order to ensure that services provided are the most appropriate for the child/family/individual. While it is the expectation that the interventions of the triage teams will not exceed 30-60 days, in the event a client has not been successfully linked to a mental health provider, the triage personnel will provide short-term mental health services until other appropriate linkage can be achieved.

iv. **Placement services assistance and service plan development**. The triage teams will link eligible clients to appropriate placements, e.g., housing, recuperative care, etc. The *Youth Crisis Stabilization Teams* will collaborate closely with DCFS, which has primary responsibility for children/youth placements. The *Service Area Mobile Triage Teams* will assess, develop a service plan and actively assist clients to ensure linkage to appropriate services including housing (e.g. medically eligible veterans will be linked to the Veterans Administration as needed). *Forensic Outreach Teams* will provide jail in-reach and engagement to individuals prior to release from jail, including participation in community readiness programs that facilitate community re-entry and maintain involvement. *Crisis Transition Specialist Teams* will coordinate with CRM, SA Navigators and community providers to ensure that service plans are developed and individuals have access to appropriate resources in their geographical areas including housing, substance use programs, mental health clinics, residential providers, field-based mental health services, self-help groups and bridging services.

v. **Other activities that triage personnel will perform**. Triage personnel will have skills required to provide onsite crisis intervention and de-escalation when the need arises, such as at homes, schools, street sites, juvenile hall/jail settings, or other community locations. Triage personnel will also provide education, advocacy, consultation and collaboration with other County and State departments, law enforcement, and community resources; assist in benefit establishment activities to ensure applications for benefits are initiated in a timely manner; assist in gathering the required paperwork for permanent supportive housing; identify and resolve system barriers, including social and financial barriers, to successful reintegration of individuals into their communities; and employ a recovery approach to treatment with a strength-based focus that empowers clients to achieve self-sufficiency and attain their goals.

b. **How triage personnel will be deployed**. Triage staff will be field-based and/or mobile. Staff will work a 40-hour week, but will be available after hours and on weekends as needed. The *Youth Crisis Stabilization Teams* will be primarily field-based, with some teams mobile. While the teams will provide countywide coverage, they will be deployed to the SAs as needed, providing services during evening, weekend and holiday hours. These teams will work with Navigation Teams to assist with appropriate linkage resources. *Service Area Mobile Triage Teams* serving the homeless, older adults and veterans will be 100% field-based and will be immediately available to provide services. *Forensic Outreach Teams*, consisting of DMH contracted providers

experienced in serving individuals with histories of criminal justice involvement, will provide services in the jails and in the community as needed. *Crisis Transition Specialist Teams* will be located in UCCs and deployed to provide linkage and short-term case management for UCC clients identified with intensive and complicated service needs who are not already enrolled in field-based services. Services can be clinic or field-based according to client need. PMRT and other current DMH crisis services will continue to provide 24/7 services.

c. **Ability and expectations for federal Medi-Cal reimbursement.** The majority of DCFS children are eligible for Medi-Cal/EPSDT services and a majority of services to be provided by the *Youth Crisis Stabilization Placement Teams* are expected to be reimbursable by Medi-Cal. Agencies will be notified of the requirement(s) regarding Medi-Cal billing guidelines for field-based triage services. DMH will continue to require contracted providers to verify client eligibility, coordinate services to avoid duplicate billing, and attend meetings and trainings that facilitate dissemination of Quality Assurance/Quality Improvement (QA/QI) updates, including but not limited to, Medi-Cal billing and documentation updates, etc. With regard to other age groups, services will be billed whenever individuals are eligible for Medi-Cal and their mental health status meets medical necessity, per the Medi-Cal guidelines.

d. **How triage personnel will be used.** As indicated in Table 2, triage personnel consist of clinicians and persons with lived experience. Their primary duties will include the following:
Clinicians will conduct brief mental health screening and assessment, crisis intervention, individual and group treatment, and family and caregiver interventions, as needed. They will advocate for the client to secure services; consult with medical personnel regarding the status of the client; participate in hospital discharge planning; and, facilitate case conferences, as needed. They will provide referral and linkage to medical treatment; emergency, transitional and permanent housing; residential services programs; shelters; and other community resources. Peer Providers - Community Workers are full-time, paid staff with lived experience, including former clients, those with family members with mental illness, formerly homeless, veterans or members of a veteran family, former foster youth, etc. They will assist clinicians in coordinating mental health services, providing referrals and linkage to mental health providers, and conducting outreach at sites the target population is known to frequent. They will provide case management (e.g., benefits establishment, referrals, advocacy) as well as provide/arrange transportation to appointments as needed and transportation to emergency, transitional or permanent housing when appropriate to ensure successful linkage takes place. They will provide information and education/consultation to law enforcement, faith-based agencies, parks/recreation personnel, and community groups. Peer Providers - Wellness Outreach Workers (WOW), Older Adult Service Extenders and Promotores are part-time, volunteer peer advocates who will be paid a stipend to provide assistance to the Triage Teams. These volunteers will provide brief crisis intervention services using the Mental Health First Aid model; provide information and education to community groups to reduce mental health stigma and discrimination; advocate for appropriate services; and, refer and link clients to mental health services,

client-run programs, primary care, substance use, and social service agencies using a warm hand-off approach, accompanying the client to appointments as needed.

e. **Support for all triage staff.** The Department will train all triage staff on the program requirements, expectations, and procedures. Specific supports for peer providers include mentoring, supervision, and specialized peer training programs, both didactic and experiential. The Peer Specialist Institute will provide training on a spectrum of topics determined by a consortium of peer advocacy and empowerment groups. Other training will include Mental Health First Aid; WOW curricula (2-day workshop with topics such as advocacy, problem solving, housing/employment/ education resources, client peer relations, etc.); Service Extenders curricula (2-day workshop with topics such as suicide prevention, older adult issues); and Promotores (10-day training with topics such as stigma and stigma reduction, family violence, effective listening skills, data collection, etc.). Training will be in-house and paid for by DMH. Booster trainings will be held on a periodic basis on special topics. In the event of staff turnover, DMH will train the new staff and volunteer worker. Supervisors for the peer providers will also be providing additional trainings and supports to assure the effective integration of peer providers on each triage team. Staff will participate in regularly scheduled program meetings to improve services and reduce staff burn-out. Training will be designed to enhance employment and professional growth, and improve service delivery.

f. **Use of contract providers, county staff, or both.** DMH will utilize county staff for the *Service Area Mobile Triage Teams*. For the *Youth Crisis Stabilization Placement Teams, Forensic Outreach Teams*, and *Crisis Transition Specialist Teams*, DMH will engage in a formal solicitation bidding process. Agencies must be on DMH's MHSA Master Agreement List, be a Legal Entity provider, and meet other mental health criteria.

g. **County plans to expand current crisis stabilization resources.** DMH intends to expand current crisis stabilization services countywide by establishing 5 additional UCCs (Antelope Valley, southeast Los Angeles, Hollywood, Tri-Cities, and Long Beach) through its application for the California Health Facilities Financing Authority grant. *Crisis Transition Specialist Teams* will be located in each UCC to enhance linkage to appropriate levels and types of mental health services and supports. A primary role of the triage team is to intervene as early as possible, support, and guide individuals and their families through a crisis as well as provide specialized case management and follow-up services for high utilizing consumers at risk of inpatient hospitalization. The expansion of resources will create a dedicated resource to conduct follow-up with crisis stabilization clients, thereby increasing the timely availability of PMRT to respond to individuals experiencing psychiatric emergencies.

Annual Fiscal Report Instructions

Information provided in the Annual Fiscal Report shall reflect the grantee's triage personnel staff hired, date hired, total hours worked, and expenditures for personnel, evaluation and administration.

The information listed below shall be included in the grantee's Annual Fiscal Report.

A. EXPENDITURES

1. Personnel Expenditures

- **Identify each type of staff position hired.** (Example: Such as clinical social worker, peer service provider, mental health worker, supervisor, etc.) [Line "A," Number 1: "Personnel Expenditures"]
- **Identify the date hired for each type of staff position.** [Column titled: "Date Hired"]
- **Identify the total number of hours worked by April of each fiscal year for each staff position.** [Column titled: "Total Hours Worked
- **Identify the number of county staff and contract staff hired for each type of position in full time equivalents (FTEs).** For instance, if you hired one full-time mental health worker and one half-time mental health worker, the FTEs would reflect 1.5. for mental health workers. [Columns titled: "County Staff FTEs" and "Contract Staff FTEs"]
- **Identify grant expenditures for staff salaries in total, for each type of staff position hired.** [Columns titled: "County Staff" and "Contract Staff"]
- **Total the FTEs and Salaries for all county staff and all contract staff.** [Line titled: "Total FTEs and Salaries"]
- **Total for employee benefits for all county staff and all contract staff.** [Line titled: "Total Employee Benefits"]

2. Total Personnel Expenditures

- **Add total personnel expenditures for county staff and contract staff from above.** [Line titled: "Total Personnel Expenditures"]

3. Evaluation Expenditures

- **Identify grant expenditures associated with collecting and reporting "process," "encounter based" and "local" evaluation information required by this grant.** [Line titled: "Evaluation Expenditures"]

4. Direct

- **Identify direct costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "Direct Costs"]

5. Indirect

- **Identify indirect costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "Indirect Costs"]

6. County Administration Expenditures

- **Identify grant costs for county administration.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "County Administration Costs"]

7. Subtotal

- **Add Personnel (line 2), Evaluation (line 3), Direct (line 4), Indirect (line 5) and County Administration (line 6) Expenditures.** [Line titled: "Subtotal"]

B. ACTUAL REVENUES

1. Medi-Cal

- **Identify revenue received from Medi-Cal (FFP only).** [Line titled: "Medi-Cal FFP only"]

2. Other Revenue

- **Identify any other revenue received.** [Line titled: "Other Revenue"]

3. Total Revenue

- **Identify Total revenue received.** [Line titled: "Total Revenue"]

C. GRANT FUNDING

1. Total Grant/ Awarded

- **Identify total grant funding awarded.** [Line titled: "Total Awarded"]

2. Total Spent

- **Identify total grant funding spent.** Subtract line 7, Section A from line 1, Section C, to get Total Grant Funding Spent. [Line titled: "Total Spent"]

3. Total Unspent

- **Identify total unspent grant funds.** Subtract line 2, Section C from line 1 Section C, to get Total Grant Funding Unspent. [Line titled: Total Unspent"]

Attachment A.3

Mental Health Triage Personnel Grant
Annual Fiscal Report

County: _____

Fiscal Year: _____

Date: _____

	Date Hired	Total Hours Worked	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures						
1. Personnel Expenditures (Staff Title)						
a. _____				$		$
b. _____				$		$
c. _____				$		$
d. _____				$		$
e. _____				$		$
f. _____				$		$
g. _____				$		$
h. _____				$		$
i. _____				$		$
Total FTEs and Salaries				$		$
Total Employee Benefits				$		$
2. Total Personnel Expenditures						$
3. Evaluation						$
4. Direct						$
5. Indirect						$
6. County Administration Expenditures						$
7. Subtotal (Personnel, Evaluation, Admin)						$
B. Received Revenues						
1. Medi-Cal (FFP Only)						$
2. Other Revenue						$
3. Total Revenue						$
C. Grant Funding						
1. Total Awarded						$
2. Total Spent						$
3. Total Unspent						$

X _____

Signature of Mental Health/Behavioral Health Director or Designee

_____

Date

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

A. The amount payable by the MHSOAC to the Grantee is specified in Section 5, Payment Schedule.

B. Grant Award Claim Forms (Attachment B.1) shall be submitted no later than July 1st each fiscal year.

2. INSTRUCTION TO THE GRANTEE

A. To expedite the processing of Grant Award Claim Forms submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for fund distribution, Grantee shall submit one original and two copies of all Grant Award Claim Forms to the MHSOAC Grant Manager at the following address:

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA, 95814

3. BUDGET CONTINGENCY CLAUSE

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

C. If this contract overlaps federal and State fiscal years, should funds not be appropriated by Congress or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.

D. In addition, this grant is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this grant in any manner.

4. BUDGET DETAIL

The total amount of this Agreement shall not exceed $31,177,000.00. Payment shall be made in accordance with the payment schedule below

5. PAYMENT SCHEDULE

Grantee was approved for a grant cycle that covers four fiscal years, with funds allocated annually at the beginning of each fiscal year.

Fiscal Year (FY)	Grant Funding
FY 2013-14	$3,802,000.00
FY 2014-15	$9,125,000.00
FY 2015-16	$9,125,000.00
FY 2016-17	$9,125,000.00

Mental Health Wellness Act of 2013 **Attachment B.1**
Grant Award Claim Form

To: Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
Attn: Accounting Office

Fiscal Year 2013-14 ☐
Fiscal Year 2014-15 ☐
Fiscal Year 2015-16 ☐
Fiscal Year 2016-17 ☐

From: _____ **Grant No.** _____

Mailing Address: _____

Costs	A	B	C	D	
	Budget Amount	Beginning Balance	Adjustments	Current Expense	Ending Balance
Personnel					
Evaluation					
Direct					
Indirect					
Administration					

Total Allowable Costs $_____

MHSOAC USE ONLY	FOR GRANTEE'S USE – Please use blue ink
I hereby certify that all services and required reports have been received pursuant to the contract/grant.	I CERTIFY that I am a duly appointed and acting officer of the herein named county: that the costs being claimed are in all respects true, correct, and in accordance with the grant provisions, and that the funds were expended or obligated during the project year.
X_____ Signature Program Coordinator DATE	X_____ Signature of Mental Health/Behavioral Health Director or designee DATE
_____ Name of Signatory _____ Phone	_____ Name of Signatory _____ Title
FOR MHSOAC ACCOUNTING USE ONLY	**GRANTEE'S CONTACT INFORMATION**
SFY:_____ **Grant Title:** MHSOAC Triage Grant **MHSA Grant Award:**_____ **PCA:** 30118 **INDEX:** 1300 **OBJECT CODE:** 701	_____ Contact Person (Print) _____ Phone

ATTACHMENT II

CONTRACT NO. MH121170

AMENDMENT NO. __

THIS AMENDMENT is made and entered into this _____ day of_____, 2014, by and between the COUNTY OF LOS ANGELES (hereafter "County") and VIP Community Mental Health Center, Inc. (VIP CMHC) (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated July 1, 2014, identified as County Agreement No. MH121170, as subsequently amended (hereafter "Agreement"); and

WHEREAS, for Fiscal Year (FY) 2014-15 and any subsequent fiscal year(s) during the term of the Agreement, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, on _____, the Los Angeles County Board of Supervisors authorized the Department of Mental Health to enter into an agreement with the Mental Health Services Oversight and Accountability Commission to accept the Investment in Mental Health Wellness Act of 2013 grant funds for the provision of increasing Los Angeles County's capacity for client assistance and services in crisis intervention, including the availability of crisis triage personnel, and mobile crisis support teams through June 30, 2017; and

WHEREAS, Contractor shall be responsible for delivering crisis intervention services and around-the-clock medical, forensic, mental health support and advocacy services to children ages birth to 21 years who have been detained by the Department

of Children and Family Services and are awaiting placement at the Child Welcome Center and Youth Welcome Center located on the campus of the Los Angeles County University of Southern California (LAC+USC) Medical Hub; and

WHEREAS, effective _____, County and Contractor intend to amend Agreement to **add** (Title of Funding Source) Program funded funds in the amount of $_____; and

WHEREAS, for FYs 2013-14, 2014-15 and 2015-16, the Maximum Contract Amounts (MCAs) will increase by $_____ and the revised MCAs will be $_____, $_____, and $_____, respectively; and

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

1. For FYs 2014-15, and any subsequent fiscal year(s) during the term of this Agreement, (Title of Funding Source) Program funds are **added** in the amount of **$_____**.

2. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph C (REIMBURSEMENT FOR INITIAL PERIOD), shall be deleted in its entirety and the following substituted therefore:

   "(1) Reimbursement for Initial Period: The MCA for the Initial Period of this Agreement as described in Paragraph (1) (TERM) of the Legal Entity Agreement shall not exceed _____ DOLLARS (**$**_____) and shall consist of Funded Programs as shown on the Financial Summary."

3. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph D (REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED)

Subparagraphs (1) (Reimbursement For First Automatic Renewal Period) shall be deleted in its entirety and the following substituted therefore:

"(1) Reimbursement For First Automatic Renewal Period: The MCA for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____ DOLLARS ($_____) and shall consist of Funded Programs as shown on the Financial Summary."

4. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph D (REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED) Subparagraphs (2) (Reimbursement For Second Automatic Renewal Period) shall be deleted in its entirety and the following substituted therefore:

"(2) Reimbursement For Second Automatic Renewal Period: The MCA for the Second Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed _____ DOLLARS ($_____) and shall consist of Funded Programs as shown on the Financial Summary."

5. Financial Summary for FY 2014-15, shall be deleted in its entirety and replaced with Financial Summary - 1 for FY 2014-15 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for FY 2014-15 shall be deemed amended to state "Financial Summary - 1 for FY 2014-15."

6. Financial Summary for FY 2015-16, shall be deleted in its entirety and replaced with Financial Summary - 1 for FY 2015-16 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for

FY 2015-16 shall be deemed amended to state "Financial Summary - 1 for FY 2015-16."

7. Financial Summary for FY 2016-17, shall be deleted in its entirety and replaced with Financial Summary - 1 for FY 2016-17 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for FY 2016-17 shall be deemed amended to state "Financial Summary - 1 for FY 2016-17."

8. Contractor shall provide services in accordance with Contractor's FY 2014-15 Negotiation Package and any Amendments thereto, for this Agreement and any addenda thereto approved in writing by director.

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

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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 on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

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

VIP Community Mental Health Center, Inc.
(VIP CMHC)
CONTRACTOR

By _____

Name _____

Title _____
(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

SC: VIPCMHC –MHSOAC-Investment in Mental Health Wellness Act 2013 Grant

PINK

BA FORM 03/13

BOARD OF SUPERVISORS OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. NO. 435

DEPARTMENT OF MENTAL HEALTH

November 26, 2014

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2014-15

4 - VOTES

SOURCES		USES	
Department of Mental Health A01-MH-88-8768-20500 SB 82 grant Increase Revenue	$6,106,000	Department of Mental Health A01-MH-1000-20500 Salaries & Employee Benefits Increase Appropriation	$3,062,000
Department of Mental Health A01-MH-90-9025-20500 Federal Medi-Cal Increase Revenue	$1,373,000	Department of Mental Health A01-MH-2000-20500 Services & Supplies Increase Appropriation	$4,417,000
SOURCES TOTAL: $ 7,479,000		**USES TOTAL:** $ 7,479,000	

JUSTIFICATION

This adjustment is requested to increase appropriation for Salaries & Employee Benefits and Services & Supplies to provide the additional spending authority for the implementation of the Senate Bill (SB) 82 Investment in Mental Health Wellness Act of 2013 grant award from the Mental Health Services Oversight and Accountability Commission. The appropriation is fully funded by SB 82 grant award and Federal Financial Participation revenue. There is no net County cost impact associated with this action.

Margo Morales

AUTHORIZED SIGNATURE Margo Morales, Administrative Deputy

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

21 DEC 16 2014

Patrick Ogawa

PATRICK OGAWA
ACTING EXECUTIVE OFFICER

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR ---

☐ ACTION

☑ RECOMMENDATION

AUDITOR-CONTROLLER BY

B.A. NO. 059 Dec. 1 20 14

☑ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER BY

12/1 20 14

ATTACHMENT IV

MENTAL HEALTH TRIAGE PERSONNEL

SALARIES AND EMPLOYEE BENEFITS

Description		FTE's
09035A	Psychiatric Social Worker II	16
08105A	Senior Community Worker	8
08103A	Community Worker	25
09038A	Mental Health Clinical Supervisor	8
02214A	Intermediate Typist-Clerk	8
00672A	Health Care Financial Analyst	2
02214A	Intermediate Typist-Clerk	1
08697A	Clinical Psychologist II	1
Total Salaries & Employee Benefits		69

ATTACHMENT V

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.** *VIP Community Mental Health Center (VIP) is the only agency that is open 24 hours per day, 365 days per year and is able to provide a range of mental health services to children ages birth to 21 years who have been detained by the Department of Children and Family Services (DCFS). VIP is the only agency able to provide the required services based on various factors: The agency is currently co-located with the Child Welcome Center (CWC) and the Youth Welcome Center (YWC) which is the site where newly detained children and youth, who are the target population for these services, are brought when a placement is not readily identified; the agency has an MOU with all the different departments (DCFS, DHS, DMH and DPH) involved with the CWC and the YWC and has been succesfully collaborating with them for over two years; VIP has medical, mental health and social services satff who are experienced in providing the services required; and VIP is able to start up the program without any delay.*
✓	➢ **Quick action is required (emergency situation).** *Quick action is required as services provided through Mental Health Services and Oversight and Accountability Commission (MHSOAC) grant funding must be implemented immediately. A new provider coming into the CWC/YWC would have to negotiate MOU's with multiple County departments, and as this is a lengthy process, and will not be able to provide services for some time. Additionally, following the Blue Ribbon's Commission recommendations to provide timely services to children who are DCFS involved, it is imperative that this program be operational as soon as possible. The State of California has begun implementing fines and other disciplinary actions against DCFS based on children and TAY overstaying at the CWC/YWC. Implementation of this SB82 program expeditiously is critical to avoiding possible costly fines and legal action against the County.*
	➢ **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.** *The Director of Mental Health has delegated authority to add funding to the current VIP Community Mental Health Center agreement. Using this agreement saves start-up costs that would be needed should a new provider be brought in.*
	➢ **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:**

Senior Assistant Chief Executive Officer, CEO — **Date** 12/2/14

ATTACHMENT VI

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

August 20, 2014

TO: Each Supervisor

FROM: Robin Kay for
Marvin J. Southard, D.S.W.
Director

SUBJECT: **ADVANCE NOTIFICATION OF INTENT TO AMMEND THE DEPARTMENT OF MENTAL HEALTH'S EXISITING LEGAL ENTITY AGREEMENT WITH VIOLENCE INTERVENTION PROGRAM – VIP COMMUNITY MENTAL HEALTH CENTER, INC., (VIP) ON A SOLE SOURCE BASIS**

This memorandum is to comply with the Board Policy 5.100, Sole Source Contracts. It is the Department of Mental Health's (DMH) intent to execute an amendment on a sole source basis with the existing Legal Entity Contractor, Violence Intervention Program – VIP Community Mental Health Center, Inc., (VIP) to implement Children/Youth Crisis Placement Stabilization Teams.

DMH was awarded funding from the Mental Health Wellness Act of 2013 grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement mobile mental health triage teams that provide intensive case management and linkage to services for individuals with mental illness or emotional disorders who require crisis interventions. The grant award period runs from March 24, 2014 through June 30, 2017, with an annual amount of $9,125,000. A portion of the grant is dedicated to establishing Children/Youth Crisis Placement Stabilization Teams (CYCPST).

The intent of the grant is to expand the number of mental health personnel available to provide crisis support services that include crisis triage, targeted case management and linkage to services for individuals with mental health illnesses who require a crisis intervention. Increasing access to crisis stabilization services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care, and to better meet the needs of individuals with mental health conditions in the least restrictive manner possible.

One of the underserved and vulnerable populations identified by DMH that will be targeted for Countywide services under the Mental Health Wellness Act of 2013 grant are children/youth who have been detained by the Department of Children and Family

Services (DCFS) and are awaiting placement at the Child Welcome Center (CWC) or the Youth Welcome Center (YWC). The CWC and the YWC are located on the campus of the LAC+USC Medical Center which also houses the Medical Hub. The Medical Hub provides services for newly detained youth; services include forensic, medical, and mental health services. The CWC provides 23-hour stays for children ages between birth to 11 years, and the YWC provides 23-hour Stays for youth ages 12 through 21 years. The objective of the CWC and the YWC is to provide short-term, age-appropriate care and supervision as children and youth await placement. Of the youth housed at the YWC, 40% are "returnees" that have previously experienced a failed placement. Additionally, as of August 2013 the California Department of Social Services (CDSS) has been assessing daily civil penalties against DCFS for every day children are not placed in foster care within 24 hours, which has been a growing concern of the CWC and YWC. Data from DCFS on youth who were not placed within 24 hours reflects that of the 319 youth housed at the YWC in May 2014, 38 youth or 12% were "overstays."

VIP has the unique capacity to provide a range of mental health services including crisis stabilization to children ages birth to 21 years who have been detained by DCFS and are awaiting placement at the CWC or the YWC. VIP offers a unique multi-disciplinary, one-stop resource for children who have been removed from their homes or are at risk of being separated from their families, as well as children who have experienced failed out-of-home placements. VIP is a public-private partnership between the publicly funded VIP clinics for child abuse and elder abuse at the LAC+USC Medical Center and the private, nonprofit VIP Community Mental Health Center. Their goal is to provide a complete continuum of services for extremely vulnerable individuals who lack other resources. VIP offers the only program of its type that is open 24 hours per day year-round, and it is located adjacent to both the CWC and the YWC. VIP is a private non-profit (501c3) organization founded to provide mental health support to children and families evaluated as part of the Medical Hub program. VIP is the only mental health service provider that has an established Memorandum of Understanding (MOU) with DMH, DCFS, Department of Health Services, and Department of Public Health to integrate and provide medical and mental health services at the CWC and is in the process of finalizing the MOU for the YWC. It currently has a Legal Entity agreement with DMH to provide a range of mental health services to eligible children and families referred by DCFS for Medical Hub services.

VIP also offers around-the-clock medical, forensic, mental health, support, and advocacy services to children in foster care and other victims of child abuse and neglect, domestic violence, sexual assault, elder abuse, and dependent adult abuse. VIP is a groundbreaking Family Advocacy Center that works with families, schools, and other community organizations in Los Angeles County and has the capacity and ability to coordinate placements which are less likely to fail.

Amending the existing DMH Legal Entity agreement on a sole source basis with VIP not only meets the objectives of the Mental Health Wellness Act of 2013 grant, but it will also align with the Los Angeles County Blue Ribbon Commission on Child Protection's recommendation of coordinating care across departments.

Unless otherwise instructed by a Board office within two (2) weeks, DMH will proceed as intended, pending a Board letter approval to accept the Mental Health Wellness Act of 2013 grant. DMH will collaborate closely with both the Office of the County Counsel and the Chief Executive Officer in preparing the contract amendment.

MJS:BM:GC:am

c: Health Deputies
Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel
Robin Kay, Ph.D.
Bryan Mershon, Ph.D.

ATTACHMENT VII

LAC DMH
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

November 6, 2014

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director

SUBJECT: **NOTICE OF INTENT TO REQUEST DELEGATED AUTHORITY TO APPROVE A PERCENTAGE INCREASE EXCEEDING TEN PERCENT OF THE TOTAL AGREEMENT AMOUNT FOR VIOLENCE INTERVENTION PROGRAM-VIP COMMUNITY MENTAL HEALTH CENTER, INC.**

This is to advise your Board that the Department of Mental Health (DMH) is scheduling a Board letter for the November 18, 2014, agenda that requests approval to prepare, sign, and execute an amendment to the Violence Intervention Program-VIP Community Mental Health Center, Inc., Agreement, an existing DMH Legal Entity Agreement, to provide crisis stabilization mental health services to children/youth staying at the Child Welcome Center and Youth Welcome Center. The amendment will add $1,230,500 to the Maximum Contract Amount (MCA) and will establish a new MCA for Fiscal Year 2014-15. The Board letter also requests an additional ten percent for a total of twenty percent delegated authority to increase the MCA.

In accordance with Board of Supervisors Policy 5.120, prior Board notice is required for any department requesting delegated authority to increase Board-approved contracts by over ten percent.

JUSTIFICATION

This authority will allow DMH greater capacity to amend the Violence Intervention Program-VIP Community Mental Health Center, Inc. (VIP), Agreement to implement new funding streams, programs, and services in an expeditious manner. It will also allow DMH and VIP to maintain business continuity in the provision of current mental health services. In most instances where speed and response time are of key importance, the increased delegated authority will allow DMH and VIP to maximize, prioritize, and increase access to services on a continuous and ever-increasing basis.

Should there be a need to exceed the twenty percent delegated authority, DMH will return to your Board with a request for authority to amend the agreement accordingly.

NOTIFICATION TIMELINE

Consistent with the procedures of Board Policy 5.120, we are informing the Board of our intention to proceed filing the Board letter with the Executive Office of the Board for the November 18, 2014, Board meeting.

If you have any questions or concerns please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:DM:RK:oh

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Robin Kay, Ph.D.
Dennis Murata, M.S.W.
Deputy Directors
District Chiefs
Kimberly Nall
Richard Kushi