

# *Guidelines for Claiming By Funded Programs*



Revised October 25, 2016

## **Guidelines for Claiming by Funded Program**

The Claiming Plan Oversight Workgroup was established at the direction of the Chief Deputy to develop a comprehensive, concise and straightforward manual that can be available to all Department of Mental Health (DMH) providers. The Guidelines for Claiming by Funded Program Manual (the Manual) was developed in order to facilitate the selection of the appropriate funding source when providing specialty mental health services. The workgroup consisted of DMH staff from the Revenue Management Division (RMD), representatives from each of the program age groups, Quality Assurance, MHSA (Mental Health Services Act) Implementation Unit, Financial Services Bureau (FSB), and Office of Clinical Informatics.

The Manual consists of three components: 1) Funded Program Descriptions – individual detailed descriptions of each funding source and eligibility criteria; 2) Claiming Decision Trees – flow charts to help identify the most appropriate funding source to which a service should be claimed; 3) Appendix – supporting documents including the Plan Grid, which is a brief description of all funding plans for mental health services.

While the Manual will assist programs in utilizing appropriate funding sources, it cannot guarantee or ensure reimbursement for services. The availability of funding sources is subject to change. Please remember that the Manual is an all-inclusive document and not every legal entity or program has access to all the funded programs identified. DMH recommends that each client's benefits are confirmed on a monthly basis (as required by federal, state and local government regulations), and funding availability is verified routinely. RMD and the Chief Information Office Bureau (CIOB) provide reports on a monthly basis to assist programs in monitoring the claiming plans that are being utilized.

Please note that these guidelines do not identify how to claim for individual services since they do not address documentation, procedure codes, scope of practice, or staffing requirements. In addition, these guidelines do not address which services may or may not be claimed to a particular third-party payer for reimbursement. It is important to note that if one of the Funded Programs identified in the Manual is used as a match for a third-party payer, the client eligibility and services covered may change based on the third-party payer requirements.

For questions regarding a program's ability to claim to a specific Funded Program, please contact the lead District Chief. For questions regarding the criteria and information listed on the Program Descriptions, please contact the individuals listed at the end of the plan's Funded Program Descriptions. Please contact the Quality Assurance Division for questions regarding specific claiming for a service in relation to third-party payer matches, documentation, procedure codes or staffing.

# Table of Contents

<b>Title</b>	<b>Page</b>
Introduction	01
Adult Claiming Decision Tree	05
Children Claiming Decision Tree	06
Funded Program Template Instructions	11
<u>Funded Programs</u>	
AB3632 – Special Education Pupil (SEP)	13
Alternative Crisis Services	
• County Wide Resource Management (CRM)	15
• Enriched Residential Services	16
• Residential and Bridging	17
• Urgent Care Centers/Crisis Resolution Services	18
California Work Opportunity and Responsibilities to Kids (CaWORKs)	20
[CaWORKs] Homeless Families Project	22
CaWORKs Family Stabilization Counseling for Kids (CFSC4Kids)	24
Child Abuse Prevention Intervention and Treatment (CAPIT) – AB2994	26
Child Mental Health Initiative-Project ABC	27
County + City + Community C3	28
County General Fund (CGF)	30
County General Fund (CGF) Homeless Services Net County Cost (NCC)	32
DCFS 2011 REALIGNMENT	36
DHS EPIC PROGRAM	37
Family Preservation Program	39
Field Capable Clinical Services (FCCS)	41
First 5 LA	44
Full Service Partnership (FSP)	
• Child Full Service Partnership (FSP)	46
○ Family Support Services (FSS)	46
○ Wraparound FSP - Child	46
• Transitional Age Youth (TAY) Full Service Partnership (FSP)	49
○ Wraparound FSP - TAY	49
• Adult Full Service Partnership (FSP)	52
• Older Adult Full Service Partnership (FSP)	54
General Relief Opportunities for Work (GROW) Program	56
Geriatric Evaluation Network Encompassing Services, Intervention and Support (Genesis)	58
HUD VA Supportive Housing (HUD VASH)	60

# Table of Contents

<b>Title</b>	<b>Page</b>
Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) Program	62
In-Jail Treatment and Linkage aka California Emergency Management Agency (CalEMA) and Bureau of Justice Assistance (BJA) In-Jail Treatment and Linkage	63
Innovation – Integrated Clinic Model (ICM)	64
Innovation – Integrated Mobile Health Team: (IMHT)	66
Innovation – Integrated Peer-Run Model	67
Innovation – Integrated Services Management Model (ISM)	68
Institutions for Mental Disease (IMD) Step Down – MHSA	69
Institutions for Mental Disease (IMD) Step Down – County General Fund (CGF)	70
Integrated Care Program (ICP)	71
Jail Transition and Linkage Services	75
Juvenile Justice Co-Occurring Disorders	76
Juvenile Justice Crime Prevention (JJCPA, formerly Schiff-Cardenas)	78
Juvenile Justice Functional Family Therapy (FFT) Program	79
• 2 <sup>nd</sup> Chances Grant for Adult Juvenile Offenders	80
Juvenile Justice Program Supportive & Therapeutic Options Program (STOP)	82
Medi-Cal Administrative Activities (MAA)	83
Medical Hub	85
Mental Health Service Act (MHSA) Adult Housing Specialist	86
Planning Outreach and Engagement (POE)	88
Prevention and Early Intervention (PEI)	90
Post-Release Community Supervision – Community Reintegration Program (PCS-CRP)	93
Projects for Assistance in Transition from Homelessness (PATH) – McKinney	95
SB82 Mobile Triage – Crisis Transition Specialists Team	97
SB82 Mobile Triage IS Plan Summary	99
Second Chance Act – BJA Grant Program	101
Service Area (SA) Navigators and Transitional Age Youth (TAY) Navigation	104
Specialized Foster Care	106
• Enhanced Mental Health Services	106
• Multi-Disciplinary Assessment Team (MAT)	106
• Wraparound	106
• Treatment Foster Care	108
Substance Abuse and Mental Health Services Administration (SAMHSA)	111

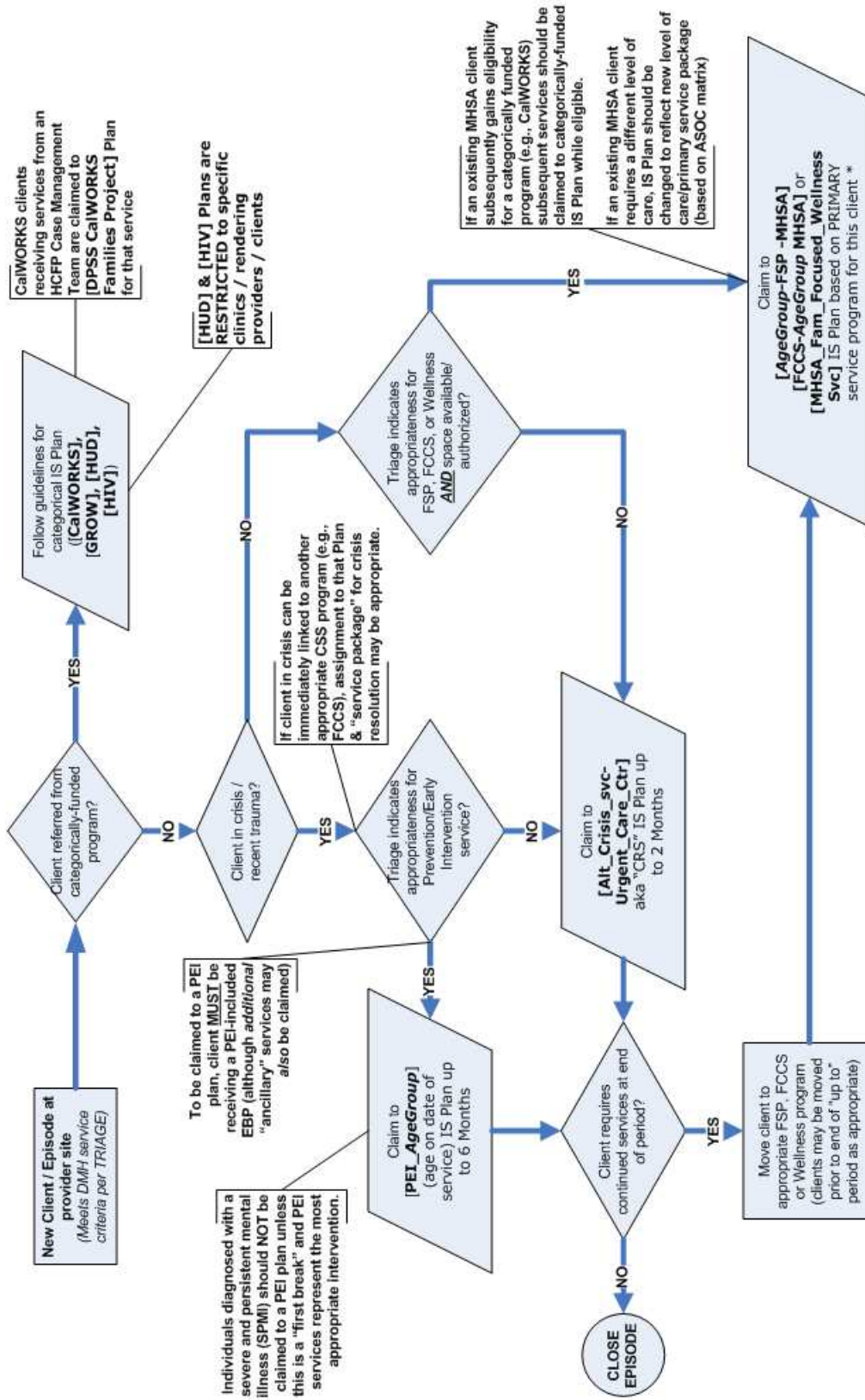
<b>Title</b>	<b>Page</b>
Third District Diversion Program	115
Transitional Age Youth (TAY) – Housing Services	118
Transitional Age Youth (TAY) Probation Camp Services	120
Wellness/Client-Run Centers	122

Appendix

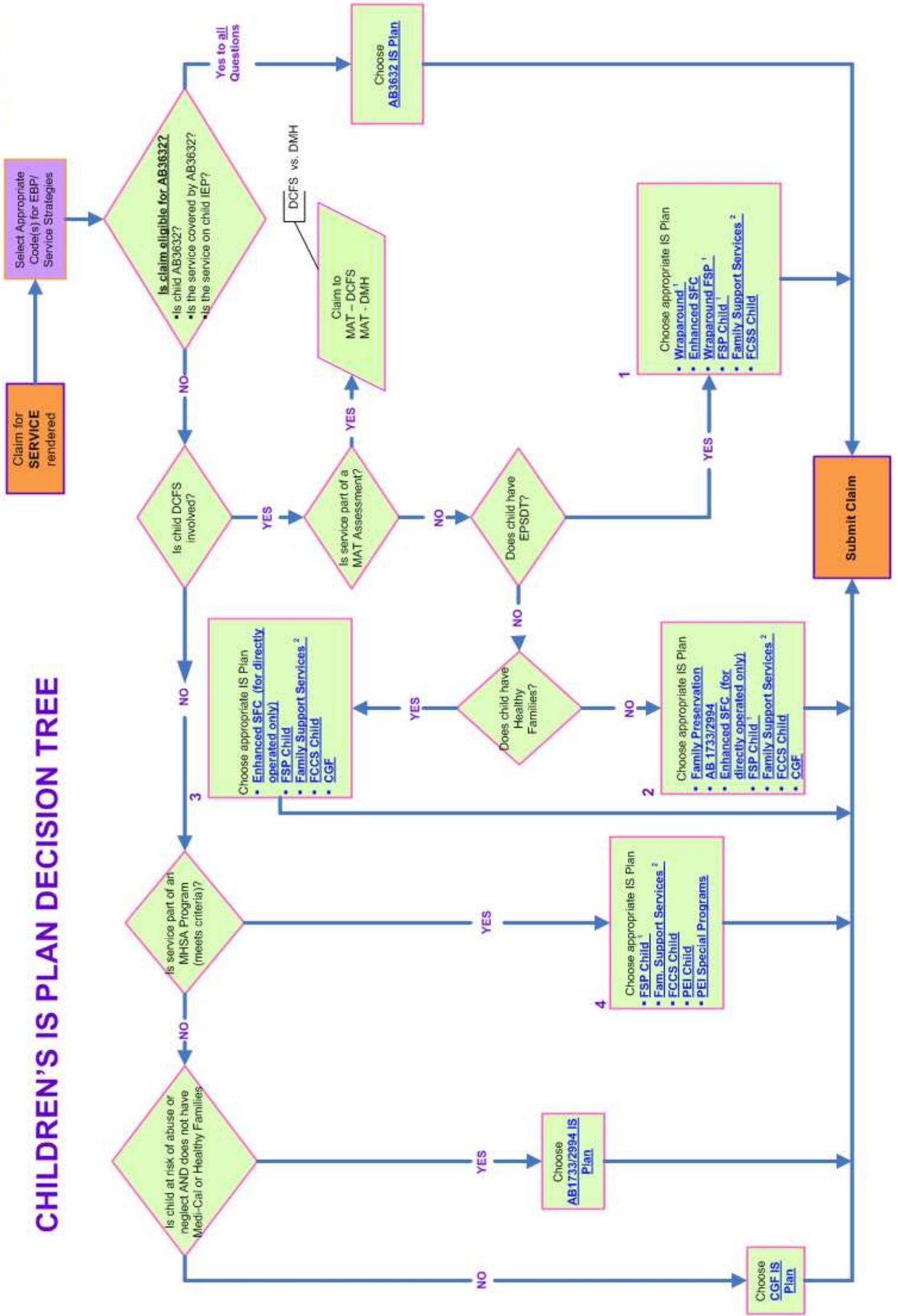
Funded Programs Quick Reference	A
Plans on the Integrated System (IS) FY 10-11 (Sort by IS Plan Name)	B
Plans on the Integrated System (IS) FY 10-11 (Sort by Funded Program)	C
Adult Systems of Care MHSA Services and Supports Matrix	D

Revised 5/10/2016

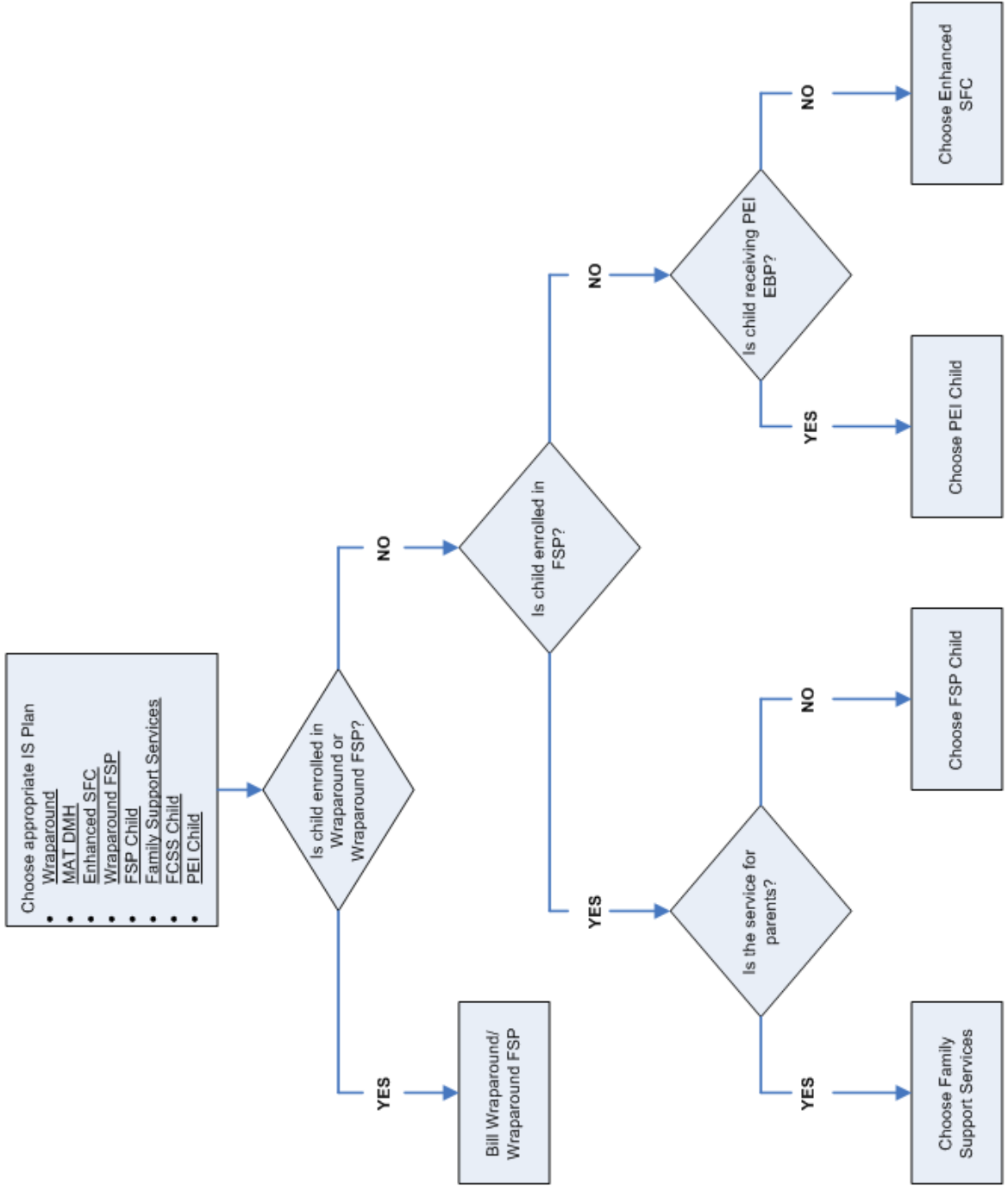
# DRAFT – Adult Directly Operated Clinic IS Plan Decision Tree v8 3-16-11 (PGA)



# CHILDREN'S IS PLAN DECISION TREE

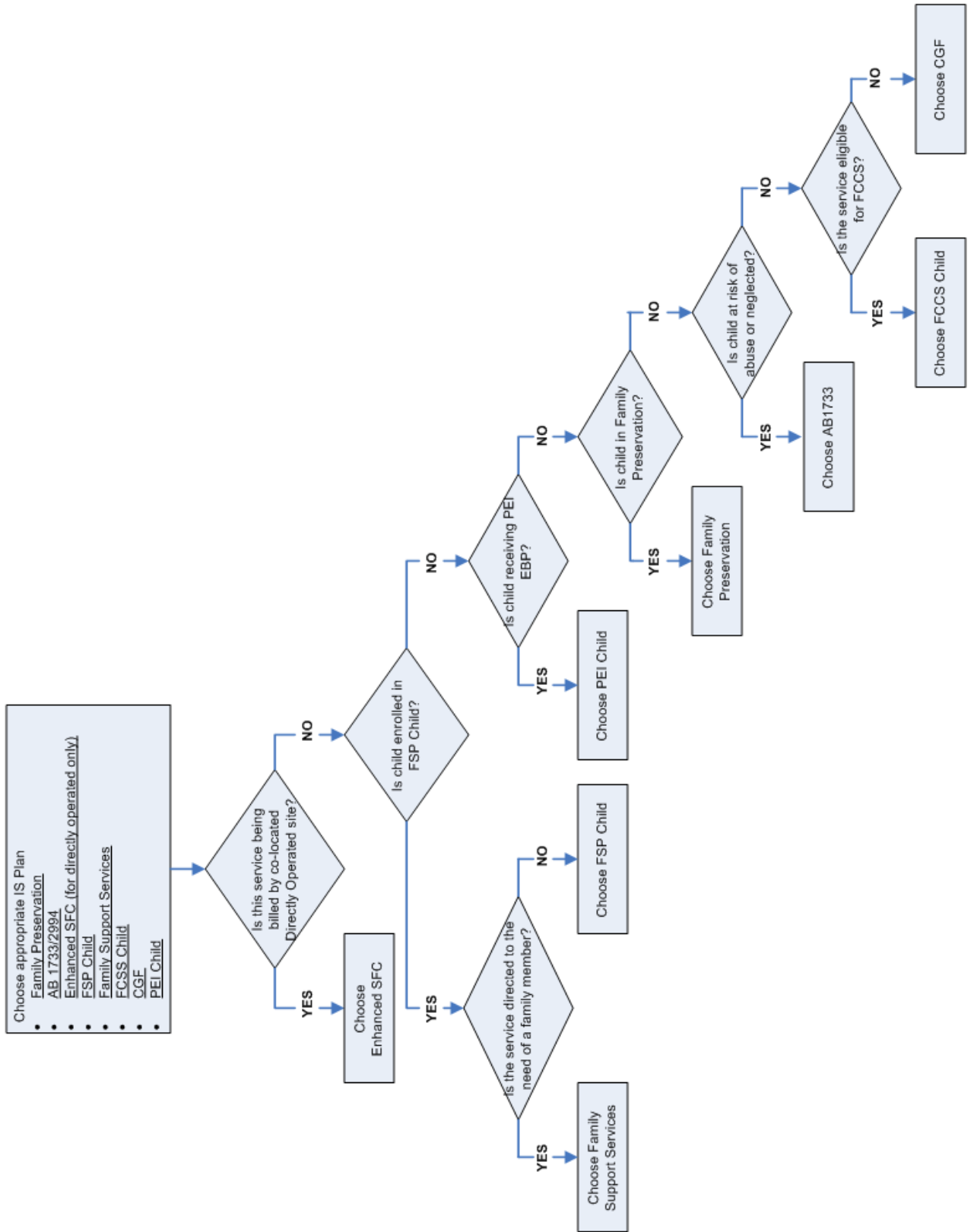


# CHILDREN'S IS PLAN DECISION TREE



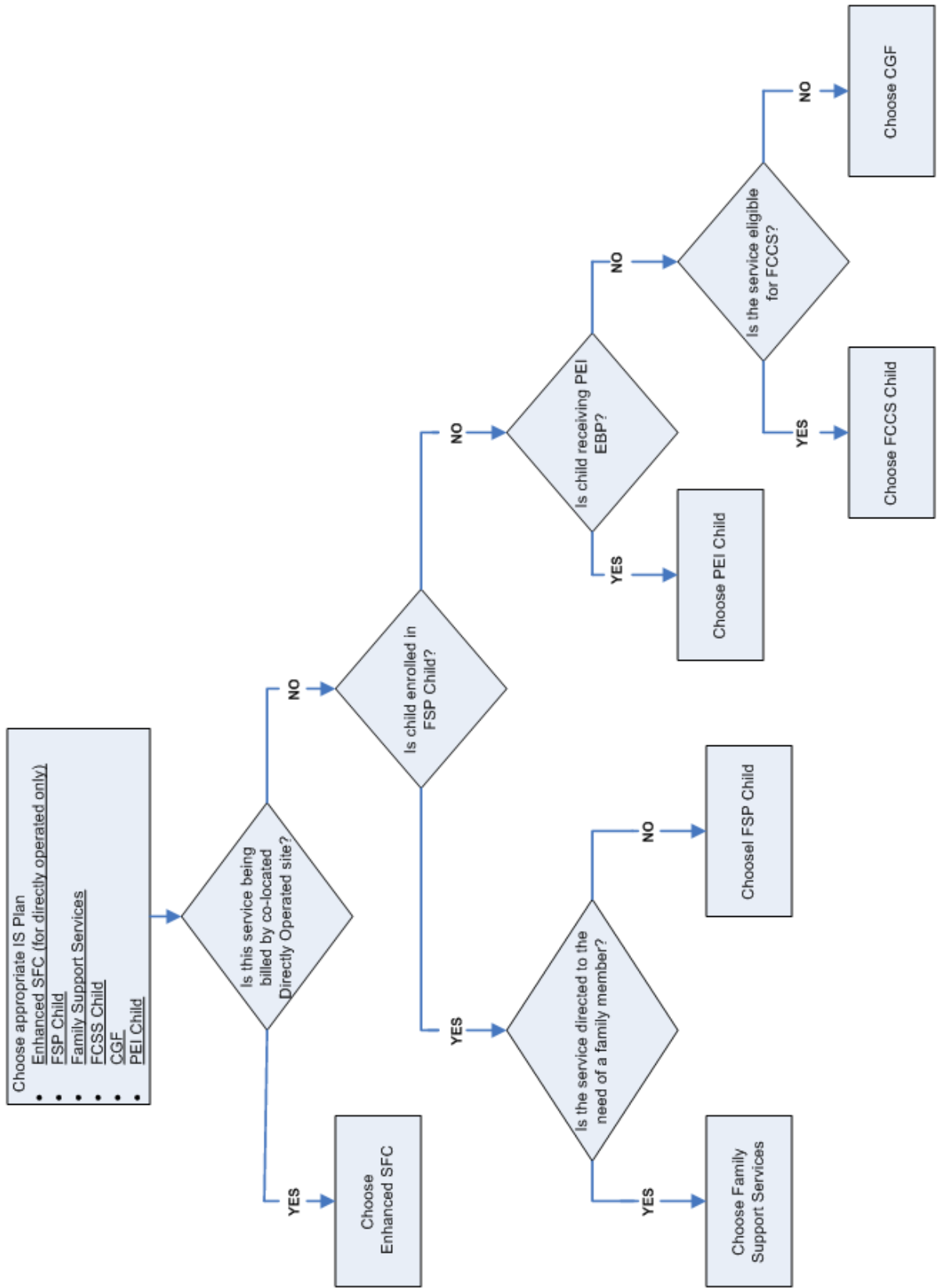


# CHILDREN'S IS PLAN DECISION TREE



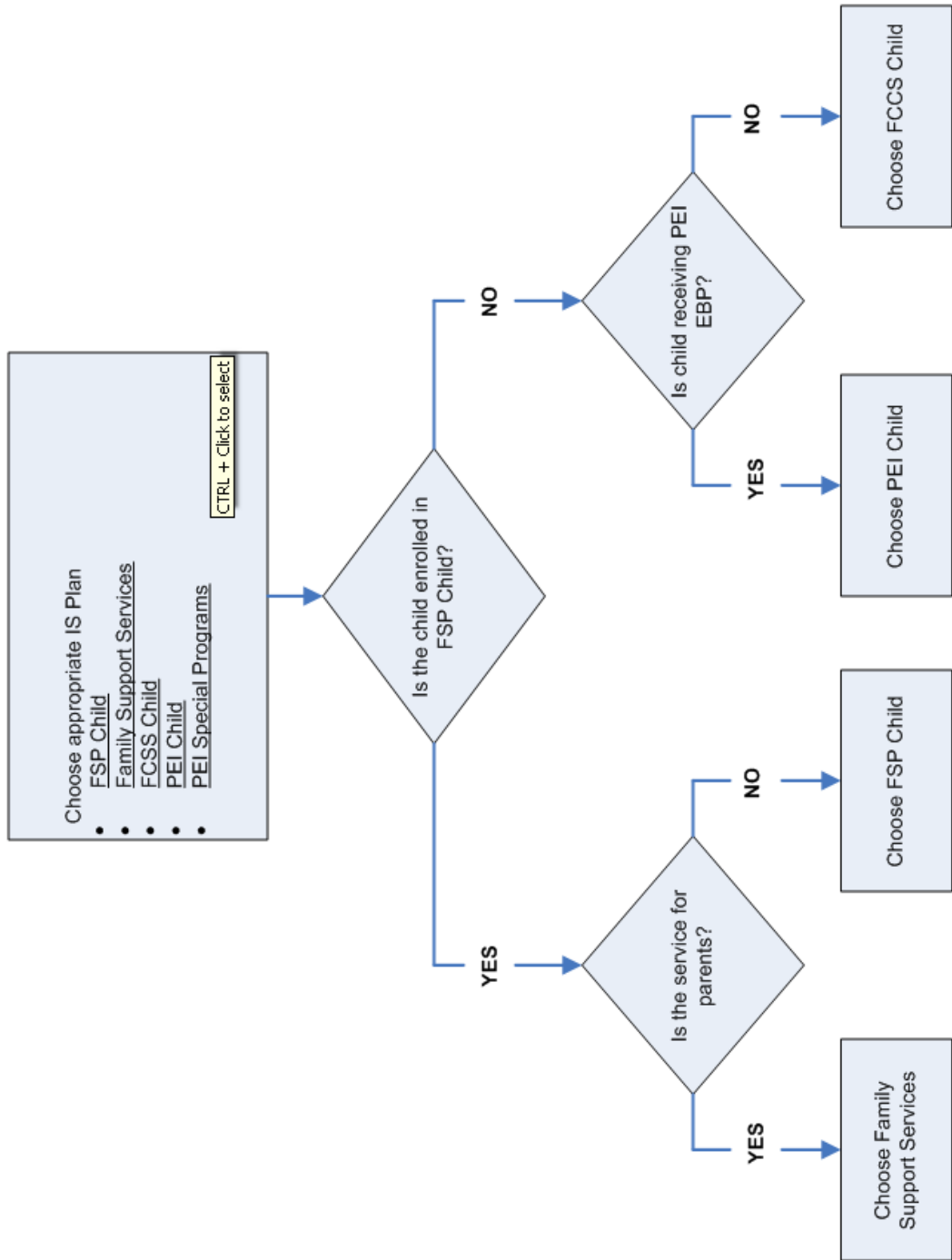
# CHILDREN'S IS PLAN DECISION TREE

#3



# CHILDREN'S IS PLAN DECISION TREE

#4



# Template: Description of Included Fields

## **Funded Program Title**

### **Sub-Programs:**

This field lists and describes all subprograms within the funded program. A subprogram often correlates to an Integrated System (IS) Plan. If there is more than one (1) subprogram and/or IS plan for a funded program, all subprograms and/or IS Plans associated with the funded program are listed and their purposes elaborated.

### **Funded Program/Subprogram Purpose:**

This section describes the program and its purpose. A funded program is a set of services paid through a particular funding source to serve clients with a specific beneficiary status. For NGAs (Non-Governmental Agencies), the applicable funded programs will have funds allocated in their Legal Entity Contract Financial Summary. A funded program may be an aggregation of subprograms with specific population or specific types of services.

### **Target Population(s) / Client Eligibility Requirement & Covered Age:**

This field identifies any special target population for this funding source and any restrictions on who can be served under the requirements of the funding source.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

This field will identify how target population is identified and if there are any eligibility or enrollment requirements.

### **Integrated System (IS) Plan:**

This section identifies the IS Plan number and name where applicable, in order to record the service to the funded program and/or sub-programs above.

### **Medi-Cal Claimable in IS:**

This field identifies if the Plan, if applicable, has the authority to claim services to Medi-Cal if the client is Medi-Cal eligible and the service is Medi-Cal claimable. If a Plan is marked "no" in this field, no services under this Plan, whether the client has Medi-Cal or not, will be claimed to Medi-Cal.

This section does NOT identify whether or not a specific service is Med-Cal reimbursable. It only states that the Plan has the authority to claim reimbursement to Medi-Cal.

### **Non-Government Agency (NGA) & Directly Operated (DO):**

This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

To be available to NGA, the Plan(s) would also have to be in the contract of the NGA in order to claim under the Plan. This section will NOT identify if the Plan is actually available to a specific NGA in their contract.

# Template: Description of Included Fields

## **Funded Program Title**

### **Claiming Instructions For Provider:**

This field will identify how a Provider claims to the funding source identified above such as e.g. by IS Plan or by Invoice. NGA claims according to the contract terms and limitations.

### **Responsible Program Staff:**

This field identifies who the responsible DMH Department staff and division is for this funded program. Questions regarding the Program may be directed towards this person, division/program, or their designee. Please show the name and phone number of program head(s).

***The information listed below is for DMH Fiscal use only:***

### **Origin of Funding**

This field identifies where the funding for this funded program comes from. Examples include grant by another County Department via Departmental Service Order (DSO), Board Letter, Federal Grant, State Funding or Grant Realignment or Net County Cost.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

This field describes how the Department claims to get reimbursement from other County, State, or Federal programs. It also identifies which unit claims this reimbursement, and the base or criteria of claiming.

# **AB3632 – Special Education Pupil (SEP)**

## **Sub-Programs**

AB3632 – SEP

The Federal Individuals with Disabilities Education Act (IDEA) ensures that children with disabilities are entitled to a free, appropriate public education in the least restrictive environment. Special education pupils who require mental health services in any of the 13 disability categories may receive services from county mental health programs. To be eligible to receive services, they must have a current individualized education program (IEP) on file. The services must align with the child's needs as identified in the IEP and are designed so that children will benefit from their educational programs. They are free to all eligible students regardless of family income or resources.

## **Covered Age**

3 - 22

## **Target Population(s) / Client Eligibility Requirement**

Client must be identified with disability per federal IDEA (i.e. Special Education) that interferes with school progress and receive mental health services from the County Mental Health Plan (DMH) that are within an IEP.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

County Mental Health Plan (Department of Mental Health - DMH) and local education authority make the eligibility determination. Clients are identified and referred for assessment by a local education agency; assessed by DMH; and the recommended services are written in the child's IEP.

## **Integrated System (IS) Plan**

2004 AB3632 – SEP

## **Medi-Cal Claimable in IS**

Yes, if consent from parent(s) has been provided to bill Medi-Cal. Assumes that the child does not have private insurance and is only eligible for Medi-Cal.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA and DO – able to claim services in the IS.

## **Claiming Instructions For Provider:**

School referred client with IEP and the recommended services are written in the child's IEP.

## **Responsible Program Staff**

Paul McIver

Mental Health District Chief

## AB3632 – Special Education Pupil (SEP)

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

State: State Department of Mental Health, State Controller's Office and Commission on State Mandates. Fund sources: The State of California uses four (4) funding streams to reimburse the County Mental Health Plan (DMH). These are (in order of priority for billing): (1) federal Individuals with Disabilities Education Act (IDEA) funds (CFDA # 84.027) administered by the State DMH; (2) State General Fund (SGF) AB 3632 allocation for SED Children administered by the State DMH (SB 807); (3) Short-Doyle Medi-Cal which may involve State General Funds as local match when the Med-Cal beneficiary has Medi-Cal Aid Codes designating Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program eligibility status; and (4) SB 90 Mandated Claims Program for AB 3632 SED children using State General Funds administered by the Commission on State Mandates and processed by the State Controller's Office (SB 90 Chapters 1747 and 654).

### **Department of Mental Health (DMH) Claiming for Reimbursement**

IDEA, State General Funds or SB90 is claimed if child does not have private insurance and is not eligible for Medi-Cal.

# **Alternative Crisis Services**

## **Countywide Resource Management (CRM)**

### **Sub-Programs**

COUNTYWIDE RESOURCE MANAGEMENT (CRM)

Countywide Resource Management (CRM) centralized administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient program for uninsured children, and adults; adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential resources; CRM Specialized Housing Program, Interim Fund program; Residential and Bridging Services and Assisted Outpatient Program. Under Mental Health Services Act, CRM implemented four institutions for Mental Disease (IMD) Step-down Facilities and the Enriched Services that serve 142 individuals being discharged from higher levels of care.

### **Covered Age**

All

### **Target Population(s) / Client Eligibility Requirement**

Uninsured children and adults; adult/older adult

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients billed to this plan are receiving case management services from DMH's CRM unit or are being linked to services by CRM as they transition out of institutional settings back to the community.

### **Integrated System (IS) Plan**

2086 Alt\_Crisis\_Svc\_CW\_Resource\_Mgm

### **Medi-Cal Claimable in IS**

Yes

### **Non-Government Agency (NGA) & Directly Operated (DO)**

DO

### **Claiming Instructions For Provider:**

Clients referred by Department of Mental Health's (DMH) CRM unit or are being linked to services by CRM as they transition out of institutional settings back to the community.

### **Responsible Program Staff**

Mary Marx, LCSW, District Chief, Countywide Resource Management

*The information listed below is for DMH fiscal use only*

#### **Origin of Funding**

Mental Health Services Act (Proposition 63)

#### **Department of Mental Health (DMH) Claiming for Reimbursement**

Community Outreach Services, Medi-Cal Administrative Activities, Directly Operated only.

Revised 10/20/2010



# **Alternative Crisis Services**

## ***Enriched Residential Services***

### **Sub-Programs**

ENRICHED RESIDENTIAL SERVICES

Enriched Residential Services was developed at Percy Village I and II. This program provides supportive on-site mental health services and limited operational cost for 95 individuals at licensed Adult Residential Facilities.

### **Covered Age**

Adult

### **Target Population(s) / Client Eligibility Requirement**

The Enriched Residential Services serves persons being discharged from Institutions for Mental Disease, acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

The program targets individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placements and prepare for more independent living. The program is designed to break the cycle of costly emergency and inpatient care and promote successful community linkage and reintegration.

### **Integrated System (IS) Plan**

2060 ACS-Enriched Residential Services

### **Medi-Cal Claimable in IS**

Yes, Medi-Cal claimable in the IS

### **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA

### **Claiming Instructions For Provider:**

Medi-Cal claiming and limited operational cost for 95 individuals at licensed Adult Residential Facilities.

### **Responsible Program Staff**

Mary Marx, MH Clinical Program Head, ASOC MHSA Implementation

***The information listed below is for DMH fiscal use only***

#### **Origin of Funding**

Mental Health Service Act (MHSA) – Proposition 63, FFP-Medi-Cal

#### **Department of Mental Health (DMH) Claiming for Reimbursement**

COS, Medi-Cal match, Non EPSDT, and EPSDT match, Flex Funds to MHSA.

Revised 02/02/2010

# **Alternative Crisis Services**

## ***Residential and Bridging***

### **Sub-Programs**

ALTERNATIVE CRISIS SERVICES RESIDENTIAL AND BRIDGING

Alternative Crisis Services Residential and Bridging involves psychiatric social workers and peer advocates assisting in the coordination of psychiatric services and supports for Transition Aged Youth (TAY), adults and older adults with complicated psychiatric and medical needs. These clients are discharged from County hospital psychiatric emergency services and inpatient units, Institutions for Mental Disease's (IMD), IMD Step-down Facilities, crisis residential and intensive residential programs. The program ensures linkage to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, Full Service Partnerships (FSP), residential providers, self-help groups, and other community providers.

### **Covered Age**

16+

### **Target Population(s) / Client Eligibility Requirement**

TAY, adults and older adults

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients assisted by CRM in transitioning from higher levels of care to community-based services and supports also receive Residential Bridging services. The program also employs peer advocates in supportive roles in IMD's, IMD Step-down facilities and intensive residential programs to support individuals.

### **Integrated System (IS) Plan**

2085 Alt\_Crisis\_Svc\_Res\_&\_Bridging

### **Medi-Cal Claimable in IS**

Yes

### **Non-Government Agency (NGA) & Directly Operated (DO)**

DO

### **Claiming Instructions For Provider:**

Clients referred by Countywide Resource Management (CRM)

### **Responsible Program Staff**

Mary Marx, LCSW, District Chief, Countywide Resource Management

***The information listed below is for DMH fiscal use only***

#### **Origin of Funding**

Mental Health Service Act (MHSA) – Proposition 63

#### **Department of Mental Health (DMH) Claiming for Reimbursement**

Community outreach service (COS), Medical Administrative Act (MAA) Medi-Cal, DO only.

Revised 10/20/2010

# **Alternative Crisis Services**

## **(Urgent Care Centers (UCC)/Crisis Resolution Services (CRS))**

### **Sub-Programs**

URGENT CARE CENTERS (UCC)/CRISIS RESOLUTION SERVICES (CRS)

#### **Urgent Care Centers (UCC)**

- Provide intensive crisis services to individuals who otherwise would be brought to emergency rooms;
- Provide up to 23 hours of immediate care and linkage to community-based solutions;
- Provide crisis intervention services, including integrated services for co-occurring substance abuse disorders;
- Focus on recovery and linkage to ongoing community services and supports that are designed to impact unnecessary and lengthy involuntary inpatient treatment.

#### **Crisis Resolution Services (CRS) include:**

- Clinical Triage
- Clinical and Case Management Assessments
- Mental Health Crisis Intervention to divert utilization of inpatient services
- Rapid psychiatry medication evaluation and prescription services
- Resource coordination and linkage for housing, employment, benefits establishment
- Mental Health Services including brief crisis intervention, and short-term mental health interventions using Evidence Based Practices (EBP) such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing, etc.
- Peer and Family Intervention and Support Services
- Clinical Outreach Services in collaboration with the Psychiatric Mobile Response Team (PMRT) as needed
- Linkage/Access/Follow-up to additional Community Based Services

#### **Covered Age**

18+

#### **Target Population(s) / Client Eligibility Requirement**

UCCs are designed to reduce unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery-oriented. These centers provide mental health crisis services to individuals that would otherwise seek services in hospital emergency rooms and recovery-based supportive and linkage services to ongoing community-based services and supports.

The target population for CRS includes individuals, who may have a serious mental illness, needing an immediate response and stabilization in order to prevent higher levels of care. The service approach includes identification, prioritization and immediate stabilization of client needs with service length up to a maximum of 60 days (2 months).

#### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Client must have a severe mental illness and cannot meet criteria for involuntary hospitalization. Services in these setting are brief and tailored to reducing the mental health crisis for the client to avoid hospitalization or the need for more intensive treatment.

## **Alternative Crisis Services** **(Urgent Care Centers (UCC)/Crisis Resolution Services (CRS))**

**Integrated System (IS) Plan**

2062 Alt Crisis Svc-Urgent Care Center

**Medi-Cal Claimable in IS:**

Yes

**Non-Government Agency (NGA) & Directly Operated (DO)**

NGA & DO

**Claiming Instructions For Provider:**

Time limited Mental Health Services (mode 15) are provided to clients that are in crisis. Services are either provided at an urgent care center for no more than a 23 hour period, or at a clinic for no more than 60 days. Department of Mental Health implemented two directly operated UCCs and three contracted UCCs, including Olive View Urgent Community Services Program (UCSP), Telecare Mental Health Urgent Care Center, Exodus Westside UCC, and Exodus Eastside UCC. In addition, all adult directly operated clinics are providing CRS.

**Responsible Program Staff**

Urgent Care Centers: Mary Marx, L.C.S.W., District Chief, Countywide Resource Management  
Crisis Resolution Services: Kim Sasaki, MN, District Chief, Adult Systems of Care  
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

***The information listed below is for DMH fiscal use only***

**Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports Act – Cross Cutting Systems Development under Alternative Crisis Services.

**Department of Mental Health (DMH) Claiming for Reimbursement**

Units of services (UOS) claimed in the IS to Alternative Crisis Services: UCC plan

Revised 10/25/2010

# California Work Opportunity and Responsibility to Kids (CalWORKs)

## Sub-Programs

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS)

In August 1997, Governor Wilson signed the Welfare to Work (WtW) Act (AB 1542) to comply with the federal welfare reform. California Work Opportunity and Responsibility to Kids (CalWORKs) is considered temporary financial assistance in time of crisis for the welfare recipient/participant and his/her family to encourage personal responsibility and accountability with strict work requirements. California's WtW program is designed to assist individuals who are receiving assistance through CalWORKs to transition as rapidly as possible from dependency on public assistance into unsubsidized employment and self-sufficiency. The WtW program helps family members acquire the skills to obtain employment. Benefits include cash aid, food stamps, Medi-Cal, child care, transportation, family planning, and tuition and school supplies. Department of Public Social Services (DPSS) Greater Avenues for Independence (GAIN) workers identify CalWORKs participants who require specialized supportive services such as mental health counseling and make referrals to Department of Mental Health's (DMH) CalWORKs programs throughout Los Angeles County.

## Covered Age

18 - 59

## Target Population(s) / Client Eligibility Requirement

The targeted population served by CalWORKs includes adult (18 to 64), primarily females, although there is a small male population, dependent with children. DPSS Greater Avenue for Independence (GAIN) determines eligibility for treatment referrals. All cases referred by DPSS GAIN can be billed to CalWORKs if treatment is indicated.

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

CalWORKs clients must be GAIN eligible which is determined by DPSS GAIN workers who make referrals to mental health directly operated and contracted agencies for treatment services. CalWORKs treatment can include any diagnostic criteria in the Diagnostic Statistical Manual of Mental Disorders, Vol. 4 (DSM IV TR). CalWORKs participants do not need to meet DMH's severely and persistently mentally ill criteria.

## Integrated System (IS) Plan

2006 CalWORKs

## Medi-Cal Claimable in IS

No, CalWORKs claims are submitted directly to DPSS for reimbursement. Non Medi-Cal plan in Integrated System (IS).

## Non-Government Agency (NGA) & Directly Operated (DO)

NGA & DO

# California Work Opportunity and Responsibility to Kids (CalWORKs)

## **Claiming Instructions For Provider:**

All sites can claim outpatient and community outreach services (COS) to CalWORKs by using the IS. Clients can receive the full array of mental health treatment services, excluding psychological testing.

## **Responsible Program Staff**

DMH Adult Systems of Care, Cathy Warner, Deputy Director and CalWORKs District Chief, Dolores Daniel.

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Funding is received from the State through the DPSS

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Direct services and COS entered into the IS CalWORKs Plan. Administrative costs are claimed via invoices to DPSS which include salaries, employee benefits, services and supplies.

Revised 10/25/2010

# **[CalWORKS] Homeless Families Project (HCFP)**

## **Sub-Programs**

HOMELESS CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
FAMILIES PROJECT (HCFP)

Case Managers and Housing Specialists provide case management, housing and employment related services for families who are homeless and have a mental health barrier to employment. The goal is to remove the barrier and assist the family to obtain housing and employment.

The Case Manager and Housing Specialists function as part of the Homeless California Work Opportunity and Responsibility to Kids (CalWORKs) Families Project (HCFP) Case Management Team under the direction of the site's Project Coordinator and Department of Mental Health (DMH) HCFP Coordinator. Clients billed to this plan receive assistance in identifying and locating housing options to meet their emergency, temporary and permanent housing needs and once stabilized assistance with going to school and/or obtaining employment.

Case Managers and Housing Specialists assist clients in securing housing opportunities by supporting their efforts in navigating various service delivery systems and completing applications for rental property, federal subsidy programs, and other housing programs and services, in addition to enrollment into Department of Public Social Services (DPSS) welfare-to-work (WtW) activities (i.e., job club, job search, transitional subsidized employment (TSE) and enrollment into community college).

Case Managers and Housing Specialists inform community agencies, DMH Directly-Operated Clinics, DMH Contractors, DPSS Programs, homeless shelters, prospective property owners, property management companies and neighborhood organizations about the HCFP through outreach, engagement and education. These functions are claimed through community outreach services (COS).

## **Covered Age**

18 - 59

## **Target Population(s) / Client Eligibility Requirement**

The targeted population served includes families who are homeless; seeking to obtain permanent housing and the head of household (HOH) is eligible for CalWORKs assistance. All clients must have a Diagnostic and Statistical Manual of Mental Disorders diagnosis, be homeless, and be part of CalWORKs and have an open episode in the Department's IS. Mental health staff is called upon to provide housing and employment related services for adult head of household.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

All active homeless CalWORKs clients in the Department's IS are eligible for the HCFP once CalWORKs eligibility has been determined by the DPSS Eligibility Worker.

- Must be CalWORKs eligible and become homeless
- Must be CalWORKs first with Mental Health needs
- Treatment teams make the decision to use these plans

# **[CalWORKS] Homeless Families Project (HCFP)**

## **Integrated System (IS) Plan**

2040 – DPSS - HOMELESS CalWORKs FAMILIES PROJECT  
CalWORKs CLIENT SUPPORT – Invoice only

## **Medi-Cal Claimable in IS**

No

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA & DO

## **Claiming Instructions For Provider:**

All sites claim community outreach and education through COS and some claim eligible direct client services client through case management.

## **Responsible Program Staff**

DMH Adult Systems of Care/CalWORKs/DPSS Co-Located & General Relief Opportunities for Work (GROW) Programs Dolores Daniel, District Chief and Sylvia P. Braswell, Mental Health Clinical Program Head oversees the Homeless CalWORKs Families Project (HCFP).

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

DPSS Single Allocation

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Case Managers and Housing Specialists claim the portion of their time that is spent providing direct services to clients through case management and providing community outreach and education through COS.



# CalWORKs Family Stabilization Counseling for Kids (CFSC4Kids)

**Non-Government Agency (NGA) & Directly Operated (DO):**

This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

To be available to NGA, the Plan(s) would also have to be in the contract of the NGA in order to claim under the Plan. This section will NOT identify if the Plan is actually available to a specific NGA in their contract.

NGA                       DO                       Both NGA & DO

**Sub-Programs:**

None

**Funded Program/Subprogram Purpose:**

Under MOU with DPSS, we have implemented a new Program to provide treatment services to the children of CalWORKs participants. (CalWORKs Family Stabilization Counseling for Kids (CFSC4Kids). The children of CalWORKs Family Stabilization families will be referred to a DMH directly-operated clinic for services. Funding is provided via DSO from DPSS.

**Target Population(s) / Client Eligibility Requirement & Covered Age:**

Target Population is children of CalWORKs Family Stabilization families, ages of 0 to 18.

**Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

All children of CFSC4Kids eligible CalWORKs/WtW participants referred by DPSS will be eligible for treatment services under this program.

**Integrated System (IS) Plan:**

We are requesting to setup the new IS Plan (CFSC4Kids).

**Medi-Cal Claimable in IS (check all that apply):**

This field identifies if the Plan, if applicable, has the authority to claim services to Medi-Cal if the client is Medi-Cal eligible and the service is Medi-Cal claimable. If a Plan is marked "no" in this field, no services under this Plan, whether the client has Medi-Cal or not, will be claimed to Medi-Cal.

This section does NOT identify whether or not a specific service is Med-Cal reimbursable. It only states that the Plan has the authority to claim reimbursement to Medi-Cal.

Medi-Cal Services    Non-Medi-Cal Services    Manual Billing

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**24 Hour Services**

Residential                       Inpatient

**Day Services**

Crisis Stabilization               Day Treatment/Day Rehabilitation

Vocational/Socialization Day Services

**Outpatient Services**

- Mental Health Services – Individual (No Psych Test)       Mental Health Services – Group  
 Psychological Testing       Medication Support Services       Targeted Case Management  
 Crisis Intervention       TBS       ICC and IHBS       MAT

**Community Client Services**

- Mental Health Promotion       Community Client

**Support Services**

- Case Management Support

**Claiming Instructions For Provider:**

Services are only eligible to be billed under this plan if a referral document has been received from DPSS. Currently services will only be authorized at six directly-operated clinics.

**Responsible Program Staff:**

Carrie Esparza, Program Head  
213-738-6154

Marie Gibbs, MHCS  
213-351-7205

***The information listed below is for DMH Fiscal use only:***

**Origin of Funding**

This field identifies where the funding for this funded program comes from. Examples include grant by another County Department via Departmental Service Order (DSO), Board Letter, Federal Grant, State Funding or Grant Realignment or Net County Cost.

**Department of Mental Health (DMH) Claiming for Reimbursement**

This field describes how the Department claims to get reimbursement from other County, State, or Federal programs. It also identifies which unit claims this reimbursement, and the base or criteria of claiming.

# Child Abuse Prevention Intervention and Treatment (CAPIT) – AB2994

## Sub-Programs

CHILD ABUSE PREVENTION INTERVENTION AND TREATMENT (CAPIT) – AB2994

Prevention, Intervention and Treatment Services designed to assist children/youth and families avoid entry into the Child Welfare System. Ensure that children at risk of abuse and neglect receive timely access to mental health services and other prevention strategies.

## Covered Age

0 - 18

## Target Population(s) / Client Eligibility Requirement

Children and families that are involved in the child welfare system and/or at risk of abuse and neglect.

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Based on client history and or risk of involvement with the child welfare system, children and families receive a range of mental health and other prevention services.

## Integrated System (IS) Plan

2002 Department of Children and Family Services (DCFS) – AB1733/2994 for non-Medi-Cal. Medi-Cal claims should use another IS Plan (refer to Children's IS Plan Decision Tree).

## Medi-Cal Claimable in IS

No

## Non-Government Agency (NGA) & Directly Operated (DO)

NGA unit of service. DO on Admin cost percentage, community outreach services (COS).

## Claiming Instructions For Provider:

Clients accepted based on history that involves abuse and/or neglect or are at risk of abuse/neglect.

## Responsible Program Staff

Mental Health District Chief in Service Planning Area

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

State: California Department of Social Services

County: Board of Supervisors and/or Department of Children and Family Services

Fund Source: County General Funds through DSO with DCFS

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Recovery section claims units of service (UOS) and community outreach service (COS) billing as well as admin percentage to DCFS.

Revised 11/02/2010

# Child Mental Health Initiative Project – Project ABC

## **Sub-Programs**

CHILD MENTAL HEALTH INITIATIVE PROJECT – PROJECT ABC (CFDA #93.104)

Department of Mental Health (DMH) in collaboration with Department of Children and Family Services (DCFS) and two community based organizations – Children’s Institute Inc., and Children’s Hospital Los Angeles, provide comprehensive family centered, culturally competent mental health service to young children ages birth to five years and their families in Service Planning Area 4.

## **Covered Age**

0 – 5

## **Target Population(s) / Client Eligibility Requirement**

Infants, toddlers and preschoolers who are either in or at risk of entry into the child welfare system, who have a serious emotional or behavioral problem and who reside in Service Planning Area 4.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

DMH and DCFS determine eligibility from the population of those persons that are covered by this grant. Approximately 500 young children/families residing in Service Planning Area 4 will be enrolled during the six-year period of the grant.

## **Integrated System (IS) Plan**

None – Billed by invoice

## **Medi-Cal Claimable in IS**

No

## **NGA & DO**

NGA – Children’s Institute Inc. and Children’s Hospital Los Angeles

## **Claiming Instructions For Provider:**

Clients are between the ages of 0 – 5 in Service Planning Area 4. Billing is for infrastructure and overhead. Outpatient services are billed under General EPSDT (Early and Periodic Screening Diagnosis and Treatment).

## **Responsible Program Staff**

William Arroyo, Lead Project Director

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Substance Abuse and Mental Health Services Administration – Federal

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Quarterly request submitted to Federal government, to request and draw down reimbursement.

Revised 10/20/2010

**County + City + Community  
C3  
An Innovative, Multi-disciplinary Outreach Model for Venice Area**

**Non-Governmental Agency (NGA) & Directly Operated (DO)**

✓ NGA

**Sub-Programs:**

The subprogram is the same as the funded program C3. There are no additional subprograms.

**Funded program/Subprogram Purposes:**

C3 is a partnership designed to systematically engage people living on the streets of Venice Beach and help them regain health and housing stability. Build upon by prior efforts, the C3 program will provide consistent street based engagement with homeless individuals on Venice Beach 5 days per week.

**Target Populations/Client Eligibility Requirements & Covered Age:**

The program will accept chronic homeless individuals living on the streets within the Venice beach area. The C3 program will provide services to adult age clients in alignment within DMH guidelines. The overarching goal is to assist these clients with housing.

**Describe Briefly How and by Whom Client Eligibility/Enrollment is determined and severity of disability limitations if any:**

C3 services are specifically for homeless individuals within the Venice Beach geographic area. It is a human's rights to health, safety and economic disaster to have people living outside with deteriorating health, untreated mental health conditions, substance abuse disorders and all manner of trauma and despair. Daily and intensive human to human engagement is essential. The C3 quadrants/ teams will provide the followings services engagement 5 days a week, access to same-day interim housing, whatever it takes approach, collect and measure outcomes, linkages to providers on the Westside and assist with permanent housing.

**Integrated System (IS) Plan:**

The IS Plan ID# for C3 (?). The plan ID was made effective October 1, 2016 and shall remain effective until June 30, 2017 unless otherwise extended.

**Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services, Non-Medi-Cal Services. This is a medi-cal funded program and subprogram. Therefore, all services provided and claimed under this plan must be medi-cal claimable. In addition, there are non-medi-cal services that will be provided those must be billed accordingly.

**Services Provided (check all that apply):**

- ✓ Outpatient Services
- ✓ Mental Health Services-Individual (No Psych Test)
- ✓ Mental Health Services- Group
- ✓ Medication Support Services
- ✓ Targeted Case Management
- ✓ Crisis Intervention
- ✓ Mental Health Promotion
- ✓ Community Client
- ✓ **Case Management Support**

**Claiming Instructions for Provider:**

Contracted providers receiving funding to provide C3 should claim these services to the C3 IS Plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and this published claiming manuals developed by the LAC DMH Quality Assurance Division including the Short Doyle/M-C Organizational Provider’s Manual and the Guide to Procedure Codes. These manuals and others can be found at the DMH Internet site under the “For Providers” page at the “Providers Manuals and Directories” link located at:

[http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)

Claiming should also be consistent with the CDSS/DHCS Medi-Cal Manual for C3.

**Responsible Program Staff:**

The C3 is a program under the County Housing Employment Education Resource Development (CHEERD), Program Support Bureau (PSB). The lead manager for this program is Dr. Maria Funk. Inquiries regarding programmatic concerns and issues should be directed to Dr. Maria Funk at (213) 251-6582 and or [mfunk@dmh.lacounty.gov](mailto:mfunk@dmh.lacounty.gov). Inquiries regarding claiming and technical concerns should be directed to the PSB Bureau Analyst Le Macias (213) 738-4853 and or [lmacias@dmh.lacounty.gov](mailto:lmacias@dmh.lacounty.gov)

**The information listed below is for DMH Fiscal use only:**

# County General Fund (CGF)

## **Sub-Programs**

COUNTY GENERAL FUND (CGF)

The County General Fund (CGF) is utilized to provide services to seriously emotionally disturbed children or adolescents, or adults and older adults who have a serious mental disorder. To the extent resources are available, the primary goal of the use of CGF is serving this target population and providing them access to mental health services and programs that assist them in managing their illness, achieving their personal goals, and developing skills and supports to live the most constructive and satisfying life possible in the least restrictive setting.

Mental health services provided include assessments, case management, crisis intervention, medication support, peer support and other rehabilitative services. Services are provided in multiple settings including residential facilities, clinics, school, hospitals, county jails, juvenile halls, and camps, mental health courts, board and care homes, in the field and in people's homes.

## **Covered Age**

All ages

## **Target Population(s) / Client Eligibility Requirement**

Clients served have serious mental illness. This includes children and adolescents with severe emotional disturbance, and adults and older adults with serious and persistent mental illness. In addition, target population includes persons who require, or are at risk of requiring, acute psychiatric treatment because of a mental disorder with symptoms of psychosis, suicidality, violence or substantial deterioration.

Clients served under CGF often include, but is not limited to, those in need of immediate response to a mental health or potential mental health crisis (emergency response) or individuals residing in a juvenile hall or camp with serious mental illness.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

There is no centralized enrollment process but is based on availability of funds and whether or not there is a more appropriate funding source for the client.

## **Integrated System (IS) Plan**

1000 CGF

## **Medi-Cal Claimable in IS**

Yes

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA

Directly Operated

## **Claiming Instructions For Provider:**

Claims are reported and identified under CGF Plan of the IS

## County General Fund (CGF)

### **Responsible Program Staff**

Norma Fritsche, District Chief Program Support Bureau  
Dennis Murata, Deputy Director Program Support Bureau

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Realignment and Vehicle License Fee (VLF)

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Cost of Units of Service (UOS), funding for direct and indirect costs via Cost Report.



# County General Fund (CGF) Homeless Services Net County Cost (NCC)

## **Sub-Programs**

HOMELESS SERVICES NET COUNTY COST (NCC)

Pilot projects to address homelessness in two areas within the Third District: San Fernando Valley and Venice. Both of these areas were identified as having either a large concentration or a growing concentration of chronically homeless persons with mental health issues, co-occurring substances abuse disorders, and/or complex medical conditions.

## **Covered Age**

18+

## **Target Population(s) / Client Eligibility Requirement**

70 of the most vulnerable, chronically homeless individuals living in San Fernando Valley and Venice as indentified by Common Ground's vulnerability index.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

The projects were funded by the Third District as part of Project 500 and funds were transferred to Department of Mental Health (DMH) from Third District Homeless Services fund

## **Integrated System (IS) Plan**

2089-CGF Homeless Services (NCC)

## **Medi-Cal Claimable in IS**

Yes, Medi-Cal Claimable in IS. Claimed to the Plan.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA

## **Claiming Instructions For Provider:**

Homeless

## **Responsible Program Staff**

Mary Marx, LCSW, District Chief, Countywide Resource Management

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

Funds were transferred to DMH from the Third District Homeless Services fund

### **Department of Mental Health (DMH) Claiming for Reimbursement**

IS unit/invoice for record.

# DCFS 2011 REALIGNMENT

## **Non-Government Agency (NGA) & Directly Operated (DO):**

NGA                       DO                       Both NGA & DO

## **Sub-Programs:**

The subprogram is the same as the funded program DCFS 2011 Realignment. There are no additional subprograms.

## **Funded Program/Subprogram Purpose:**

The DCFS 2011 Realignment Funded Program was created by DMH and DCFS to serve DCFS clients at MLK Psychiatric Urgent Care Center. The UCC is a component of Alternative Crisis Services of the Mental Health Services Act (MHSA)-Community Support and Services (CSS) Plan. The MLK Psychiatric UCC is intended to alleviate the gridlock in County Psychiatric Emergency Services (PES) and private hospitals in Service Area 6 and the surrounding area by providing rapid access to mental health evaluation and assessment, crisis intervention and medication support 24 hours a day, 7 days a week to individuals experiencing an emotional crisis. UCCs focus on recovery and linkage to ongoing community services and supports and are designed to impact unnecessary and lengthy involuntary inpatient treatment, as well as to promote care in voluntary recovery oriented treatment settings.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

Urgent Care Centers (UCCs) provide intensive crisis services to individuals 13 years and older who otherwise be taken to hospital emergency rooms. These individuals include repetitive and high utilizers of emergency and inpatient services, those with co-occurring substance abuse, those needing medication management, and those whose presenting problems can be met with short-term (under 24 hours) immediate care and linkage to community-based services. These individuals are less likely to require psychiatric hospitalization or medical care, but are in need of stabilization and linkage to ongoing community-based services.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

Contractor shall provide services to individuals who are referred from County hospital emergency services and psychiatric inpatient units, private hospitals, field response operations and community settings. This shall include individuals:

- Who are repetitive and frequent users of emergency and inpatient services;
- Who have co-occurring mental health and substance abuse disorders;
- Who need medication management; and
- Who have problems that can be resolved with short-term (less than 24 hours) immediate care and linkage to community-based resources.

Although these individuals are not likely to require psychiatric hospitalization or medical care, they require stabilization and linkage to ongoing community-based services. Contractor shall provide services that include, but are not limited to, the following services:

- Comprehensive psychiatric assessment, including assessment of co-occurring substance abuse;
- Basic physical assessment, including assessment of symptoms related to co-occurring mental health and substance abuse disorders;
- Crisis intervention, including family interventions when needed;
- Medication management including administering medication as needed;

- Group interventions (e.g. Alcohol's Anonymous meetings onsite at the MLK Psychiatric UCC) when appropriate;
- Initiation of benefits establishment when needed;
- Referral and linkage to medical treatment; emergency, transitional and permanent housing; adult residential services programs; shelters and other needed services;
- Transportation to emergency, transitional or permanent housing when appropriate to ensure that successful linkage takes place;
- Linkage to intensive community services programs (e.g. Full Service Partnership (FSP), Field Capable Clinical Services, Assertive Community Treatment (ACT) etc.);
- Linkage to community mental health centers in clients' community of choice and/or linkage to clients' existing service providers;
- Linkage to Wellness Centers and client-run support programs; and
- Provision/arrangement for the delivery of required ancillary services, including but not limited to:
  - Laboratory tests and X-ray when necessary;
  - Dietary requirements; and
  - Linens

**Integrated System (IS) Plan:**

The IS Plan ID# is 2151. The plan ID was made effective January 01, 2015 and shall remain effective until June 30, 2020 unless otherwise extended.

**Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services  Non-Medi-Cal Services  Manual Billing

This is a medi-cal only funded program and subprogram. Therefore all services provided and claimed under this plan must be medi-cal claimable. There is no non/medi-cal or manual billing associated with this plan.

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**24 Hour Services**

Residential  Inpatient

**Day Services**

Crisis Stabilization  Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services

**Outpatient Services**

Mental Health Services – Individual (No Psych Test)  Mental Health Services – Group  
 Medication Support Services  Targeted Case Management  Crisis Intervention

**Community Client Services**

Community Client

**Support Services**

Client Support Services

**Claiming Instructions For Provider:**

Contracted providers receiving funding to provide DCFS 2011 Realignment should claim these services to the DCFS 2011 Realignment IS Plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division, including the Short Doyle/M-C Organizational Provider's Manual and the Guide to Procedure Codes. These manuals and others can be found at the DMH Internet site under the "For Providers" page at the "Provider Manuals and Directories" link located at:

[http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)

**Responsible Program Staff:**

The DCFS 2011 Realignment Plan is a program under Countywide Resource Management (CRM). The lead manager for this program is Mary Marx, Mental Health Clinical Program Manager III. Inquiries regarding programmatic concerns and issues should be directed to Mary Marx at 323-226-4744 or [mmarx@dmh.lacounty.gov](mailto:mmarx@dmh.lacounty.gov). Inquiries regarding claiming and technical concerns should be directed to the CRM Analyst, Angela Shaw at 323-226-4613 or [ashaw@dmh.lacounty.gov](mailto:ashaw@dmh.lacounty.gov).

***The information listed below is for DMH Fiscal use only:***

**Origin of Funding**

Funding for this program originates from a Departmental Service Order (DSO) from LAC Department of Children and Family Services (DCFS) to DMH for the purpose of serving children involved in the DCFS system.

**Department of Mental Health (DMH) Claiming for Reimbursement**

DMH provides monthly reports of provider claims to DCFS to be billed against the DSO amount. DMH provides a final bill for each FY to DCFS and also provides DCFS with prior year adjustments to reconcile total service claim amounts against annual DSO amounts.

# DHS EPIC PROGRAM

**Non-Government Agency (NGA) & Directly Operated (DO):**

This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

NGA                       DO                       Both NGA & DO

**Sub-Programs:**

The subprogram is the same as the funded program. There are no additional subprograms.

**Funded Program/Subprogram Purpose:**

The Los Angeles County Department of Health Services (DHS) and Los Angeles County Department of Public Health (DPH) have collaborated to implement the Empowering People with Intervention Choices (EPIC) Program at DHS Emergency Departments to improve identification of DHS patients with Substance Use Disorders (SUD) and facilitate an immediate pathway into SUD treatment. DPH-SAPC has set aside 25 beds at the Antelope Valley Rehabilitation Center (AVRC) in Acton for DHS-referred patients requiring residential SUD treatment. DPH-SAPC has been unable to accept many DHS patients referred to AVRC by the EPIC Program because many patients have co-occurring mental health disorders and AVRC does not have sufficient mental health treatment resources on site to safely and appropriately manage these patients. This collaboration between DHS, DPH, and DMH will allow services to be provided to DHS-referred patients by a multi-disciplinary treatment team that will include health and mental health professionals, and certified drug and alcohol counselors.

**Target Population(s) / Client Eligibility Requirement & Covered Age:**

DHS-referred patients with co-occurring substance use and mental health disorders.

**Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

Department of Mental Health (DMH) has an existing contract with Special Services for Groups (SSG) to provide on-site Field Capable Clinical Services (FCCS) to patients at AVRC served through other programs, including providing psychiatric medication support, therapeutic groups and individual counseling. DPH-SAPC agrees that if SSG is funded to provide an additional 20 slots of mental health services at the FCCS level at AVRC for DHS-referred patients, AVRC could accept DHS patients with co-occurring mental health disorders.

**Integrated System (IS) Plan:**

The IS Plan ID# for DHS EPIC Program is       .

# DHS EPIC PROGRAM

## **Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services  Non-Medi-Cal Services  Manual Billing

Supportive services will be provided by a multi-disciplinary team that will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer support advocates. Services will include:

- Comprehensive assessment, including physical health care, mental health and substance abuse needs
- Individual and group treatment
- Medication management
- 24/7 capacity for emergencies
- Case management
- Benefits (re) establishment
- Recovery-based self-help and support groups
- Employment and vocational

## **Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

### **24 Hour Services**

Residential  Inpatient

### **Day Services**

Crisis Stabilization  Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services

### **Outpatient Services**

Mental Health Services – Individual (No Psych Test)  Mental Health Services – Group  
 Psychological Testing  Medication Support Services  Targeted Case Management  
 Crisis Intervention  TBS  ICC and IHBS  MAT

### **Community Client Services**

Mental Health Promotion  Community Client

### **Support Services**

Case Management Support

# DHS EPIC PROGRAM

## **Claiming Instructions For Provider:**

Contracted providers receiving funding to provide DHS EPIC Program services should claim these services to the DHS EPIC Program IS plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division including the Short Doyle/MC Organizational Provider's Manual and the Guide to Procedure Codes.

Outcomes reporting consistent with MHSA - FCCS guidelines, i.e., housing stability, participation in treatment services, and status of benefits establishment efforts will be provided by the contractor to DMH monthly.

## **Responsible Program Staff:**

The DHS EPIC Program is a program under Countywide Resource Management. The Lead Manager for this Program is Mary Marx, Mental Health Clinical District Chief. Inquiries regarding programmatic concerns and issues should be directed to Mary Marx, LCSW at (323) 226-4744 or [mmarx@dmh.lacounty.gov](mailto:mmarx@dmh.lacounty.gov).

***The information listed below is for DMH Fiscal use only:***

### **Origin of Funding**

DMH shall receive funds from DHS for the provision of contracted mental health services for DHS patients at the AVRC. Mutual agreement of the budgeted amount shall be documented in the form of an Other County Department (OCD) letter to be signed by each department. Departmental Service Orders (DSOs) will be prepared at the beginning of each fiscal year up to the budgeted amount, as agreed upon in the OCD letter.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Increases DMH's net County cost by adding Services and Supplies, funded by a shift from DHS. DMH will submit Internal Vouchers with supporting documentation to DHS quarterly, no later than 60 days after the end of the quarter. DHS will reimburse DMH via Intrafund Transfer within 30 days of receipt of the Internal Voucher.

Revised 01/16/2015

# Family Preservation Program

## **Sub-Programs**

### **FAMILY PRESERVATION PROGRAM**

The Family Preservation (FP) Program is one of a continuum of community services designed to strengthen and preserve families in alignment with the Department of Children and Family Services (DCFS) goals to: (1) reduce reliance on out-of-home care, (2) reduce the length of stay in foster care, and (3) shorten the timelines for permanency. In addressing these goals, the FP Program is a component of a comprehensive and strategic action plan that utilizes the Response Priority Tools of Structured Decision Making and Differential Response to identify high-risk families with substantiated allegations of child abuse and/or neglect.

The DCFS Family Preservation (FP) Program offers a broad, integrated, community-based collaborative approach that provides services to families that are experiencing family functioning challenges related to child abuse, neglect and/or child exploitation. Mental Health Services are a required component of the DCFS Family Preservation Program. Services are provided by Department of Mental Health (DMH) Contract Providers to Children/Youth from DCFS or Probation who have been referred by their FP Lead Agency or DMH FP Specialist.

## **Covered Age**

0 - 18

## **Target Population(s) / Client Eligibility Requirement**

Clients are involved with County DCFS' FP Program and have significant mental health needs that would benefit from the full range of mental health services.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Children/youth from DCFS or Probation with severe emotional and behavioral problems that meet Medical Necessity and require mental health services. The family is open to a FP Lead Agency and referred to a DMH FP Contract Provider.

## **Integrated System (IS) Plan**

2011 DCFS – Family Preservation for non Medi-Cal, indigent clients only.

## **Medi-Cal Claimable in IS**

No. Medi-Cal units of service for Medi-Cal eligible children/youth open to DCFS FP are billed under the Enhanced Mental Health Services Plan as a DCFS involved child.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA – able to claims services in the IS.

## **Claiming Instructions For Provider:**

Clients are involved and receiving services from a DCFS' FP Lead Agency.

## **Responsible Program Staff**

Janel Jones, Program Head



# Family Preservation Program

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

DCFS County CGF/State/ Federal

**Department of Mental Health (DMH) Claiming for Reimbursement**

Recovery section claims units of service (UOS) and community outreach service (COS) billing as well as admin percentage to DCFS.

# Field Capable Clinical Services (FCCS)

## Sub-Programs

FCCS – CHILD

FCCS – TAY

FCCS – ADULT

FCCS – OLDER ADULT

FCCS – SERVICE EXTENDERS

Field Capable Clinical Services (FCCS) are specialized clinical services delivered by professional and paraprofessional staff specifically trained to work with each age group, as part of multi-disciplinary treatment teams associated with directly-operated and contract agencies. FCCS will provide services in field-based settings, including but not limited to client homes, primary care clinics, senior centers, faith based organizations, community centers, and schools. The remaining services may be provided in traditional mental health clinics.

Service Extenders are clients in recovery, family members or other interested individuals who, following specialized training, volunteer to serve as members of multi-disciplinary FCCS teams. Examples of duties that may be performed by Service Extenders include but are not limited to: providing support to vulnerable older adult clients to support wellness and recovery, providing home visits to strengthen network of relationships and decrease social isolation, providing support to clients who are transitioning from one level of care to another, and assisting clients in developing community living skills and utilizing community resources by discussing common experiences.

## Covered Age

0-15: FCCS – Child (surrounding ages when clinically indicated)

16-25: FCCS – TAY (surrounding ages when clinically indicated)

26-59: FCCS – Adult (surrounding ages when clinically indicated)

60+: FCCS-Older Adult (surrounding ages when clinically indicated)

FCCS – Service Extenders (by invoice)

## Target Population(s) / Client Eligibility Requirement

Child FCCS- Children who have a serious emotional disturbance (SED) and are unserved, underserved, or inappropriately served. Desirable focal populations include children who are in the foster care system or at risk of placement and/or have a co-occurring substance abuse, developmental, or medical disorder, serious risk of school failure, involvement in the juvenile justice system, experienced trauma, clients in need of intensive mental health services that are not available.

Transitional Age Youth (TAY) FCCS – TAY who have a SED or a serious mental illness (SMI) (older TAY) and are unserved, underserved, or inappropriately served. Desirable focal populations include TAY who are homeless or at imminent risk of homelessness, are in the foster care system or at risk of placement, require transitional planning to live independently, have a co-occurring substance abuse, developmental, or medical disorder, serious risk of school failure, involvement in the juvenile justice system, are being released from jail or have high risk of incarceration, clients in need of intensive mental health services that are not available.

## **Field Capable Clinical Services (FCCS)**

Adult FCCS – Adults who have a SMI and who are unserved, underserved, or inappropriately served. Desirable focal populations include adults who are homeless or at risk of homelessness, are being released from jail or have a high risk or incarceration, have been hospitalized or attempted suicide recently, are transitioning from an Institution for Mental Disease (IMD) or intensive residential placements to the community, have experienced trauma or are currently in abusive relationships, are at serious risk of suicide, have a co-occurring substance abuse, developmental, or medical disorder, are isolated or homebound perhaps cared for by an aging parent.

Older Adult FCCS – Older Adults who have a SMI and who are unserved, underserved, or inappropriately served. Desirable focal populations include older adults who are homeless or at risk of homelessness, are being released from jail or have a high risk or incarceration, multiple recent hospitalizations, are at imminent risk of nursing home placement or are being released from a nursing home, have a history of or serious risk of abuse or self-neglect, are at serious risk of suicide, have a co-occurring substance abuse, developmental, or medical disorder, are isolated or homebound older adults, unable to care for self with limited or no support system.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Enrollment is not based on a centralized enrollment process but rather on each provider's assessment and determination of most appropriate age group program. Clients must meet SED or SMI criteria to be eligible.

### **Integrated System (IS) Plan**

2058 FCCS - CHILD MHSA  
2078 FCCS - TAY MHSA  
2052 FCCS - ADULT MHSA  
2070 FCCS - OLDER ADULT MHSA

### **Medi-Cal Claimable in IS**

Yes, however some provider sites have budgeted only unmatched dollars for FCCS.

### **Non-Government Agency (NGA) & Directly Operated (DO)**

FCCS – Child (NGA Only)  
FCCS – TAY (NGA and 1906 Edelman only)  
FCCS – Adult (Both)  
FCCS – Older Adult (Both)  
FCCS – Service Extenders **(Older Adult only)**

### **Claiming Instructions For Provider:**

Primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice (if budgeted), and COS (if budgeted)

FCCS – Service Extender stipends are claimed by invoice.

## Field Capable Clinical Services (FCCS)

### **Responsible Program Staff**

Child FCCS – Bryan Mershon, Ph.D., District Chief, Child, Youth and Family Admin

TAY FCCS – Terri Boykins, L.C.S.W. District Chief, TAY Bureau

Adult FCCS – Kim Sasaki, M.N., District Chief, Adult Systems of Care

Older Adult FCCS – Kathleen Kerrigan, R.N., L.C.S.W., District Chief, Older Adult Administration

MHSA Implementation – Debbie Innes-Gomberg, Ph.D., District Chief

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

Mental Health Service Act (MHSA) – Proposition 63, Community Services and Supports Plan. Older adult FCCS was in original plan submitted under systems development; other age groups were added in April of 2008

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service (UOS) based on claims made to one of the FCCS IS plans and invoices for Flex funds and service extender stipends. Back out claims that are charged to Substance Abuse and Mental Health Services (SAMHSA), dual diagnosis or another funding source.

Revised 10/25/2010

## **First 5 LA**

On February 10, 2011, the First 5 LA Commission approved a proposal to fund Parent-Child Integration Therapy (PCIT) and if necessary, other birth to five evidence-based practices aimed at reducing child abuse and neglect. On July 12, 2012 The First 5 LA Commission awarded \$17 million to LACDMH for the five year project. Under this plan, DMH will oversee the three-pronged implementation approach of training, one-time facility upgrades and direct services support. This funding would expand the number of trained mental health therapists that are certified in PCIT and other birth to five evidence-based practices and would also increase the number of locations where these services are offered.

Expansion of PCIT and other birth to five evidence-based practices as necessary will assist LACDMH to continue its mission of enriching lives through partnership designed to strengthen the community's capacity to support recovery and resiliency. Building treatment capacity will enable DMH to provide preventative and early intervention services to children birth to five and their families who may be affected by some level of mental health issues and reduce the incidence of child maltreatment. The latter will also assist with mitigating costly negative long-term outcomes for mental health consumers and their families.

### **Covered Age**

0 to 5 years old

### **Target Population(s) / Client Eligibility Requirement**

PCIT and other appropriate birth to five evidence-based practices targets young children ages birth to 5 years old with behavioral problems like aggressiveness, defiance, temper tantrums and oppositional behavior and their caregivers. These practices help reduce incidences of low to moderately severe physical abuse cases involving young children and ensure that children are safe from abuse and neglect by teaching caregivers effective strategies to improve behaviors through positive, nurturing interactions.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

PCIT and if necessary other birth to five evidence-based practices will be available to caregivers and children, ages 0-5 years old who are demonstrating behavioral problems and are at risk of physical abuse referred to eligible agencies through various avenues, which may include the community, preschools, day care centers and Department of Child and Family Services.

### **Integrated System (IS) Plan**

First 5 LA

### **Medi-Cal Claimable in IS**

Yes

### **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA and DO– able to claim services in the IS.

### **Claiming Instructions For Provider:**

Caregivers and children ages 0-5 years old who are demonstrating behavioral problems and are at risk of physical abuse referred to eligible providers are to claim the First 5 LA Plan in the IS.

**Responsible Program Staff**

Sam Chan  
Mental Health District Chief

**FIRST 5 LA/LACDMH- PARENT-CHILD INTERACTION THERAPY  
(PCIT) PROGRAM**

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

*This field identifies where the funding for this funded program comes from. Examples include grant by another County Department via Departmental Service Order (DSO), Board Letter, Federal Grant, State Funding or Grant Realignment or Net County Cost. (INSTRUCTIONS)*

Board of Supervisors approved an appropriation adjustment of First 5 LA's \$17M award, over a five year period. First 5 LA monies will pay for the match to AB100 and indigent services.

**Department of Mental Health (DMH) Claiming for Reimbursement**

First 5 LA can be claimed to either indigent or Medi-Cal in the IS. DMH will bill First 5 on a quarterly basis, for costs associated with AB100 match and indigent services.

# **Full Service Partnership (FSP)**

## ***(Child FSP)***

### **Sub-Programs**

#### **FSP-CHILD**

#### **WRAPAROUND FSP - CHILD FAMILY SUPPORT SERVICES**

FSP-TAY

Wraparound FSP-TAY

FSP - Adult

Older Adult Full Service Partnership (FSP)

Child Full Service Partnership (FSP) – The Children's FSP is a mental health service program for children ages 0 – 15 and their families who would benefit from an intensive in-home program designed to address the total needs of the child, including his or her family, who is experiencing significant, emotional, psychological and behavioral problems that are interfering with the child's well being. FSP provides a wide array of services and supports, to help individuals within defined focal populations make progress on their particular paths to recovery and wellness. Mental health consumers and families create their own plans for recovery, with support from professionals and peers and 24/7 support to make their plan a reality. Each enrollee has a single point of responsibility for the provision of services and supports. FSP referral and authorization form is required.

Wraparound FSP – Tier II Wraparound is an expansion of the County's current Wraparound program. Tier I Wraparound is intended for children currently in, or at risk of a Residential Care Level (RCL) 10 or above residential placement. Tier II will expand the criteria to include children with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a RCL 10 or above placement. Under the Katie A. Settlement Agreement, the County will offer Wraparound services to a broader population of DCFS children and youth. Over the next five years, 2,800 children will be served in Tier II Wraparound. Children and youth under the sole jurisdiction of Probation are not currently eligible to Tier II Wraparound.

Family Support Services: Family Support Services (FSS) are voluntary mental health support services provided to the significant support persons of a child enrolled in a Full Service Partnership Program. Significant support persons are individuals such as a parent/caregiver/guardian, sibling, family relative or other person living in the same household as the FSP enrolled child who has a significant impact on the success of the child's treatment and outcomes.

### **Covered Age**

- Usually clients in Child FSP are between the ages of 0-15 and all are pre-authorized for enrollment by the service area navigation team and authorized for enrollment by the child countywide authorization unit. Clients older than 15 can be enrolled in Child FSP as long as they are authorized by Countywide Children's System of Care.
- Clients in Wraparound Child FSP are usually between the ages of 0-15 and are authorized for enrollment by an Interagency Screening Committee (ISC).
- All ages covered under Family Support Services.

# **Full Service Partnership (FSP)**

## **(Child FSP)**

### **Target Population(s) / Client Eligibility Requirement**

Children ages 0 – 15 who have a serious emotional disturbance (SED) and are at risk of being removed from the home, who have extreme behavior problems at school, whose parents or caregiver have a substance abuse problem or who are moving back home or into the community after being in an out-of-home placement are the ideal candidates for an FSP program. Children's FSP programs are capable of providing an array of services 24 hours per day, seven days a week that are well beyond the scope of traditional clinic-based outpatient mental health services.

Clients eligible for Wraparound FSP include children with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a Residential Care Level (RCL 10) or above placement. Children and youth under the sole jurisdiction of Probation are not currently eligible to Tier II Wraparound.

Family Support Services clients must be significant support persons (typically family members) of a FSP enrolled child who have their own ongoing mental health needs which require more than collateral mental health services and who has medical but does not meet medical necessity for his/her own services or is uninsured and does not meet target population for his/her own services. FSS provides a full array of clinical services that compliment the FSP program's peer support and parent advocacy services and includes individual, couples and group therapy, psychiatry/medication support, crisis intervention, case management/linkage, and parenting education. Treatment should also incorporate services for substance abuse and domestic violence when appropriate.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

FSP Child - Clients must meet identified focal populations for the age group FSP and be authorized for enrollment by the countywide Children's System of Care. Clients must have a need for intensive mental health services.

Wraparound - Tier II Wraparound FSP clients are authorized for enrollment by an ISC in the service areas. Clients are in need of intensive mental health services and are at risk of a RCL 10 or above placement but might not be imminently at risk of losing their current placement.

Family Support Services: Clients served in FSS are required to be "significant support persons (typically family members)" of a Child-FSP enrollee. FSS clients cannot meet medical necessity to receive their own service through Medi-cal or are uninsured and do not meet target population to receive services elsewhere.

### **Integrated System (IS) Plan**

2047 Child-FSP-MHSA (Mental Health Services Act)  
2107 Wraparound FSP Child  
2050 MHSA Fam Supp Svc

### **Medi-Cal Claimable in IS**

Yes for Child FSP and Wraparound Child FSP  
No for Family Support Services



## **Full Service Partnership (FSP)** **(Child FSP)**

### **Non-Government Agency (NGA) & Directly Operated (DO)**

Yes. Roybal MH and American Indian Counseling Center are only providers for DO Child-FSP and MHSA Family Support Services, the rest of the services are contracted. Wraparound Child FSP is NGA only

### **Claiming Instructions For Provider:**

Clients who are authorized to FSP should be claimed to the plan that corresponds with the age group FSP countywide administration that provided the authorization. Clients authorized for Child FSP should be claimed to the Child-FSP-MHSA plan. Clients that are authorized for Tier II Wraparound FSP should be claimed to FSP-Wraparound Child Plan.

Primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice (for Child FSP only). Community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

Family Support Services clients must be significant support persons of a child currently enrolled in Child FSP. Agencies should establish a clinical record for the significant support persons and does not check the Medi-Cal box. Services may also be claimed through COS. On the COS forms the FSP enrolled child's client ID must be listed under the "agency name" and on the IS Add Community Services screen under the "Service Location Information". All FSS COS claims must also identify the relationship between the FSS recipient and the FSP enrolled child by entering a relationship identifier in the "Service Type Description" field on COS forms and on the IS Add Community Service screen.

### **Responsible Program Staff**

Bryan Mershon, Ph.D., District Chief, Children's System of Care Child MHSA Lead  
Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

***The information listed below is for DMH fiscal use only***

#### **Origin of Funding**

Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

#### **Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service entered into the IS under Child FSP, Family Support Services and Wraparound FSP plans. Include units of service, COS, and invoices for Flex funds.

# **Full Service Partnership (FSP)**

## ***(Transitional Age Youth (TAY) FSP)***

### **Sub-Programs**

FSP-Child

Wraparound Child FSP

Family Support Services

### **FSP-TAY**

### **WRAPAROUND FSP-TAY**

FSP - Adult

Older Adult Full Service Partnership (FSP)

Transitional Age Youth (TAY) Full Service Partnership (FSP):

- is a mental health service program for youth aged 16-25 who would benefit from an intensive field based program designed to address the total needs of the youth, who is experiencing significant, emotional, psychological and behavioral problems that are interfering with the youth's well being.
- provides a wide array of services and supports, to help individuals within defined focal populations make progress on their particular paths to recovery and wellness. Mental health consumers create their own plans for recovery, with support from professionals and peers and 24/7 support to make their plan a reality.
- Each enrollee has a single point of responsibility for the provision of services and supports.
- Is an enrollee based program where a FSP referral form and authorization is required.

Wraparound - Tier Two II Wraparound FSP is an expansion of the County's current Wraparound program. Tier I Wraparound is intended for children currently in, or at risk of a RCL 10 or above residential placement. Tier II will expand the criteria to include children with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a RCL 10 or above placement. Under the Katie A. Settlement Agreement, the County will offer Wraparound services to a broader population of Department of Children and Family Services (DCFS) children and youth. Over the next five years, 2,800 children will be served in Tier II Wraparound. Children and youth under the sole jurisdiction of Probation are not currently eligible to receive Tier II Wraparound.

### **Covered Age**

Usually clients in TAY FSP are between the ages of 16-25 and all are pre-authorized for enrollment by the service area navigation team and authorized for enrollment by the TAY countywide authorization unit. Clients younger than 16 and older than 25 can be enrolled in TAY FSP as long as they are authorized for enrollment by the Countywide TAY Division.

Clients in Wraparound TAY FSP are usually between the ages of 16-21 and are authorized for enrollment by an Interagency Screening Committee (ISC). Clients must have an open case with DCFS and must be eligible for EPSDT.

# **Full Service Partnership (FSP)**

## ***(Transitional Age Youth (TAY) FSP)***

### **Target Population(s) / Client Eligibility Requirement**

Youth who are 16-25, with serious emotional disturbance (SED) or have serious mental illness (SMI) and belong to one of the following priority populations:

- TAY struggling with substance abuse disorders;
- TAY who are homeless or at-risk of homelessness
- TAY aging out of the children's mental health, child welfare, or juvenile justice systems;
- TAY leaving long-term institutional care; or
- TAY experiencing their first episode of major mental illness

Clients eligible for Wraparound FSP include youth with intensive mental health needs that may be in jeopardy of losing their current living situation, but are not at risk of a RCL 10 or above placement. Children and youth under the sole jurisdiction of Probation are not currently eligible for Tier II Wraparound.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

FSP TAY - Clients must meet identified focal populations for the age group and be authorized for enrollment by the countywide TAY Division. Clients must have a need for intensive mental health services.

Wraparound - Tier II Wraparound FSP clients are authorized for enrollment by ISC's in the service areas. Clients are in need of intensive mental health services and are at risk of a RCL 10 or above placement but might not be imminently at risk of losing their current placement.

Primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice (for TAY FSP only). community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

### **Integrated System (IS) Plan**

2114 Wraparound FSP – TAY  
2051 TAY FSP MHSA

### **Medi-Cal Claimable in IS**

Yes

Wraparound FSP TAY is EPSDT only.

### **NGA & DO**

For TAY-FSP NGA

Directly Operated American Indian Counseling Center and West Central Mental Health only  
Wraparound FSP TAY is NGA Only.

# **Full Service Partnership (FSP)**

## ***Transitional Age Youth (TAY) FSP***

**Claiming Instructions For Provider:**

FSP-TAY: Client authorized for enrollment by the countywide age group

Wraparound FSP-TAY: Client authorized for enrollment by an ISC; DCFS involved youth enrolled in Wrap Tier II FSP Program

**Responsible Program Staff**

Terri Boykins, L.C.S.W., District Chief, TAY Division

Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

**Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service entered into the IS under TAY FSP and Wraparound FSP plans. Include units of service (UOS), community outreach services (COS), and invoices for Flex funds.

# **Full Service Partnership (FSP)**

## **(Adult FSP)**

### **Sub-Programs**

FSP-Child

Wraparound Child FSP

Family Support Services

FSP-TAY

Wraparound FSP-TAY

### **FSP - ADULT**

Older Adult Full Service Partnership (FSP)

Adult Full Service Partnership (FSP) programs are designed for adults ages 26-59 who have been diagnosed with a severe mental illness (SMI) and would benefit from an intensive service program. The foundation of FSP is doing “whatever it takes” to help individuals on their path to recovery and wellness. FSP embrace client driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

Adult FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorders. Services can be provided to individuals in their homes, the community and other locations. Peer and caregiver support groups are available. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate.

### **Covered Age**

Usually clients in Adult FSP are between the ages of 26-59 and all are pre-authorized for enrollment by the Service Area Navigation Team and authorized for enrollment by the Adult Countywide Authorization Unit. Clients younger than 26 and older than 59 can be enrolled in Adult FSP as long as they are authorized for enrollment by the Countywide Adult Systems of Care.

### **Target Population(s) / Client Eligibility Requirement**

Consumers eligible for Adult FSP are adults with a serious mental illness who, in the last 12 months have been:

- homeless,
- in jail or have had frequent contact with the criminal justice system,
- experiencing frequent psychiatric hospitalizations or utilizing psychiatric emergency services,
- leaving or at risk of going to an Institution for Mental Disease (IMD) or State Psychiatric Hospital, or
- living with family members and at risk of any of the other criteria listed above.

Services delivered are primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice, and community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

## **Full Service Partnership (FSP)** **(Adult FSP)**

FSP's provide a wide array of services and supports, to help individuals within defined focal populations make progress on their particular paths to recovery and wellness. Mental health consumers create their own plans for recovery, with support from professionals and peers and 24/7 support to make their plan a reality. Each enrollee has a single point of responsibility for the provision of services and supports. FSP referral and authorization form is required.

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients must meet identified focal populations for the Adult FSP and be authorized for enrollment by Adult System of Care (ASOC). Clients have a need for intensive mental health services.

### **Integrated System (IS) Plan**

2054 Adult-FSP-MHSA

### **Medi-Cal Claimable in IS**

YES

### **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA & DO

### **Claiming Instructions For Provider:**

Client authorized for enrollment by the countywide age group Adult Systems of Care.

### **Responsible Program Staff**

Kim Sasaki, MN, District Chief, Adult Systems of Care

Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

***The information listed below is for DMH fiscal use only***

#### **Origin of Funding**

Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

#### **Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service entered into the IS under Adult FSP plan. Include units of service (UOS), community outreach service (COS), and invoices for Flex funds. Back out claims that are charged to Substance Abuse and Mental Health Services (SAMHSA), dual diagnosis or other funding source.

Revised 11/03/2010

# **Full Service Partnership (FSP)**

## ***(Older Adult FSP)***

### **Sub-Programs**

FSP-Child

Wraparound Child FSP

Family Support Services

FSP-TAY

Wraparound FSP-TAY

FSP-Adult

### **OLDER ADULT FULL SERVICE PARTNERSHIP (FSP)**

Older Adult Full Service Partnership (FSP) are comprehensive, intensive services for persons 60 and above who have been diagnosed with a mental illness and are interested in participating in a program designed to address their emotional, physical and living situation needs. FSP Programs are capable of providing an array of services beyond the scope of traditional outpatient services.

### **Key Components**

- FSP provides specialty mental health services designed to meet the unique biopsychosocial needs of older adults ages 60 and above.
- FSP are provided in settings that are often preferred by older adults, for example in the home of the older adult, or in other community settings such as senior centers or senior housing complexes, or primary care settings.
- FSP are provided by multi-disciplinary teams of professional and paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with older adults.

### **Covered Age**

Usually clients in Older Adult FSP are 60 years of age and older and all are pre-authorized for enrollment by the Older Adult Centralized Impact Unit and authorized for enrollment by the Older Adult Countywide Authorization Unit. Clients younger than 60 can be enrolled in Older Adult FSP as long as they are authorized for enrollment by the Older Adult Programs Administration.

### **Target Population(s) / Client Eligibility Requirement**

- Older adults, ages 60 and above with a serious and persistent mental illness: who are homeless or at serious risk of becoming homeless
- who are being released from jail or at serious risk of going to jail
- who have multiple psychiatric hospitalizations or are in an Institution for Mental Disease (IMD)
- who experience significant factors such as risk of being placed in a Skilled Nursing Facility (SNF), have a co-occurring medical or substance abuse disorders, and are unable to participate in services provided in traditional mental health clinic programs, may be eligible to participate in FSP

Services delivered are primarily field based outpatient services. Includes Mental Health Services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention), flex funds by invoice, and community outreach service (COS) is claimed for outreach to potential FSP clients prior to enrollment.

# **Older Adult Full Service Partnership (FSP)**

## **(Older Adult FSP)**

**Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients must meet identified focal populations for the Older Adult FSP and be authorized for enrollment by Older Adult Program Administration. Clients have a need for intensive mental health services.

**Integrated System (IS) Plan**

2057 Older Adult FSP MHSA

**Medi-Cal Claimable in IS**

YES

**Non-Government Agency (NGA) & Directly Operated (DO)**

NGA & DO (only directly operated OA FSP is American Indian Counseling Center)

**Claiming Instructions For Provider:**

Client authorized for enrollment by Older Adult Programs Administration

**Responsible Program Staff**

Kathleen Kerrigan, R.N., L.C.S.W., District Chief, Older Adult Administration

Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Services Act (Proposition 63) - Community Services and Supports (CSS) Plan. 50% of total CSS funds must be dedicated to funding related to Full Service Partnerships.

**Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service entered into the IS under Older Adult FSP plan. Include units of service (UOS), community outreach service (COS), and invoices for Flex funds. Back out claims that are charged to Substance Abuse and Mental Health Services Administration, dual diagnosis or other funding source.

Revised 10/20/10



# **General Relief Opportunities for Work (GROW) Program**

## **Sub-Programs**

GROW

Department of Mental Health (DMH) has a Memorandum of Understanding with the Department of Public and Social Services (DPSS) to provide mental health services to General Relief participants enrolled in the welfare-to-work program, "General Relief Opportunities for Work (GROW)." General Relief participants who are deemed "employable" participate in various components of the GROW program in order to return to work and become self-sufficient. If at any time the GROW participant exhibits significant mental health symptoms which may disrupt progress towards employment, the participant may be referred to a DMH clinician for a GROW clinical assessment. If it is determined that mental health treatment may assist in removing mental health barriers to employment, the participant receives an appointment for services at a directly-operated clinic or at one of three contract agencies. GROW participants are not required to meet Medi-Cal requirements in order to receive services through DMH.

## **Covered Age**

18 - 59

## **Target Population(s) / Client Eligibility Requirement**

The targeted population served by the GROW Program is General Relief Participants enrolled in the DPSS "General Relief Opportunities for Work" program, which assists them in developing skills to return to employment and self-sufficiency, DPSS determines GROW eligibility. Participants are adults aged 18-59 with no dependents.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

All DPSS General Relief participants who are deemed "employable" by DPSS are considered eligible for GROW Mental Health Services. GROW participants are referred to DMH co-located staff for an assessment to determine the need for mental health services. If the participant needs mental health treatment they are referred to a directly-operated clinic or contract agency where they will receive mental health services reimbursed by DPSS. The clients must be enrolled in GROW plan to receive Mental Health treatment.

## **Integrated System (IS) Plan**

2013 GROW

## **Medi-Cal Claimable in IS**

No

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA & DO

## **Claiming Instructions For Provider:**

All clinical staff claims community outreach and education through community outreach service (COS) as well as Outpatient Treatment Service.

# General Relief Opportunities for Work (GROW) Program

## **Responsible Program Staff**

CalWORKs/DPSS Co-Located/GROW District Chief, Dolores Daniel, and Mental Health Clinical Program Head, Sylvia Braswell, oversee the GROW Program.

*The information listed below is for DMH fiscal use only*

## **Origin of Funding**

Funding for this program is made available through a contract with DPSS.

## **Department of Mental Health (DMH) Claiming for Reimbursement**

DMH claiming a portion of clinical time through the provision of outpatient, Clinical Assessment Appointment, salaries and benefits and services and supplies to DPSS.

Revised 10/25/2010

# **Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) – Department of Community and Senior Services – Adult Protective Services**

## **Sub-Programs**

GERIATRIC EVALUATION NETWORK ENCOMPASSING EVALUATION, SERVICES, INTERVENTION AND SUPPORT (GENESIS) – DEPARTMENT OF COMMUNITY AND SENIOR SERVICES – ADULT PROTECTIVE SERVICES

Under a Memorandum of Understanding (MOU) signed by the Department Heads of Department of Mental Health (DMH) and Department of Community & Senior Services (DCSS), the DMH – Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) program will provide bio-psycho-social and geriatric mental health evaluation and treatment services to clients referred by DCSS' APS (Adult Protective Services) as specified under the referral stipulations of the MOU, with the annual funding of \$71,000.

## **Covered Age**

Older Adults 60 years of age and above

## **Target Population(s) / Client Eligibility Requirement**

Indigent Older adults age 60 and above who meet State Medi-Cal included primary diagnosis criteria

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

APS referring worker contacts GENESIS Officer of the Day and completes a referral form to be reviewed by program supervisor. Staff will be assigned to conduct a face-to-face evaluation of the client to determine if client meets medical necessity and included diagnosis criteria for case opening.

## **Integrated System (IS) Plan**

2034 APS-DCSS

## **Medi-Cal Claimable in IS**

Yes. Clients with Medi-Cal benefits who meet State Medic-Cal medical necessity criteria and were provided eligible reimbursable services will be billed to Medi-Cal.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

DO

## **Claiming Instructions For Provider:**

Claims are reported and identified under DCSS-APS Plan of the IS.

## **Responsible Program Staff**

John Green, LCSW, GENESIS Program Head

# **Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) – Department of Community and Senior Services – Adult Protective Services**

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

DCSS - APS

**Department of Mental Health (DMH) Claiming for Reimbursement**

DMH to be paid by Community Services and Supports (CSS)-APS by Departmental Service Order (DSO) and based on the IS claim amount.

# HUD VA SUPPORTIVE HOUSING (HUD VASH)

## **Sub-Programs**

HUD VA Supportive Housing – HUD VASH

On September 30, 2013, DMH received notification from the Department of Veteran Affairs (VA) of a grant award in the amount of \$2,889,600, for the Housing First Assertive Community Treatment Program. This grant is a partnership between the U.S. Department of Housing and Urban Development (HUD) and the VA Supportive Housing (VASH) program to place and maintain Veterans in permanent, community based housing using HUD Section 8 Housing Choice Vouchers, which are paired with ongoing case management services. This is a new Federal grant and not a sub-program of an existing program in the IS.

## **Covered Age**

18 and above

## **Target Population(s) / Client Eligibility Requirement**

Clients must be chronically homeless and mentally ill Veterans residing in Los Angeles County. Acceptance into the Program must be approved by the VA based on the above listed criteria.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

DMH will outreach and engage chronically homeless mentally ill Veterans, and client eligibility/enrollment will be determined and authorized by the VA.

## **Integrated System (IS) Plan**

HUD VASH

## **Medi-Cal Claimable in IS**

No.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

DO – will be able to record services in the IS, but not to submit claim through IS. Once established, the services will be claimed through VA electronic data system.

## **Claiming Instructions For Provider:**

N/A.

## **Responsible Program Staff**

Carl P. McKnight, Psy.D.,  
Mental Health Clinical Program Head

# HUD VASH

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

The HUD VASH is a federal grant and funded by the Department of Veteran Affairs.

**Department of Mental Health (DMH) Claiming for Reimbursement**

DMH will submit monthly manual invoice to the Department of Veteran Affairs at the beginning of the program until the ability to claim through VA electronic data system is established.

# Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Program

## Sub-Programs

HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PROGRAM

Target Population who are indigent that are either HIV positive or have AIDS. The Department Service Order (DSO) is funded by Los Angeles County Department of Public Health from the Office of Aids Programs and Policy (OAPP) through the Ryan White Act.

## Covered Age

All

## Target Population(s) / Client Eligibility Requirement

Client must be HIV/AIDS positive, be indigent, and meet medical necessity.

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

This plan should only be used for services delivered by OAPP funded staff at assigned clinics (currently Harbor-UCLA, Hollywood, and Long Beach) for clients meeting the target population.

## Integrated System (IS) Plan

2014 HIV/AIDS Indigent Program

## Medi-Cal Claimable in IS

No

## Non-Government Agency (NGA) & Directly Operated (DO)

DO

## Claiming Instructions For Provider:

HIV Unit of Service (UOS) in the Integrated System

## Responsible Program Staff

Ingrid Marchus

*The information listed below is for DMH fiscal use only*

### Origin of Funding

Realignment or OAPP through the Ryan White Act

### Department of Mental Health (DMH) Claiming for Reimbursement

OAPP – Departmental Service Order (DSO)

UOS or Salary and Employee Benefits

Revised 11/15/2010

# **In-Jail Treatment and Linkage a.k.a. California Emergency Management Agency (CalEMA) & Bureau of Justice Assistance (BJA)**

## **Sub-Programs**

CALEMA

BJA-IN JAIL TREATMENT & LINKAGE

The purpose is to promote community reintegration, reduce recidivism and increase stability in the areas of mental health, sobriety, and pro-social decision making by providing expanded comprehensive jail in-reach mental health and supportive services and individualized discharge planning services prior to release and at release linkage to appropriate community based services as they transition back into the community.

## **Covered Age**

18+

## **Target Population(s) / Client Eligibility Requirement**

Adult forensic population

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

## **Integrated System (IS) Plan**

2115 CalEMA

2118 BJA-In Jail Treatment & Linkage

## **Medi-Cal Claimable in IS**

No

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA – SSG only

## **Claiming Instructions For Provider:**

Bill unit of services into IS only

By SSG and Sheriff Department

## **Responsible Program Staff**

Edward Vidaurri, District Chief

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Sheriff's Department Budget

### **Department of Mental Health (DMH) Claiming for Reimbursement**

DMH will submit claims to the Sheriff's Department for reimbursement.

Revised 02/22/2011



# Innovation – Integrated Clinic Model (ICM)

## **Sub-Programs:**

### **INNOVATION – INTEGRATED CLINIC MODEL (ICM)**

The purpose of INN ICM is to integrate culturally and linguistically appropriate physical health, mental health, and substance use disorder services at primary care and/or mental health sites for individuals who are over the age of 18 and are:

- homeless;
- uninsured and economically disadvantaged; and
- members of under represented ethnic populations.

Clients served by this program may be indigent and, therefore, benefits establishment will be expected.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

The eligibility criteria for ICM clients are as follows:

1. Each proposed site is expected to provide services to a minimum of 400 unduplicated adult (over age 18) ICM clients during the contract period (3-year) in one or more of the eight DMH defined service areas.
2. Each proposed site must have a minimum of 100 active (at least one service every 60 days) clients at any given time.
3. ICM clients must have at least one health condition or vulnerability that requires ongoing primary care and must meet Medi-Cal medical necessity criteria for receiving specialty mental health services.
4. All clients must be economically disadvantaged and uninsured (i.e., with no third party health insurance at the time of enrollment).
5. At least 50% of eligible individuals enrolled in the ICM program will have a medical condition that falls in one or more of the following categories:
  - a. Cardiopulmonary (e.g. hypertension, hyperlipidemia, other cardiovascular conditions, asthma, emphysema, COPD);
  - b. diabetes and/or obesity; or
  - c. sexually transmissible diseases (e.g., HIV, AIDS, hepatitis).
6. At least 25% of unduplicated clients treated by the ICM program must meet the criteria for one of the following diagnostic categories based on DSM IV TR: psychotic disorders, bipolar disorders, major depressive disorders, and severe anxiety disorders.
7. At least 25% of clients served must have at least one co-occurring substance use disorder
8. At least 25% must be specified as a member of an underrepresented ethnic population (*African/African American, Native American, Asian/Pacific Islander, Eastern European/Middle Eastern, and Latino*).
9. At least 15% of clients served must meet criteria for homelessness at the time of enrollment.
10. At least 50% of the individuals must be new to the clinic site, i.e., have not received any type of services at the clinic site in the last 5 years. Of the 50%, 20% shall be referrals from DMH programs.

Based on the foregoing, some clients may not have any benefits and, therefore, benefits assessment and benefits establishment will be required.

## **Innovation – Integrated Clinic Model (ICM)**

### **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

This is not an enrollee-based program; however, as indicated above, paragraphs 1-10, clients must meet the criteria for a mental illness, a medical condition and/or substance use disorder.

### **Integrated System (IS) Plan:**

2128 INN - Integrated Clinic Model

### **Medi-Cal Claimable in IS:**

Medi-Cal will be claimed for this plan. COS (Mode 45) will also be claimed.

### **Non-Government Agency (NGA) & Directly Operated (DO):**

This plan is only available to NGA providers.

### **Claiming Instructions For Provider:**

Provider claims all Mode 15 and 45 services to this IS plan. Provider will invoice Client Supportive Services through Mode 60 invoicing.

### **Responsible Program Staff:**

Nancy Kless

Anna Bruce

Debbie Innes-Gomberg

# Innovation – Integrated Mobile Health Team (IMHT)

## **Sub-Programs:**

INNOVATION – INTEGRATED MOBILE HEALTH TEAM (IMHT)

The IMHT will provide integrated mental health, physical health and substance abuse services by one team who work for one agency or under one point of supervision, operate under one set of administrative and operational policies and procedures and use an integrated medical record.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

The target population for the IMHT is individuals with Severe Mental Illness (age 18 years or older) or Serious Emotional Disturbance (under the age of 18) including those with co-occurring substance abuse and physical health issues who are homeless. The IMHT will also provide supportive services to family members of those served by the IMHT if needed.

Clients served by this program may be indigent or have benefits. Benefits establishment will be expected for clients who are eligible to receive them.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

The IMHT team will identify individuals with SMI or SED that meet Medi-Cal medical necessity criteria for receiving specialty mental health services who are homeless and have other vulnerabilities. Vulnerabilities include but are not limited to age, years homeless, substance abuse and/or other physical health conditions that require ongoing primary care such as diabetes, hypertension, cardiovascular disease, asthma or other respiratory illnesses, obesity, cancer, arthritis and chronic pain.

## **Integrated System (IS) Plan:**

2130 INN-Integrated MOBILE HLTH Tm

## **Medi-Cal Claimable in IS:**

Medi-Cal will be claimed for this plan. COS (Mode 45) will also be claimed.

## **Non-Government Agency (NGA) & Directly Operated (DO):**

This plan is only available to NGA providers that receive Innovation IMHT funding.

## **Claiming Instructions For Provider:**

Provider claims all Mode 15 and 45 services to this IS plan. Provider will invoice Client Supportive Services through Mode 60 invoicing.

## **Responsible Program Staff:**

Maria Funk, District Chief  
Lise Ruiz, Program Manager  
Debbie Innes-Gomberg

Revised 03/01/2011

# Innovation – Integrated Peer-Run Model

## **Sub-Programs:**

INNOVATION – INTEGRATED PEER-RUN MODEL

The Integrated Peer Run Model will provide peer support and linkage services to integrated mental health, physical health and substance abuse services.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

The target population is individuals with Severe Mental Illness age 18 years or older.

Clients served by this program may be indigent or have benefits but services will not be billed to Medi-Cal.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

### **Integrated System (IS) Plan:**

2132 INN-Integrated Peer Run Model

### **Medi-Cal Claimable in IS:**

COS (Mode 45) will be claimed for all services. Providers will also be able to utilize Client Supportive Services funds through Mode 60 billing.

### **Non-Government Agency (NGA) & Directly Operated (DO):**

This plan is only available to NGA providers that receive Innovation Integrated Peer Run Model funding.

### **Claiming Instructions For Provider:**

Provider claims all services to Mode 45. Provider will invoice Client Supportive Services through Mode 60 invoicing.

### **Responsible Program Staff:**

Scott Hanada

Debbie Innes-Gomberg

# Innovation – Integrated Services Management Model (ISM)

## **Sub-Programs:**

INNOVATION – INTEGRATED SERVICES MANAGEMENT MODEL (ISM)

The INN ICM program will serve adults, ages 18 and above, focusing on providing traditional and culturally relevant non-traditional mental health and supportive services, including linkage to health and substance abuse services.

Clients served by this program may be indigent or have benefits and benefits establishment will be expected.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

Clients served by this program must have a mental illness, be 18 or above and may or may not have benefits and will be from specific ethnic populations.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

This is not an enrollee-based program; however, clients must have a mental illness and either a medical condition and/or substance use disorder.

## **Integrated System (IS) Plan:**

2129 INN - Integrated Srv Mgmt Mode

## **Medi-Cal Claimable in IS:**

Medi-Cal will be claimed for this plan. COS (Mode 45) will also be claimed.

## **Non-Government Agency (NGA) & Directly Operated (DO):**

This plan is only available to NGA providers.

## **Claiming Instructions For Provider:**

Provider claims all Mode 15 and 45 services to this IS plan. Provider will invoice Client Supportive Services through Mode 60 invoicing.

## **Responsible Program Staff:**

Tara Yaralian

Debbie Innes-Gomberg

Revised 03/01/2011

# Institutions for Mental Disease (IMD) Step Down

## **Sub-Programs**

IMD STEP DOWN

Institutions for Mental Disease (IMD) Step Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations.

## **Covered Age**

Covers individuals who are 18 years of age and over.

## **Target Population(s) / Client Eligibility Requirement**

The program serves 171 individuals who are 18 years of age and over, the majority of who are persons ready for discharge from IMD's, acute psychiatric units, jails, or those who are at risk of being placed in these higher levels of care.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

The program targets individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent community living. IMD Step Down facilities provide housing and recovery-based intensive and supportive services in community-based residential settings.

## **Integrated System (IS) Plan**

2056 MHSA IMD Step Down Facilities

## **Medi-Cal Claimable in IS**

Yes, Medi-Cal Claimable in IS. Claimed to the Plan.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA

## **Claiming Instructions For Provider:**

Countywide Resource Management refers ready for discharge from IMD's, being discharged from acute psychiatric inpatient units or intensive residential facilities.

## **Responsible Program Staff**

Mary Marx, LCSW, District Chief, Countywide Resource Management

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, FFP- Medi-Cal.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Claims Medi-Cal and Supportive Services/Invoice billing. MHSA, COS, Medi-Cal EPSDT and Non EPSDT, Flex Funds.

Revised 10/20/2010

# **Institutions for Mental Disease (IMD) Step Down– County General Fund (CGF)**

## **Sub-Programs**

IMD STEP DOWN - CGF

Institutions for Mental Disease (IMD) Step Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations.

## **Covered Age**

18 years of age and over.

## **Target Population(s) / Client Eligibility Requirement**

The program serves 171 individuals who are 18 years of age and over, the majority of who are persons ready for discharge from IMDS, acute psychiatric units, jails, or those who are at risk of being placed in these higher levels of care.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

The program targets individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent community living. IMD Step Down facilities provide housing and recovery-based intensive and supportive services in community-based residential settings.

## **Integrated System (IS) Plan**

2119 - IMD Step Down – CGF

## **Medi-Cal Claimable in IS**

Yes, Medi-Cal claimable in IS. Claimed to the Plan.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

N/A

## **Claiming Instructions For Provider:**

Countywide Resource Management (CRM) refer ready for discharge from IMD's, being discharged from acute psychiatric inpatient units or intensive residential facilities.

## **Responsible Program Staff**

Mary Marx, LCSW, District Chief, Countywide Resource Management

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Mental Health Services Act (Proposition 63), FFP- Medi-Cal.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

N/A

Revised 02/02/2011

# Integrated Care Program (ICP)

## **Non-Government Agency (NGA) & Directly Operated (DO):**

NGA                       DO                       Both NGA & DO

## **Sub-Programs:**

Non-Applicable.

## **Funded Program/Subprogram Purpose:**

Under the Mental Health Services Act, Community Service and Supports Plan; the Integrated Care Program (ICP) is designed to improve access to quality services for individuals with co-occurring mental health, physical health, and substance use disorders.

ICP shall include two (2) approaches in providing integrated care through an array of services that will support the recovery and wellness of clients served:

- Integrated Care Program: Integrated Clinic (ICP:IC) will fully address the spectrum of needs of individuals who are homeless, uninsured, and/or members of underrepresented ethnic populations (UREP) by integrating physical health, mental health, and substance use disorders services in primary care and mental health sites.

**AND**

- Integrated Care Program: Community Designed Integrated Services Management Model (ICP/ISM) will require collaboration and partnership between formal health providers (physical health, mental health and substance abuse) and non-traditional service providers, which provide community defined services. The collaborative will be grounded in ethnic communities and have a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations, voluntary associations and other service groups. The collaborative will work together to provide integrated mental health, physical health, substance abuse and non-traditional services to a targeted UREP. There will also be a strong emphasis on culturally appropriate outreach and engagement services.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

- The ICP:IC target population should be comprised of individuals with at least one health condition (e.g. diabetes, hypertension, cardiovascular disease, asthma or other respiratory illnesses, obesity, cancer, arthritis and chronic pain) who require on-going primary care and meet Medi-Cal medical necessity criteria for receiving specialty mental health services.
- The ICP/ISM target population should be comprised of individuals that meet Medi-Cal medical necessity criteria for receiving specialty mental health services and demonstrate a chronic medical condition requiring on-going care and/or co-occurring substance abuse disorder(s). Qualifying chronic medical conditions can include, but are not limited to, the following: cardiopulmonary conditions, hypertension, hyperlipidemia, cardiovascular conditions, asthma, emphysema, chronic obstructive pulmonary disease, diabetes, obesity, sexually transmitted diseases and chronic pain. The targeted UREPs include the following: African/African American, American Indian/Alaska Native, Asian Pacific Islander, Eastern European/Middle Eastern, Latino and LGBTQ. The ICP/ISM program will serve all ages.



# Integrated Care Program (ICP)

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

ICP:IC staff with expertise in mental health, physical health and substance abuse shall complete an integrated assessment for each individual prior to initiating ongoing ICP:IC services. The Office of the Medical Director (OMD) will review and verify eligibility. Enrollment/eligibility is determined with the following criteria;

- 25% must meet the criteria for one of the following diagnostic categories based on DSM IV TR: psychotic disorders, bipolar disorders, major depressive disorders, and severe anxiety disorders.
- 25% must have at least one co-occurring substance use disorder.
- Individuals with at least one health condition (e.g. diabetes, hypertension, cardiovascular disease, asthma or other respiratory illnesses, obesity, cancer, arthritis and chronic pain) who require on-going primary care and meets Medi-Cal medical necessity criteria for receiving specialty mental health services.
- A minimum of 15% shall be a member of a specified under represented ethnic population (UREP) (African/African American, Native American, Asian/Pacific Islander, Eastern European/Middle Eastern, Latino, and LGBTQ).
- At a minimum 15% must meet criteria for homelessness at the time of enrollment.

ICP/ISM staff with expertise in mental health, physical health and substance abuse shall complete an integrated assessment for each individual prior to initiating ongoing ICP/ISM services. Tracking forms verifying eligibility and enrollment/dis-enrollment must also be submitted to Program Support Bureau/Quality Improvement Division (PSB/QID).

In order to be eligible for the ICP/ISM program, clients must meet the following criteria;

- Meet Medi-Cal medical necessity criteria for receiving specialty mental health services
- Demonstrate a chronic medical condition requiring on-going care (e.g. cardiopulmonary conditions, hypertension, hyperlipidemia, cardiovascular conditions, asthma, emphysema, chronic obstructive pulmonary disease, diabetes, obesity, sexually transmitted diseases and chronic pain, etc.) and/or co-occurring substance abuse disorder(s)
- Meet the diagnostic criteria based on the DSM IV-TR
- Be a member of a specified UREP (e.g. African/African American, American Indian/Alaska Native, Asian Pacific Islander, Eastern European/Middle Eastern, Latino and LGBTQ)
- Have a history of being unserved, underserved or inappropriately served by physical health, mental health or substance abuse providers
- Lack access to culturally and linguistically appropriate services that address stigma
- At least 25-50% of clients must be indigent/uninsured

## **Integrated System (IS) Plan:**

The IS Plan ID# for the Integrated Care Program under MHA is TBD. The plan ID was made effective July 1, 2015 and shall remain effective until July 1, 2030 unless otherwise extended.

# Integrated Care Program (ICP)

## **Medi-Cal Claimable in IS (check all that apply):**

Services provided by the ICPs (IC and ISM) meet the Standards of Care as determined by DMH and, at a minimum, include the following:

- Comprehensive assessment, including physical health care, mental health and substance abuse needs
- Individual and group treatment
- Medication management
- Targeted Case Management
- Collateral Support
- Benefits (re) establishment
- Recovery-based self-help and support groups
- Employment and vocational

Medi-Cal Services  Non-Medi-Cal Services  Manual Billing

## **Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

### **24 Hour Services**

Residential  Inpatient

### **Day Services**

Crisis Stabilization  Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services

### **Outpatient Services**

Mental Health Services – Individual (No Psych Test)  Mental Health Services – Group  
 Psychological Testing  Medication Support Services  Targeted Case Management  
 Crisis Intervention  TBS  ICC and IHBS  MAT

### **Community Client Services**

Mental Health Promotion  Community Client

### **Support Services**

Case Management Support

## **Claiming Instructions For Provider:**

Contracted providers receiving funding to provide ICP services should claim these services to the MHSA/CSS IS plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division including the Short Doyle/MC Organizational Provider's Manual and the Guide to Procedure Codes.

# Integrated Care Program (ICP)

## **Responsible Program Staff:**

The MHSa CSS ICPs plan will be under the Office of the Medical Director and Program Support Bureau. The lead for the ICP:IC Program is Anna Bruce (OMD), Health Program Analyst III. The lead for the ICP/ISM Program is Mirtala Parada-Ward (PSB/QID), Mental Health Clinical Program Head. Inquiries regarding programmatic concerns and issues for ICP:IC should be directed to Veronica Quintana (OMD) at (213) 351-6033 or [vquintana@dmh.lacounty.gov](mailto:vquintana@dmh.lacounty.gov) and for ICP/ISM should be directed to Neelofer (Nina) Tayyib (PSB/QID), at (213) 251-6806 or [ntayyib@dmh.lacounty.gov](mailto:ntayyib@dmh.lacounty.gov).

*The information listed below is for DMH Fiscal use only:*

### **Origin of Funding**

Funding for the ICPs under this plan will include MHSa Indigent/COS, Manual Invoice (CSS), Non-EPSDT Medi-Cal, EPSDT Medi-Cal, and MCE.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Revised 4-13-15

# Jail Transition and Linkage Services

## **Sub-Programs**

JAIL TRANSITION AND LINKAGE SERVICES

Jail Transition and Linkage Services: Jail transition and linkage services are designed to outreach and engage individuals involved in the criminal justice system and receiving services from jail or jail-related services and successfully link them to community-based services upon their release back to the community. The program addresses the needs of individuals involved with criminal justice system by providing assessment, outreach support, advocacy, linkage and interagency collaboration while they are in jail and also includes services for clients recently released from jail at the Women's Community Reintegration Program out in the community.

## **Covered Age**

18+

## **Target Population(s) / Client Eligibility Requirement & Covered Age**

Adults who have been incarcerated or are involved with the criminal justice system. These individuals would benefit from linkage to mental health services in the community or transitional mental health services upon release.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Any services to clients receiving jail linkage services by MHSA jail linkage staff are able to claim to this plan. This only includes services provided by jail linkage staff in Jail Mental Health Services, Mental Health Court Linkage Program and the Women's Community Reintegration Program. SSG is only contractor that has some dollars for Jail linkage that they claim by invoice.

## **Integrated System (IS) Plan**

2061 Jail-Transition/Linkage-MHSA

## **Medi-Cal Claimable in IS**

Yes (Women's Reintegration only)

## **Non-Government Agency (NGA) & Directly Operated (DO)**

DO & Special Services for Groups (SSG) by invoice

## **Claiming Instructions For Provider:**

Individuals involved in the criminal justice system and receiving services from jail or jail-related services. Women's Community Reintegration Program provides mental health services (i.e. individual or group therapy and rehab, targeted case management, medication support services and crisis intervention). Directly operated Jail Linkage teams and the mental health court program claim community outreach services for their outreach and linkage services, and SSG claims by invoice only.

## **Responsible Program Staff**

Maria Funk, Ph.D., District Chief, Countywide Housing, Employment and Education Resource Development

Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

## Jail Transition and Linkage Services

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Service Act (MHSA) – Proposition 63, State income tax portion remitted by the State Controller.

**Department of Mental Health (DMH) Claiming for Reimbursement**

Only the jail linkage programs including the mental health court linkage program and the Women's Community Reintegration Program can claim to this plan. SSG is only contractor that has an allocation for Jail linkage that they claim by invoice.

# Juvenile Justice Co-Occurring Disorders

## **Sub-Programs**

JUVENILE JUSTICE CO-OCCURRING DISORDERS

To address substance abuse issues for youth in the juvenile halls in accordance with the Department of Justice (DOJ) Settlement Agreement.

## **Covered Age**

9 - 19

## **Target Population(s) / Client Eligibility Requirement & Covered Age**

Youth incarcerated in the juvenile halls under the age of 19 whose primary diagnosis is a substance abuse disorder.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Youth are referred by the Probation Department according to Probation Department Directive 1162 – Substance Abuse Services in the Juvenile Hall.

## **Integrated System (IS) Plan**

2081 DOJ Co-Occurring Disorders

## **Medi-Cal Claimable in IS**

No

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA

## **Claiming Instructions For Provider:**

NGA = Units of Service (UOS) in the IS

## **Responsible Program Staff**

Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

CGF = County General Fund (DOJ funding from the Probation Department)

### **Department of Mental Health (DMH) Claiming for Reimbursement**

DMH submit claims /services to the Probation Department

Revised 02/02/2011

# Juvenile Justice Crime Prevention Act (JJCPA, formerly Schiff-Cardenas)

## Sub-Programs

MHSAT = MENTAL HEALTH SCREENING ASSESSMENT AND TREATMENT

MST = MULTI SYSTEMIC THERAPY

To provide mental health screening, assessment and treatment to youth in the juvenile halls and camps. To provide Multi Systemic Therapy to high risk Probation youth in the community.

## Covered Age

9 - 19

## Target Population(s) / Client Eligibility Requirement & Covered Age

MHSAT youth under the age of 19 incarcerated in the juvenile halls

MST youth under the age of 19 in the community with high criminal risk factors

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

MHSAT youth incarcerated in the juvenile halls who meet medical necessity.

MST youth in the community with high criminal risk factors referred by School-based Probation officers.

## Integrated System (IS) Plan

2024 Schiff-Cardenas MHSAT

2049 Schiff-Cardenas MST

## Medi-Cal Claimable in IS

No

## Non-Government Agency (NGA) & Directly Operated (DO)

MHSAT = NGA and Directly-operated

MST = NGA only

## Claiming Instructions For Provider:

NGA = Units of Service (UOS) in the Integrated System (IS)

Directly operated = Salary & Employee Based (S&EB)

## Responsible Program Staff

Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

*The information listed below is for DMH fiscal use only*

### Origin of Funding

State funding overseen by the California Standards Authority (CSA)

Allocated on a yearly basis to the Probation Department

### Department of Mental Health (DMH) Claiming for Reimbursement

DMH invoices the Probation Department

Revised 11/10/2010

# Juvenile Justice Functional Family Therapy (FFT)

## **Sub-Programs**

Title IV E (youth exiting group homes)

CGF (school-based Probation youth)

To address Probation youth who are at high risk of placement out of their homes either in congregate care or incarcerated. Strengthens youth and their families to improve outcomes.

## **Covered Age**

9 - 19

## **Target Population(s) / Client Eligibility Requirement & Covered Age**

Title IV E funded program is for youth under the age of 19 who are transitioning out of group home back into the community

County General Fund (CGF) funded FFT program is for youth under the age of 19 who are referred by school-based probation

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Title IV E = Youth exiting group homes who are at risk of re-entering out of home placement

CGF = Youth referred by school-based probation who are at risk of out of home placement

## **Integrated System (IS) Plan**

2071 Probation FFT

2127 PROBATION MST TITLE IV E

1000 CGF

## **Medi-Cal Claimable in IS**

Yes for Title IV E, No for County General Fund (CGF)

## **NGA & DO**

NGA Starview and Shields

## **Claiming Instructions For Provider:**

NGA = Units of Service (UOS) in the Integrated System (IS)

## **Responsible Program Staff**

Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

EPSDT, Title IV E

Part of the Title IV E Capped Allocation Demonstration Project

### **Department of Mental Health (DMH) Claiming for Reimbursement**

DMH invoices the Probation Department

Revised 11/10/2010



# **Juvenile Justice Functional Family Therapy (FFT)** **(2<sup>nd</sup> Chances Grant for Adult Juvenile Offender)**

## **Sub-Programs**

### **2<sup>ND</sup> CHANCES GRANT FOR ADULT JUVENILE OFFENDER**

The Los Angeles County Chief Executive Office (CEO) applied for and was awarded a 2<sup>nd</sup> Chances Grant by the U.S. Department of Justice effective October 1, 2010. The Grant is designated to serve high-risk, high-need youth experiencing Juvenile Justice (JJ) involvement. As a component of a Countywide Gang Violence Reduction Initiative (GVRI) initiated by Board directive in 2009; an interdepartmental, multiagency collaborative has been formed to develop and implement a pilot project, The Probation Youth Community Transition Project (PYCT). This project has a primary focus on four (4) geographic areas of Los Angeles County that have high needs for coordinated gang-intervention strategies (public health, mental health, and human services). The four areas are Pacoima, Monrovia-Duarte, Florence-Firestone, and Harbor-Gateway; and correspond to DMH Service Areas 2, 3, 6, and 8 respectively.

## **Covered Age**

Transitional Age Youth (TAY). Using 2nd Chances Grant funding, Functional Family Therapy (FFT) services will target up to 125 youth aged 14 - 18 who are exiting probation camps and returning to their communities in the four (4) Demonstration Project areas.

## **Target Population(s) / Client Eligibility Requirement**

This plan primarily targets youth who are transitioning out of the Los Angeles County Juvenile Probation Camps and back into their home communities in the demonstration site areas.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

The focus centers on engagement of youth prior to release from camp, case coordination, service delivery, "barrier busting," timely access to public entitlements, resource access, ongoing services and supports to these high risk youth and their families, and ongoing evaluation of project effectiveness. Each demonstration site area is led by a Site Coordinator; recruited and selected by Probation and CEO through a rigorous process to ensure high levels of professional experience serving the target population as well as proven effectiveness with establishing collaborative partnerships with public and Community-based organizations. A Multi-Disciplinary Team (MDT) approach is used to plan and inform recommendations and service delivery decisions for each individual youth case.

## **Integrated System (IS) Plan**

2123 2<sup>nd</sup> Chances Grant – FFT

## **Medi-Cal Claimable in IS**

No.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA Only.

## **Claiming Instructions For Provider:**

NGA = Units of Service (UOS) and Community Outreach Services (COS)

# **Juvenile Justice Functional Family Therapy (FFT)**

## ***2<sup>nd</sup> Chances Grant for Adult Juvenile Offender***

### **Responsible Program Staff**

Terri Boykins, L.C.S.W., District Chief, TAY Division

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

2<sup>nd</sup> Chances Grant by the United States (US) Department of Justice

### **Department of Mental Health (DMH) Claiming for Reimbursement**

DMH invoice services to County Chief Executive Office (CEO) by Direct Service Order (DSO).

# Juvenile Justice Supportive & Therapeutic Options Program (STOP)

## **Sub-Programs**

JUVENILE JUSTICE SUPPORTIVE & THERAPEUTIC OPTIONS PROGRAM (STOP)

To provide mental health services to youth at risk of out of home placement in the juvenile halls, camps and community. Eligible youth do not have any other benefits which could be accessed to pay for these services.

## **Covered Age**

9-19

## **Target Population(s) / Client Eligibility Requirement**

Youth under the age of 19 who are in need of supportive and therapeutic services to prevent entry or re-entry into out-of-home placement. Children/youth transitioning from the Probation system back to their homes and communities.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Eligible clients are involved in the Probation system and meet medical necessity criteria for mental health services.

## **Integrated System (IS) Plan**

2027 STOP

## **Medi-Cal Claimable in IS**

Non Medi-Cal eligible only

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA by Plan

Directly-operated = Invoice Department of Children and Family Services (DCFS) for Salary and Employee Benefits (S&EB) of STOP funded staff

## **Claiming Instructions For Provider:**

Juvenile Hall providers claim services provided to youth in the juvenile halls.

Community-based STOP providers claim services provided to youth at risk of incarceration.

## **Responsible Program Staff**

Juvenile Justice District Chief and Lead District Chief responsible for the legal entity contract providers.

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

State Department of Social Services to DCFS. DCFS allocates funding to the Department of Mental Health (DMH).

### **Department of Mental Health (DMH) Claiming for Reimbursement**

DMH claims S&EB and provider claims to DCFS for reimbursement. There is a 30% County Match requirement.

Revised 11/10/2010

# Medi-Cal Administrative Activities (MAA)

## Sub-Program

MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

Medi-Cal Administrative Activities (MAA) refers to reimbursement of cost that is allowed for proper and efficient administration of the Medi-Cal program. The Federal requirement for reimbursement is based on actual costs that were incurred by the Mental Health Plan to qualify for recovery of these costs. MAA claimable activities are identified in a MAA claiming plan that must be approved in turn by State Department of Mental Health (DMH), State Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services.

## Covered Age

All

## Target Population(s) / Client Eligibility Requirement

MAA is part of the Medi-Cal program and can be claimed for:

- non-client community groups of individuals and
- at-risk individuals and populations, potential Medi-Cal eligible individuals, and Medi-Cal eligible individuals who do not have open episodes in the IS anywhere in the Los Angeles County (LAC) DMH system of care. An exception to this latter claiming rule is that MAA can be claimed for open cases when Medi-Cal outreach or when a non-clinician assists an individual with the completion of the Medi-Cal application.

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

This activity is for non Medi-Cal clients with no open cases.

## Integrated System (IS) Plans

N/A

## Medi-Cal Billable in IS

n/a

## Non-Government Agency (NGA) & Directly Operated (DO)

DO - LAC-DMH is the only legal entity with active claims.

## Claiming Instructions For Provider:

MAA claiming is a discounted rate on the FFP. Direct claiming to Medi-Cal yields higher reimbursement. The same rules governing Medi-Cal lock-outs and services not eligible for reimbursement through the Medi-Cal program still apply. MAA claims should not duplicate Medi-Cal claims for the same activities from other providers.

MAA can be claimed by Skilled Professional Medical Personnel (SPMP) and Non-SPMP. SPMP staffs according to Federal regulations are licensed from the following disciplines: physicians, psychiatrists, pharmacists, Licensed County Social Worker (LCSW), Marriage Family Therapy (MFT) and Registered Nurse (RN). Activities performed by SPMP are reimbursable at an enhanced 75% Federal rate and non-SPMP time is reimbursable at the 50% Federal rate.

## Medi-Cal Administrative Activities (MAA)

### **Responsible Program Staff**

Fiscal Program staff – David Pang

Clinical Program staff - Norma Fritsche & Diane Guillory

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Federal Financial Participation (FFP) & County General Fund; Costs associated with MAA are matched at the FFP rate. The State requires match funds that are certified and public expenditure of one hundred percent of the non-federal share of the cost of performing MAA; funds must be from county general funds or from funds allowed under federal law and regulation.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

MAA claims data, based on units (minutes), are entered into the LAC DMH MAA data system. Los Angeles County Department of Mental Health (LACDMH) invoices this MAA claims data directly to State DMH for processing. Invoices that are approved by State DMH are submitted to DHCS for payment.

# Medical Hub

## Sub-Programs

DEPARTMENT OF CHILDREN AND FAMILY SERVICES MEDICAL HUB

Twenty-four/seven children forensic outpatient mental health services to assess and treat children in foster care and those at imminent risk of being placed in foster care at Department of Children and Family Services (DCFS) regional medical hub located at Los Angeles County University of Southern California (LAC-USC) Medical Center

## Covered Age

0 - 18

## Target Population(s) / Client Eligibility Requirement

Katie-A class members without Medi-Cal.

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Children/youth from DCFS or Probation with severe emotional and behavioral programs that require mental health services. The family is open to a Family Preservation Lead Agency and receiving Family Preservation services.

## Integrated System (IS) Plan

2044 DCFS Medical Hub

## Medi-Cal Claimable in IS

No

## Non-Government Agency (NGA) & Directly Operated (DO)

NGA - VIP only

## Claiming Instructions For Provider:

Non Medi-Cal services to DCFS children in IS.

## Responsible Program Staff

Greg Lecklitner, District Chief

*The information listed below is for DMH fiscal use only*

### Origin of Funding

DCFS

### Department of Mental Health (DMH) Claiming for Reimbursement

Recovery section claims units of service (UOS) in IS to DCFS.

Revised 10/25/2010

# **Mental Health Service Act (MHSA) Adult Housing Specialist**

## **Sub-Programs**

MENTAL HEALTH SERVICE ACT (MHSA) ADULT HOUSING SPECIALIST

Housing Specialists provide housing related services for individuals and/or families who are either homeless or at risk of becoming homeless, living in unsafe or overcrowded conditions, or seeking to live in a more independent living situation. The Housing Specialists function as part of the Service Area Navigation Team under the direction of the Service Area District Chief. Clients billed to this plan are receiving assistance with identifying and locating housing options to meet their emergency, temporary and permanent housing needs. In addition, Housing Specialists assist clients in securing housing opportunities by supporting their efforts in navigating various service delivery systems and completing applications for rental property, federal subsidy programs, and other housing programs and services. Housing Specialists inform prospective community partners such as property owners, property management companies and neighborhood organizations about the Department's housing services and resources through outreach, engagement and education. These functions are claimed through community outreach services (COS).

## **Covered Age**

Primary Age group is 26-59; however, on occasion consumers of any age may be assisted if needed.

## **Target Population(s) / Client Eligibility Requirement**

The target population served by Housing Specialists includes individuals and/or families who are homeless or at risk of becoming homeless, living in unsafe or overcrowded conditions, seeking to live in a more independent living situation, or other housing need who may or may not have an open episode in the Department's Integrated System (IS). Housing Specialists may be called upon to provide housing related services across all four age groups. However, the adult age group, ranging from 25-59, is the primary target population served by Housing Specialists under this plan.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined/Severity of Disability Limitations, if Any**

All active clients in the Department's IS are eligible for housing related services; therefore, eligibility is established at the time the individual is opened in the IS. In addition, Housing Specialists provide housing related services to individuals and families who are not enrolled in the IS who have been referred by community agencies/organizations, government entities and/or family members to address housing issues.

## **Integrated System (IS) Plan**

2087 MHSA Adult Housing Spec

## **Medi-Cal Claimable in IS**

No, to COS

## **Non-Government Agency (NGA) & Directly Operated (DO)**

Directly Operated only

# **Mental Health Service Act (MHSA) Adult Housing Specialist**

**Claiming Instructions For Provider:**

All Housing Specialists claim community outreach and education through COS and some claim eligible direct services to clients through Medi-Cal. When direct services are provided at a site with an open case, the direct services provided should be claimed under the existing open episode plan.

**Responsible Program Staff**

Maria Funk, Ph.D., District Chief, Countywide Housing, Employment and Education Resource Development (CHEERD)

Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Service Act (MHSA) – Proposition 63, Community Services and Supports Plan, Adult Systems Development

**Department of Mental Health (DMH) Claiming for Reimbursement**

All IS claims to the Planning: Adult Housing plan and all COS claims to the Adult Housing funding source.



# Planning Outreach and Engagement (POE)

## **Sub-Programs**

PLANNING OUTREACH AND ENGAGEMENT (POE)

Planning Outreach and Engagement (POE): Outreach & Engagement (OE) is a vital component within the Mental Health Services Act (MHSA), which aims to inform the public about MHSA, gather community input, and integrate feedback into the planning process. OE activities focus on organizing the wide diversity of backgrounds and perspectives represented within the county, with a special emphasis on underserved and unserved populations. It seeks to facilitate the creation of an infrastructure that supports partnerships with historically disenfranchised communities, faith based organizations, schools, community-based agencies, and other county departments. POE dollars are used to link historically underrepresented or hard to reach populations to mental health services.

## **Covered Age**

All

## **Target Population(s) / Client Eligibility Requirement**

OE funds are used to outreach to underrepresented groups in the community. This includes outreach to specialized populations such as homeless, Lesbian, Gay, Bisexual, Transgendered, underrepresented ethnic groups, etc.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients billed to this plan are Homeless clients being served by EOB's HOME team. Outreach services are also claimed to COS for efforts to educate targeted communities about mental health services and linkage to care.

## **Integrated System (IS) Plan**

2084 Planning-Outreach & Engagement

## **Medi-Cal Claimable in IS**

Yes but only for Emergency Outreach Bureau, Homeless Outreach Mobile Engagement (HOME) (DO Only). All other programs delivering POE claim community outreach services (COS).

## **Non-Government Agency (NGA) & Directly Operated (DO)**

Yes. NGA is COS only.

## **Claiming Instructions For Provider:**

All active clients in the Department's IS are eligible for housing related services; therefore, eligibility is established at the time the individual is opened in the IS. In addition, Housing Specialists provide housing related services to individuals and families who are not enrolled in the IS who have been referred by community agencies/organizations, government entities and/or family members to address housing issues.

All NGAs only claim COS for their targeted outreach to unserved and underserved populations as agreed upon by their program description. Usually outreach services are contracted to

## Planning Outreach and Engagement (POE)

agencies that have established ties to the communities that are associated with the targeted outreach population. Directly operated POE is related to outreach in the eight geographic service areas and providing education in communities to increase awareness of mental health issues and services. The department's Emergency Outreach Bureau's (EOB) HOME team specifically provides services and linkage to the homeless population countywide.

### **Responsible Program Staff**

Gladys Lee, L.C.S.W., District Chief, Planning Division

Irma Castaneda, Ph.D., District Chief, Emergency Outreach Bureau

Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports plan, OE.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

All IS claims to the POE plan and all COS claims to the POE funding source.

# Prevention and Early Intervention (PEI)

## **Sub-Programs**

PEI SPECIAL PROGRAMS  
PEI CHILDREN  
PEI TAY  
PEI ADULT  
PEI OLDER ADULT

Prevention and Early Intervention (PEI): PEI focuses on evidence-based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families.

## **Covered Age**

0-15 – PEI-Children  
16-25 – PEI-TAY  
26-59 – PEI-Adult  
60+ – PEI-Older Adult  
All Age- PEI-Special Programs

## **Target Population(s) / Client Eligibility Requirement**

Priority Populations:

- *Underserved Cultural Populations* – PEI projects address those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from PEI programs and interventions.
- *Individuals Experiencing Onset of Serious Psychiatric Illness* – Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
- *Children/Youth in Stressed Families* – Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
- *Trauma-Exposed* – Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- *Children/Youth at Risk for School Failure* – Due to unaddressed emotional and behavioral problems.
- *Children/Youth at Risk of or Experiencing Juvenile Justice Involvement* – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

# Prevention and Early Intervention (PEI)

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients must meet the requirements for participation in the PEI activity being provided. Clients should be from one of the PEI priority populations outlined above and would benefit from prevention and early intervention services to prevent their mental health issues from worsening.

## **Integrated System (IS) Plan**

2091 – PEI-Special Programs

2092 – PEI-Adult

2093 – PEI-Older Adult

2101 – PEI-TAY

2098 – PEI-Children

## **Medi-Cal Claimable in IS:**

Yes

## **Non-Government Agency (NGA) & Directly Operated (DO)**

Yes

## **Claiming Instructions For Provider:**

Clients claimed to PEI Integrated System (IS) plans must be receiving an approved PEI activity [Evidence-based practice (EBP), Community Defined Practice (CDP) Promising Practices (PP) or Service Strategy (SS)]. For each PEI activity, there are core and ancillary services. Core services are those considered essential components of the PEI activity. Mental health services that are not listed as “core services” for a particular practice can be provided as ancillary services (see attachment 1A). At least 51% of the services delivered must be core services to the PEI activity. No more than 49% of the PEI units of service can be dedicated to ancillary services. The PEI plan that is claimed in the IS corresponds to the age of the client at the time of the service was rendered. The PEI\_Special Programs IS plan is reserved for claims from providers delivering PEI Activities under “Stigma and Discrimination” and “Suicide Prevention” PEI Projects.

When entering a claim for a PEI service, if the service is a core service to the PEI activity, the provider will select the appropriate EBP or service strategy on the “add outpatient services” screen in the IS, and chose the PEI IS plan that corresponds to the age of the client on the day of the service. For example, if the client is 15 or under on the service date, then the PEI\_Child IS plan will be selected. If the service rendered is not a core service to the practice the client is receiving then No EBP or Unknown EBP will be selected on the claiming screen and the IS plan will be still be selected based on the age of the client on the day of service (see Attachment 1B for a list of EBP codes).

## **Responsible Program Staff**

Bryan Mershon, Ph.D., District Chief, Children’s System of Care Child (CSOC) MHSA Lead

Terri Boykins, L.C.S.W., District Chief, TAY Bureau Lead

Youngsook Kim Sasaki, MSN, RN, District Chief, Adult Systems of Care Lead

Kathleen Kerrigan, L.C.S.W., RN, District Chief, Older Adult Programs Lead

Lillian Bando, District Chief, PEI Lead

## Prevention and Early Intervention (PEI)

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, PEI Plan. Los Angeles County has 13 approved PEI projects targeting clients of all age groups with a variety of service activities (i.e., evidence based practices (EBPs), and service strategies (SSs), community-defined evidence practices (CDEs), and promising practices (PPs).

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service entered into the IS under PEI-Child, PEI-TAY, PEI-Adult, PEI Older Adult and PEI Special program plan. Include Community Outreach Services (COS) claims billed to these plans as a funding source.

# **POST-RELEASE COMMUNITY SUPERVISION – COMMUNITY REINTEGRATION PROGRAM (PCS-CRP)**

## **Sub-Programs:**

Post-Release Community Supervision—Community Reintegration Program (PCS-CRP).

To provide mental health services to Transition Aged Youth and Adults released from State prison to Post-Release Community Supervision. Clients will be referred from the Countywide Resource Management (CRM)-CRP Unit to directly operated and contracted programs.

## **Funded Program/Subprogram Purpose:**

Post-Release Community Supervision – Community Reintegration Program (PCS-CRP).

Provides full range of mental health services, based on individual client needs, to assist PCS parolees with mental health or co-occurring mental health and substance abuse disorders successfully reintegrate into the community.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

Clients, age 18 and older, must have been released from State prison to County supervision under the provisions of the Post-Release Community Supervision Program.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

Clients must have been authorized for enrollment/admission by the CRM-CRP Unit.

## **Integrated System (IS) Plan:**

2134 – PCS-CRP

## **Medi-Cal Claimable in IS:**

Yes

## **Non-Government Agency (NGA) & Directly Operated (DO):**

Both NGA and DO will bill services through this Plan.

## **Claiming Instructions For Provider:**

Claiming for services by IS for DO clinics and NGA.  
CRM staff may also enter services in IS.

## **Responsible Program Staff:**

Countywide Resource Management.  
District Chief: Mary Marx: 323-226-4744  
Program Head: Jacqueline Yu: 323-226-4448

# POST-RELEASE COMMUNITY SUPERVISION – COMMUNITY REINTEGRATION PROGRAM (PCS-CRP)

*The information listed below is for DMH Fiscal use only:*

**Origin of Funding**

Funding will come from medi-cal FFP, HWLA reimbursement, a DSO with Department of Public Health and Public Safety Realignment Funding

**Department of Mental Health (DMH) Claiming for Reimbursement**

Medi-cal and HWLA will be claimed through the standard processes. DPH will be billed for a proportion of the treatment costs and ½ of the medication costs, not to exceed \$4 million in FY 2011-12.

# Projects for Assistance in Transition from Homelessness (PATH) - McKinney

## **Sub-Programs**

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) - MCKINNEY

The Projects for Assistance in Transition from Homelessness (PATH) grant funds community based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for the homeless mentally ill. These are to be provided to consumers of services provided through our Department of Mental Health (DMH) directly-operated and contracting agencies.

## **Covered Age**

All

## **Target Population(s) / Client Eligibility Requirement**

Uninsured children and adults; adult/older adult. Client must have a serious mental illness or have a co-occurring disorder, and be homeless or at imminent risk of becoming homeless.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients may be identified through designated DMH directly-operated or contracting agencies through the following ways: Outreach staff work together with homeless individuals for the purpose of linking them with services. Clients with open cases may also be eligible for rental assistance and/or eviction assistance, money management programs, substance abuse treatment. Benefits eligibility is established by case managers in conjunction with benefit specialists.

## **Integrated System (IS) Plan**

2023 PATH

## **Medi-Cal Claimable in IS**

No

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA and DO

Directly-Operated: Restricted to: DMH Emergency Outreach Bureau and DMH Veterans Program.

NGA Restricted to: LAMP, Inc.; Mental Health America Los Angeles; Ocean Park Community Center; Pacific Clinics/Portals; Saban Free Clinic; San Fernando Valley Community Mental Health Center, Inc.; South Central Health and Rehabilitation Program (SCHARP); St. Joseph's Center; Step Up on Second, Inc.; Tessie Cleveland Community Services.

## **Claiming Instructions For Provider:**

Client with co-occurring disorders and must be homeless or at imminent risk of becoming homeless.



## **Projects for Assistance in Transition from Homelessness (PATH) - McKinney**

### **Responsible Program Staff**

DMH Countywide Housing, Employment and Education Resource Development (CHEERD) administer the department's PATH grant. Maria Funk, District Chief; Lise Ruiz, Program Head; and Mark Parra, Analyst, oversee administration, reporting, grant renewal, and technical support.

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Substance Abuse and Mental Health Services Administration—Federal McKinney PATH formula grant

### **Department of Mental Health (DMH) Claiming for Reimbursement**

Only indigent clients may be billed to PATH. If PATH clients are found to be Medi-Cal eligible, they should be switched out from PATH billing.

# SB82 Mobile Triage – Crisis Transition Specialists Team

## **Non-Government Agency (NGA) & Directly Operated (DO):**

This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

NGA                       DO                       Both NGA & DO

## **Sub-Programs:**

The subprogram is the same as the funded program SB82 Mobile Triage – Crisis Transition Specialist Team. There are no additional subprograms.

## **Funded Program/Subprogram Purpose:**

The Department of Mental Health was awarded a SB 82 Investment in Mental Health Wellness Act of 2013 grant. SB 82 appropriates funds to selected counties to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. SB 82 authorizes the Mental Health Services Oversight and Accountability Commission (MHSOAC) to award funding to the Counties to hire triage personnel statewide to reduce the high costs associated with inpatient and emergency services and meet the needs of mental health consumers in the least restrictive setting as possible. Included in these triage teams are Crisis Transition Specialist Teams (CTSTs). Eight CTSTs will be located in each of the existing and proposed UCCs and will consist of a professional and a peer advocate or person with lived experience. These teams will provide intensive case management for up to 60 days following discharge from UCCs to ensure stabilization, linkage to on-going services/supports and triage services within the individuals' local communities.

## **Target Population(s) / Client Eligibility Requirement & Covered Age:**

CTST will provide intensive, short-term case management to adults, 18 years or older, experiencing a mental health crisis and who are at risk of inpatient hospitalization; and Transitional Age Youth or children, 13 years or older, experiencing a mental health crisis and who are at risk of inpatient hospitalization who are admitted for crisis stabilization services through UCCs.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

Crisis Transition Specialists Teams, comprised of a clinician and a person with lived experience (or peer advocate), will be placed in each of the UCCs to identify individuals in crisis with complex mental health and co-occurring substance abuse disorders who are in need of short-term intensive case management services and linkage to on-going community mental health services. The CTS Team will engage these individuals in the UCCs and provide intensive case management for up to 60 days following discharge to ensure stabilization and linkage to on-going services and supports within the individuals' local communities.

**Integrated System (IS) Plan:**

The IS Plan ID# is \_\_\_\_\_. The plan ID was made effective July 01, 2016 and shall remain effective until June 30, 2025 unless otherwise extended.

**Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services  Non-Medi-Cal Services  Manual Billing

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**Outpatient Services**

Mental Health Services – Individual (No Psych Test)  Mental Health Services – Group  
 Psychological Testing  Medication Support Services  Targeted Case Management  
 Crisis Intervention  TBS  ICC and IHBS  MAT

**Community Client Services**

Mental Health Promotion  Community Client

**Claiming Instructions For Provider:**

Contracted providers receiving funding to provide SB82 Mobile Triage – Crisis Transition Specialist Team should claim these services to the SB82 Mobile Triage – Crisis Transition Specialist Team IS Plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division, including the *Short Doyle/M-C Organizational Provider’s Manual* and the *Guide to Procedure Codes*. These manuals and others can be found at the DMH Internet site under the “For Providers” page at the “Provider Manuals and Directories” link located at:

[http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)

**Responsible Program Staff:**

The SB82 Mobile Triage – Crisis Transition Specialist Team Plan is a program under Countywide Resource Management (CRM). The lead manager for this program is Mary Marx, Mental Health Clinical Program Manager III. Inquiries regarding programmatic concerns and issues should be directed to Mary Marx at 213-738-4775 or [mmarx@dmh.lacounty.gov](mailto:mmarx@dmh.lacounty.gov). Inquiries regarding claiming and technical concerns should be directed to the CRM Lead Analyst, Angela Shaw at 213-738-4775 or [ashaw@dmh.lacounty.gov](mailto:ashaw@dmh.lacounty.gov).

***The information listed below is for DMH Fiscal use only:***

**Origin of Funding**  
Funding for this program comes from the SB 82 Investment in Mental Health Wellness Act of 2013, a State Grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC).

**Department of Mental Health (DMH) Claiming for Reimbursement**  
Increases DMH's net County cost by adding funding to Services and Supplies, funded by the SB82 MHSOAC Grant awarded to LAC-DMH. DMH will submit a claim to the State for services provided under the Mobile Triage – Crisis Transition Specialist Team Program plan.

# SB 82 Mobile Triage IS Plan Summary

**Non-Government Agency (NGA) & Directly Operated (DO):**

NGA                       DO                       Both NGA & DO

**Sub-Programs:**

N/A

**Funded Program/Subprogram Purpose:**

The purpose of the SB 82 Mobile Triage Program is to provide outreach, assessment, crisis intervention, intensive targeted case management and to link individuals that meet DMH criteria to the appropriate on-going mental health services such as Full Service Partnerships, Intensive Field Capable Clinical Services, and Wraparound in order to reduce placement disruption, homelessness, utilization of emergency rooms and to prevent incarcerations.

**Target Population(s) / Client Eligibility Requirement & Covered Age:**

The program will serve children and youth (birth to 21 years old) 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), as the target population for Child/Youth. The program will also target those leaving jail, urgent care centers and individuals who are homeless, older adults and veterans that meet DMH's target population.

**Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

The SB 82 Mobile Triage Teams which are composed of clinical and peer staff will provide brief mental health screenings and assessments to individuals, as well as appropriate linkage services and referrals, using a field-based/mobile approach.

**Integrated System (IS) Plan:**

SB 82 Mobile Triage

**Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services    Non-Medi-Cal Services    Manual Billing

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**24 Hour Services**

Residential                       Inpatient

**Day Services**

Crisis Stabilization               Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services



## SECOND CHANCE ACT – BJA GRANT PROGRAM

### **Non-Government Agency (NGA) & Directly Operated (DO):**

This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

NGA                       DO                       Both NGA & DO

### **Sub-Programs:**

The subprogram is the same as the funded program. There are no additional subprograms.

### **Funded Program/Subprogram Purpose:**

Los Angeles County Department of Mental Health (DMH) will use grant funds to administer the Comprehensive Adult Re-Entry (CARE) Program. The goal of this program is to improve substance abuse and mental health treatment services to 60 individuals with high risk of recidivism and chronic co-occurring disorders by providing intensive, integrative, evidence-based treatment interventions that will ensure successful reintegration into the community and long-term stability. The CARE program will target non-AB 109 offenders that have chronic co-occurring mental health and substance abuse disorders and are mandated to felony probation upon release, with priority attention given to those at high risk for recidivism, including those who are chronically homeless.

The CARE program will expand in-reach and reentry programming for the Los Angeles County jail inmates who have chronic co-occurring mental health and substance abuse disorders and are mandated to felony probation upon release. Utilizing an integrated care approach, CARE's primary goal will be to provide intensive, evidence-based Co-Occurring Disorders (COD) treatment to high-risk offenders in order to enhance successful reintegration to the community and promote long-term stability. CARE services will be contracted out to provider of forensic COD services, including intensive, integrated jail reentry services.

The objectives of this program are to provide offenders with co-occurring substance abuse and mental health disorders with appropriate evidence-based services including addressing individual criminogenic needs-based on a reentry plan that relies on a risk and needs assessment that reflects the risk of recidivism for that offender. Funds may be used for treating co-occurring substance abuse and mental health disorders in prison and jail programs, providing recovery support services, reentry planning and programming, and post-release treatment and aftercare programming in the community through the completion of parole or court supervision.

### **Target Population(s) / Client Eligibility Requirement & Covered Age:**

The CARE program is intended to serve individuals who are:

- 18 years of age or older;
- homeless or at-risk for homelessness;
- diagnosed with chronic, serious mental illness or co-occurring mental illness and substance use disorders;
- under felony probation (non-AB 109); and
- at high risk for recidivating.

**Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

DMH has an existing agreement with Special Services for Groups (SSG), a provider of comprehensive, integrated substance abuse and mental health treatment services to individuals with co-occurring mental health disorders. SSG is a contracted DMH and Department of Public Health provider qualified to provide integrated, health, mental health and substance abuse treatment services for this population. SSG has a long history of providing a full range of recovery-based mental health and substance abuse treatment services for mentally ill offenders. Agency services include assertive outreach and engagement, individual and group treatment, medication support, crisis intervention, case management, benefits establishment and employment services. In addition, SSG has the capacity to provide immediate access to medical care through its Federally Qualified Health Center.

**Integrated System (IS) Plan:**

The IS Plan ID# for Second Chance Act – BJA Grant Program is           .

**Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services  Non-Medi-Cal Services  Manual Billing

Supportive services will be provided by a multi-disciplinary team that will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer support advocates. Services will include:

**Core services to be delivered by the CARE Program:**

- Jail in-reach and community outreach
- Mental health evaluation
- Intensive, short-term case management
- Individual and group psychotherapy
- Medication management
- Crisis intervention, including family interventions when needed.
- Linkage with group interventions (e.g. Alcoholics Anonymous meetings), when appropriate.
- Initiation of benefits establishment, when needed.
- Referral and linkage to medical treatment, emergency, transitional and permanent housing, residential services programs, shelters and other needed services when appropriate.
- Linkage with community outpatient mental health, Wellness Centers, and Client Run Support Programs.
- Coordination and collaboration with law enforcement to promote compliance.
- Tracking and monitoring outcomes for each client receiving CARE services.

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**24 Hour Services**

Residential  Inpatient

**Day Services**

Crisis Stabilization  Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services

**Outpatient Services**

- Mental Health Services – Individual (No Psych Test)       Mental Health Services – Group
- Psychological Testing       Medication Support Services       Targeted Case Management
- Crisis Intervention       TBS       ICC and IHBS       MAT

**Community Client Services**

- Mental Health Promotion  Community Client

**Support Services**

- Case Management Support

**Claiming Instructions For Provider:**

Contracted providers receiving funding to provide Second Chance Act – BJA Grant Program services should claim these services to the Second Chance Act – BJA Grant Program IS plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division including the Short Doyle/MC Organizational Provider’s Manual and the Guide to Procedure Codes.

Outcomes reporting consistent with DMH guidelines, i.e., housing stability, participation in treatment services, and status of benefits establishment efforts will be provided by the contractor to DMH as agreed.

**Responsible Program Staff:**

The Second Chance Act – BJA Grant Program is a program under Countywide Resource Management. The Lead Manager for this Program is Mary Marx, Mental Health Clinical District Chief. Inquiries regarding programmatic concerns and issues should be directed to Mary Marx, LCSW at (213) 738-4651 or [mmarx@dmh.lacounty.gov](mailto:mmarx@dmh.lacounty.gov).

***The information listed below is for DMH Fiscal use only:***

**Origin of Funding**

LAC-DMH shall receive funds from the Second Chance Act of 2007 Grant award for the provision of contracted mental health services for the CARE Program. The grant award is issued by the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA).

**Department of Mental Health (DMH) Claiming for Reimbursement**

Increases DMH's net County cost by adding funding to Services and Supplies, funded by the BJA Grant awarded to LAC-DMH. DMH will submit a claim to the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) for services provided under the CARE Program.



# Service Area (SA) Navigators and Transitional Age Youth (TAY) Navigation

## Sub-Programs

### SERVICE AREA (SA) NAVIGATORS AND TRANSITIONAL AGE YOUTH (TAY) NAVIGATION

Service Area Navigator Teams assist individuals and families across all age groups in accessing mental health and other supportive services and network with community-based organizations in order to strengthen the array of services available to clients of the mental health system. Such networking would create portals of entry in a variety of settings that would make the Department's long-standing goal of no wrong door achievable.

Some specific Navigation tasks include:

- Engaging with people and families to quickly identify currently available services, including supports and services tailored to the particular cultural, ethnic, age and gender identity if those seeking them;
- Recruiting community-based organizations and professional service providers to become part of an active locally-based support network for people in the Service Area, including those most challenged by mental health issues;
- Following-up with people with whom they have engaged to ensure that they have received the help they need;

The Transitional Age Youth (TAY) Navigation Teams:

- assist Seriously Emotionally Disturbed (SED)/Severe and Persistent Mentally Ill (SPMI) youth with navigating through the various human services systems to achieve effective linkages to needed mental health, housing, and other essential services.
- consist of a master's level clinician and a housing specialist.
- are assigned to each Service Area and additional Transitional Age Youth (TAY) navigators are assigned to the Los Angeles County Probation camps where they serve the primary purpose of providing effective linkage to continuing Mental Health Services and community supports for SED/SPMI TAY leaving the camp settings.
- In an effort to reach unserved, underserved, and inappropriately services youth, have established helping relationships with a number of community-based drop-in centers, where the Navigators are able to build trusting alliances with the youth, conduct brief screenings to assess mental health and housing needs, and provide linkages and referrals to appropriate services and supports.

The navigation teams assist in the Full Service Partnership (FSP) referral screening and disposition processes. They also conduct Mental Health Services Act (MHSA) outreach presentations in collaboration with Outreach Specialists, and FSP providers to promote knowledge about MHSA and increase utilization of the FSP program services.

## Covered Age

All

## Target Population(s) / Client Eligibility Requirement

Service area navigation funds are used to link community members to mental health or other social service related needs.

# Service Area (SA) Navigators and Transitional Age Youth (TAY) Navigation

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients billed to this plan are clients that require a brief assessment or treatment in order to provide linkage to mental health services. Service Area Navigation and TAY Navigation services are also claimed to COS for efforts to educate targeted communities about mental health services and linkage to care.

## **Integrated System (IS) Plan**

2059 Svc Area Navigation MHSA

## **Medi-Cal Claimable in IS:**

Yes but only for Emergency Outreach Bureau (EOB) and TAY Navigation (7623). All other Service Area navigation sites claim community outreach services (COS) only.

## **Non-Government Agency (NGA) & Directly Operated (DO)**

DO

## **Claiming Instructions For Provider:**

Only EOB programs, TAY Navigation and service area navigation staff are authorized to bill to this plan. All outreach and linkage done by the service area navigators and TAY navigators is claimed by COS. TAY navigation opens a few cases on clients they may need to provide some assessments on to determine what services are most appropriate for the client based on their mental health needs.

## **Responsible Program Staff**

TAY Navigation - Terri Boykins, L.C.S.W., District Chief, TAY Administration

Service Area Navigation - Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation

*The information listed below is for DMH fiscal use only*

### **Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports plan, Cross-cutting.

### **Department of Mental Health (DMH) Claiming for Reimbursement**

All IS claims to the Service Area Navigation IS plan and all COS claims to the SA Navigation funding source.

# Specialized Foster Care

## **Sub-Programs**

ENHANCED MENTAL HEALTH SERVICES  
MULTI-DISCIPLINARY ASSESSMENT TEAM (MAT)  
WRAPAROUND  
TREATMENT FOSTER CARE

Comprehensive, community-based, culturally relevant plan of enhanced specialized foster care mental health services intended to promote improved child welfare outcomes and emotional well-being for children served by the Department of Children and Family Services (DCFS). These services are consistent with the County's obligations under the settlement agreement reached in the Katie A. class action litigation as well as the Board's intent to ensure timely access to assessments and mental health services for children and youth served by the Department of Children and Family Services.

**Enhanced Mental Health Services** – Mental health outpatient services to those unserved and underserved children/youth involved in the child welfare system. Services should be field capable and trauma-informed. Multidimensional Treatment Foster Care (MTFC) and the Comprehensive Children's Services Program (CCSP) are claimed to the Enhanced Mental Health Services Plan. These programs are slot based and must be authorized by the Department of Mental Health (DMH) Child Welfare Division.

**Multi-Disciplinary Assessment Team (MAT)** – Comprehensive assessments for all children newly detained by the Department of Children and Families. Medi-Cal eligible services are claimed to the MAT – DMH plan, while the non-EPSTD (Early and Periodic Screening Diagnosis and Treatment) reimbursable portion of the MAT work product is claimed to the MAT-DCFS plan.

**Wraparound** – Wraparound is an integrated, multi-agency communicated-based program, grounded in a philosophy of unconditional commitment to support families to safely and competently care for their children. The most important outcome of the Wraparound program is to ensure that a child is thriving in a permanent home and maintained by normal community services and supports.

Enrollment in Wraparound is slot based and completed through a network of Interagency Screening Committees (ISC) located in each of the eight Service Planning Areas.

## **Covered Age**

0 - 20

## **Target Population(s) / Client Eligibility Requirement**

These Specialized Foster Care services are targeted to children who have an open case with the Los Angeles County DCFS, who are eligible for services under the EPSTD program, have a mental illness or condition that is documented and a need for individualized mental health services.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Open case with the Department of Children and Family Services – not AB3632

# Specialized Foster Care

## **Integrated System (IS) Plan**

2064 – Enhanced Mental Health Services – Basic mental health services provided to DCFS involved children and youth, MTFC, and CCSP

2077 – MAT – DCFS - non-reimbursable costs (approximately \$500 per child) not paid for through full scope Medi-Cal

2072 – MAT – DMH – Early and Periodic Screening Diagnosis and Treatment (EPSDT) reimbursable costs associated with the MAT assessment.

2079 – Wraparound (Non-FSP slots)

Note: Wraparound-FSP for Child and TAY are claimed under 2107 and 2114 respectively. These plans are for clients authorized for enrollment by an Interagency Screening Committee and enrolled in the Wraparound Tier II FSP Program.

## **Medi-Cal Claimable in IS**

Yes, with the exception of 2077 (MAT – DCFS)

## **Non-Government Agency (NGA) & Directly Operated (DO)**

NGA and DO, with exception of Wraparound, which is NGA only.

## **Claiming Instructions For Provider:**

DCFS involved client, after determination has been made that claim is not eligible for AB3632. If child has EPSDT, appropriate IS Plan is chosen, specific to the type of service(s) delivered. MAT-DCFS IS Plan is used to claim services that are not eligible for EPSDT reimbursement (approximately \$500 per child).

Claiming for these Specialized Foster Care services can continue, even if the DCFS case is closed, through the current episode.

## **Responsible Program Staff**

Greg Lecklitner, District Chief

***The information listed below is for DMH fiscal use only***

### **Origin of Funding**

EPSDT – Federal/State with DCFS paying for match above a specified baseline.

MAT- DCFS – Net County Costs (NCC) paid by DCFS

### **Department of Mental Health (DMH) Claiming for Reimbursement**

County local match portion is paid by the Department of Children and Family Services over a specified EPSDT baseline as well as other Net County Costs.

## **Specialized Foster Care - Treatment Foster Care (SFC-TFC)**

**Non-Government Agency (NGA) & Directly Operated (DO):**

NGA                       DO                       Both NGA & DO

**Sub-Programs:**

The subprogram is the same as the funded program SFC-Treatment Foster Care. There are no additional subprograms.

**Funded Program/Subprogram Purpose:**

Treatment Foster Care Program (TFC) was created jointly by the LAC-DMH and DCFS as an alternative to congregate care. The program places DCFS-involved foster children in specialized resource homes where the skill sets of the specially trained resource parents are matched to the specific needs of each youth, resulting in an individualized treatment program for the youth that is supported 24/7.

**Target Population(s) / Client Eligibility Requirement & Covered Age:**

The program will accept children who are 6-21 years of age, who meet DMH's definition of medical necessity, are emotionally disturbed, and/or with serious behavioral problems, such as: currently in or have a history of placements in group homes (RCL 9-14 or CTF); or be at risk of placement in a group home; have a history of psychiatric hospitalization and now stabilized; and/or currently living with relative caregivers or Non-related Extended Family Members (NREFM) who need more support to deal with challenging behaviors.

**Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:**

Referrals are made to the TFC program by the child's DCFS Children's Social Worker (CSW). The CSW submits the Family Centered Referral Form (DCFS 174) to the DCFS TFC Program Coordinator. The referred youth's appropriateness for TFC will be discussed by the Interagency Placement Review Team (IPRT) at the weekly review meetings. The IPRT is an interdisciplinary team composed of representatives from DMH and DCFS. If the IPRT determines that the youth may benefit from TFC, he/she is placed on an eligibility list to be matched with a potential family.

When the TFC Provider has a potential match between the referred child and one of their certified homes, the TFC agency staff will participate in a pre-match consultation with DMH and DCFS Program Administration, followed by an interview with the child. Pre-placement visits between the child and foster parent will take place to determine if this is an appropriate treatment match.

**Integrated System (IS) Plan:**

The IS Plan ID# for SFC-Treatment Foster Care is 2147. The plan ID was made effective July 1, 2014 and shall remain effective until December 30, 2018 unless otherwise extended.

**Medi-Cal Claimable in IS (check all that apply):**

Medi-Cal Services    Non-Medi-Cal Services    Manual Billing

This is a medi-cal only funded program and subprogram. Therefore all services provided and claimed under this plan must be medi-cal claimable. There is no non/medi-cal or manual billing associated with this plan.

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**24 Hour Services**

- Residential  Inpatient

**Day Services**

- Crisis Stabilization  Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services

**Outpatient Services**

- Mental Health Services – Individual (No Psych Test)  Mental Health Services – Group  
 Psychological Testing  Medication Support Services  Targeted Case  
Management  Crisis Intervention  TBS  ICC and IHBS  MAT

**Community Client Services**

- Mental Health Promotion  Community Client

**Support Services**

- Case Management Support

**Claiming Instructions For Provider:**

Contracted providers receiving funding to provide SFC-TFC should claim these services to the SFC-Treatment Foster Care IS Plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division, including the *Short Doyle/M-C Organizational Provider's Manual* and the *Guide to Procedure Codes*. These manuals and others can be found at the DMH Internet site under the "For Providers" page at the "Provider Manuals and Directories" link located at:

[http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)

Claiming should also be consistent with the *CDSS/DHCS Medi-Cal Manual* for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC) for Katie A. Subclass Members.

**Responsible Program Staff:**

The SFC-Treatment Foster Care Program/Plan is a program under the Children's Systems of Care (CSOC) Bureau, Child Welfare Division (CWD). The lead manager for this program is Dr. Greg Lecklitner, Mental Health Clinical Program Manager III. Inquiries regarding programmatic concerns and issues should be directed to Dr. Lecklitner at 213-739-5466 or [glecklitner@dmh.lacounty.gov](mailto:glecklitner@dmh.lacounty.gov), or CWD Mental Health Program Head, Dr. Angela Shields at 213-739-5475 or [ashields@dmh.lacounty.gov](mailto:ashields@dmh.lacounty.gov). Inquiries regarding claiming and technical concerns should be directed to the CSOC Bureau Analyst, Darlesh Horn at 213-739-5484 or [dhorn@dmh.lacounty.gov](mailto:dhorn@dmh.lacounty.gov).

***The information listed below is for DMH Fiscal use only:***

**Origin of Funding**

Funding for this program originates from a Departmental Service Order (DSO) from LAC Department of Children and Family Services (DCFS) to DMH for the purpose of serving children involved in the DCFS system to satisfy the requirements of the Katie A. lawsuit.

**Department of Mental Health (DMH) Claiming for Reimbursement**

DMH provides monthly reports of provider claims to DCFS to be billed against the DSO amount. DMH provides a final bill for each FY to DCFS and also provides DCFS with prior year adjustments to reconcile total service claim amounts against annual DSO amounts.

# Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant

## Sub-Programs

ADULT SYSTEMS OF CARE (ASOC)  
DUAL-DIAGNOSIS SET-ASIDE PROGRAM  
HIGH-RISK GERIATRIC CASE MANAGEMENT  
CRISIS DROP-IN & EMERGENCY SHELTER  
CHILDREN'S COMMUNITY-BASED PROGRAM  
CHILDREN'S SOC (AB3015)  
JUVENILE JUSTICE MENTAL HEALTH SERVICES (JJMHS)  
ISA FUNDING FOR MENTAL HEALTH AMERICA (MHA) IN LOS ANGELES  
CO-OCCURRING DISORDERS TECHNICAL ASSISTANCE CENTER  
CO-OCCURRING JOINT ACTION COUNCIL (COJAC)

The Substance Abuse and Mental Health Services (SAMHSA) Block Grant is issued by the State Department of Mental Health (DMH) to allocate funds to establish or expand community-based systems of care for providing mental health services for adults with serious mental illness and children with serious emotional disturbances.

- **Adult Systems of Care (ASOC)**: provides comprehensive community-based mental health services for adult target populations with serious mental illnesses including those with co-occurring disorders who are without payer coverage/benefits in DMH directly-operated clinics. As traditional outpatient services have been transformed into a more recovery-driven system of services, this funding augments mental health services provided to indigent adults thru these five new programs – Full Service Partnership (FSP); Field Capable Clinical Services (FCCS); Family-focused Wellness and Client-run Wellness Centers; Crisis Resolution Services (CRS); and Prevention & Early Intervention (PEI)-Crisis Oriented Recovery Services (PEI-CORS).
- **Dual-Diagnosis Set-aside Program**: augments mental health services for indigent Children, Transitional age Youth, Adults and Older Adults who suffer from Co-Occurring Mental Health and Substance Use disorders (COD). As outlined in the 9 point COD Module, included services are: screening and assessment, medication management, case management, group treatment for COD, healthy living groups, motivational interviewing and linkage to mutual help and recovery programs. Service eligibility is with a Dx of COD and client must be indigent with no other funding source. IS billing plan for this program is Dual Diagnosis.
- **High-risk Geriatric Case Management**: augments mental health services provided by the Geriatric Evaluation Network Encompassing Services, Intervention and Support (GENESIS) to older adults age 60 in Los Angeles County. Under the SAMHSA Grant, GENESIS multi-disciplinary staff sees frail, isolated and indigent older adults in their homes to conduct assessment of mentally ill older adults, and provide case management and linkage services that would promote their functioning and activities of daily living, with the objectives of enabling them to continue to live in the community, and averting costly and higher level of institutional care.



## **Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant**

- **Crisis Drop-in & Emergency Shelter**: uses intensive outreach and non-traditional approaches to providing access to services for individuals with serious and persistent mental illness who are homeless or at-risk of becoming homeless in the Hollywood and West Hollywood areas of Los Angeles. Through a contract with Gateways Hospital and Mental Health Center (Gateways) this program provides an umbrella of services to support stability and integrated approach of collaboration with other agencies in the Service Area. With its 12 shelter beds, Gateways and Projects for Assistance in Transition from Homelessness (PATH) collaborate to provide multiple services for homeless people.
- **Children's Community-based Program**: This program supports services provided by a multi-disciplinary team of child-trained clinicians for acutely disturbed and Seriously Emotionally Disturbed (SED) children in Los Angeles County (LAC) DMH directly-operated clinics – Edmund D. Edelman Westside MHC (7191), Long Beach Child/Adolescent MHC (1926), Roybal Family MHC (6857), and Valley Coordinated Children's Services (7340). As part of providing outpatient mental health services, each clinic maintains strong working relationships with the schools, Department of Probation and Children and Family Services, and other community agencies.
- **Children's SOC (AB3015)**: this program is committed to provide integrated and coordinated services to SED children with various at-risk issues such as out-of-home placement, psychiatric hospitalization, and/or moving to a more restrictive school placement. Thirteen contracted agencies (and fourteen sites) provide mental health treatment and day treatment services. This funding augments supportive services provided by Parent Advocates in these programs.
- **Juvenile Justice Mental Health Services (JJMHS)**: on-site mental health services are provided to youth seven days per week, eight to ten hours per day at each of the Juvenile Halls. Mental Health staff on the living units work collaboratively with Probation to help identify youth needing mental health care and to address specific behavioral problems. The target population being served includes SED and/or suicidal youth identified by JJMHS, as well as by Probation Health Services and Los Angeles County Office of Education.
- **ISA Funding for Mental Health America (MHA) in Los Angeles**: this funding augments client supportive services provided by MHA's Village program in Long Beach for homeless or at-risk homeless clients in their MHSA programs. The goal is to assist individuals with psychiatric disabilities in receiving appropriate mental health treatment and physical care, obtaining permanent housing, learning to live independently and engaging in meaningful activities.
- **Co-occurring Disorders Technical Assistance Center**: California Institute for Mental Health (CIMH) provides training, consultation, and technical support for LAC DMH staff to develop expertise in treating clients with co-occurring disorders and the development of a website containing COD resource information.

# **Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant**

- **Co-occurring Joint Action Council (COJAC)**: CIMH provides consultation and technical support to the SAMHSA Co-occurring Joint Action Council which DMH is a member of and participate in its monthly meetings.

## **Covered Age**

All

## **Target Population(s) / Client Eligibility Requirement**

This is for children with serious emotional disturbance (SED) and adults with serious mental illness (SMI) who are indigent and uninsured. Please see sub-program descriptions for program specific information for the target population to be served. Service eligibility for Dual-Diagnosis Set-aside Program requires a COD diagnosis.

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

County mental health program determines persons or programs funded by the Federal Block Grant based on Federal and State requirements and State review and approval

## **Integrated System (IS) Plan**

NGA: 2035-SAMHSA, Otherwise Invoice for ISA and AB3015

DO: 2035-SAMHSA and 2010-Dual-Diagnosis

## **Medi-Cal Claimable in IS**

No - This plan covers only indigent clients without payer source

## **NGA & DO**

NGA: Provider specific IS Plan claims and invoice

DO: CSOC clinics – central tracking/ backend billing of indigent County General Fund (CGF) and MHSA claims

ASOC clinics – central tracking/ backend billing of Indigent MHSA claims in the IS

## **Claiming Instructions For Provider:**

See DMH Claiming for Reimbursement below

## **Responsible Program Staff**

ASOC + CSOC

# Substance Abuse and Mental Health Services Administration (SAMSHA) Block Grant

*The information listed below is for DMH fiscal use only*

## **Origin of Funding**

Federal: SAMHSA Center for Mental Health Services (CMHS) Community Mental Health Block Grant

State: DMH

County: DMH

## **Department of Mental Health (DMH) Claiming for Reimbursement**

- Adult System of Care (for Adult DO providers only) – central tracking of IS Claims for indigent MHSA services (exclude UMDAP and fee clients) to submit quarterly expenditure reports to the State and utilize DMH annual allocation
- High-risk Geriatric Case Management (for PN 7421 only) – same as above for indigent MHSA services provided by Geriatric Evaluation Network Encompassing Evaluation, Services, Intervention and Support (GENESIS) Field Capable Clinical Services (FCCS)
- Dual-Diagnosis Set-aside Services (DO providers only)– same as above for indigent MHSA or CGF services provided to clients with a dual-diagnosis code (exclude 30x no, UPDAP and fee clients)
- Crisis Drop-in & Emergency Shelter (Gateways only) – claims COS and Mental Health (MH) services to 2035-SAMHSA
- Children's Community-based Program (DO providers only) – central tracking of indigent CGF and MHSA claims
- Juvenile Justice Mental Health Services – central tracking and submission of quarterly expenditure reports to the State of CGF claims in the IS
- Children's SOC (AB3015) – Invoice for Parent Advocate Services
- ISA Funding (for MHALA only) – IS billing of COS and MH services to 2035 SAMHSA as well as Invoice for Client Support Services with MHSA indigents
- Co-occurring Disorders Technical Assistance Center/COJAC (for CIMH) – Invoice for Training and Services

Revised 10/20/2010

# Third District Diversion Program

## Diversion Program

### Non-Government Agency (NGA) & Directly Operated (DO):

This field will identify if the Plan(s) and/or subprogram(s) is/are available to NGA (contract agencies), DO (directly-operated programs) or both NGA and DO.

NGA                       DO                       Both NGA & DO

### Sub-Programs:

The subprogram is the same as the funded program. There are no additional subprograms.

### Funded Program/Subprogram Purpose:

The Third Supervisorial District and the criminal justice system are to implement a pre-sentencing Third District Diversion Program, funded by the Third Supervisorial District, for homeless persons with co-occurring mental health and substance abuse disorders (COD) charged with misdemeanors or low-grade felonies.

### Target Population(s) / Client Eligibility Requirement & Covered Age:

The Program will target homeless adult individuals charged with misdemeanors or low grade felonies whose needs would be better served by housing and integrated services for the treatment of COD than by incarceration.

### Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any:

The Third District Diversion Program will provide additional community-based services and supports for 50 individuals annually, including up to 20 veterans, who are referred by the MHCLP from the Van Nuys and San Fernando Courts located in Service Area (SA) 2. The contracted provider will work collaboratively with the individual, the MHCLP, and the criminal justice partners at the Van Nuys and San Fernando Courts prior to sentencing to develop a wraparound service plan based on each individual's needs. Participation will be voluntary; however, individuals will be required to remain in the program until their goals are achieved or for at least six months, or return to the courts for sentencing.

### Integrated System (IS) Plan:

The IS Plan ID# for Diversion Program is       .

### Medi-Cal Claimable in IS (check all that apply):

Medi-Cal Services    Non-Medi-Cal Services    Manual Billing

Supportive services will be provided by a multi-disciplinary team that will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer support advocates. Services will include:

- Comprehensive assessment, including physical health care, mental health and substance abuse needs
- Individual and group treatment
- Medication management

- 24/7 capacity for emergencies
- Case management
- Benefits (re) establishment
- Recovery-based self-help and support groups
- Employment and vocational

**Services Provided (check all that apply)**

This field identifies the services allowable under this funding source.

**24 Hour Services**

- Residential  Inpatient

**Day Services**

- Crisis Stabilization  Day Treatment/Day Rehabilitation  
 Vocational/Socialization Day Services

**Outpatient Services**

- Mental Health Services – Individual (No Psych Test)  Mental Health Services – Group  
 Psychological Testing  Medication Support Services  Targeted Case Management  
 Crisis Intervention  TBS  ICC and IHBS  MAT

**Community Client Services**

- Mental Health Promotion  Community Client

**Support Services**

- Case Management Support

**Claiming Instructions For Provider:**

Contracted providers receiving funding to provide Diversion Program services should claim these services to the Diversion Program IS plan consistent with established billing/claiming standards and timelines specifically outlined in their DMH Legal Entity Contract Agreement and the published claiming manuals developed by the LAC DMH Quality Assurance Division including the Short Doyle/MC Organizational Provider's Manual and the Guide to Procedure Codes.

Outcomes reporting consistent with other Third District Project 50 replications, i.e., housing stability, participation in treatment services, and status of benefits establishment efforts will be provided by the contractor to DMH monthly.

**Responsible Program Staff:**

The Diversion Program is a program under Countywide Resource Management. The Lead Manager for this Program is Mary Marx, Mental Health Clinical District Chief. Inquiries regarding programmatic concerns and issues should be directed to Mary Marx, LCSW at (323) 226-4744 or [m Marx@dmh.lacounty.gov](mailto:m Marx@dmh.lacounty.gov).

***The information listed below is for DMH Fiscal use only:***

**Origin of Funding**

The pre-sentencing diversion program serves to divert homeless individuals with mental illness and substance abuse disorders away from the criminal justice system into recovery-based community services and supports to reduce recidivism. Funding for this program originates from the Third Supervisorial District in support of this collaborative jail diversion project.

**Department of Mental Health (DMH) Claiming for Reimbursement**

Increases DMH's net County cost by adding Services and Supplies, funded by a shift from Board of Supervisors unallocated Provisional Financing Uses (PFU).

REVISED 07/07/2017

# Transitional Age Youth (TAY) – Housing Services

## Sub-Programs

TRANSITIONAL AGE YOUTH (TAY) – HOUSING SERVICES

Transitional Age Youth (TAY) – Housing Specialists assist the TAY with a Serious Emotional Disturbance (SED) or with severe and Persistent Mental Illness (SPMI) facing multiple barriers in securing housing in the private market. For transitional aged youth, this is a critically needed service as many have little or no history of living independently.

## Covered Age

16-25

## Target Population(s) / Client Eligibility Requirement

TAY age 16-25 who are SED/SPMI and:

- struggling with substance abuse disorders
- homeless or at-risk of homelessness
- aging out of the children's mental health, child welfare, or juvenile justice systems
- leaving long-term institutional care
- experiencing their first episode of major mental illness

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

The major goal of a TAY Housing Specialist is to assist the TAY who is facing multiple barriers to secure housing in the private market. This includes but is not limited to act as an advocate and negotiator for TAY clients with poor credit and poor housing histories while establishing a professional relationship with property owners and managers. TAY Housing Specialists are trained to look for indicators that would suggest that the TAY meets the target population. The Housing Specialist is also able to refer potential clients to a TAY Division Navigator to conduct a face to face mental health assessment to determine if the client is eligible to receive services.

## Integrated System (IS) Plan

2088 MHSA - TAY Housing Svcs

## Medi-Cal Claimable in IS

Yes

## Non-Government Agency (NGA) & Directly Operated (DO)

Directly Operated Only, 7623 is the only provider site

## Claiming Instructions For Provider:

TAY Housing Specialists provide linkage to housing resources. Some of the services they provide claimed to community outreach services (COS) or mental health services are claimed in the IS when appropriate.

## Responsible Program Staff

Terri Boykins, L.C.S.W., District Chief, TAY Division

Debbie Innes-Gomberg, Ph.D., District, MHSA Implementation

## Transitional Age Youth (TAY) – Housing Services

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports plan, Transitional Age Youth Systems Development.

**Department of Mental Health (DMH) Claiming for Reimbursement**

All IS claims to the MHSA – TAY Housing Service plan and all COS claims to the TAY Housing funding source.

Revised 10/22/2010



# Transitional Age Youth (TAY) Probation Camp Services

## Sub-Programs

TRANSITIONAL AGE YOUTH (TAY)  
PROBATION CAMP SERVICES

Transitional Age Youth (TAY) Probation Camp Services provides services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with Serious Emotional Disturbance (SED), or Severe and Persistent Mentally Ill (SPMI), those with co-occurring substance disorders and/or those who have suffered trauma. Services in the Probation Camps are critical in assisting this population to reach their maximum potential and eventually transition back to the community rather than continue their involvement in the criminal justice system as adults. Multidisciplinary teams, including parent advocates, clinicians, Probation staff, and health staff provide an array of on-site treatment and support services that include the following:

- Assessments
- Substance-abuse treatment
- Gender-specific treatment
- Medication support
- Aftercare planning
- Transition services (including Full Service Partnership and other intensive community-based mental health services)

A key component of the planned services is outreach and engagement to the incarcerated youth's family providing transportation to the camps to ensure opportunities to participate in the youth's treatment during camp placement and through the transition back into the community.

## Covered Age

16-20

## Target Population(s) / Client Eligibility Requirement

Services are targeted at youth incarcerated in the Probation Camps with SED, or SPMI, especially those with co-occurring substance disorders and/or those who have suffered trauma. Services in the Probation Camps are critical in assisting this population to reach their maximum potential and eventually transition back to the community rather than continue their involvement in the criminal justice system as adults.

## Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any

Youth incarcerated in the Probation Camps who meet medical necessity.

# Transitional Age Youth (TAY) Probation Camp Services

**Integrated System (IS) Plan**

2053 Probation Camp TAY Svc-MHSA

**Medi-Cal Claimable in IS:**

No

**Non-Government Agency (NGA) & Directly Operated (DO)**

NGA

**Claiming Instructions For Provider:**

Juveniles who are at risk of suicide and other severe causes of psychological disorders.

**Responsible Program Staff**

Karen Streich, Ph.D., District Chief, Juvenile Justice

Terri Boykins, L.C.S.W., District Chief, TAY Division

Debbie Innes-Gomberg, Ph.D., District Chief MHSA Implementation

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Services Act (MHSA) – Proposition 63, Community Services and Supports Plan, TAY Systems Development.

**Department of Mental Health (DMH) Claiming for Reimbursement**

By Units of Service (UOS) in IS by Provider sites in Mental Health Services Act (MHSA) claim.

Revised 02/02/2011

# Wellness/Client-Run Centers

## **Sub-Programs**

WELLNESS/CLIENT-RUN CENTERS

Wellness Centers provide integrated care to promote wellness, recovery and resiliency. Clients served in wellness centers are in advanced stages of recovery and likely have transitioned from a higher level of service. Wellness centers promote activities in their communities that support clients in their recovery goals.

Client-Run Centers are 100% staffed and managed by mental health consumers and, potentially, family members, with a wide array of self-help groups, peer support services, educational/social/recreational activities and linkage services.

## **Covered Age**

18+

## **Target Population(s) / Client Eligibility Requirement**

Any client with a Severe Mental Illness (SMI) in advanced stages of recovery who are not better served in a more intensive program. Clients are usually transitioning from more intensive levels of treatment to peer support and groups that support the client's wellness in their communities. Activities include peer-directed support & problem solving, including wellness recovery action planning (WRAP), medication support, case management & self-directed crisis management

## **Describe Briefly How and By Whom Client Eligibility/Enrollment is Determined and Severity of Disability Limitations, if Any**

Clients served in wellness centers are adults with a severe mental illness who are able to independently access and follow up with services and who are not better served in a more intensive mental health program.

## **Integrated System (IS) Plan**

2068 MHSA FAM FOCUSED WELLNESS SVC

## **Medi-Cal Claimable in IS**

Yes for Wellness Centers

Client-Run Centers are community outreach services (COS) only

## **Non-Government Agency (NGA) & Directly Operated (DO):**

Both NGA and DO for Wellness Centers

Client-Run Centers (NGA only)

## **Claiming Instructions For Provider:**

Mental Health Services (primarily targeted case management, medication management, and group therapy and rehab services). Provider can also bill outreach via COS (if budgeted), flex for directly operated by special request and for a very limited number of NGAs by invoice.

## **Responsible Program Staff**

Kim Sasaki, M.N, District Chief, Adult Systems of Care

Debbie Innes-Gomberg, Ph.D., District Chief MHSA Implementation

## Wellness/Client-Run Centers

*The information listed below is for DMH fiscal use only*

**Origin of Funding**

Mental Health Service Act (MHSA) – Proposition 63, Community Services and Supports Plan under Adult Systems Development.

**Department of Mental Health (DMH) Claiming for Reimbursement**

Units of service (UOS) claimed in the IS to the MHSA FAM FOCUSED WELLNESS SVC plan and invoices from providers for flex funds. Community outreach services (COS) claimed for the client run centers and wellness centers. Back out any MHSA claims that were deemed appropriate to claim to SAMHSA, dual diagnosis, or another more appropriate funding source (Directly Operated only).

Revised 10/25/2010